Attention Deficit/Hyperactivity Disorder

Attention Deficit/Hyperactivity Disorder may include components of Attention Deficit or Hyperactivity or both. The current version of the manual that clinicians use to diagnose psychological disorders, the DSM-IV, requires that several of the following symptoms be present for a diagnosis of ADHD:

Attention Deficit

- Often fails to attend to detail or makes careless mistakes in schoolwork, work, or other activities
- Often has difficulty in sustaining attention in tasks or activities
- Often does not seem to listening
- Has difficulty organizing tasks and activities
- May avoid activities requiring sustained attention
- Loses or damages items due to insufficient care
- Is easily distracted
- Is often forgetful

Hyperactivity

- Appears "constantly on the go"
- Has difficulty remaining seated
- Often fidgets with hands and feet
- Often talks excessively
- Often blurts out answers before questions have been completed; impulsive
- Often interrupts or intrudes on others in games, and daily activities; hard to wait for turn

Assessment

The parent interview is the core of assessing a child for ADHD. The child must also be examined and interviewed in order to rule out other medical or psychiatric problems. Reports of behavior, learning, and school performance are also taken into account. The *Child Behavior Checklist* and the *Barkley Home and School Situations Questionnaires* are among the instruments used to assess the child's behavior.

There is no definitive test for ADHD. It is a clinical diagnosis that no neurological test can absolutely confirm, despite research suggesting that neurochemical differences in specific regions of the brain contribute to the difficulties of ADHD children.

Attention Deficit/Hyperactivity Disorder

Differential Diagnoses

Although most children with ADHD have caring, devoted parents, the symptoms of ADHD will sound familiar to people who work with children who have been abused or neglected, or who have had little stability in their life. Many children with reactive attachment disorder also show ADHD symptoms. In these cases, identifying the extent to which symptoms are due to ADHD or to post-traumatic stress can be difficult. These children need to be watched carefully as both sets of issues are treated.

Treatment: Medication and More

ADHD medications are not intended to be used alone. They are intended to decrease symptoms in order to help the child function better, and be better able to respond to teaching and counseling. In other words, medication is intended to *supplement* other forms of teaching and behavior management. Medication should allow the child's neurochemistry to work with—rather than against--the child and the efforts of his or her parents and teachers.

Children with ADHD benefit from structure and clear, consistent limits and feedback. They need to learn how to organize their behavior and environment to maximize their own potential and cope with the frustrations of ADHD. They may also need help in learning social and friendship skills since their impulsivity can sometimes lead to unintentional slights to others or to teasing from other children. Children with ADHD frequently require educational accommodations and may receive special help inside or out of the classroom.

Stimulants, surprisingly enough, are the most common medications for ADHD. They work by stimulating areas of the brain that allow the child to attend, inhibit impulses, and plan behavior. Potential side effects may include irritability, headache, stomach pain, and loss of appetite. Less common, and requiring medical attention, are muscle twitches (tics) or compulsions.

Common stimulants prescribed for ADHD include *Methylphenidate (Ritalin)* and *Dextroamphetamine (Dexedrine).* The most commonly prescribed medication is *Ritalin*.

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Methylphenidate (Ritalin), in many cases, decreases hyperactivity, and improves a child's ability to focus on tasks and regulate attention. Some feel that *Ritalin* improves behavior more in school than at home; however this may be because morning doses of medication may have worn off by the time children get home since the drug is effective for about four hours. Children may also experience some let down or irritability when the medication wears off, and may need to take a second dose at school for afternoon activities. A slow release form of *Ritalin* is available, but may not be as effective.

Stimulant medications vary somewhat in dosage and possible side effects. Finding the right medication may require substantial trial and error. If stimulants are not effective, then antidepressants or a combination of medications may be tried.

Antidepressants, *Desipramine* (*Norpramin)* and *Bupropion (Wellbutrin)* may also be effective. *Norpramin*, the most common of these, needs to be taken only once daily. Side effects vary but may include cardiac arrhythmias (irregular heart beat), dry mouth, urinary retention, and lowered blood pressure.

For each child, the proper medication is the one that is effective in decreasing ADHD symptoms while best fitting into the child's routine and causing the fewest and least severe side effects. For children with multiple problems, combined medications need to be carefully monitored.

Family Matters

The child with ADHD is not the only one who needs help and understanding. Parents must find super-human reserves of patience. Siblings must understand why Johnny always seems to get away with things or get all the attention, even if it is negative. These are difficult standards for anyone to live by, and can result in vicious cycles of anger, frustration, and guilt. Understanding the root of the problem is the first step, and finding relief and support is another.

Note: This guide provides only a brief overview of the problems and treatment of ADHD. A psychiatrist who specializes in learning or behavior problems should be consulted for individual cases. For more information, visit the American Academy of Child and Adolescent Psychiatry at their website, *http://www.aacap.org* or consult the resources below:

Organizations:
Attention Deficit Disorder Association, P.O. Box 972, Mentor, OH 44061, 800-487-2282.

CHADD (Children and Adults with Attention Deficit Disorder), 499 NW 70th Ave., Plantation, FL 33317, 305-587-3700.

For further reading:
Arcus, D. (1998). Attention Deficit/Hyperactivity Disorder. In J. Kagan & S. Gall (Eds.), *The Gale Encyclopedia of Childhood and Adolescence.* Detroit: Gale Research.

Barkley, R. (1990). *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment.* New York: Guilford.

Hallowell, E.M. & Ratey, J.J. (1994*). Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood to Adulthood*. NY: Simon and Schuster.

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For more information about this or other community service or research projects in our Laboratory, call 978-934-4377
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Brief Guide for Parents & Social Workers

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