CHILDREN'S SERVICES Information Sheet

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) POST DIAGNOSTIC INFORMATION FOR PARENTS/CAREGIVERS

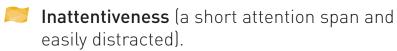


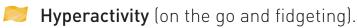


INTRODUCTION TO ADHD

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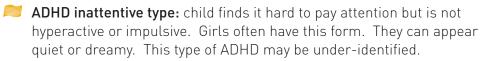
Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition which causes three groups of behavioural symptoms:

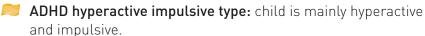


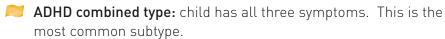




The condition is broken down into three subtypes:









Inattentiveness

A short attention span.

Making careless mistakes.

Appearing forgetful and losing things.

Unable to initiate, organise and complete tasks.

Unable to stick to tedious tasks.

Unable to listen to instructions.

Unable to carry out instructions.

Flitting from one activity to another.

Hyperactivity

Difficulty in sitting still.

Constant fidgeting.

Unable to settle to tasks.

Excessive talking.

Impulsivity

Acting without thinking.

📁 Unable to take turns.

Interrupting conversations.

No sense of danger.

Breaking rules.

Taking unnecessary risks.





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MORE INFORMATION

ADHD is the most common behavioural disorder in the UK. It is estimated to affect approximately 5% of school children and is 3-4 times more likely in males. Symptoms begin to show in early childhood and often become more noticeable when the child starts school. Diagnosis is most usually made between the ages of 6-12 years.

ADHD can affect anyone regardless of intelligence, ethnic group, social class or family background. It is not the result of 'bad parenting' although it can carry this stigma. Having a child or teenager with ADHD presents many challenges and parents/caregivers should be recognised for their efforts in dealing with the condition, as it can have a great impact on family life.

Over time symptoms (particularly hyperactivity) may improve as the brain matures. This is because an adult brain is more easily able to recognise and control behaviour. However, it has been suggested that up to 60% of those affected can suffer persistent impulsive behaviour and lack of focus well into adult life.

ADHD need not be a barrier to success but it raises the risk of underachievement at school, leading to difficulties in accessing further education and employment. It can also lead to mental health problems. Therefore, early recognition, diagnosis, treatment and sympathetic support are very important.



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Causes of ADHD

The exact cause is not understood, but it is currently thought that both genetic and environmental factors play a role. Risk factors include premature birth and maternal smoking or drug/alcohol abuse in pregnancy.

The brain and ADHD

The brain is the centre of all life and thought. It allows us to understand the world by taking information in through the senses and directs us to respond to this information. The brain is made up of millions of cells (neurons) which communicate with each other and with nerves in different parts of the body. Neurons are separated from each other by tiny gaps (synapses). Communication takes place when electrical messages pass between neurons after the release of chemicals (neurotransmitters) into the gaps. Neurotransmitters are needed for all brain activity including a set of processes known as 'executive function'.



Executive Function

Executive function enables us to be effective and efficient, as well as creative and productive. It is responsible for:

Attention and focus.

Organisation, planning, prioritizing.

Starting tasks and completing them.

Memory.

Self-monitoring.

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Studies have shown that executive function can be impaired in ADHD. This may be due to low levels of certain neurotransmitters (dopamine and noradrenaline). These low levels mean that insufficient messages reach the areas of the brain which control executive function.

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Related Conditions

Because the brain is such a complex organ it is not uncommon for children with ADHD to also suffer with other conditions known as comorbidities. Examples of comorbidities include:

autism

learning difficulties

genetic disorders

epilepsy

anxiety

depression

tic disorder

sleep problems

conduct disorder

Diagnosis of ADHD

Many children go through phases of being restless or inattentive. This is normal and does not mean they have ADHD. Diagnosis of ADHD can only be made by a specialist doctor (paediatrician/psychiatrist), and involves taking a detailed history, making observations and gathering information from home and school by use of reports and questionnaires. Diagnosis is only given when a strict set of criteria (DSM-5) are met:

- A presentation of six or more symptoms of inattentiveness or six or more symptoms of hyperactivity and impulsiveness. The type of ADHD diagnosed depends on the number of symptoms from each group.
- The symptoms must have started before the age of seven years.
- The symptoms must have been continuously present for at least six months.
- The symptoms have to be present in at least two settings (for example home and school).
- The symptoms have to significantly affect the ability to function on a social or academic level.
- The symptoms cannot be accounted for by any other developmental disorder or condition.

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Treatment of ADHD

There is no cure as such for ADHD. The first line of treatment involves using behaviour strategies both at home and at school. Children with ADHD respond best to structure and clear boundaries, together with reward systems for positive behaviour. These strategies must be consistent and rely upon good communication and team work between all adults who have responsibility for the child.

If symptoms do not improve and have a significant impact on educational progress, homelife or self-esteem, medication may be used to treat the condition alongside behavioural strategies. Medication helps to correct the chemical imbalance in the brain by increasing the amounts of certain neurotransmitters. For more information refer to **Medications for the Treatment of ADHD**.

All children and teenagers, including those with ADHD, benefit from a healthy lifestyle. Parents/caregivers are encouraged to help their children/teens make wise lifestyle choices to help them reach their full potential. Refer to **Lifestyle Tips for Children/Teenagers with ADHD** for guidance.

Talking about ADHD

Children with ADHD need to know about the condition, but only when they are ready. A rough guide would be between the ages of 7-9 years, but this is dependent upon on their level of maturity, learning ability and whether there are comorbidities present.

When talking about ADHD it is important to use words children will understand. Describe the condition in positive terms, placing emphasis on strengths rather than weaknesses. Children with ADHD are frequently creative and enthusiastic. They also have the ability to focus extremely well on things which interest them. Let them know that having ADHD is not a bad thing and they are not alone.

For help in communicating with children about ADHD see **Support and Further Information**.