

ADHD Factsheet

What is Attention Deficit Hyperactivity Disorder?

Attention Deficit Hyperactive Disorder is an impairment of activity and attention control.

The problem presents when a child who is always on the go, does not settle to anything, has poor concentration, cannot stay still and cannot wait for others.

Links to Autism – NAS Information August 2003

'The two conditions can be confused in young children. However experts are very clear that as the child becomes older, the apparent similarities between the two conditions will separate out'.

The child with Autism may become more withdrawn and given the right environment their hyperactivity should wane and their difficulties with social skills emerge.

Children with ADHD are unlikely to become calmer with age unless they receive medication and /or high quality therapeutic interventions. They still develop social and communication skills and are unlikely to have the levels of anxiety of a child with autism.

With or without hyperactivity, Attention Deficit Disorder has been described, as a condition when compared with most children of the same age or sex, a child is considerably less able to:

- **Maintain attention** – has a very short attention span needing frequent changes of activity
- **Control Impassivity** -think before saying or doing something cannot wait their turn act on impulse.
- *When hyperactivity is present* - control the **amount of physical activity**, which is appropriate to a situation, especially when calm or quiet is expected.

Diagnosis – Symptoms

- Onset before the age of 7 years old
- Continuous symptoms for a period longer than six months
- Inattention – Impulsivity – Hyperactivity
- Low self esteem resulting in social difficulties

Associated difficulties

- Poor self esteem
- Insatiable- go on & on with questions or undesirable activity
- Maintaining Social relationships and other social skills
- Delayed academic development

Other difficulties displayed

- Motor control delays, planning & memory
- Memory delays – slow recall & retrieval - remembering how to write
- Organisation – losing books and materials personal belongings- the time scale
- Language delays – formation and organization of language – word recall
- Poor attention to detail - poor self-correction and monitoring.
- Receptive language limitation - can only take in one aspect at a time

Causes – NOT BAD PARENTING

Little is really known about what causes ADHD – similar possibilities of a bioenvironmental nature that is the result of an interaction between both biological and environmental causes.

It has been described, as a syndrome of emotional and behavioural difficulties exhibiting core features of extreme levels of impulsivity, in attentiveness and motor activity.

The condition is more common in boys, who are also more likely to be hyperactive.

What Helps?

- Attention to diet/allergies
- Strategies including lay out of environment, classroom accommodation and organisation. Pupil movements, structured short working periods, a what next routine – structure with independence
- A personal visual timetable or workbox with clear what now – what to do when finished.
- Strip lights and flickering or buzzing lights – mobiles – auditory – fan heaters – echoing rooms/floors (swimming pools)
- Medication with proper diagnosis (brain scan shows up differences) observation over time
- Behaviour Modification Strategies –Observations (ABC), clear strategies for all staff rewards specific to desired behaviour. Positive reinforcement and response cost (removing the reinforcer) – time out to cool/calm down (not punishment)

'These children can often benefit from regular, non-accusatory feedback from the parents/teachers. Terms such as bad or good should be avoided since they tend to invoke moralistic values. It is therefore better to inform a child that his/her problem is 'out of control' and take appropriate action.'

I like you, but not what you are doing

- There is need for structure – routines, security of boundaries and improvement of self-esteem.
- Reward short periods of success/on task (assessing the optimum time from ABC observations).

Increase the time between reinforcing the good behaviour until it eventually matches the end of the lesson.

- Not drawing attention to his/her bad behaviour – medication etc in front of the class, use a classroom assistant to reward him/her for being on task and to prompt him/her into receiving the reward quietly – or have a card system (as for football) green card given = ok, yellow card given = watch it, red card given = loses reinforcer.
- What is he/she good at? Notice it – can he/she help in the class doing something for others increases self-esteem.

Parents and teachers need to accept that the child cannot always help himself; his behaviour is not always prompted by naughtiness.

Having positive expectations and monitoring progress at short regular intervals helps both you and the child.

Treatments

Most experts favour a multi-modal approach towards treating and managing the disorder, recognising the co-existing conditions and the importance of treating all symptoms present.

Usually, the most effective action is when a form of therapy takes place in conjunction with other treatments and behavioural approaches.

Medication

There are forms of medication one know as Methylphenidate otherwise known as Ritalin.

Ritalin is one of the stimulant drugs and is a derivative of amphetamine – when used correctly it is safe and effective. Ritalin reduces hyperactivity and impulsiveness and increases the attention span.

It is a fast absorbing medication and is usually absorbed within ½ hour reaching maximum effectiveness within 1-2 hours after 4-5 hours has passed through the system.

There is no evidence that Ritalin can become addictive or the patient becomes dependent.

Side effects: Insomnia, loss of appetite.

Both of which usually return to normal within a short time but proper monitoring by a qualified ADHD aware doctor is essential.

Less common side effects can include: Tics, irritability, depression, tummy aches, headaches, nausea, dizziness, dry mouth and constipation.

These are many seen in higher doses and are not always attributed to the Ritalin. They should therefore be discussed with the doctor.

There is no evidence to suggest that Ritalin free holidays are necessary and certainly the idea of only using in school time is unnecessary.

Ritalin releases dopamine from the storage vessels. Please be aware that Ritalin does not work for all. Whatever treatment / approach it is most important that home and school (all the child's environments) work hand in hand.

Sharing of information and tactics and supporting each other will provide the most stable and positive situation for the child to make progress and to raise their self-esteem when successes are shared.

Support Groups

There are many groups and organizations providing support and information about ADHD including:

The ADHD National Alliance

Contact a Family
170 Tottenham Court Road
London W1T 7HA
Tel: 020 7380 1261 ext 247
Email: jim@cafamily.org.uk

ADD/ADHD Family Support Group UK

1a High Street
Dilton Marsh
Westbury BA13 4DL
Tel: 01373 826045

Hyperactive Children's Support Group

71 Whyke Lane
Chichester PO19 2LD
Tel: 01903 725 182
Email: hacsg@hacsg.org.uk
Web: www.hacsg.org.uk

The Henry Spink Foundation

4th Floor
170 Tottenham Court Road
London W1T 7HA
Tel: 020 7388 9843
Email: info@henryspink.org
Web: www.henryspinks.org.uk

CHADD

(Children and Adults with Attention
Deficit/Hyperactivity Disorder)
Web: www.chadd.org

ADDA

(National Attention Deficit Disorder
Association) Web: www.add.org

NARA

(National Action & Research for ADHD)
Glenrosa, Lightlands Lane
Cookham SL6 9DH
Tel: 01628 523 539
Email: Angie_T8282@aol.com

Young Minds

2nd floor
102-108 Clerkenwell Road
London EC1M 5SA
Tel: 0800 018 2138

ADDiss

ADDiss PO Box 340
Edgware HA8 9HL
Tel: 020 8906 9068
Email: books@addiss.co.uk
Web: www.addiss.co.uk

The Coaching Centre

13 Upper Addison Gardens
London W14 8AP
Tel: 020 7603 0368
Email: Dzaccheo@aol.com

The Children's Psychotherapy Trust

Star House
104-108 Grafton Road
London NW5 4BD
Tel: 020 7485 5510 (Mon-Thur, 9am-5pm)
Email: cpt@globalnet.co.uk

ADDA

(National Attention Deficit Disorder
Association) Web: www.add.org