

Attention deficit hyperactivity disorder - non-drug therapies

Attention deficit hyperactivity disorder (ADHD) is one of a number of behavioural and developmental disorders that affect young children.

A child with ADHD has to clinically demonstrate three main problem areas – inattention, impulsivity and overactivity. Medication is the fastest growing treatment for ADHD and is claimed to be the most effective. However, research suggests that combining medical stimulants with non-drug therapies ensures a greater success rate.

Used alone, without other input, drug therapies should be seriously questioned. Where the child's emotional state – such as anxiety, panic or hyperreactivity – contributes to their behaviours, these emotional issues first need to be addressed and the child stabilised. Then, if ADHD symptoms persist, drug therapies may be of benefit.

Stimulant drugs

The two main stimulant drugs used in the treatment of ADHD include dexamphetamine and methylphenidate (Ritalin). The calming effect of these medications is apparent within half an hour of taking them, and each dose of the short-acting forms of these medications lasts about three hours or so. Dexamphetamine and methylphenidate are different in chemical makeup and effects, so a child may be more suited to one drug than the other. There are also longer acting forms of stimulants that last between six and twelve hours. Non-stimulant medications (like Strattera) may also be used in the treatment of ADHD

Non-drug therapies

ADHD management programs need to be tailored to the individual child. Some therapies are more useful for controlling anger, while others are better suited to the treatment of impulsivity. Generally, the range of non-drug therapies used to treat a child with ADHD can include:

- Behaviour modification
- Cognitive therapy
- Anger management
- Social training
- Family counselling.

Behaviour modification

Various studies have shown that behaviour modification therapies are more successful when the child has an active role in deciding on the program, its goals and incentives. Therapies that hope to prompt behaviour changes by punishment alone are generally unsuccessful. The key is to reward the child for good behaviour.

Cognitive therapy

Cognitive therapy is designed to help the child to better manage 'thinking skills', such as problem solving and self-control. The range of activities can include role playing and working out in advance how to handle particular situations. The child learns to think through the possible consequences of an action before performing it. For example, the first self-instruction could be 'Stop!' followed by 'What is the problem?' and 'What would be the best plan to solve the problem?' Cognitive therapy is most helpful for children who are impulsive.

Anger management

Impulsive children who are quick to anger can benefit from anger management training. The child is taught how to recognise the signs of their growing frustration and is given a range of coping skills designed to defuse their aggression. Relaxation techniques and stress management skills are also taught.

Social training

A child with ADHD is often unpopular with their peers because of their aggression and lack of social skills. Being bullied, ignored or teased by peers is a major contributor to the child's low self-esteem.

Social training can teach the child how to interact with others in a proper and satisfying way. Strategies may include role playing. Some of the basic social skills the child may be taught include:

- Different ways of starting a conversation
- The importance of holding eye contact when speaking
- Listening skills
- How to play cooperatively with others.

Family counselling

For family counselling to be effective, everyone in the family needs to understand as much as possible about ADHD. It helps to read books and perhaps join support groups. The aim of family counselling is to help the other members of the household to understand and better cope with the child's behaviour. For example, the parents may be instructed on various management techniques (such as 'time out') and how to balance punishments and rewards. Communication skills and anger management techniques are also useful.

Dietary changes

There is little evidence to promote the theory that ADHD is caused or provoked by certain foods including food additives. Some studies have found that small numbers of children with ADHD may benefit slightly from dietary modifications, but experts don't recommend changes to diet as a routine part of therapy.

A 2011 study has shown that almost two thirds of young children with ADHD show improvements in behaviour when placed on a restricted hypoallergenic elimination diet. Individual hypersensitivities to certain foods were investigated, rather than a focus on a single preservative or additive, and re-introduction of these potentially troublesome foods (which were different for each child) resulted in increased ADHD symptoms in almost two thirds of the children who responded to the restricted diet.

Consult with your doctor or dietitian.

Alternative therapies

There are various alternative therapies that claim to help the child with ADHD. In many cases, the claims can't be substantiated.

Some controversial and unproven alternative therapies for ADHD include:

- Patterning – the theory that a child's development should happen in a certain sequence. A belief, for example, that ADHD has occurred because the child didn't crawl before they walked.
- Treatment for allergies – ADHD is believed by some to be caused by allergies. Treatment options include homeopathic remedies and special diets.
- Vision training – this includes eye exercises and tinted eyeglasses.
- Vitamin supplements – typically, large doses of vitamins are recommended. Fish oils that increase omega-3 fatty acid levels have recently received special attention, because there is some evidence that children with ADHD have low omega-3 levels. There is some evidence that increasing omega-3 levels improves ADHD-behaviour in some children, but not all studies show such improvements.

Where to get help

- Your doctor
- Paediatrician
- The Specialist Children's Services, Department of Human Services Victoria Tel. (03) 9096 0000
- The Resource Centre for Child Health and Safety (CHAS) Tel. (03) 9345 6429
- Attention Deficit Disorder Victoria (ADDVic) Tel. 1800 233 842

Things to remember

- Combining medication with non-drug therapies ensures a high success rate.
- Non-drug therapies include behaviour modification, cognitive therapy, anger management, family counselling and social training.
- There is little evidence to promote the theory that ADHD is caused or provoked by certain foods, including food additives.
- Some controversial and unproven alternative therapies for ADHD include vision training and vitamin supplements.

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