Attention deficit hyperactivity disorder (ADHD)

Summary

- A child with ADHD has three main symptoms – inattention, impulsivity and overactivity.
- Not all children who are inattentive, impulsive and overactive have ADHD.
- No single test can diagnose ADHD. Assessment by a doctor or psychologist involves putting together lots of pieces of information to make a diagnosis.
- A child with ADHD needs support and understanding from their family and teachers.
- Medication, positive parenting strategies, school support and counselling can help most children with ADHD and their families.

ADHD is a developmental disorder

ADHD is a ‘neurodevelopmental’ disorder, which can affect a number of areas of brain function. It is not a sign of low intelligence. With understanding, care and medical treatment, those with ADHD can be successfully supported to overcome these difficulties.

Children with ADHD may experience:

- inattention – having difficulty concentrating, forgetting instructions, moving from one task to another without completing anything
- impulsivity – talking over the top of others, having a ‘short fuse’, being accident prone
- overactivity – constant restlessness and fidgeting
- difficulty with emotional regulation
- social challenges
- sleeping difficulties.

All young children have a limited attention span and sometimes do things without thinking, but only a few of these children have ADHD.

Diagnosis of ADHD

ADHD is not straightforward to diagnose. A paediatrician, child psychologist or child psychiatrist can make the assessment or arrange a referral. They can diagnose ADHD only after making a detailed assessment – there is no single test. They need to collect a range of information, especially from parents and the child's school. The symptoms of ADHD must be obvious in most areas of the child's life.

The assessment can include a developmental history of the child’s past behaviours, prior history of trauma or illness, relationships and family. Doctors and psychologists use a variety of internationally recognised tools, scales and criteria when diagnosing ADHD.

Inattention criteria for diagnosing ADHD

The following criteria are often used to diagnose the inattention part of ADHD. A child must have six or more of these symptoms of inattention for at least six months to a degree that interferes with their everyday life and is inconsistent with the usual developmental level for a child their age.

A child with symptoms of inattention will, on a regular basis:

- not give close attention to details, or make seemingly careless mistakes in school work or other activities
- have difficulty sustaining attention in tasks or play activities
- not seem to listen when spoken to directly
- not follow through on instructions
- not finish school work, chores or other duties (but not because they are being wilful or do not understand instructions)
- have difficulty organising tasks and activities
- avoid, dislike or be unwilling to do tasks that need continuing mental effort (such as school work or homework)
- lose things needed for tasks or activities (such as toys, school assignments, pencils, books or tools)
- be easily distracted
- be forgetful in daily activities.

**Hyperactivity-impulsivity criteria for diagnosing ADHD**

Doctors often use the following criteria to diagnose the hyperactivity-impulsivity of ADHD. The child must have six or more of these symptoms for at least six months, to a degree that interferes with their everyday life and is inconsistent with the child’s developmental level.

A child with symptoms of hyperactivity will often:
- fidget with their hands or feet or squirm in their seat
- leave their seat in the classroom or in other situations in which remaining seated is expected
- run about or climb excessively in inappropriate situations
- have difficulty playing or taking part in leisure activities quietly
- be ‘on the go’ or act as if ‘driven by a motor’
- talk more than average.

A child with symptoms of impulsivity will often:
- answer before questions have been completed
- have difficulty waiting in turn
- interrupt or intrude on others (for example, interrupting conversations or games).

**Other criteria for diagnosing ADHD**

Other criteria may include:
- some hyperactive-impulsive or inattentive symptoms that caused impairment before the child reached the age of seven years
- some impairment from the symptoms in two or more settings, such as at school and at home
- clear evidence of clinically significant impairment in how the child functions in social, school or work situations
- symptoms that do not occur only during the course of a developmental disorder, a mental illness like schizophrenia or other psychotic disorder, and cannot be explained by another disorder (such as mood disorder, anxiety disorder, dissociative disorder or a personality disorder).

**Types of ADHD**

Using the above criteria, a health professional can determine if a child has ADHD and, if so, the type of ADHD a child has. Types of ADHD include:
- ADHD combined type – if the child meets the criteria for both inattention and hyperactivity-impulsivity for the past six months
- ADHD predominantly inattentive type – if the child meets the criteria for inattention, but not the criteria for hyperactivity-impulsivity, for the past six months
- ADHD predominantly hyperactive-impulsive type – if the child meets the criteria for hyperactivity-impulsivity, but not the criteria for inattention, in the past six months.
Causes of ADHD

We do not know the exact cause of ADHD. The leading theory is that ADHD is an inherited neurodevelopmental disorder. Contributing factors may include:

- neurophysiology – which includes differences in brain anatomy, electrical activity and metabolism
- genetics – some research suggests possible gene changes may be present
- drugs – exposure to nicotine or cocaine during pregnancy
- lead – chronic exposure to low levels of lead may influence behaviour and brain chemistry
- lack of early attachment – if a baby does not bond with their parent or caregiver, or has traumatic experiences related to attachment, this may contribute to their inattention and hyperactivity.

A child with post-traumatic stress disorder may have symptoms similar to ADHD, but will need different treatment.

Caring for a child with ADHD

There is a range of different ways you can help your child learn and develop.

It may help if you:

- Develop consistent routines at home and at school.
- Keep rules clear and simple, and give reminders calmly.
- Get physically close to the child and make sure you have the child’s full attention when you talk.
- Give your child only one or two instructions at a time.
- Ask them to repeat the instruction to be sure that they have understood.
- Praise your child when they are behaving appropriately, and acknowledge their achievements.
- Be clear about discipline for behaviour you find unacceptable. For example, use ‘time out’ for children between the ages of 18 months and six years, or ‘logical consequences’ for older children. ‘Logical consequences’ means letting the child know that if they behave in a certain way that you find unacceptable, then there will be a consequence. For example, if your child turns the television on before they have finished their homework, then they do not get to watch television that day.

It is important that everyone who cares for the child is consistent and works as a team to support the child and each other.

Try to have breaks often, as it is valuable to get some respite from the demands of caring for a child with ADHD.

More information on ways to help children with ADHD is available through the Royal Children's Hospital Melbourne.

Managing ADHD

There are a number of ways to help reduce your child’s ADHD symptoms. These include:

- medication – ADHD medications can reduce hyperactivity and impulsivity and improve a child’s ability to focus, work, and learn
- psychotherapies – such as behaviour therapy and cognitive behaviour therapy
- counselling – for your child and other family members.

Parents and carers of children with ADHD may find that they benefit from:

- parenting skills training that helps them learn how to encourage and reward positive behaviours in their child
- learning some stress management techniques
- joining a support group.

Where to get help

- Your child’s GP or paediatrician
- Your maternal and child health nurse