Attention deficit hyperactivity disorder (ADHD)

Summary

- A child with ADHD has three main symptoms – inattention, impulsivity and overactivity.
- Not all children with these symptoms 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, carers and teachers.
- Medication, positive parenting strategies, school support and counselling may help children with ADHD and their families.

Attention deficit hyperactivity disorder (ADHD) is a condition that affects a young child’s behaviour and learning. Children with ADHD often have difficulty concentrating (are easily distracted), and are impulsive and overactive. ADHD is not the child’s or the parents’ fault.

Many children with ADHD say they do not understand why they sometimes feel out of control or very lonely. The exact cause of ADHD is not known.

ADHD is a developmental disorder

ADHD is a ‘neurodevelopmental’ disorder (brain development 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 people with ADHD can be successfully supported to overcome these difficulties.

Children with ADHD experience difficulties with:

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

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

If you are concerned about your child, see your GP. They can refer your child to a doctor who specialises in child and youth health (a paediatrician), a child psychologist or a child psychiatrist, who can assess your child.

There is no test for ADHD. A specialist can only diagnose ADHD after making a detailed assessment. They need to collect a range of information about the child –especially from parents or carers and the child’s school. For ADHD to be diagnosed, the symptoms of ADHD must be obvious in most areas of the child’s life.

The assessment can include a history of the child’s behaviours, any trauma or illness they have experienced, and their relationships and family.

Doctors and psychologists use a variety of tools, scales and criteria when diagnosing ADHD.

Inattention criteria for diagnosing ADHD
A child with symptoms of inattention may, 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.

A child with 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 of a child their age) may be diagnosed with the inattention aspect of ADHD.

**Hyperactivity-impulsivity criteria for diagnosing ADHD**

A child with symptoms of hyperactivity may 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 may often:

- answer before questions have been completed
- have difficulty waiting in turn
- interrupt or intrude on others (for example, interrupting conversations or games).

A child with 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 usual developmental level of a child their age) may be diagnosed with the hyperactivity-impulsivity aspect of ADHD.

**Other criteria for diagnosing ADHD**

Other criteria for diagnosing ADHD may include:

- some hyperactive-impulsive or inattentive symptoms that caused impairment before the child reached the age of seven years
- impairment from the symptoms in two or more settings, such as at school and at home
- symptoms that cannot be explained by another disorder (such as mood disorder, anxiety disorder, trauma, dissociative disorder or a personality disorder).

**Types of ADHD**

Using the above criteria, a health professional can determine 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**

The exact cause of ADHD is not known. 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 – the child’s mother having used nicotine or cocaine during pregnancy
- lead – chronic exposure to low levels of the metal 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 the attachment, this can contribute to their inattention and hyperactivity.

**Caring for a child with ADHD**

Caring for a child with ADHD can be challenging. There is a range of different ways you can help your child learn and develop, and reduce stress in the family.

Make sure everyone who cares for the child uses a consistent approach and works as a team to support 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.

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’ (between the ages of 18 months and six years) or **logical consequences** (for older children).

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 are most commonly stimulant medications. They 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

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