

ADHD

Description: could be briefly depicted as a condition in which an individual has difficulty in maintaining an adequate attention span and/or has difficulty with impulse control to such a degree that it causes a **significant** impairment in their daily functioning (such as not maximizing their learning in school or socialization problems)

- : these symptoms can vary in severity over time – even throughout the day; for example, the child could sit and build a model for hours but is unable to sit still long enough to finish their homework
- : the absence of ‘hyperactivity’ does not rule out the diagnosis – some children, frequently girls, display their inattention as ‘day dreaming’
- : symptoms are not under the child’s conscious control, although it may be difficult at times to sort out if a specific behavior is related to the ADHD, immaturity, or an intentional action
- : onset of symptoms must be before 7 years old
- : other potential medical and psychological diagnosis must be ruled out as the etiology of the attention/impulsivity difficulties including hearing loss and depression
- : other associated psychological diagnosis are frequently present, such as anxiety, obsessive-compulsive disorders, and learning disabilities

Diagnosis: although it may be suspected by others including teachers and parents, there are **specific** psychological criteria which must be met

- : physicians, including pediatricians and neurologists, are able to make this diagnosis; in my opinion, it is much more appropriate to have it confirmed by a psychologist or psychiatrist since they have the most training in this area

Frequency: occurs in approximately 3 to 5 percent of the population

- : diagnosed 3 times as often in boys as compared to girls
- : found in all countries and ethnic groups
- : diagnosed more frequently in children with a history of conduct disorder, learning disabilities, tics, or Tourette’s Syndrome

Etiology: strong genetic basis

- : **may** be associated with pregnancy or birth complications, as well as central nervous system insults such as infection and trauma
- : no evidence for a causative role for food additives, preservatives, or sugar
- : allergies may exacerbate the ADHD symptoms but they are not felt to be the primary cause
- : medications may cause behaviors which mimic ADHD symptoms

Treatment: **after a thorough evaluation confirms the diagnosis**, a multidisciplinary comprehensive approach involving the parents, school personnel (including the teachers), pediatrician, and councilors (including social workers and a psychologist/psychiatrist) is instituted to maintain the child’s self esteem as well as maximizing their learning and social functioning

- 1) environmental modifications such as preferential placement in the classroom
- 2) behavioral modifications including star charts for reward reinforcement
- 3) special education services to address any learning disabilities
- 4) professional counseling - frequently is more to help the parents and teachers learn the necessary measures to mold the child as they grow rather than directly council the child

****These first four items are the cornerstone of the management, with professional counseling being a very important aspect of care****

- 5) medications – these are utilized as a **supplement** when the above 4 measures are not felt to be sufficient to achieve the desired goals
 - prescriptions must be written (they can't be called into the pharmacy) and they expire 3 months from the date on the prescription
 - these are controlled substances and must be adequately secured by both the parents and the school
 - these are continued as long as they are clinically indicated with some individuals maturing to a degree that they can compensate for their difficulties and others requiring treatment into adulthood
 - most potential side effects are minor (headaches, sleep disturbance, rebound hyperactivity as the medication wears off); an increase in blood pressure is rarely seen; decreased appetite can affect growth and weight gain, but in most individuals there is no significant long term affect
 - the increased risk of drug abuse in individuals with ADHD is felt to be related to their innate susceptibility to influences such as peer pressure and not related to the use of stimulant medication (**in my opinion, aggressive therapy decreases future drug abuse since the child's ultimate self esteem and functioning in the real world is enhanced**)
- 6) regular Office visits to oversee the above services and to monitor growth, weight gain, blood pressure, and medication efficacy and potential side effects
- 7) alternative therapies, despite their widespread popularity, have not undergone adequate scientific evaluation to determine their effectiveness and safety; these include vitamin supplementation, diet adjustments, sensory integration therapy, and chiropractic manipulation