Attention Deficit Hyperactivity Disorder

Understanding Attention Deficit-Hyperactivity Disorder

Attention Deficit-Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed behavioral disorders of childhood. The disorder is estimated to affect between 3 and 7 percent of school-aged children (American Psychiatric Association). The core symptoms of ADHD are developmentally inappropriate levels of inattention, hyperactivity, and impulsivity.

There are 3 subtypes of ADHD: Predominantly Inattentive Type, Predominantly Hyperactive-Impulsive Type, and Combined Type. In order to be diagnosed with ADHD, children must meet specific criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. ADHD is determined by the number of symptoms present and the extent of the difficulty that these symptoms cause. Symptoms of inattention may include: failing to give close attention to details or making careless mistakes; difficulty sustaining attention in tasks; difficulty organizing tasks; avoidance of tasks that require sustained mental effort; often losing things; being easily distracted; and, often forgetful. Also, there may be symptoms of hyperactivity as well, such as: fidgets with hands or feet; often leaves seat; runs or climbs excessively; has difficulty playing quietly; “on the go” or “driven by motor”; and, talks excessively. There also must be clear evidence of significant difficulty in two or more settings, symptoms must be present at least six months, symptoms have to cause problems before age 7, and must be developmentally inappropriate.

The standard of care for evaluating a child with ADHD includes a thorough medical and family history; a medical examination for general health and neurologic status; a comprehensive interview with parents, teachers, and child; standardized behavior rating scales; observation of the child; and a comprehensive psychological assessment (American Academy of Pediatrics).
AD/HD Treatment Interventions:
- Educate child, parent and teacher about the disorder
- Medication (methylphenidate/Ritalin, Concerta, Metadate, Dexedrine, Cylert, Adderall)
- Behavioral Therapy
- Additional environmental support, including an appropriate school program

Potential Causes:
- Abnormal neurological development:
  Inherited disorder or vulnerability, exposure to neurotoxins, neurological trauma
- Precipitating or contributing conditions:
  Endocrine or metabolic disorders, psychiatric disorders, sensitivity to environmental conditions, emotional or developmental stress

Although it is frequently assumed that alcohol-affected children have the same neurocognitive and behavioral characteristics as children with a primary diagnosis of AD/HD, recent research suggests that there are clear distinctions between these two clinical groups. Those with AD/HD performed more poorly on conventional tests sensitive to attention problems and conduct disorder when compared to those with a diagnosis of FAS.

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Disorders That Commonly Co-Occur With AD/HD:
- Oppositional Defiant Disorder - A pattern of negative, hostile, and defiant behavior.
- Conduct Disorder - A pattern of behavior that persistently violates the basic rights of others or society's rules.
- Anxiety
- Depression
- Learning Disabilities - The student's ability on standardized tests is substantially higher than actual achievement; difficulties in attention, memory and executive function.
- National Information Center for Children and Youth with Disabilities

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The Maternal Substance Abuse and Child Development Project is dedicated to the study and prevention of the effects of maternal substance abuse. Since 1978, the project has studied the development of children exposed to alcohol and other drugs prenatally and their caregivers and provided training for Prevention statewide. For additional information call (404) 712-9800.