Understanding Attention Deficit-Hyperactivity Disorder

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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; not seeming to listen when spoken to; not following through on instructions; 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).

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Maternal Substance Abuse and Child Development Project is funded in part by the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD).