

A Quick Information Guide to...

ADHD (Attention Deficit Hyperactivity Disorder) ADD (Attention Deficit Disorder)

- ADHD is a neurodevelopmental condition that affects 2-6% of all children, approximately 1% are considered to be severely affected. Research has shown that it may be due to neuro-transmitting chemicals, such as dopamine, not working effectively in the brain.
- The parts of the brain responsible for self-monitoring, regulation of behaviour and emotions as well as concentration, organisation and time management can be effected.
- No two pupils with ADHD/ADD are the same. **Core traits include:**
 - **Inattention** - poor selective attention, they may attend to irrelevant or distracting stimuli and have difficulty paying attention to what we want them to. They can make careless mistakes and fail to give close attention to detail. They may not be able to organise themselves, have problems starting a task, poor listening skills and be easily distracted. They often have difficulties remembering things (short term memory problems) which can affect reading comprehension, learning number bonds/times tables and remembering they have homework. They can find sustaining effort on routine tasks difficult. They can 'space out' and can go unnoticed as they might not cause behaviour problems.
 - **Impulsivity** – difficulties with regulating inhibition, doing things without thinking such as calling out answers/comments. They may rush work, settle slowly to a task, flit between activities and fail to check work. They can appear clumsy.
 - **Hyperactivity** or enhanced motor activity – they are on the go all the time, have boundless energy and may fidget or move about.
- We tend to notice the hyperactivity, however inattention impacts more on academic achievement than the other core traits.
- In adulthood hyperactivity tends to lessen although the core traits remain. It is thought approximately 50-60% of children with ADHD will continue to be effected during adulthood.
- In order to be assessed for ADHD the child will need to be seen by a paediatrician. The symptoms must have been present long-term, significant in comparison to peers, evident before the age of 12 and cause difficulties in two or more settings. Most parents recognise difficulties around 2½ to 3 years old. Schools are usually asked to contribute their views through questionnaires, eg Strengths and Difficulties Questionnaire or Connor's Rating Scale.
- Social and emotional development is delayed by at least 2-3 years. Playground problems are common as the child misreads social cues and can act in an 'OTT' manner. They want to be part of the main game but do not know what to do to make this happen. They can appear bossy even with one friend.

- Children with ADHD often have poor self-esteem. This may be because they put so much effort into school work and achieve little as well as social difficulties.
- Children with ADHD act before they think and do not seem to consider the implications of a sequence of events. They understand right from wrong but it does not register until after they have acted and it's too late. The children are upset by what they have done but they will be just as unthinking the next time. They often have a short fuse or have excessive emotional reactions.
- They can appear less satisfied with rewards, such as weekly golden time.
- Children with ADHD are distracted by too much competing stimulation and have difficulties knowing what to attend to. They can experience extreme variation in performance and mood and we may be puzzled that they can concentrate for long periods of time on favoured activities. They may get stuck on or focus on a trivial idea/interest and pursue it past all reason (insatiability). They tend to see things in 'black and white' and have difficulty seeing and acknowledging others' points of view (excessive dogmatism).
- Half of all children with ADHD have significant weaknesses in some academic area, such as reading, writing, spelling, language, maths or a combination of all of these skills.
- Children with developmental delay are at an increased risk of ADHD as are children whose parents or siblings have ADHD. There is a strong genetic link 1 in 2 children with ADHD has a parent with it and 1 in 3 have a sibling with it.
- At least half of those with ADHD have associated (coexisting) conditions, such as Oppositional Defiant Disorder, Tourette Syndrome, Obsessive Compulsive Disorder, Anxiety Disorders. ADHD does not cause the other condition/s they just coexist.
- Some children may be prescribed medication to treat the core symptoms of ADHD. Most children are prescribed 'stimulant' medication from the **Methylphenidate** group (also called Concerta, Equasym, Medikinet, Ritalin). Some children are prescribed 'non-stimulant' medication called **Atomoxetine** (eg. Strattera). Like all medications there can be side effects, eg loss of appetite, tummy aches and headaches.

References:

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GOSH (2012) "Tourette Syndrome and ADHD"

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C Foley (2017) TES SEN seminar "Strategies to manage ADHD in the classroom"

T Packiam Alloway (2017) TES SEN seminar "Wiggly or gifted? Working memory and ADHD"