RANDOM HOUSE eBOOKS

The Pocket Guide to Understanding A.D.H.D.

Dr Christopher Green & Dr Kit Chee

Contents

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The Pocket Guide to Understanding ADHD

Practical tips for parents

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Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a slight but demonstrable difference in brain function. It causes a clever child to underachieve academically and behave poorly, despite the highest standard of parenting.

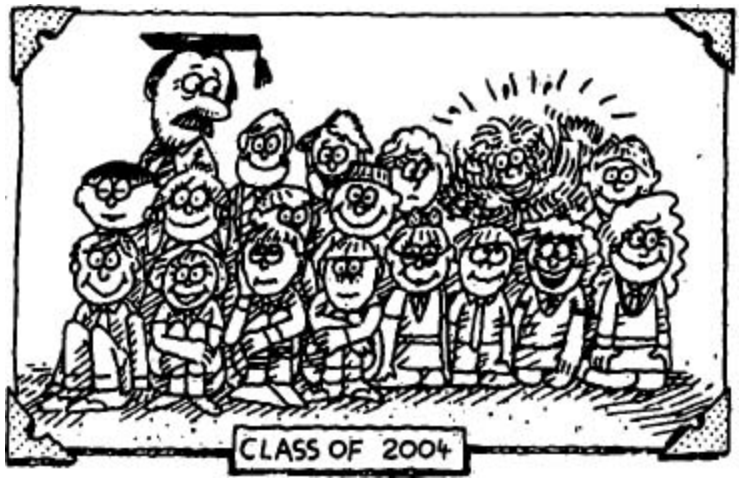
The Pocket Guide to Understanding ADHD puts all the facts at parents' fingertips. We discuss the main behaviours associated with ADHD: a child who doesn't know when to put the brakes on behaviour, who puts in so much effort and gets so little reward, who is often known by all yet liked by none and, perhaps most importantly, makes competent parents appear inadequate.

We have come a long way in understanding this hard-to-define condition. The danger for today's parents and professionals is to become lost in the uncertainties, rather than focusing on what we know to be true and using this information to help our children.

If managing ADHD was easy, there would be no need for this book. The aim of *The Pocket Guide to Understanding ADHD* is to make a complex subject easier to digest. If you would like more detailed information (including the latest research) after reading this book, move on to *Understanding ADHD*.

ONE

ADHD – The Facts



With so much current interest in ADHD you might think that we are in the midst of an epidemic. But ADHD is occurring no more frequently than in the past – we have just become more skilful at recognising a very real condition that was previously missed or misdiagnosed.

ADHD is a 'mixed bag' of behaviours: attention, hyperactivity, learning, the list goes on. So this chapter looks straight to the facts about ADHD.

The facts about ADHD

ADHD is a real condition that to some extent affects approximately 1 per cent of children in the UK (compared to 2 to 5 per cent in Australia). Though widely diagnosed and treated in the US and Australia, the condition, as yet, is not as widely recognised in the UK.

ADHD is a biological, brain-based condition which is caused by a minor difference of fine tuning in the normal brain (a slight brain dysfunction).

The dysfunction of ADHD is thought to be due to an imbalance in the brain's neurotransmitter chemicals, noradrenaline and dopamine. This imbalance is mostly found in those parts of the brain responsible for self-monitoring and putting on the brakes.

ADHD presents in two ways: in impulsive, poorly self-monitored behaviour (referred to as hyperactive–impulsive behaviour), and in problems of attention, short-term memory, disorganisation and learning (attention deficit–learning problems). A child may have just one of these forms, but most ADHD children have a mixture of both.

An ADHD child is significantly out of step with others of the same developmental level and standard of parenting.

These behaviours and learning problems are not exclusive to ADHD. They occur in all of us, but to a much lesser extent.

ADHD is a strongly hereditary condition. Most ADHD children have a close relative (usually male) affected to some degree by the same problem. Developmental Reading Disorder (dyslexia) which is often associated with ADHD is also a strongly hereditary condition.

ADHD is mostly a ‘boy’ problem. Boys are six times more likely to be referred for help than girls. However, it’s possible that the true ratio in the community is more like 3:1, as many girls remain undiagnosed – by nature girls tend to be less disruptive and suffer more silently than the male of the species. They may not be referred to a clinic for bad behaviour, but they may still be failing at school.

ADHD is a long-term condition which affects learning and behaviour right through the school years. About 60–70 per cent of these children will carry some of their ADHD with them into adulthood.

Some preschoolers are incorrectly labelled as ‘hyperactive’. In fact they have no problem other than the normal ‘busyness’ and lack of commonsense one finds at this young age. (See *Toddler Taming* for more about this age group.)

Most parents first suspect their ADHD child is out of step between the age of two-and-a-half and three years. However, the more laid-back, less demanding life of preschool means that most of these children manage well until the first or second year of school.

Teachers of ADHD children tell us that at school: ‘This child is distractable, disruptive and needs one-to-one supervision to achieve’. Teachers are confused when a clever child behaves poorly and underfunctions for intellect.

Diet is no longer seen as important part of ADHD.

Playground problems are common as the child misreads social cues, ‘comes on too strong’, and overreacts to teasing. This has immense implications for self-esteem.

Sometimes teachers describe an ADHD child as ‘known by all but liked by none’.

ADHD children do not plan to behave badly, it just seems to happen and after the event they feel true remorse.

Approximately half of the children who present with ADHD are also troubled by specific learning disabilities (SLD), for example dyslexia, Language Disorder or a weakness with mathematics. These are not caused by the ADHD but are associated or ‘comorbid’ conditions. The treatment of ADHD does not treat the SLD, but it makes the child more receptive to remedial teaching.

At school the two parts of ADHD (hyperactive–impulsive behaviour and attention deficit–learning problems) show in different ways. The hyperactive–impulsive, poor self-monitoring behaviours result in the child rushing through work, settling slowly after a break, tapping and fidgeting, calling out in class and failing to check work before it is handed in. The attention deficit problems affect organisation, getting started with work, listening skills, sustained work output, distractability and short-term memory.

Poor impulse control leaves the ADHD child both physically and verbally accident-prone. They frequently trip, fall, act stupid and put their ‘feet in their mouth’. ADHD children nag and demand from dawn to dusk – this incessant pressure generates great tension.

Most ADHD children have the social and emotional maturity of a child two-thirds their age. Lack of emotional understanding, independence and commonsense are frequent complaints.

Treatment of ADHD involves behavioural advice, support at school and the use of stimulant meditation.

ADHD children act before they think and are less satisfied with rewards. This makes the behavioural techniques that work so well on our other children much less effective when used on those with ADHD.

In ADHD it is the difficult child that makes good, competent parents appear inadequate.

Stimulant medication is effective in the treatment of ADHD. Their benefits in treating ADHD have been well known for more than 50 years. More recently a major US multi-centre study completed in 1999 looked at the relative benefits of various combinations of medical, educational and psychological treatments for ADHD. The results suggest that without first priming with medication, most of the other techniques are relatively ineffective.

Stimulants help a child to focus, listen and be reached. You have to reach before you can teach.

Stimulant medication is often misrepresented but it is without doubt the single most effective form of therapy available for ADHD.

The stimulants methylphenidate (sold in the UK as Ritalin and Equasym) and dexamphetamine (Dexedrine of Dex) have been used for more than 40 years. At the last count there have been more than 170 controlled trials which show their benefits and safety.

Stimulants are not addictive. Medication brings the unfocused child into full-focus reality. You don't get addicted to reality.

Natural remedies are often promoted as safer than stimulants and equally effective in the ADHD child. These have not been subjected to the same scientific trials and safety checks that would be required for a medication. Just because a product comes from a plant does not mean it is safe: opium, digitalis, magic mushrooms and tobacco are all natural substances.

If there is ever any doubt about benefits or any worrying side-effect, the parents must stop the preparation at once and talk to those who prescribed it.

With any medical treatment the benefits must be carefully balanced against all potential risks. Critics of medication quote the obscure, small print side-effects but do not mention the major risk of failing to treat. Every year impulsive, unthinking ADHD children are injured or killed needlessly in accidents. Countless families of untreated children fall out of love with the difficult child and these wrecked relationships may never heal.

Medication is only prescribed after a full explanation and the informed consent of the parents. Parents are in charge, not doctors.

The ADHD child is not deliberately difficult, they just act before they think. Successful parents make allowances but still ensure that children with ADHD know they are responsible for their own actions. ADHD is an explanation, it is not an excuse.

TWO

ADHD – An Old Condition Rediscovered