FACTS for FAMILIES

No. 6

(Updated May 2008)

## **CHILDREN WHO CAN'T PAY ATTENTION/ADHD**

Parents are distressed when they receive a note from school saying that their child won't listen to the teacher or causes trouble in class. One possible reason for this kind of behavior is Attention/Deficit Hyperactivity Disorder (ADHD).

Even though the child with ADHD often wants to be a good student, the impulsive behavior and difficulty paying attention in class frequently interferes and causes problems. Teachers, parents, and friends know that the child is misbehaving or different but they may not be able to tell exactly what is wrong.

Any child may show inattention, distractibility, impulsivity, or hyperactivity at times, but the child with ADHD shows these symptoms and behaviors more frequently and severely than other children of the same age or developmental level. ADHD occurs in three to five percent of school age children. ADHD must begin before the age of seven and it can continue into adulthood. ADHD runs in families with about 25 percent of biological parents also having this medical condition.

A child with ADHD often shows some of the following:

- trouble paying attention
- inattention to details and makes careless mistakes
- easily distracted
- loses school supplies, forgets to turn in homework
- trouble finishing class work and homework
- trouble listening
- trouble following multiple adult commands
- blurts out answers
- impatience
- fidgets or squirms
- leaves seat and runs about or climbs excessively
- seems "on the go"
- talks too much and has difficulty playing quietly
- interrupts or intrudes on others

There are three types of ADHA. Some people have only difficulty with attention and organization. This is also sometimes called attention deficit disorder or ADO subtype. Other people have only the hyperactive and impulsive symptoms. This is ADHD-hyperactive subtype. The third, and most commonly identified group consists of those people who have difficulties with attention and hyperactivity or the combined type.

A child presenting with ADHD symptoms should have a comprehensive evaluation. Parents should ask their pediatrician or family physician to refer them to a child and adolescent psychiatrist, who can diagnose and treat this medical condition. A child with ADHD may also have other psychiatric disorders such as conduct disorder, anxiety disorder, depressive disorder, or bipolar disorder. These children may also have learning disabilities.

## Children Who Can't Pay Attention/ADHD, "Facts for Families," No. 6 (5/08)

Without proper treatment, the child may fall behind in schoolwork, and friendships may suffer. The child experiences more failure than success and is criticized by teachers and family who do not recognize a health problem.

Research clearly demonstrates that medication can help improve attention, focus, goal directed behavior, and organizational skills. Medications most likely to be helpful include the stimulants (various methylphenidate and amphetamine preparations) and the non-stimulant, atomoxetine. Other medications such as guanfacine, clonidine, and some antidepressants may also be helpful.

Other treatment approaches may include cognitive-behavioral therapy, social skills training, parent education, and modifications to the child's education program. Behavioral therapy can help a child control aggression, modulate social behavior, and be more productive. Cognitive therapy can help a child build self-esteem, reduce negative thoughts, and improve problem-solving skills. Parents can learn management skills such as issuing instructions one-step at a time rather than issuing multiple requests at once. Education modifications can address ADHD symptoms along with any coexisting learning disabilities.

A child who is diagnosed with ADHD and treated appropriately can have a productive and successful life.

For additional information see Facts for Families:

- #16 Learning Disabilities
- #21 Psychiatric Medication for Children
- #29 Psychiatric Medication: Types of Medications
- #33 Conduct Disorders
- #38 Bipolar Disorder in Teens
- #51 Questions to Ask about Psychiatric Medications for Children and Adolescents, and
- #52 Comprehensive Psychiatric Evaluation.

See also: Your Child (1998 Harper Collins)/Your Adolescent (1999 Harper Collins).

For more information about medications used to treat ADHA, see: www.ParentsMedGuide.org.

## ###

If you find *Facts for Families*<sup> $\circ$ </sup> helpful and would like to make good mental health a reality for all children, please consider donating to the <u>Campaign for America's Kids</u>. Your support will help us continue to produce and distribute *Facts for Families*, as well as other vital mental health information, free of charge.

You may also mail in your contribution. Please make checks payable to the AACAP and send to *Campaign for America's Kids*, P.O. Box 96106, Washington, DC 20090.

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 7,000 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

*Facts for Families*<sup> $\circ$ </sup> information sheets are developed, owned and distributed by the American Academy of Child and Adolescent Psychiatry (AACAP) and are supported by a grant from the Klingenstein Third Generation Foundation. Hard copies of *Facts* sheets may be reproduced for personal or educational use without written permission, but cannot be included in material presented for sale or profit. All *Facts* can be viewed and printed from the AACAP Web site (www.aacap.org). *Facts* sheets many not be reproduced, duplicated or posted on any other Internet Web site without written consent from AACAP. Organizations are permitted to create links to AACAP's Web site and specific *Facts* sheets. To purchase complete sets of *Facts for Families*, please contact the AACAP's Development and Communications Assistant at 800.333.7636, ext. 140.

Copyright <sup>©</sup> 2006 by the American Academy of Child and Adolescent Psychiatry