ADHD FACTS

A Brief History

Attention differences aren't new, but our understanding of them is remarkably recent. Physicians first described children with impulsivity and inattention in the early 1900s, initially framing it as a result of brain injury or "minimal brain dysfunction." That framing persisted for decades, and it was a poor fit; most children later understood to have ADHD had no injury or damage at all.

The term "Attention Deficit Disorder" entered the diagnostic manual in 1980, with hyperactivity added as a specifier a few years later. In 1994, the diagnosis was renamed Attention-Deficit/Hyperactivity Disorder (ADHD) and organized into three presentations: predominantly inattentive, predominantly hyperactive-impulsive, and combined. That distinction mattered enormously, because it made room for a group long overlooked: children, especially girls, whose ADHD looked like daydreaming and disorganization rather than climbing the walls.

The last two decades have brought two real shifts. First, recognition that ADHD very often continues into adulthood rather than something children simply outgrow. Second, growing understanding that ADHD is fundamentally a difference in executive function, the brain's ability to plan, organize, regulate emotion, and manage time, rather than a character flaw or a parenting outcome.

What ADHD Is

ADHD is a neurodevelopmental difference that affects executive function: the mental skills involved in planning, organizing, starting tasks, regulating emotion, and managing time and attention. It shows up differently from person to person. Some struggle most with sitting still and impulse control. Others struggle most with sustaining focus, following through, and keeping track of things. Many experience a mix of both.

ADHD is not the result of too much screen time, too little discipline, or a lack of willpower. It runs strongly in families, and current research points to differences in brain structure and neurotransmitter activity, particularly involving dopamine, the chemical tied to motivation and reward.

A key thing to understand: a person with ADHD isn't choosing to be distracted any more than a person with nearsightedness is choosing to squint. The brain is wired to process attention, motivation, and time differently, and support looks like accommodating that wiring, not punishing it.

Understanding the Scope

- An estimated 7 million children ages 3–17 in the U.S. (11.4%) have ever been diagnosed with ADHD, according to the CDC's most recent national parent survey (2022 data).
- Diagnosis is nearly twice as common in boys (15%) as in girls (8%), though many clinicians believe ADHD in girls is substantially underdiagnosed because inattentive symptoms are quieter and easier to miss.
- Nearly 3 in 4 children with ADHD (77.9%) have at least one co-occurring condition, most commonly a learning disability, anxiety, or a behavioral/conduct condition. About 1 in 7 also has autism.
- Close to 6 in 10 children with current ADHD have moderate or severe presentations, not the mild, easily-missed version many people picture.
- The median age of ADHD diagnosis is around 6 years old, though for many, especially those with primarily inattentive symptoms, diagnosis comes much later, sometimes not until adulthood.
- ADHD prevalence is higher among children in lower-income households and those with public health insurance, a pattern that likely reflects both environmental stress factors and disparities in access to evaluation.

Strategies for Teachers

- Break tasks into smaller, visible steps. A single instruction like "clean up and get ready for math" is really five or six steps; naming them out loud helps a lot.
- Build in movement. Standing desks, brief movement breaks, or a fidget tool aren't distractions from attention; for many students, they're what makes attention possible.

- Use timers and visual cues rather than verbal reminders alone. Time can feel abstract to a student with ADHD; a visible countdown makes it concrete.
- Give feedback immediately when you can. Delayed consequences and delayed praise both tend to lose their power for a brain that runs on the present moment.
- Separate the behavior from the child. A student who's blurting out or losing materials isn't being defiant; they're showing you exactly where executive function is struggling.

Strategies for Parents

- Externalize what the brain won't hold onto. Written checklists, visible calendars, and posted routines do the remembering so your child doesn't have to.
- Praise the specific effort, right when it happens. "You started your homework as soon as we talked about it" lands far better than general praise given later.
- Expect inconsistency, and don't take it personally. A child with ADHD might nail a task perfectly one day and completely lose track of it the next. That's the disorder, not a discipline problem.
- Protect sleep and movement. Both have an outsized effect on attention and emotional regulation for kids with ADHD.
- Partner with the school rather than working in parallel. Teachers see patterns you don't get to see, and you have context they need.

Strategies for Grandparents

- Know that this isn't a discipline gap. A grandchild with ADHD who forgets, interrupts, or can't sit still isn't being raised wrong; their brain manages attention differently, full stop.
- Keep instructions short and concrete, one step at a time, rather than a list given all at once.
- Build in movement during visits. A walk, an errand, or a task with your hands often helps a grandchild with ADHD engage far better than sitting still for a long conversation.
- Notice and name what your grandchild does well. Kids with ADHD often hear far more correction than praise elsewhere; you can be a place where they hear the opposite.
- Ask the parents what's working right now. Strategies for ADHD often shift as a child grows, so what worked last year may look different this year.

A Florida Spotlight

- Florida's public schools classify ADHD under the "Other Health Impairment" (OHI) Exceptional Student Education category, one of the pathways that can qualify a student for an IEP.
- Many Florida students with ADHD are instead supported through a Section 504 Plan, since ADHD often requires accommodations, like extended time or preferential seating, rather than specialized instruction.
- The Florida Diagnostic and Learning Resources System (FDLRS) provides free, regional training and consultation to Florida families and educators navigating an ADHD evaluation or support plan.
- Brevard Public Schools' ESE Department can be a family's first stop for requesting an evaluation or discussing 504 accommodations for a student with ADHD.

Sources: CDC National Survey of Children's Health, 2022; National Institute of Mental Health; Florida Department of Education.