

Information from your Patient Aligned Care Team

Attention-Deficit/Hyperactivity Disorder (ADHD)

What is it?

ADHD is an acronym for Attention-deficit/Hyperactivity Disorder. It is a neurological brain disorder that is marked by a continual pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than what considered typical for someone of that age.

Does it affect me?

There are two main problems identified with ADHD: (1) Inattention and (2) Hyperactivity / Impulsivity. These problems are further broken down into individual symptoms.

| Inattention | Hyperactivity/Impulsivity |
|---------------------------------------|------------------------------------|
| Poor attention to detail/carelessness | Fidgetiness/squirminess |
| Difficulty sustaining attention | Difficulty remaining in seat |
| Does not appear to listen | Runs about or climbs excessively |
| Often fails to complete tasks | Difficulty with quiet activities |
| Difficulty with organization | Often seems "on the go" |
| Avoids/dislikes focused tasks | Talks excessively |
| Loses things easily | Blurts out answers or opinions |
| Easily distracted | Difficulty waiting or taking turns |
| Forgetful of daily activities | Interrupts or intrudes on others |

* It is important to note how **common** and **normal** these symptoms are in children and adults, being mindful of the overlap they have with other mental and physical health problems.

The symptoms listed above must be:

- **Chronic:** lasting at least six months consistently
- **Present from a young age:** onset must be prior to age 7
- **Observable and problematic across many settings:** for example, at home, school, work, etc.

How do you find out if you have ADHD?

There is no one test for ADHD, but a comprehensive evaluation completed with a professional is needed to establish a diagnosis. The evaluation is long and requires sustained mental effort to complete. In addition to the testing, information related to current functioning and background information will be collected. Reports from several people are also helpful in establishing a diagnosis: (1) parents report about home functioning, (2) teachers report about school functioning, (3) co-workers report about work functioning, and (4) friends report about social functioning. Typically, the testing battery includes symptom checklists, rating scales to identify emotional and behavioral signs, intelligence testing, and achievement testing.

How common is it?

By definition, ADHD begins in childhood prior to age 7, and according to recent research, it can continue into adulthood. While some children “outgrow” ADHD, evidence suggests that up to 70% can continue to carry symptoms of inattention into adulthood, with hyperactivity typically diminishing with age. According to a 2003 Centers for Disease Control study, 7.8% of children between the ages of 4 and 17 have ever been diagnosed with ADHD. Research indicates that nearly 4% of adults in the U.S. continue to have ADHD.

Is Adult ADHD any different from Childhood ADHD?

Because ADHD is a neurological condition that starts during childhood, symptoms that adults experience are not new, but rather, have continued from childhood. Most adults who have continued symptoms may notice problems with difficulty paying attention to details, organization, talking fast, and difficulties focusing and concentrating. Adults with ADHD do not typically report problems with hyperactivity; either the symptoms have subsided or they have developed coping strategies for handling their increased activity level. There is no evidence that ADHD develops during adulthood. Concentration problems and distractibility in adults are often due to other problems such as depression, anxiety, stress in relationships, or occupational stress. Any of these and other mental health conditions can mimic the symptoms of ADHD, but they are not ADHD.

Associated problems and consequences that often co-exist with adults who have continued symptoms of ADHD from childhood may include:

- Poor self control
- Forgetfulness
- Difficulty focusing
- Poor time management
- Relationship problems
- Poor time perception
- Variability in work performance
- Chronic lateness
- Easily bored
- Low self-esteem
- Substance abuse
- Difficulty regulating emotions, arousal, and motivation
- Anxiety/depression
- Mood swings
- Employment difficulties
- Risk-taking behaviors

Attention-Deficit/Hyperactivity Disorder (ADHD) (continued)

Resources and Suggested Readings

Children

Quinn & Stern (2001). *Putting on the brakes: Young people's guide to understanding Attention-deficit/Hyperactivity Disorder*.

Nadeau, Nixon, & Beyl (2004). *Learning to slow down & pay attention: A book for kids about ADHD*.

Adolescents

Ziegler Dendy, & Ziegler (2003) *A Bird's-Eye View of Life with ADD and ADHD: Advice from Young Survivors*.

Parents

Barkley (2000). *Taking charge of ADHD: The complete, authoritative guide for parents*.

Barkley & Benton (1998). *Your defiant child: Eight steps to better behavior*.

Adults

Kelly & Ramundo (1995). *You mean I'm not lazy, stupid, or crazy: A self-help book for adults with attention deficit disorder*.

Hallowell & Ratey (1995). *Driven to distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood Through Adulthood*.

Websites

Children and Adults with Attention-deficit/Hyperactivity Disorder : www.chadd.org

Teens Health: www.kidshealth.org/teen/school_jobs/school/adhd.html

Teens with ADHD by Chris Dendy: www.chrisdendy.com

ADHD News: www.adhdnews.com

What are my treatment options?

Treatment for ADHD is often “multimodal”—that is, it often involves any combination of education, skills training, behavioral interventions, and medication. Depending on your symptoms and response to these interventions, treatments will vary on a case-by-case basis. As with most illnesses, it is highly recommended to start with the least invasive options first. In treating ADHD, exhaustive attempts at behavioral interventions should initially be pursued before beginning a trial of medication.

Behavioral Interventions

Behavioral Modification, or B-Mod, is typically the type of behavioral intervention that is used in the treatment of ADHD. B-Mod is a process where individuals learn specific skills and techniques designed to alter habits/problem areas and replace them with more adaptive, functional responses. As parents, if we can consistently alter the antecedents (how we make requests) or consequences (our reaction when the child obeys or disobeys), we can alter our child's behaviors and shape a more functional way of responding. As an adult trying to shape your own behaviors, similar contingencies (“if...then” scenarios) are helpful in establishing a behavioral plan that encourages a desired behavior attached to a reward (e.g., if I complete X, then I can do Y).

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Common guidelines for implementing a B-Mod plan include:

1. Start with goals that are small and attainable
2. Be consistent—regardless of time of day, setting, and situation
3. Follow through with the behavioral intervention over the long haul
4. Remember that learning new skills takes time and is gradual—don't give up!!

Suggestions for Parents:

- Provide clear, concise expectations, directions, and limits—avoid ambiguity
- House rules and structure are a necessity—plan ahead and predict barriers
- Set up an effective discipline system based on rewards and consequences
- Change the most problematic behaviors first—use charts/graphs to see progress
- Help your child in social situations—promote cooperation and peer interaction
- Teach social skills and promote extracurricular activities
- Identify & build on your child's strengths—promote confidence, success, and esteem
- Have a “special time” for your child—TLC goes a long way in maintaining self-worth
- Learn to praise appropriate behaviors and ignore minor inappropriateness

Pharmacological Interventions

Strong evidence supports the use of stimulant medication for the management of inattention, impulsivity, and hyperactivity in school children. Studies suggest that 70-80% of children with ADHD improve with the use of stimulant medication. Some changes include: academic improvement, increased focus and concentration, increased compliance and effort, and decreased activity level and impulsivity. Medical intervention often involves a trial of Ritalin, Concerta, Adderall, Dexedrine, or Strattera (an effective non-stimulant). The effects of these medications are typically felt within 30-60 minutes of taking the medication. Increasing, decreasing, or terminating medication is determined on a case-by-case basis to maximize functioning.

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