Birmingham Community Healthcare NHS
NHS Trust

Attention Deficit Hyperactivity Disorder - ADHD

Information Booklet For Parents/Carers

The information in this leaflet was written and produced by
ADHD Nurse Specialist Team
With the kind consent of Ryegate Children's Centre
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For further information please contact
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0121 466 3425

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Introduction

Attention Deficit Hyperactivity Disorder is recognised throughout the world. Medical practitioners in the UK are increasingly diagnosing it in school age children; however the cluster of problems defining ADHD is one of the most complex disorders in childhood.

ADHD is a condition that is managed, not cured.

The purpose of this information booklet is to provide background information which is the key to helping you and your child understand the disorder. This is by no means a comprehensive guide and further reading is recommended. If you require any further help or information please do not hesitate to contact the ADHD team at Springfields on 0121 466 3425

A Brief History and a Working Definition of ADHD

Despite several name changes over the past one hundred years, the problems now called ADHD are not new. It is believed that George Still, a pioneer Paediatrician, was one of the first people to recognise the cluster of problems. In lectures given in 1902 he described a small group of children who showed “inhibitory volition” aggression and defiance, lack of moral control, resistance to discipline and impaired attention. He thought there was an underlying neurological deficiency and believed these children should be institutionalised at an early age!

In 1917, following a world outbreak of Encephalitis’s, studies were carried out in the USA with children who had physically recovered from the infection. It was noted they had impaired attention and impulse control, were very active and had behavioural problems. It was assumed that this was a result of the infection and the term ‘minimal brain damage’ was used to describe the condition.

It wasn’t until the 1960’s that the idea of brain damage began to be questioned because the core symptoms were being seen in children who had no history of infection/brain damage. Therefore the term ‘minimal brain dysfunction’ was used. However, it was soon felt that this was too vague a term and other terms were used including hyperkinetic disorder and hyperactive child. Research in the 1970’s began to focus on the view that lack of attention and impulsive control are the major problems for these children.

Attention Deficit Hyperactivity Disorder is the most recent diagnostic term for children presenting with significant problems with attention, impulse control, and over-activity as described in The Diagnostic and Statistical manual of the American Psychiatric Association (DSM V).

A summary statement has been taken from the British Psychological Society (1996) as a working definition.

"ADHD is a changing and evolving concept, which refers to children and young persons whose behaviours appear impulsive, overactive and/or inattentive, to an extent that is unwarranted for the developmental age and is a significant hindrance to their social and educational success."

Attention Deficit Hyperactivity Disorder

The core features of ADHD are excessive

1. impulsivity

2. inattentiveness

3. over activity

It is cause for concern when the above symptoms are more excessive than that of other children of their age and which cause difficulty in two or more settings, typically school and home. Any learning difficulties need to be taken into account.

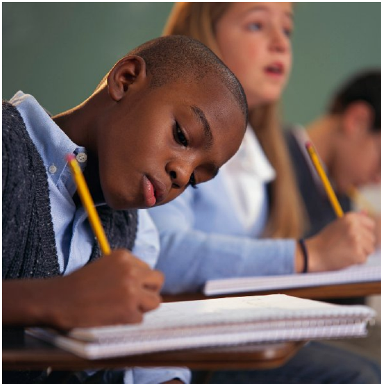
Impulsivity - Children with ADHD: - what does it mean

1. Have difficulty thinking before they act. If they did stop to think they might realise they were breaking a rule, or that that they were going to get into danger, or going to annoy someone. But they don't!
2. Have difficulty weighing the consequences of their actions before acting and do not reasonably consider the consequences of their past behaviours. This behaviour looks like disobedience or defiance, and children get punished. This is ineffective.
3. May well be aware of a rule and be able to explain it, but they are unable to follow it.
4. Have difficulty waiting for a turn in a group.
5. Often interrupt, intrude on others and blurt out answers to questions.

This impulsivity results in unthinking, impetuous behaviours and children who seemingly do not learn from their experiences. Parents and teachers are often frustrated and sometimes inaccurately describe the child as being oppositional and none caring which often leads to ineffective disciplinary interventions.

Inattention - Children with ADHD:-

1. Have difficulty remaining on task and focusing attention.
2. Often do not seem to listen when directly spoken to.
3. Often do not follow through on instructions and fails to finish schoolwork and set tasks.
4. Lose things necessary for tasks and activities, for example pencils books etc…
5. Are often forgetful in daily activities.



When compared to other children of their age they have difficulty remaining on task and focusing attention. It was once suspected that distractibility was the core problem however it is now recognised that it is the inability to invest in the task rather than distractions that is primarily responsible for off task behaviours.

Hyperactivity - Children with ADHD have got a lot of energy. They:

1. Frequently fidget with hands or feet.
2. Often run about or climb excessively in situations that are inappropriate.
3. Often on the go – as if "driven by a motor".
4. Have difficulty controlling body movements especially in situations in which they are required to sit still for long periods of time.

Children with ADHD tend to be excessively restless, overactive (and easily aroused emotionally.)

Again compared to children of a similar age the speed and intensity in which they move within their emotions- whether happy or sad is much greater. They seem to wear their emotions on their sleeves.

This frequently frustrates parents and teachers because soon after an upsetting event the child forgets the event and moves onto something else. The child is then accused of lacking guilt.

How is ADHD diagnosed?

A child with ADHD will be having major problems in more than one setting. Other conditions can mimic ADHD or occur with ADHD. It is best not to rush into making the diagnosis.
At the Child Development Centre a diagnosis is reached through comprehensive assessment which includes:-

1. An experienced Paediatrician or Specialist Nurse Practitioner taking a careful, thorough and detailed history from parents.
2. Physical and Neurological examination of the child by the Paediatrician.
3. Gathering information from other professionals involved with the child, for example School Teachers, Psychologists, School Medical Officers etc.
4. Parents and School teachers completing assessment questionnaires.
5. Clinical observation of the child.

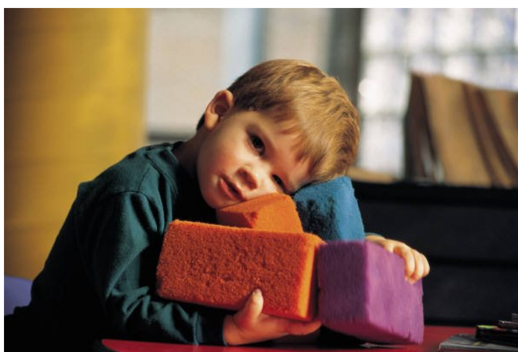
Following this comprehensive assessment, which requires good liaison from all involved, a diagnosis of ADHD may be reached.

What causes ADHD?

The exact cause or causes of ADHD are unknown. Evidence suggests that the disorder is genetically transmitted and is caused by a complex deficiency or imbalance of certain chemicals in the brain. The neurotransmitters dopamine and norepinephrine are known to be involved. Fundamentally the area of the brain that keep the rest of the brain well organised (front part) is under active. Research is ongoing.

Management of ADHD?

ADHD is a disorder that cannot be cured and therefore must be managed throughout the child's life span. It is therefore vital that we become informed about the disorder, understand ADHD – its related problems and treatments and try seeing the world through the eyes of the child.



Children with ADHD respond best in a well structured, predictable environment where expectations and rules are clear and consistent, and consequences are set down ahead of time and delivered immediately. The magic ingredient in all this is your energy and how you learn to use it to nurture the behaviours you want and rules you decide on.

We should never underestimate how uncomfortable life can be for children living with ADHD.

The Use of Medication in the Management of ADHD

For some children, it is appropriate to try the use of medication (whilst continuing behavioural measures). A multi-modal approach should include, where appropriate, psychological intervention, education, and medication. This then has the greatest chance of alleviating the multiple difficulties faced by many children living with ADHD and of enabling the child to “learn” strategies whilst supported by medication. This means a child is more likely to be successfully weaned off medication at a later date.

The medication most used is Methylphenidate - often known as Equasym, Concerta, Ritalin and Medikinet. Methylphenidate can allow the child to improve attention and increase academic productivity but not necessarily achievement, and reduce disruptive and impulsive behaviour. The child will often get on better with other children.

It does not stop difficult behaviours but makes it easier for the child to “learn” more appropriate behaviour with time.

Medication is usually suggested as an initial six- week trial, during which time careful monitoring takes place. It is only continued if there are positive results with insignificant side effects. Children are usually started on a low dose which is then increased if necessary until it is helping to control symptoms. After this initial period fine – tuning of the medication may still be necessary but must only be carried out after close negotiation with the medical team involved.

Despite its general effectiveness, medication can have unwanted side effects. The most commonly seen side effects include appetite suppression (this can be helped by ensuring medication is given with or after food), tummy aches, headaches, loss of sparkle/sadness, sleep difficulties and irritability.

These effects have been reported to be transitory and disappear with a reduction in dosage. Medication can trigger the appearance of Tourettes Syndrome. It is important to understand that the effect of Methylphenidate varies with time after ingestion. Initially there will be a time (usually after 20 minutes) when the medication is partly ineffective, it will then have a period of full effectiveness, followed by a period where the Methylphenidate still has some effect but is decreasing in it’s effectiveness. Ritalin is thought to be clinically effective for between 3 to 5 hours – which is why a dose is usually given prior to school and then again at lunch time. Children respond in different ways to the dose and this has to be adjusted to each child. Concerta XL, Equasym XL and Medikinet XL

have a longer lasting effect and aim to keep the child medicated for the duration of the school day.

Therefore effective communication between the child and family, school and the medical team involved is essential. Methylphenidate is a stimulant medication and is known as a controlled drug – it is therefore important that this medication is kept safe within school and home. Supervision of the child taking the medication is essential. Always keep the bottles of tablets locked away.

Although Methylphenidate is an effective drug treatment for the majority of children with ADHD it is not the only drug therapy available. Strattera (Atomoxetine) is a non stimulant, non controlled medicine, which works to relieve the core symptoms of ADHD. This is done by increasing the chemicals in the brain which helps improve attention and reduce impulsivity and hyperactivity.

This treatment works differently to other medications. Whilst improvements may be seen in the first week, it generally takes 6 weeks before the full benefits are observed.

Unlike stimulant medication, Atomoxetine should be taken every day, including weekends.

Like all medications, the treatment can cause side effects. The most common side effects are decreased appetite, stomach pains, sickness and nausea.

For more information do not hesitate to contact a member of the ADHD Team.

USEFUL INFORMATION

USEFUL WEBSITES

http://www.addiss.co.uk ADD Information Services and Support is a registered charity run by Andrea Bilbow. Main stockists of ADHD books and related material in the UK. Andrea is also the organiser of many of the major conferences in the UK.

http://www.adders.org. Lots of news, items, information, chat rooms, keep an eye on the events board for conferences across the globe.

BOOKS

Understanding ADHD. By Christopher Green
An excellent guide to understanding ADHD in children.

ADHD Recognition, Reality and Resolution by Geoff Kewley
An informative guide to ADHD, for parents and teachers, with practical advice and case studies.

1-2-3 Magic   by Thomas Phenlan
Effective discipline for children aged 2-12

ADHD A Practical Guide for Teachers by P Cooper, K Ideus.
This book is aimed at all teachers of pupils in the 5-16 age range.

I Would if I Could. A Teenagers Guide to ADHD by M. Gordan.
Written especially for the adolescent with ADHD, written with humour and a straight forward style.

Jumping Johnny Get Back to Work By M. Gordan.
A child's guide to ADHD an amusing book for children aged 6-10.

The Hyperactive Child, A Parent's Guide, By E, Taylor.

Taking Charge of ADHD, By Russell Barkley

The ADHD Handbook – for Parents and Professionals, By A, Munden.
An easy to read guide to ADHD written by two UK practicing Child and Adolescent Psychiatrists.

How to Talk so Kids Will Listen so Kids Will Talk, By A, Faber and E, Mazlish.
An excellent book on how to parent all children, effectively without confrontation and punishment. Learn how to help your child attain a positive self image. This book has been used effectively here and in the US as part of a programme of parenting classes and workshops for children with ADD.

Hyperactivity Why won't my Child Pay Attention? By Drs S, M, Goldstein.