

Attention Deficit Hyperactivity Disorder (ADHD) is a common neurobiological condition among children. It is known to persist into adulthood for almost half the patients. There is no cure but management of symptoms can improve the quality of life

THIS DISORDER NEEDS ATTENTION

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AMONG children, Attention Deficit Hyperactivity Disorder or ADHD is the most common psychiatric disorder. Studies are inconclusive regarding the prevalence of this condition but roughly 3-7 per cent children suffer from it. It would not, therefore, be unusual for one or two children, out of every class of 40, to be found to be struggling with ADHD. This disorder tends to be more prevalent among boys and manifests in boys more in terms of hyperactivity and impulsivity, as compared to problems with inattention in girls.

For ADHD to be diagnosed, the symptoms must appear before the age of 7. While signs of ADHD can often begin during infancy, it is when the child is put into a structured environment such as preschool or playschool that these symptoms are usually recognised. While these symptoms remit in some patients as they enter adolescence, ADHD is known to persist into adulthood for almost half the patients.

Symptoms

The distinguishing features of ADHD are lack of attention, hyperactivity and impulsivity. Due to deficit in attention, children with ADHD are prone to making silly mistakes in schoolwork, avoid long tasks, have difficulty in organising their activities, lose things like pencils, books and toys, get easily carried away by the smallest of distractions, seem to be daydreaming and appear to be forgetful. Even when talking directly to

a child with ADHD, it wouldn't be unusual for you to feel that you weren't being listened to. But more than inattention, it is hyperactivity that brings children with ADHD to the notice of parents and teachers. Such children seem to constantly be on the go, as if driven by a motor. They may talk excessively, fidget, and find it difficult to remain seated in classrooms and movie halls. This hyperactivity gets coupled with impulsive behaviour wherein children have difficulty in waiting for their turn, often blurt out answers before questions have been completed and interrupt conversations. These symptoms don't present themselves identically in every patient with ADHD. Each of these prominent features are present in different degrees among these children.

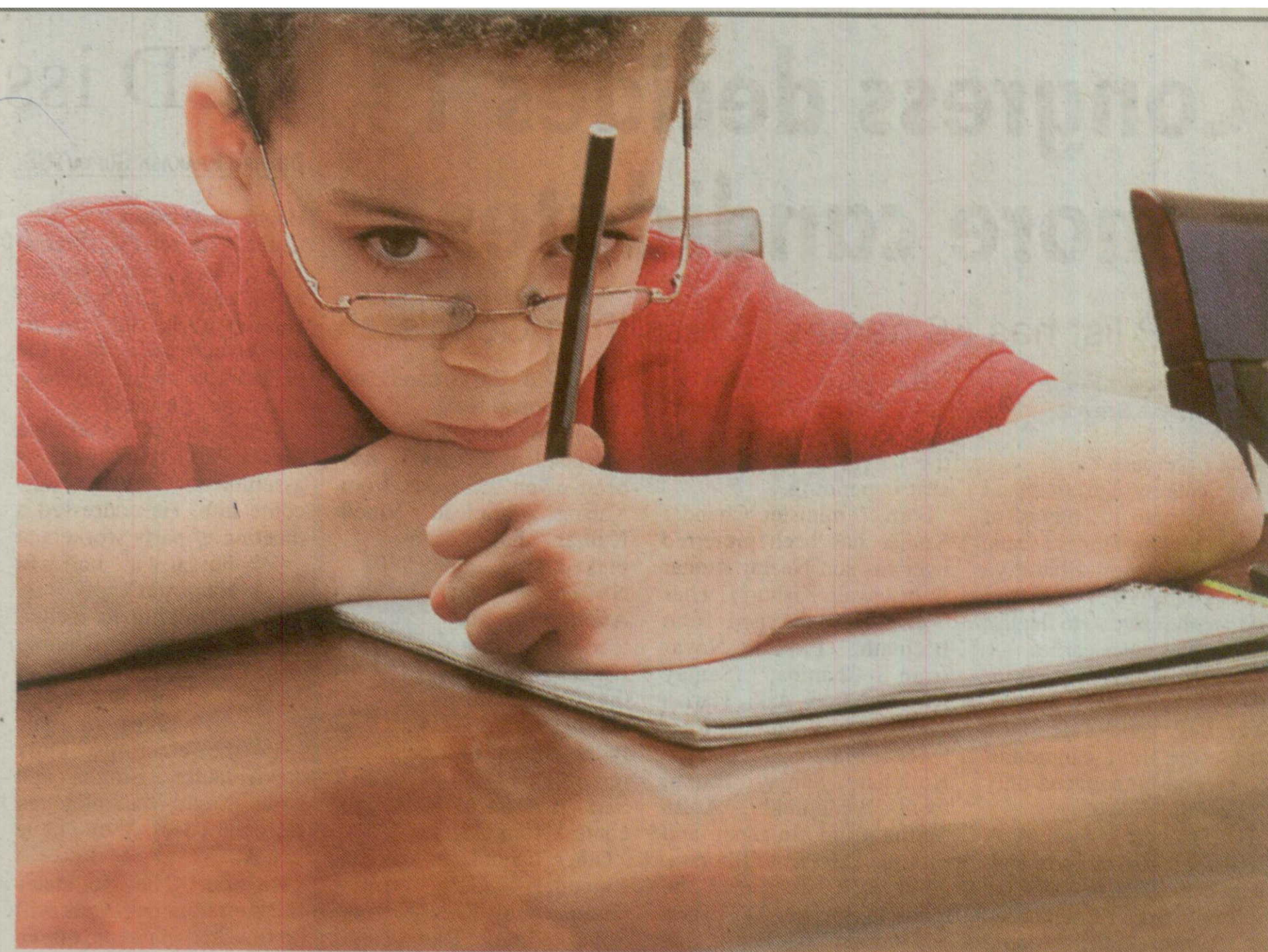
Causes

ADHD is not something that is in control of the child. Rather, ADHD is a neurobiological condition. While the exact cause behind ADHD remains unknown, imaging techniques have revealed differences in the structure and brain activity of people with ADHD. ADHD is known to have a genetic component, that is, it tends to run in families. Some studies have also suggested a link between maternal smoking during pregnancy and ADHD in children.

Effects

Children with ADHD live by what some theorists have called the "four-second rule". If you wanted to predict or understand the behaviour of a child with ADHD, imagine that the world was to end in the next four

seconds: How would you spend those last few moments? Would you spend it doing your homework? Would you rather get into trouble or escape by telling a simple lie? Children with ADHD live in the present. Hindsight and foresight are not what these kids rely on. Children with ADHD have no deficit when it comes to intelligence. Their IQ is at par with those without ADHD. Yet, they grapple with academic failure. They find it difficult to sit at one place and study for long durations, and get easily distracted by the slightest stimulation in their environment. Aside from concentration difficulties while preparing, a child with ADHD might just lose interest in writing a test after the first two to three questions, despite knowing all the answers. Their hyperactivity causes disruption in the classroom. Their inability to control their impulses may lead to difficulties amongst peers. In fact, 75 per cent children with ADHD exhibit aggressive and defiant behaviour regularly. Such children constantly get into trouble with authority figures, receive negative criticism and face ridicule from their teachers. Peers ostracise them and they are often the target of adverse and hostile comments. The home environment is fraught with stress and frustration. It is for these reasons, and more, than ADHD is often accompanied by tremendous emotional distress. It is not unusual for these children to grow up with low self-esteem and a negative self-concept. The incidence of school drop-outs is much higher in children with ADHD. Children with ADHD, buy the



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sheer nature of their impairment, are more prone to accidents. They tend to cope with difficult situations by acting aggressively. These children are more likely to develop conduct problems and get embroiled in fights. What is particularly worrying is that about 30 per cent of children with ADHD, who go untreated, are likely to end up indulging in substance abuse.

ADHD and family

When it comes to the family, ADHD is synonymous with chaos. Preparing the child for school is a battle that must be waged every morning. Getting the child's homework done seems to become the parent's own homework. Parents of such children may not only have to deal with the emotional baggage their child comes with, but also face ridicule at the hands of teachers. Such children require their parents to invest greater time and effort to help them out in their studies; siblings may perceive themselves as feeling left out, or neglected. The stress of coping with their child's day-to-day difficulties may contribute to haggard nerves and increasing conflicts between family members. Yet, it is ironic that an adverse, stressful family atmosphere only weakens the prognosis of children with ADHD. A stressed out parent then, can be extremely detrimental to the child's wellbeing, even if the child is the reason that the parent is stressed out in the first place.

Diagnosis

No specific laboratory measures can test conclusively for ADHD. It is a neurological condition, but tests can only reveal non-specific abnormal results in hyperactive children. What is required is to conduct cognitive tests and tests of neuro-psychological functioning, to assess the child's ability to attend and concentrate on

tasks at hand. At the same time, certain behavioural checklists can be used to assess the child's behaviour for signs and symptoms of ADHD. The disorder must manifest itself in at least two different situations. Therefore, it is important for such checklists to be corroborated by teachers and parents alike.

Diagnosing ADHD can be challenging. ADHD is not the only reason children might have difficulties concentrating or display defiant behaviour. Symptoms of anxiety can at times mirror the restlessness and prone to getting distracted seen in ADHD. Mania and ADHD also share some core features - excessive talking, hyperactivity, irritability and distractibility.

At the same time, it's important to bear in mind that ADHD can often co-exist with other psychiatric conditions - children with ADHD might become depressive as a result of consistent failure and negative feedback. Such kids are more likely to develop conduct disorders and substance-abuse disorders. Learning disabilities are often seen concordantly with children with ADHD

Treatment

ADHD can only be dealt with effectively if one is aware that it is a neurological condition - not something the child is doing deliberately or something the child has control over. There is no 'cure' for ADHD, but its symptoms can be managed to minimise disruption. In some, not all, cases, medicines can be used to manage the impulsive behaviour and hyperactivity in children, to help them adjust better to situations.

What is more crucial for the management of ADHD is psychosocial intervention. First and foremost is the need to 'psycho-educate' the parents. Parents need to know that even though their child is not voluntarily exhibiting symptoms of ADHD, hope

is not lost; their child is still capable of meeting reasonable social and academic expectations, and can, in fact, achieve great success as well. Parents need to be attuned to the child's development needs to build a comprehensive self-concept and a sense of mastery over their environment.

Behavioural interventions are most effective in the management of ADHD. Behaviour modification with the use of consistent reinforcements, attention-building activities and activity scheduling can yield great benefits. For this to be successful, however, requires the joint effort of therapists, schoolteachers and parents, alike. Teachers need to be sensitive to the specific requirements of such students - frequent breaks, repetitions and short, multi-sensory inputs are more effective. It's important to realise that their behaviours are not intentional and that they are already grappling with a fragile self-concept. They must, therefore, not be reprimanded in front of the entire classroom.

Behavioural therapy aside, the emotional distress of the child must never be neglected. The experience of ADHD can be a difficult one and the child needs a non-judgmental outlet to be able to express their feelings. Along with behaviour therapy, social-skills training is important to enable the child to form sustainable peer relationships and to enhance the acceptability and self-esteem of the child.

Interventions with children with ADHD are not easy; they may take up to many months and years of painstaking work before yielding any consistent results. Nonetheless, ADHD can be managed, and with the right intervention, these children can grow up to find success and happiness.

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