ATTENTION DEFICIT DISORDER (ADD)

ADD (or ADHD) may be the diagnosis we are considering with your child. ADD may exist with or without hyperactivity. In the past, this disorder was simply called hyperactivity. It was shown, however, that the primary problem with most of these children is their inability to pay attention. This leads to hyperactivity and impulsivity. Some children, however, have difficulty with their attention span without any hyperactivity (compared to other children their age). ADD without hyperactivity is probably under-diagnosed in school-aged girls.

Children with ADD and hyperactivity are frequently overactive in utero. Some teachers may have gotten good performance from these children while others (who are unable to keep their attention), may have experienced poor performance. Unrecognized and untreated, a child gets frustrated by their inability to perform according to abilities they know they possess. Parents may blame their child for failing to achieve their potentials. Teachers and principals may blame the parents claiming that they provide inadequate discipline or structure in the home.

Children who are not diagnosed early may develop behavioral problems. Some kids label themselves as bad and inadequate. Out of frustration, they seek attention through behaviors that are disruptive and impulsive. Family, teachers and children experience a great relief when their disease is understood and correctly treated. Properly treated, these children realize their full potential and participate more normally with their classmates. It is quite common to require some counseling to boost the child's self-esteem that has been hurt by years of such misunderstanding.

The brains of ADD patients have deficiencies of brain transmitters that are involved with inhibiting extraneous impulses. All of us receive many bits of information from our environment and filter out those things that don't concern us. That is because we have enough brain transmitters inhibiting the unneeded information. The ADD child has a deficiency of those inhibitors, hence experiences trouble focusing.

The diagnosis of ADD is primarily made by the Connor's survey that is considered the gold standard. Other questionnaires exist, but this one is the least biased, doesn't railroad a kid into the diagnosis and also helps to detect other problems. Hearing loss, impaired vision, depression, anxiety, petit mal seizures and other disorders may look like ADD on a brief examination. Many children with ADD also have a learning disability. Special testing through the school may require a parent's letter requesting full learning disability evaluation. The school is required to respond in writing to your request within 10 days. Most ADD patients perform well below their potential unless they get treatment.

We exhibit caution in over-diagnosing this problem in children who are simply suffering from social or home stresses. Medical treatment is only part of the strategy in dealing with a child with ADD. There are many effective behavioral treatments. The child with ADD needs to understand their uniqueness and cater to it when the environment allows it. Those in charge of their environment should structure things in a way that the ADD child can minimize their frustrations. Methylphenidate (Ritalin) has been used for over sixty (70) years with consistent success. Fairly dramatic decreases in impulsiveness, hyperactivity and inattention are seen quickly after starting effective medication treatment. Good responses support the diagnosis of ADD. Other drugs have similar successes.

As the brain grows and matures, its transmitters develop and improve the deficit. Adolescents can frequently discontinue stimulant medication. Behavior therapies are still needed. And SSRI's (antidepressant-class drugs like Prozac (fluoxetine), Zoloft (sertraline) and Celexa (citalopram)) commonly help through the tumultuous years of adolescence. Children should not become zombies on any of this medication. If your child has even the slightest degree of "zombie-ness," we would certainly discontinue the medication.

Good communication with parents, schools, psychologists, counselors and this office is especially important in treating ADD. Ritalin can cause decreased appetite or abdominal pain. Given too late in the evening, ritalin can cause problems with falling asleep. The doses are typically given two times a day. Longer-acting medications don't have to be given at school but may cause more sleep problems. The short-acting drugs have the benefit of giving the brain a rest each night. "Drug holidays" on weekends and school breaks are needed with all of these to keep the brain from becoming resistant to the drugs' effects.

Equipping yourself with good information regarding ADD allows us to work as a team to best treat your child. We highly encourage checking out a book at the local library or bookstore to reinforce a method of coping. Be consistent in the method you use. Also there is a nice national organization called CHADD- see them at www.chadd.org.

Impaired functioning in ADHD children can cause the following problems:

~Inability to hold information in short-term memory.
~Impaired organization and planning skills.
~Difficulty in establishing and using goals to guide behavior, such as selecting strategies and monitoring tasks.
~Inability to keep emotions from becoming overpowering.
~Inability to shift efficiently from one mental activity to another.

Anti-Social Behavior. Even if these emotional disorders are absent in childhood, the ADHD child's relationship with others can be volatile, and he or she is often unhappy from a very young age. Research indicates that any ADHD child, particularly an aggressive child, has trouble getting along with others and is less liked by his or her peers.

>ADHD children with the inattentive subtype only are more likely to be picked on and to spend time alone.

>Children with the hyperactivity and inattentiveness have other problems. A best friend can turn into an enemy overnight when, for example, an ADHD boy does not perceive his friend's fearful response to over-aggressive roughhousing and fails to let up. The next day the ADHD child has forgotten the event; the ex-friend hasn't. This is a classic

situation repeated time and again. The ADHD child hurts someone; he either may go into a state of denial because he can't accept his lack of self-control or he may blame himself excessively. As ostracism, fear, and ridicule from peers persist from year to year, the unstable behavior, originally sporatic, becomes emotionally-reinforced as well. Unless this cycle is broken (proper treatment!), serious adult problems can evolve.

>Boys with ADHD are less likely than others to empathize with people in difficult circumstances. One explanation: this may be a self-protective reaction to prevent negative feelings, which ADHD children are highly prone to all the time.

>ADHD young people have a higher than average risk for substance abuse. In one study, for example, *by age 11* nearly 20% of children with ADHD had tried smoking cigarettes, drinking alcohol, or both. There is some evidence that biologic factors associated with ADHD may make these individuals susceptible to substance abuse.

>ADHD children with high levels of aggression are at higher risk for delinquent behavior in adolescents and criminal activity in adulthood. It should be strongly noted that ADHD children who are not aggressive have a lower and even normal risk for dangerous activities. Even in aggressive ADHD children, close parental attention and early treatment can limit the risk considerably. Impulsivity in ADHD young people can certainly cause them to take chances before thinking them through, putting them in situations where the consequences become clear only after the action has been taken.

Effect on Parents. The time and attention needed to deal with the ADHD child can change internal family relationships and have devastating effects on parents and siblings. Studies increasingly suggest that any intervention for an ADHD child must include the parents as well. Parents who are responsive to their child in a positive way can help reduce the chances for oppositional behaviors. But it can be very difficult. The ADHD child is wonderful one day and terrible the next for no apparent reason. The parent can feel betrayed and hurt, and believe they have no control over their child. Parents must protect themselves and their child by establishing tough but kind rules about where their space ends and the child's begins. The effects on parents are multiple:

> Mothers generally get the brunt of the emotional and physical abuse that an ADHD child can produce, which is sadly ironic because the ADHD child tends to love the mother intensely and feel safe with her.

> Parents may have to give up on the idea of an immaculate house and a hot meal every night. (parents learn that they are not perfect, nor do they have to be. In fact, striving for perfection is a counterproductive goal to pursue in raising an ADHD child.)

> Parents must face the hostility and anger of other parents and see their own child rejected. It is very easy to fall into an emotional black hole, and feel alone, inadequate, and helpless.

> Marriages are often stressed to the breaking point because of exhaustion and disagreements between the husband and wife on how to raise the ADHD child.

Effect on Siblings. Siblings of ADHD children have particular difficulties, and are also at risk for psychological impairment, depression, drug abuse, and language disorders. The non-ADHD sibling does not have the control a parent does in the management of the ADHD child's behavior and is very likely to feel alienated and alone. Non-ADHD children are often victimized by ADHD siblings who may be demanding or bullying.

A sibling who is not given attention in his or her own right may begin to imitate undesirable behaviors or to act out negatively in other ways. It is very important to make the brothers and sisters equally vital to the family's functioning. It should be strongly emphasized, however, that their value in the family should never be as fellow-caregivers of the ADHD sibling.

Management at School. Even if a parent is successful in managing the child at home, difficulties often arise at school. The ultimate goal for any educational process should be the happy and healthy social integration of the ADHD child with his or her peers.

Preparing the Teacher. Although teachers can expect that at least one student in every classroom will have ADHD, there is currently little training that prepares them for managing these children. The teacher should be prepared for the following behaviors in the ADHD child:

-ADHD students are often demanding, talkative, and highly visible. Having the child sit in the front of the classroom may be helpful.

-Children with ADHD often require frequent reminders of or visual cues (such as posters) for rules and regulations.

-They frequently forget homework or miss assignments.

-Lack of fine motor control makes taking notes more difficult, and handwriting is often poor.

-Rote memorization and math computation, which require following a set of ordered steps, are often difficult. (ADHD children may do better with math concepts.)

-Many ADHD children respond well to school tasks that are rapid, intense, novel, or of short duration (such as spelling bees or competitive educational games), but they almost always have problems with long-term projects where there is no direct supervision.

The Role of the Parent in the School Setting. The parent can help the child by talking to the teacher before the school year starts about their child's situation:

+The first priority for the parent is to develop a positive, not adversarial, relationship with the child's teacher.

+The parent must acknowledge the teacher's situation, for he or she must deal not only with the ADHD child's behavior but also with the needs of all the other children.

+Frequent brief and sympathetic conversations with the teacher can be helpful and can lead to coordination of efforts, particularly if they provide reciprocal information about progress or setbacks.

+Finding a tutor to help after school may be helpful.

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