

# FACTS *for* FAMILIES

No. 6

(Updated 5/99)

## CHILDREN WHO CAN'T PAY ATTENTION/ADHD

Parents are distressed when they receive a note from school saying that their child "won't listen to the teacher" or "causes trouble in class." One possible reason for this kind of behavior is Attention-Deficit Hyperactivity Disorder (ADHD).

Even though the child with ADHD often wants to be a good student, the impulsive behavior and difficulty paying attention in class frequently interferes and causes problems. Teachers, parents, and friends know that the child is "misbehaving" or "different" but they may not be able to tell exactly what is wrong.

Any child may show inattention, distractibility, impulsivity, or hyperactivity at times, but the child with ADHD shows these symptoms and behaviors more frequently and severely than other children of the same age or developmental level. ADHD occurs in 3-5% of school age children. ADHD must begin before the age of seven and it can continue into adulthood. ADHD runs in families with about 25% of biological parents also having this medical condition.

A child with ADHD often shows some of the following:

- trouble paying attention
- inattention to details and makes careless mistakes
- easily distracted
- loses school supplies, forgets to turn in homework
- trouble finishing class work and homework
- trouble listening
- trouble following multiple adult commands
- blurts out answers
- impatience
- fidgets or squirms
- leaves seat and runs about or climbs excessively
- seems "on the go"
- talks too much and has difficulty playing quietly
- interrupts or intrudes on others

## Children Who Can't Pay Attention/ADHD, "Facts for Families," No. 6 (5/99)

A child presenting with ADHD symptoms must have a comprehensive evaluation. A child with ADHD may have other psychiatric disorders such as conduct disorder, anxiety disorder, depressive disorder, or manic-depressive disorder.

Without proper treatment, the child may fall behind in schoolwork, and friendships may suffer. The child experiences more failure than success and is criticized by teachers and family who do not recognize a health problem.

Research clearly demonstrates that medication can be helpful. Stimulant medication such as methylphenidate, dextroamphetamine, and pemoline can improve attention, focus, goal directed behavior, and organizational skills. Other medications such as guanfacine, clonidine, and some antidepressants may also be helpful.

Other treatment approaches may include cognitive-behavioral therapy, social skills training, parent education, and modifications to the child's education program. Behavioral therapy can help a child control aggression, modulate social behavior, and be more productive. Cognitive therapy can help a child build self esteem, reduce negative thoughts, and improve problem solving skills. Parents can learn management skills such as issuing instructions one step at a time rather than issuing multiple requests at once. Education modifications can address ADHD symptoms along with any coexisting learning disabilities.

A child who is diagnosed with ADHD and treated appropriately can have a productive and successful life. If a child shows symptoms and behaviors like those of ADHD, parents may ask their pediatrician or family physician to refer them to a child and adolescent psychiatrist, who can diagnose and treat this medical condition.

For additional information see *Facts for Families*: #16 Learning Disabilities, #33 Conduct Disorders, #38 Manic-Depressive Illness in Teens, #51 Questions to Ask about Psychiatric Medications for Children and Adolescents, and #52 Comprehensive Psychiatric Evaluation.

**See Also: *Your Child* (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins).**

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