

# ADHD

## ATTENTION DEFICIT HYPERACTIVITY DISORDER

### WHAT IS IT?

- Neurodevelopmental disorder with onset during childhood
- Main features: **inattention, hyperactivity and impulsivity**
- Affects cognitive, academic, behavioural, emotional and social functioning

### KEY DSM-V CRITERIA

A. Inattention and/or hyperactivity-impulsivity features

**Inattention** - at least 6 sx for at least 6 months

*CALL FOR FRED*

- Careless mistakes
- Attention difficulty
- Listening problems
- Loses things
- Fails to finish what he/she starts
- Organisational skills lacking
- Reluctance to do tasks that need mental effort
- Forgetful in Routine activities
- Easily Distracted

**Hyperactivity + impulsivity** - at least 6 sx for at least 6 months

*RUNS FASTT*

- Runs or is restless
- Unable to wait for their turn
- Not able to play quietly
- Slow? Oh no! He's on the go!
- Fidgets with hands or feet
- Answers blurted out
- Staying seated is difficult
- Talks excessively
- Tends to interrupt

B. Several of above features were present prior to age 12 yrs

C. Sx present in at least 2 settings - eg home, school, work

D. Clear evidence that sx interfere with or reduce quality of social, academic or occupational functioning

E. Other mental disorders have been ruled out

### EPIDEMIOLOGY

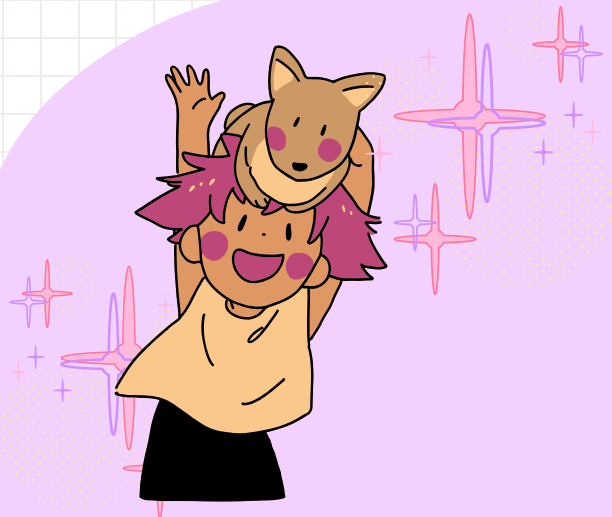
- Most prevalent neurodevelopmental disorder affecting children in Aus
- Prevalence of 1 in 20 children in Aus
- Male: Female ratio of approx 2:1 in childhood (may be due to underdiagnosis in female children)
- More than ¾ of children with ADHD experience sx in adulthood

### CLINICAL FEATURES

- Hyperactivity
- Impulsivity
- Inattention
- Difficulty with emotional regulation
- Impaired functioning
- Higher risk of intentional or unintentional injury

### RISK FACTORS

- Family hx of ADHD
- Maternal smoking and alcohol intake during pregnancy
- Premature birth
- Low birth weight

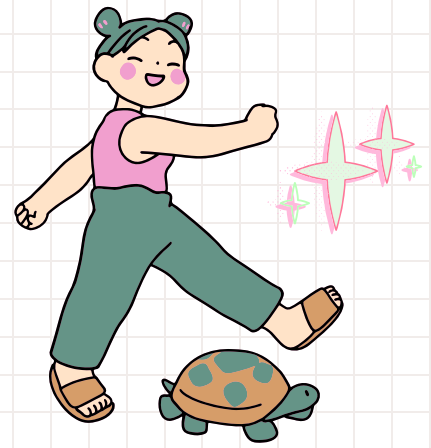


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## INVESTIGATIONS

- No investigations required
- A thorough clinical assessment is required with a specialist. Sometimes requires multiple visits in order to determine a diagnosis



## MANAGEMENT

It is important to remember that ADHD is different from a child simply 'misbehaving' and is not caused by 'poor parenting'.

These attitudes are not productive and can lead to stigma.

### MAIN COMPONENTS OF MANAGEMENT

- Education of parents, carers and teachers about ADHD
- Behavioural therapy
- Social skills development
- Lifestyle: exercise, balanced diet, routines
- Medication
- Ongoing monitoring
- Counselling for child and/or parent(s)

### NON-PHARMACOLOGICAL

#### Behavioural Interventions

- Positive reinforcement
- Time out
- Response cost - withdrawing rewards or privileges when unwanted or problem behaviour occurs
- Token economy - combination of positive reinforcement and response cost

#### Liaise with school/university

- Changes to seating arrangements
- Changes to lighting and noise
- Reducing distractions
- Shorter work periods
- Movement breaks

### PHARMACOLOGICAL

*usually only for children aged 6 and above*

- Stimulant medication\* (1st line) - eg methylphenidate (ritalin brand name) or dexamphetamine
- Non stimulant medications - eg atomoxetine (used if pt does not respond to or cannot tolerate stimulants)
- Other non stimulant medications - clonidine and guanfacine

\* Stimulants should **not** be used in children under 6 years old

#### References:

- DSM-V: Neurodevelopmental disorders - Attention deficit/ hyperactivity disorder
- <https://www.adhdaustralia.org.au/wp-content/uploads/2019/09/ADHD-in-Children-201909-v1.4-web.pdf>
- [https://www.uptodate.com/contents/attention-deficit-hyperactivity-disorder-in-children-and-adolescents-overview-of-treatment-and-prognosis?search=ADHD&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/attention-deficit-hyperactivity-disorder-in-children-and-adolescents-overview-of-treatment-and-prognosis?search=ADHD&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)
- NICE guidelines - Attention deficit hyperactivity disorder: diagnosis and management (2019). Retrieved from <https://www.nice.org.uk/guidance/ng87/chapter/Recommendations>
- Therapeutic guidelines: Attention deficit hyperactivity disorder. Retrieved from [https://tgldcdp.tg.org.au/viewTopic?topicfile=attention-deficit-hyperactivity-disorder&guidelineName=Psychotropic&topicNavigation=navigateTopic#toc\\_d1e385](https://tgldcdp.tg.org.au/viewTopic?topicfile=attention-deficit-hyperactivity-disorder&guidelineName=Psychotropic&topicNavigation=navigateTopic#toc_d1e385)