Attention Deficit Hyperactive Disorder

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Attention Deficit Hyperactive Disorder affects approx 5% of children and slightly less in adults. It remains one of the most controversial disorders in mental health, despite there being a large body of evidence supporting its existence. Increasingly we also understand that it is not only a disorder of childhood but in fact it can be a life long illness. Even amongst psychiatrists there is much debate over the validity for the condition. However for those who have experienced it first hand, there is often little doubt that this condition not only exists but causes a great deal of morbidity.

Symptoms of ADHD typically start in childhood. The attention problems include poor concentration, being inattentive, getting bored easily, being easily distracts and impulsivity. The hyperactivity symptoms include being restless, an inability to stay still, feeling agitated, an inability to relax.

Like many conditions ADHD has a spectrum of severity from mild to severe. Often if a child has a high IQ and no hyperactivity symptoms they may not be identified as ADHD.

Families and teachers say that children with ADHD have difficulty:

- Concentrating and paying attention. Children with ADHD are easily distracted, particularly when there are lots of things going on around them. Some children may daydream.
- Sitting still. Children with ADHD often squirm, fidget, get out of their seats a lot in the classroom, run around and climb. They're always on the go and are unable to sit quietly and play.
- Humming, fast talking, or making noises.
- Acting without thinking or understanding the consequences. They may be risk takers.
- Difficulty waiting for rewards.
- Difficulty waiting. Children with ADHD may appear to be rude, interrupt or talk over others. They may blurt out answers and have trouble waiting their turn.
- Following instructions or rules.
- Some children with ADHD have problems with:
  - School work: learning problems and/or poor school achievements;
  - Thinking skills: trouble with organising and complex problem solving;
  - Emotional problems: Anxiety, depression, low self esteem and anger are common;
  - Social problems: Difficulty making and keeping friends
  - Behavioural problems: Tantrums, not doing as they are asked, defiant, touchy or easily annoyed, aggressive and argumentative with others; and
  - Language problems: Difficulty understanding and organising language.

Another confusing observation is that a child with ADHD can in fact remain focused and attentive for long periods of time but only if they are interested in what they are doing eg, playing computer games. A diagnosis should be made by a specialist e.g., paediatrician or a psychiatrist. The diagnosis is made largely from obtaining a detailed developmental history.

Adult ADHD should always be a continuation of a childhood condition. That is an adult without a childhood history of ADHD is not likely to have ADHD/ADD and another diagnosis should be considered. Treatment of ADHD is largely stimulant medication such as Dexamphetamine and Methylphenidate.

A non stimulate medication is now available called Atomoxetine, that can be used in particular for people who can not tolerate the stimulant medications. In Australia, ADHD medication can only be prescribed by the following specialists; Paediatricians, Psychiatrists and Neurologists. In addition to medication behavioural programs can also help to train people to overcome some aspects of their ADHD.