

An introduction to ADHD

ADHD
understand



A note for parents/carers

This book provides a brief introduction to the clinical condition known as attention deficit hyperactivity disorder (ADHD). Parenting children can be stressful, challenging and exhausting, yet in the long term raising a family can be a truly rewarding experience. The ability to parent positively, effectively, consistently and justly comes easier to some people than others.

Good behavioural management techniques are needed when raising a child. As a parent/carer you are there to maintain the important boundaries as your child pushes against them and to provide unconditional love and positive encouragement. Finding and exploring your child's strengths, passions and dreams is essential and takes patience, perseverance and dedication.

Behavioural difficulties enhanced by conditions, including learning difficulties and autism and/or environmental factors, such as inconsistent or unsuitable parenting techniques can occasionally be wrongly thought of as ADHD. Equally, parents/carers of a child with ADHD can be wrongly accused of bad parenting.

Help and support from others can prove invaluable as you strive to be as good a role model as possible. When your child is given a diagnosis of ADHD it can bring mixed feelings and emotions; relief that you have an explanation for some of the problems that you may have been encountering and perhaps concern about the future. It will also prompt many questions. Someone with ADHD faces their own challenges but their condition can have an impact on the entire family. It can affect the child's ability to make and keep friends and impact on their social and emotional development.

When ADHD is appropriately treated with excellent behaviour strategies in all settings and medication when indicated, the child is more likely to reach their full potential in life. Further reading is so important to become the expert in ADHD that your child needs you to be. If you have any questions, please contact your consultant community paediatrician, speciality community paediatric doctor or specialist ADHD nurse.

Contents

- Introduction
- What is attention deficit hyperactivity disorder (ADHD)?
- How is ADHD diagnosed?
- Is ADHD a new disorder?
- How common is ADHD?
- What causes ADHD?
- Common misbeliefs
- Do children grow out of ADHD?
- Why give a child a label?
- How can a child with ADHD feel?
- How can parents feel?
- How can siblings feel?
- How can parents/carers help?
- How can schools help?
- Managing homework
- Sleep difficulties
- ADHD and other problems
- Long-term outcomes for children with treated and under treated ADHD
- Medication for ADHD
- Resources



**Fulfil their
potential in life**

Introduction

This guide introduces you to the complex challenges that a child with ADHD can face and how we can help to make sure they fulfil their potential in life.

A child with ADHD can possess:

- intelligence
- enthusiasm
- innovation
- great practical ability
- spontaneity
- boundless energy
- emotional expressiveness
- good leadership qualities
- exuberance for life.

They can be:

- good explorers
- quick thinkers
- fearless
- caring
- loving
- fun
- vigilant
- very bright
- adventurous
- imaginative
- intuitive
- inspirational.

When a child with ADHD:

- is treated and appropriately managed
- has a close, respected, trusted adult who understands ADHD, who provides unconditional love, support and encouragement and who believes in them; their potential can be limitless.

Remember:

- ADHD is not naughtiness.
- All naughtiness is not due to ADHD.
- A child with ADHD can still be naughty.

Many children have other conditions, as well as ADHD, and these can bring extra challenges.



**Unconditional
love, support and
encouragement**

What is attention deficit hyperactivity disorder (ADHD)?

ADHD is a common yet complex neurobiological disorder. It is usually recognised in early childhood and some people will continue to have ADHD as an adult. It can have a significant impact on school performance, family relations and social life.

It differs from the normal spectrum because there are high levels of all or a combination of hyperactivity, impulsivity and inattention that result in at least a moderate degree of psychological, social, educational and/or occupational impairment in multiple settings.

The National Institute for Health and Clinical Excellence (NICE) states that determination of the severity of ADHD is a matter for clinical judgement; taking into account the severity of impairment, pervasiveness, individual factors, familial and social context.

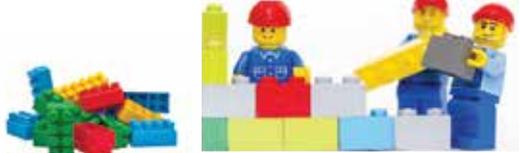
Everyone can be hyperactive, impulsive or inattentive some of the time, particularly children. A child with ADHD has symptoms, most of the time, that can seriously affect their everyday life. It is responsible for causing impairment in more than one setting, generally both at home and school.

The following are examples of symptoms of ADHD, as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).



Features of hyperactivity/impulsivity

- 1 Often fidgets with or taps hands or squirms in seat.
- 2 Often leaves seat in situations when remaining seated is expected, for example leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place.
- 3 Often runs about or climbs in situations where it is inappropriate. In adolescents or adults, this may be limited to feeling restless.
- 4 Often unable to play or engage in leisure activities quietly.
- 5 Is often on the go, acting as if “driven by a motor”, for example is unable to be or is uncomfortable being still for an extended time, such as in restaurants, meetings. May be experienced by others as being restless or difficult to keep up with.
- 6 Often talks excessively.
- 7 Often blurts out answers before questions have been completed, for example completes people’s sentences or cannot wait for turn in conversation.
- 8 Often has difficulty waiting turn, for example while waiting in line.
- 9 Often interrupts or intrudes on others, for example butts into conversations, games, or activities. May start using other people’s things without asking or receiving permission. In adolescents and adults, may intrude into or take over what others are doing.



Features of inattention

- 1 Often fails to give close attention to detail or makes careless mistakes in schoolwork, work or during other activities, for example overlooks or misses details, work is inaccurate.
- 2 Often has difficulty sustaining attention in tasks or play activities, for example has difficulty remaining focused during lectures, conversations, or lengthy reading.
- 3 Often does not seem to listen when spoken to directly, for example mind seems elsewhere, even in the absence of any obvious distraction.
- 4 Often does not follow through on instructions and fails to finish school work, chores or duties in the workplace, for example starts tasks but quickly loses focus and is easily side-tracked.
- 5 Often has difficulty organising tasks and activities, for example difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganised work; has poor time management and fails to meet deadlines.
- 6 Often avoids or is reluctant to engage in tasks that require sustained mental effort, for example schoolwork or homework; in older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers.
- 7 Often loses things necessary for tasks or activities, for example school materials, pencils, books, tools, wallets, keys, paperwork, spectacles and mobile phones.
- 8 Is often easily distracted by extraneous stimuli. In older adolescents and adults, this may include unrelated thoughts.
- 9 Is often forgetful in daily activities, for example doing chores, running errands; in older adolescents and adults, returning calls, paying bills, keeping appointments.

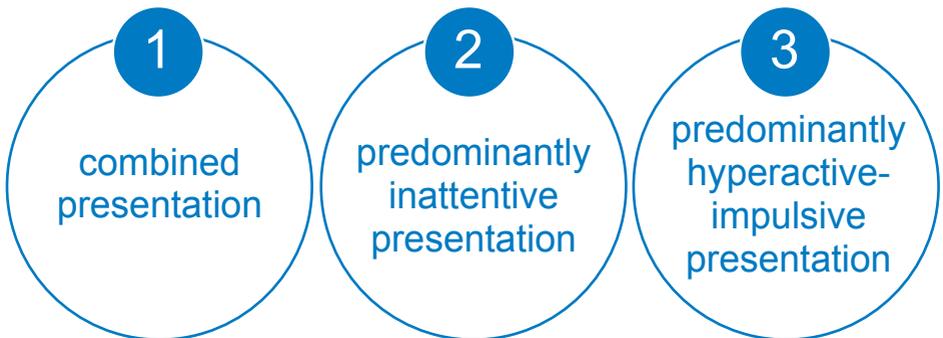
How is ADHD diagnosed?

There are no specific blood tests or investigations to prove the diagnosis.

There are three different types of ADHD and not every child with ADHD presents with all the symptoms of hyperactivity, impulsivity and inattention.

To warrant a diagnosis of ADHD, people aged younger than 17 must display at least six of the nine inattentive and/or hyperactive impulsive symptoms and they must be present before they are 12-years-old.

The following are different presentations of ADHD. Symptoms can change over time, as can presentations:



Difficulties are usually noticed by both parents and educational staff. It is often your GP who will refer your child to community paediatricians, highlighting concerns raised by both parties.

An initial appointment will be offered with a consultant paediatrician or specialist community paediatrician. If concerns continue around the possibility of the child having ADHD, further information will be requested and a detailed assessment, by a consultant paediatrician or specialist community paediatrician, will be carried out.

Before the ADHD assessment, substantial information from the educational establishment and from home, in the form of standardised questionnaires and forms, will be requested.

The assessment includes an interview with parent/carer covering topics such as:

- the child's overall behavioural problems
- details of the pregnancy and birth
- the child's medical history
- the child's development, including medical problems and medications
- relevant family history
- brief cardiovascular assessment
- general presentation.

Some assessments include the child carrying out a brief cognitive assessment, usually with a specialist ADHD nurse. This includes non-verbal, vocabulary, reading, fine motor and short-term auditory memory skills. The child's overall performance is monitored, together with their intellectual ability in a distraction reduced environment.

Is ADHD a new condition?

No ADHD is NOT a new condition. The term ADHD may have been agreed relatively recently but its symptoms have been recognised for many years. The poem _ The Story of Fidgety Philip - written in 1865 by German physician Heinrich Hoffman is perhaps the first known description of a child exhibiting many of the symptoms we have now come to accept as helping to define ADHD. From this date, there are many other examples. In 1980, the Diagnostic and Statistical Manual of Mental Disorder (DSM-2) third edition established the terms attention deficit disorder with hyperactivity (ADHD) and ADD without hyperactivity (ADD/noH) for the first time.

How common is ADHD?

ADHD affects individuals across the world. About one in 20 schoolchildren suffers from ADHD, with one in every 100 children having a more severe form. Therefore, the average classroom will include at least one child with ADHD. It is more commonly diagnosed in boys than girls with a ratio of approximately four to one. This may be partly due to the particular ways boys and girls tend to express their difficulties.

Boys are more likely to be overactive and disruptive, causing a difficulty in management. Many girls have the predominantly inattentive type of ADHD; their symptoms can be easily missed as they often appear dreamy, in a world of their own and cause no disruption. However, if not treated appropriately their problems can lead to academic and social failure.

What causes ADHD?

The exact cause of attention deficit hyperactivity disorder is not fully understood, although a combination of factors is thought to be responsible:

Genetics

ADHD tends to run in families. As a result, parents and siblings of children with ADHD are four to six times more likely to have/develop it compared with relatives of a neuro-typical child. No single gene has been identified as causing ADHD. It is more likely that several genes are involved; each interacting with the environment in extremely complicated ways. As a result, members of the same family may have different types of ADHD.

The brain

Most children with ADHD have no history of brain injury or damage to the brain. However, studies using brain scanning techniques found that children with severe symptoms of ADHD were more likely to have lower than normal activity in the frontal lobes of the brain.

There is a chemical imbalance with a reduction of certain natural chemical messengers - dopamine and noradrenaline - in the front part of the brain of children with ADHD. The executive function of the brain is believed to under function resulting in the symptoms of ADHD.

Environmental factors

Exposure to smoking, alcohol and misuse of drugs during pregnancy, prematurity, (before the 37th week of pregnancy) low birth weight and

brain damage can increase the risk of the child having ADHD. However, the evidence for many of these factors is inconclusive, and more research is needed to determine if they do, in fact, contribute to ADHD.

Common misbeliefs

- ADHD is not another word for a naughty child.
- ADHD is not caused by poor parenting, although problem behaviours can be increased by poor behavioural management and improved by special management techniques.
- Previous theories about diet causing hyperactivity are not supported by recent research.

Do children grow out of ADHD?

As they grow older, some children show improvement in ADHD symptoms. In particular hyperactivity may reduce but some may have problems with all three core features of ADHD into adulthood.

Why bother to give a child a label?

A child with ADHD often underachieves; they appear to have more potential than they are actually using and this is probably true. Every child should be offered treatment for medical conditions and be given the opportunity to reach their potential.





Understanding the condition and the different parenting styles

How may a child with ADHD feel?

For a child with ADHD, the world can be a constant stream of changing images and messages. It's difficult to focus on any one thing at a time because something else is always coming along. It's all rather bewildering, and hard to keep pace.

Here are some examples of what children have said:

- Adults are always telling you off and making you feel useless.
- I wish I could make and keep friends.
- Children are unkind to me.
- Life is unfair; I get the blame for everything even when it's not me.
- Nobody understands me.
- Why am I different?
- I just want to be like other children.

How may parents feel?

- What am I doing wrong?
- I'm useless.
- Everybody thinks I'm a bad parent.
- I'm exhausted and embarrassed.
- I'm angry and disappointed.
- My partner and other children are suffering because the child demands so much attention.
- I dread going to school every day to hear about my child's disruptive behaviour.
- Why are other children so perfect?
- He's never invited to parties, it breaks my heart.

How may siblings feel?

- Annoyed by constant interruptions, especially if trying to study.
- Angry at all the attention the child with ADHD receives.
- Upset/embarrassed by comments from others.
- Unable to understand the behaviour.

How can parents/carers help?

You have a key role in helping your child.

When your child is diagnosed with ADHD, it is vital that you become an expert in ADHD. Talk to professionals involved in the care of your child, access recommended websites and books. Please see the list at the end of this guide.

By understanding the condition and the different parenting style needed, you will be enabled and empowered to respond more appropriately to the complex and often challenging behaviour that your child may exhibit.

Attending specific behavioural management courses is recommended. Please be assured that ADHD is not due to being a bad parent, however, there are specific strategies which will help improve your child's behaviour:

1 Positive praise

Children with ADHD often fall into a circle of criticism, making them feel bad about themselves and often leading to low self-esteem and subsequent deterioration in behaviour. Aim to set up a good circle of praise, which makes them feel good about themselves and, in turn, helps their behaviour to improve.

Boost your child's confidence by encouraging them in the things they are good at. Explain to your child how good they are at the activity. Tell them what to do, rather than what not to do. Catch them being good and provide immediate verbal praise.

Good phrases to use to reinforce good behaviour:

- I am so pleased with you because
- That was marvellous when you
- It makes me feel happy when you
- As you were so helpful we now have time to
- Well done you did that all by yourself.





Children with ADHD need reinforcement that is more frequent, more immediate, consistent and clear. Aim to provide genuine positive comments at least 10 times a day about their behaviour/activities. Do this in front of others when possible.

Remember, the behaviour you want might be sitting or playing quietly, tidying up toys or sharing a game with a sister or brother. We sometimes don't even notice good quiet behaviour. Positive reinforcement encourages your child to try harder.



2 Reward your child for good behaviour

Make a deal for concentrating on a specific task for a certain amount of time. This is much harder than it sounds as the task needs to be achievable with a little extra effort from the child and the reward has to be carefully considered.

The details need to be carefully explained and a visual reminder placed in a strategic position. To maintain interest and compliance, the tasks and rewards need regular adjustments and to be discussed with the child.



For example: Behaviour - playing nicely with sibling for two hours.
Reward - having an extra special 15-minute playtime with an adult.

3 Keep to routines

Children with ADHD are happier, calmer and feel more secure if they know what to expect. It can be extremely helpful to keep to routines at all times when possible. Changes to routine can often cause uncertainty and anxiety, which could trigger disruptive behaviour. If changes are absolutely necessary, inform your child as soon as possible to help reduce the possible deterioration of behaviour.

4 Get attention before giving bite-sized instructions

Children with ADHD often have problems remembering lists of instructions. They usually cope with only one or two instructions given at any one time. Confirm you have their attention before giving instructions and make sure they understand your request.





**Boost confidence
by encouraging
the things they
are good at**

To be sure that attention is given, sometimes you need to:

- turn off the TV/radio/music (after careful consideration)
- use the child's name
- calmly hold their hands and gently face them (for young children)
- approach from the front (for older children)
- obtain eye contact
- speak clearly without shouting.

Teach a new required behaviour by explaining, showing and, possibly, initially tackling the task together. Then allow the child to carry it out independently.

5 Make clear rules

Write down, and agree with your partner, the firm, fair, consistent household rules and display them in a prominent position. Conflicting rules confuse and upset a child.

Focus on areas of behaviours that are really important to you and other members of the family. Any dangerous or destructive actions, such as hitting, kicking, biting, slapping, punching or any other violent or verbally abusive behaviour has to have consequences. Examples of consequences can be the removal of a favourite toy for a set period of time, for example computer console for the rest of that day.

You can be more flexible and not waste effort on less important issues, such as not placing an item away, knocking things over or minor disruptions. This sounds easy but can be very difficult at times.

Use natural consequences wherever possible, for example if a child is not ready on time they will miss a treat. Explain to your child what will happen if they misbehave and break the rules. Remain consistent with rules, never give in, avoid shouting, constant criticism and idle threats.

Remember children can copy all behaviours, good and bad.

6 Avoid arguments

Providing your child with attention, despite it being negative, can be seen as a reward to the child and could encourage them to repeat unwanted behaviours.

- Do not show too much emotion.
- Be specific.
- Don't say too much.
- Keep calm.
- Repetition of short messages may be required.
- Time out and carrot-and-stick approach.

The idea of taking time out, or a break, is to let you and your child calm down. If time out doesn't work, the carrot-and-stick approach may. For example, say: "John, I want you to go to the chair now. If you go now, you can watch TV tonight. If you don't go now, there will be no TV tonight. It's your choice."

7 Strategies for avoiding trouble

- Avoid known triggers when possible.
- Plan ahead, for example when feeding the baby, the older child may need an interesting activity or could be taught to do something to help. Remember to provide praise when your child is helpful.
- Give specific time warnings of forthcoming change, for example 'in five minutes it will be time for a bath', then three minutes, two minutes and one minute.
- Give positive instructions, for example 'please pick up your coat and hang it up' rather than 'don't leave a mess on the floor'.
- Use count downs, for example 'I am going to count to three and if you are still shouting, you will need to go to your time out corner'.
- Be practical. If shopping trips after school are particularly troublesome, arrange the shopping trip when the child can be elsewhere, if possible.
- Children with ADHD may make rude, offensive or silly comments. Children copy adults so don't allow adult bad language in their presence. Be clear that rude remarks are not acceptable at any time.

8 Improve self-esteem

Children with ADHD have fragile self-esteem. They need frequent re-assurance that you love them and make sure they feel included as part of the family. Sometimes, a family member, such as a grandparent, aunt or uncle is the ideal person to act as a true friend and confidante.

9 Can't and won't

A deep understanding of ADHD can prove helpful in recognising the difference between can't and won't. ADHD symptoms include: Talking out of turn, forgetting instructions, disorganisation and becoming easily distracted. These are not wilful naughtiness but areas that require work and can be improved.

10 Say how you feel

Explaining how their behaviour is affecting you can be more helpful than directly criticising the child.

11 One, two, three

Explain you will count to three to allow them time to change their actions before a consequence is promised. For example, 'please give the crayon back to your brother, I'm going to count to three. One.. (wait five seconds)..... two (more firmly).....three'.

12 Use time out

This allows you and your child time to cool down. Establish a special place for your child, for example a chair, step, or corner. They stay there for a fixed length of time, perhaps one minute for every year of their age. Allow no conversation during this period. After this time, do not refer again to the problem.

13 Re-charge your batteries

Being the parent of any child can be exhausting and challenging. Parenting a child with extra difficulties bring extra challenges and increased exhaustion. Try to plan your special time to have a break, even if it is only a few hours. Your child needs you and you need energy, patience and understanding to provide the necessary care.



Importance of maintaining regular contact with school

How can schools help?

The importance of maintaining regular contact with school

Effective and proactive relationships between parents and schools are of vital importance for successful outcomes. Ideas to achieve good communication include:

- frequent phone/text and/or face-to-face contact.
- daily reports, if indicated.
- positive feedback to be provided with the child present when possible.
- information sharing where the best interests of the child are paramount.

Although teachers obtain information about ADHD it would be helpful to share information you have received. Ideas of helpful strategies for the child:

- Use a visible, visual timetable, explained verbally at the beginning of each day and sit near to and facing the teacher, back to the rest of the class.
- Surround with good role models. Encourage peer tutoring and co-operative learning.
- Sit away from distracting stimuli, such as windows, doors, radiators and high traffic areas.
- Provide advance warning around change.
- Maintain eye contact when giving verbal instructions. Instructions from a teacher should be clear, concise and avoid multiple demands.
- Provide help to start the task, check the child has required equipment and has understood and remembered the instructions.
- Repeat instructions in a calm, positive voice and frequently monitor progress. Gently and positively encourage the child to seek appropriate assistance and make sure knowledge is tested, not the child's attention span.
- Modify assignments as necessary.
- Provide wobble cushions, and/or fiddle toys when indicated.
- Helpful implemented strategies in either setting are to be applied in both (home and school) when possible.



Making homework part of the daily routine

Managing homework

It can take a child with ADHD three times longer to do an assignment in a home environment than in a school setting. If homework proves difficult, talk to the class teacher about options. These could include:

- making homework part of the daily routine
- setting up a system with the school to remind teachers to help your child to remember to write down the homework and bring the right books home
- having a special homework place that is not their bedroom
- fixing a regular time, ideally late afternoon after they've had a little time to unwind from school, to start their homework
- allowing them to do their homework in chunks, giving them a short break between periods of work
- helping them, supervising them and checking their work.

If difficulties become unmanageable, it is a good idea to check that the homework is necessary; maybe the amount or style could be adapted? If there are handwriting difficulties could use of a computer keyboard prove an alternative? Or could the parent be a scribe for the child? Can students stay at school to complete homework?

If the child takes ADHD medication, the time homework is expected to be done may need to be discussed with your specialist doctor or nurse.





**Regular bed
and wake-up
times every day**

ADHD and sleep difficulties

Sleep problems have been reported in 50 to 60 per cent of children with ADHD.

Sleep is very important to a child's wellbeing.

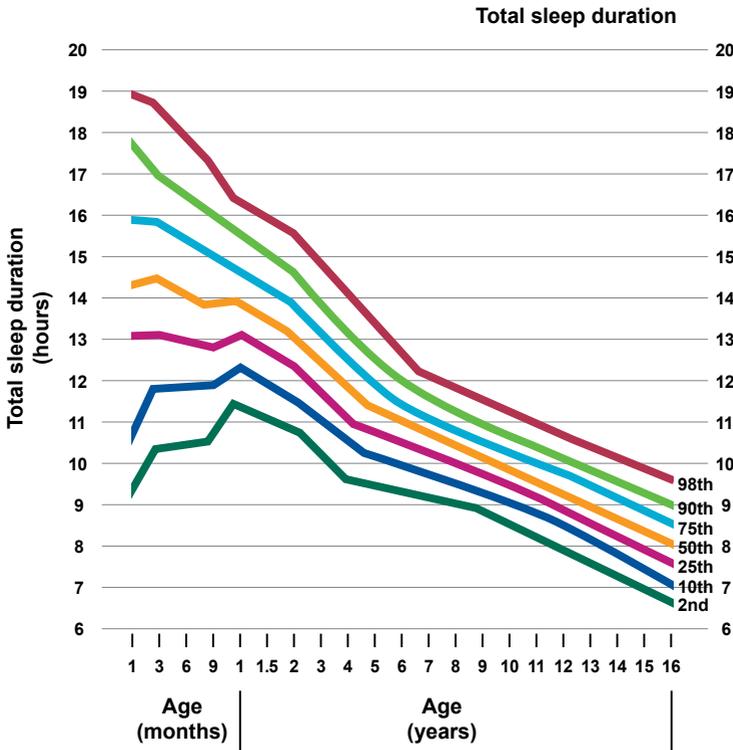
The impact of sleep deprivation can be:

- tired all the time
- deterioration of physical health may suffer
- poor memory, attention and creative skills
- anxious, irritable and hyperactive
- increased tantrums and aggression
- family sleeplessness, tension and tiredness.



How much sleep do children need?

- There's no magical number of hours of sleep that all children in a particular age group need, but the following is a good guide:



- Consistent sleep hygiene (bedtime routine) is vital to help the child settle.
- Make sure your child's bedroom is comfortably dark, cool and quiet.
- Keep to regular bed and wake-up times every day, including weekends and school holidays. Make sure the number of hours you expect your child to sleep equates to the chart.
- Make sure your child is not hungry or thirsty at bedtime (this should be considered earlier in the evening).
- The child should fall asleep alone in his/her bed.
- Stimulating activity and screens (TV, computer or phone) should be avoided for two hours before you want your child to sleep.
- Avoid fizzy drinks, chocolate (hot or cold), tea or coffee for a few hours before bed and avoid short naps from the late afternoon onwards.

ADHD and other problems

Around 20 per cent of children with ADHD have this condition alone, the remainder present with other problems.

These can include:

- **developmental co-ordination disorder (DCD)**

A condition with significant co-ordination difficulties affecting daily activities including poor handwriting; difficulty with dressing skills (doing up buttons, zips, shoe laces etc); poor eating skills, struggling with knife and fork; problems with balance – late at riding a bike, bumping into things or people and poor performance in sports. These children are often described as clumsy. Referral to an occupational therapist and/or physiotherapist can be helpful.

- **autism spectrum disorder (ASD)**

A developmental disorder with three main areas of difficulties: Social communication, social interaction and social imagination. These children have difficulties socialising with their peer group and understanding other people's body language, jokes or sarcasm. They can demonstrate an inability to play pretend games and like to follow routines, repetitive or ritualistic behaviours.

- **learning difficulties (LD)**

Specific learning difficulties, such as dyslexia, can be seen in association with ADHD. This can result in difficulties with reading, writing and spelling despite normal or high intelligence. Appropriate help and support should be provided to these children at school and with homework.

- **anxiety**

Anxiety is a general term given to fears, worries and panic feelings. These can present in threatening or non-threatening situations. Sometimes, the anxiety can produce physical symptoms, such as palpitations, feeling hot, sweaty, shaky and dizzy. Treatment can range from simple reassurances to cognitive behavioural therapy (CBT).

- **depression**

This is not just feeling occasionally sad or having a bad day. The child can feel sad for long periods of time in all situations, may cry for no reason, have sleep problems, lose interest in activities which were previously enjoyed, low energy, poor appetite and sometimes thoughts or acts of self-harm. It is important to access professional help, as counselling, therapy or medication may be necessary.

- **tics or Tourette syndrome (TS)**

There are two types of tics: Motor tics, which include repeated body movements, for example blinking of eyes, facial twitching, shrugging of shoulders etc and vocal tics, which are repeated sounds, for example coughing, throat clearing and grunting.

Tics can be accentuated by stress and can come and go. Tourette's syndrome is a rare condition with a combination of motor and vocal tics occurring for more than a year. Mainly tics are mild and require no treatment but medication can be prescribed for severe tics.

- **oppositional defiant disorder (ODD)**

The child is stubborn and hostile and often loses their temper; argues with adults; defies or refuses to comply with instructions; annoys people; blames others for his/her mistakes; easily annoys themselves; is angry and resentful and spiteful or vindictive. Management includes behavioural approach by parents/carers. Attending a behavioural modification course (parenting course) can prove useful.

- **conduct disorder (CD)**

Pattern of breaking social norms, rules and others' rights, which includes stealing; setting fire; destroying property; aggression towards people and cruelty to people or animals. Various strategies can be used, including parental education and training on dealing with such challenging behaviour, cognitive behavioural therapy (CBT) and family therapy.

Long-term outcomes for children with treated and untreated ADHD

Treated ADHD

Behavioural treatment, plus or minus medication, can relieve many symptoms of ADHD and improve functioning. There is currently no cure for the disorder.

With treatment, most people with ADHD can be successful in school and lead productive lives. Researchers are developing more effective treatments and interventions, and using new tools, such as brain imaging, to better understand ADHD and to find more effective ways to treat it.

Untreated ADHD

Teenagers and young adults with untreated ADHD are often overwhelmed with impulsivity, failure to think through the consequences of their decisions, an inability to finish what they start and poor judgment. Statistics show that they are more likely to abuse alcohol and drugs, more likely to get addicted, more likely to have early and unprotected sex, as well as being more likely to be expelled from school. They are also more likely to get into accidents and to be seriously injured.

Medication for ADHD

Depending on your child's age and severity of symptoms medication may be offered to help treat the symptoms of ADHD.

Medication should not be the only form of treatment. The National Institute for Health and Care Excellence (NICE) states that a comprehensive treatment plan should include psychological, behavioural, educational advice and interventions. Medication is added when appropriate.

Medication is only offered following implementation of specific supportive strategies and behaviour modification techniques, both at home and school.

When these approaches prove inadequate to control the symptoms of ADHD then medication can be offered if no contra-indications are present.

Medication does not cure ADHD but it can provide a window of opportunity in which a child can be helped to manage their own behaviours.

Medication can reduce the signs and symptoms of ADHD in 70 to 80 per cent of children with ADHD but it must be used in conjunction with continued reasonable and consistent behavioural techniques.

The decision to start medication to treat your child with ADHD is made after a full discussion. It is important that you have the opportunity to ask questions and feel fully involved in the plans.

It is strongly recommended that you maintain good communications with your child's school as they will probably be providing care for the majority of the time that your child is medicated.

A short time off medication each year, known as a 'drug holiday' will ascertain whether or not the medication is still required.

What types of medication are used?

There are a number of different licensed medicines available in the UK to treat ADHD. If one type does not suit your child, discussion with your specialist is recommended as a different one might prove beneficial.

Stimulant medication:

Stimulants are the most commonly prescribed medications for ADHD. These are controlled drugs that work by increasing the levels of certain chemicals in the brain, such as dopamine and norepinephrine (also known as noradrenaline), which help transmit signals between nerves. Medication can result in a decline of ADHD symptoms, leading to a reduction of impulsive behaviour, hyperactivity and improved attention span. The medication takes about 20 to 45 minutes to come into effect.

Methylphenidate (Ritalin, Medikinet, Equasym XL, Medikinet XL, Matoride XL, Concerta XL, Xaggitin XL, Xenidate XL)

This is available as a tablet or capsule; the latter can be opened and sprinkled. The duration ranges from short acting, between three and four hours or longer acting, up to 12 hours. It may need to be taken once, twice or three times a day depending on the chosen preparation and coverage required. Methylphenidates can be used flexibly, for example on school days only.

Lisdexamphetamine (Elvanse)

This is available in a capsule that can be swallowed whole or opened, with the entire contents dissolved in water and drunk immediately. It is taken once a day, the length of duration is up to 13 hours. It is recommended to take this daily.

Dexamphetamine (Dexidrine)

This is available in a tablet form, which must be swallowed whole or can be halved. The length of duration ranges from four to five hours.

Stimulant medication is always commenced with low doses as some children only require these amounts. Usually, these levels accomplish no changes and the medication needs increasing. It is slowly changed to a level where the maximum benefits with the minimum acceptable side effects are achieved. This is known as titration of medication.

While stimulants are usually the first choice of medication for ADHD, they're not for everyone. In some people, they cause unacceptable side effects; in others, they just don't work very well. An alternative medication is a non-stimulant.

Non-stimulant medication:

Non-stimulant medication works in a different way to stimulant medication by increasing the levels of the chemical norepinephrine between the nerve cells. This increase appears to help ADHD by increasing attention span and reducing impulsive behaviour and hyperactivity. It is not a controlled drug. These must be taken daily, either morning or evening.

Atomoxetine (Strattera)

Strattera capsule has to be taken whole and can take up to 12 weeks before you can feel the full benefit of your treatment.

Guanfacine Hydrochloride (Intuniv)

Intuniv is a tablet to be swallowed whole on its own or with a drink (not with grapefruit juice), it can take up to four weeks for full benefit.

Common side effects of ADHD medication can include:

- decreased/increased appetite
- sleep difficulties
- headaches
- stomach aches
- emotional liability
- rebound behaviour
- increased tics
- reduction of growth
- sleepiness.

Some side effects prove unacceptable and a change or discontinuation may be necessary.

Please remember that your child is an individual with unique gifts and strengths. With love, support and guidance there should be a bright and interesting future ahead.

Resources

Books of interest

Parents and carers

- Understanding ADHD: A parent's guide, written by Dr Christopher Green and Dr Kit Chee
- 1-2-3 Magic: Effective Discipline for children 2 to 12, written by Dr Thomas Phelan Ph.D.

Children

- My Doctor Says I Have ADHD A Child's Journey For children aged 6 – 12 years by Dr C R Yemula ISBN no. 978-0-9558614-4-4
- All dogs have ADHD by Kathy Hoopman ISBN no. 978-1-84905-103-3

Websites

www.adhdandyou.co.uk

www.livingwithadhd.co.uk

www.ukadhd.com

www.adhdtogether.com

www.adders.org

www.additudemag.com

www.adhdvoices.com

www.help4adhd.org

www.chadd.org

www.addiss.co.uk (parent support group)

Early Help and Preventative Services offer support for the whole family and help make changes to achieve the outcomes.

www.kent.gov.uk

Visit us at

www.kentcht.nhs.uk/service/community-paediatrics

i care...
your gift, our promise.
Registered charity no. 1139134

...about helping the NHS
go above and beyond.

Visit www.kentcht.nhs.uk/icare

donate
today

Patient Advice and Liaison Service (PALS)

If you have a query about our health services, or would like to comment, compliment or complain about Kent Community Health NHS Foundation Trust, you can contact the Patient Advice and Liaison Service..

Phone: 0300 123 1807 lines open 8am to 5pm Monday to Friday. Please ask if you would like the team to call you back.

Email: kentchft.PALS@nhs.net

Text: 07899 903499

Address:

Patient Advice and Liaison Service,
Kent Community Health NHS Foundation Trust,
Unit J, Concept Court, Shearway Business Park,
Folkestone, Kent CT19 4RG

If you need communication support, an interpreter or this information in another language, audio, Braille, Easy Read or large print, please ask a member of staff. You will be asked for your agreement to treatment and, if necessary, your permission to share your personal information.

You can give us feedback about our services at www.kentcht.nhs.uk

Leaflet code: 00980

Published: September 2019