Introduction

Attention-deficit Hyperactivity disorder (ADHD) also known as hyperkinetic disorder is the most common childhood disorder

affecting

school-aged children



DEFINITION

Attention-deficit Hyperactivity disorder is a childhood disorder characterized by persistent pattern of inattention and hyperactive and

impulsive behavior.



Affected children commonly experience

- -academic underachievement.
- problems with interpersonal relationships with family members and peers.
- -low self-esteem.

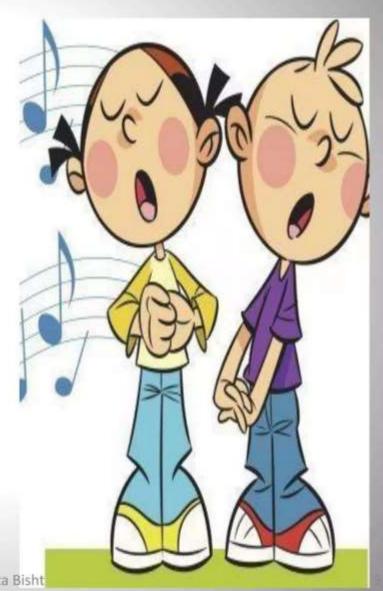
ADHD often co-occurs with other emotional, behavioral, language, and learning disorders

EPIDEMIOLOGY

About 5% of children and about 2.5% of adults have ADHD.

Primary school children in India- 11.32%.

More prevalent in boys



RISK FACTORS

1.Genetics: siblings with ADHD, identical twins have greater chances to develop ADHD

2.Neurotransmitters: Low levels of dopamine (causes hyperactivity & impulsivity) and nor epinephrine (causes inattention)

RISK FACTORS

3. Perinatal factors:

- Maternal smoking and alcohol use during pregnancy.
- Prenatal or postnatal exposure to lead.
- Birth complications.
- Premature birth.

RISK FACTORS

3. Psycho-Social factors:

- Disorganized family pattern.
- Maternal mental disorder.
- Alcoholism in parents.
- Growing up in institutions (foster homes)

TYPES OF ADHD

- Inattentive type: symptoms of inattention
- Hyperactive/impulsive type: symptoms or hyperactive and impulsive behavior
- Combined type: both inattention and hyperactivity

CLINICAL FEATURES OF ATTENTION DEFICIT HYPERACTIVITY DISORDER



Poor attention span and distractibility:

- Inability to complete the task from start to finish.
- Easily distracted.
- Can't sustain attention.
- Careless mistakes.
- Lack of details in work.
- Have trouble organizing tasks.



Poor attention span and distractibility:

- Loses belongings frequently.
- Difficulty following instructions
- They underachieve in areas of life where they have a lot of potential and talent, such as in academics, in their profession, in athletics

Hyperactivity and Impulsivity

- Physical and/or verbal over activity.
- Appear to be in constant motion and "on the go" as if driven by a motor.
- Difficulty keeping their bodies still—moving about excessively, squirming, or fidgeting hands and feet's

Hyperactivity and Impulsivity

- Restless behavior.
- Talk excessively, interrupt others, not letting others talk.
- Blurts out an answer.
- Can't remain seated at school or workplace
- Has difficulty waiting his or her turn, or while waiting in line.

Diagnosing ADHD: DSM-V

Inattention: (A1)

Persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupati onal activities

- Lacks attention to detail; makes careless mistakes.
- has difficulty sustaining attention
- & doesn't seem to listen.
- fails to follow through/fails to finish instructions or schoolwork.
- has difficulty organizing tasks.
- avoids tasks requiring mental effort.
- often loses items necessary for completing a task.
- easily distracted.
- is forgetful in daily activities.

Diagnosing ADHD: DSM-V

Hyperactivity/ Impulsivity:(A2)

Persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupatio nal activities

- Fidgets or squirms excessively
- leaves seat when inappropriate
- runs about/climbs extensively when inappropriate
- has difficulty playing quietly
- often "on the go" or "driven by a motor"
- a talks excessively
- blurts out answers before question is finished
- a cannot await turn
- interrupts or intrudes on others
 Presented By Mamta Bisht

Diagnosing ADHD: DSM-V

- B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.
- C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings.
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. Symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder, and are not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder).

PHARMACOLOGICAL MANAGEMENT

- Stimulants to reduce hyperactivity and impulsivity and increase attention (Methylphenidate and Amphetamines)
- Non-stimulant medications:
 Atomoxetine and Bupropion

MANAGEMENT

1. Behavior therapy:

Teaching the child time management and organization of skills.

e.g. following structured routine

Can be given in the classroom or at home

- 2. Special education (if required)
- 3. Social skills training

MANAGEMENT

4.EFFECTIVE PARENTING

- Make clear schedules.
- Maintain routines.
- Make sure instructions are understood use simple words and demonstrate.
- Focus on child when talking to him/her.
 Avoid multitasking.

MANAGEMENT

EFFECTIVE PARENTING

- Children with ADHD may require more supervision than their peers.
- Maintain communication with the child's teacher.
- Model calm behavior.
- Focus on effort and reward good behavior.

