

ADHD and Your School-Aged Child



Attention-deficit/hyperactivity disorder (ADHD) is a condition of the brain that makes it hard for children to control their behavior. It is one of the most common chronic conditions of childhood. All children have behavior problems at times. Children with ADHD have frequent, severe problems that interfere with their ability to live normal lives.

A child with ADHD may have one or more of the following behavior symptoms:

- **Inattention** — Has a hard time paying attention, daydreams, is easily distracted, is disorganized, loses a lot of things.
- **Hyperactivity** — Seems to be in constant motion, has difficulty staying seated, squirms, talks too much.
- **Impulsivity** — Acts and speaks without thinking, unable to wait, interrupts others.

How can I tell if my child has ADHD?

Your pediatrician will assess whether your child has ADHD using standard guidelines developed by the American Academy of Pediatrics. Keep in mind the following:

- These guidelines are for children 6 to 12 years of age. It is difficult to diagnose ADHD in children who are younger than this age group.
- The diagnosis is a process that involves several steps. It requires information about your child's behavior from you, your child's school, and/or other caregivers.
- Your pediatrician also will look for other conditions that have the same types of symptoms as ADHD. Some children have ADHD and another (coexisting) condition, e.g., conduct disorder, depression, anxiety, or a learning disability.
- There is no proven test for ADHD at this time.

If your child has ADHD, the symptoms will

- Occur in more than one setting, such as home, school, and social settings.
- Be more severe than in other children the same age.
- Start before your child reaches 7 years of age.
- Continue for more than six months.
- Make it difficult to function at school, at home, and/or in social settings.

What does treatment for ADHD involve?

As with other chronic conditions, families must manage the treatment of ADHD on an ongoing basis. In most cases, treatment for ADHD includes the following:

1. **A long-term management plan.** This will have:
 - **Target outcomes** (behavior goals, e.g., better school work)
 - **Follow-up activities** (e.g., medication, making changes that affect behavior at school and at home)
 - **Monitoring** (checking the child's progress with the target outcomes)
2. **Medication.** For most children, stimulant medications are a safe and effective way to relieve ADHD symptoms.
3. **Behavior Therapy.** This focuses on changing the child's environment to help improve behavior.
4. **Parent Training.** Training can give parents specific skills to deal with ADHD behaviors in a positive way.
5. **Education.** All involved need to understand what ADHD is.
6. **Teamwork.** Treatment works best when doctors, parents, teachers, caregivers, other health care professionals, and the child work together.

It may take some time to tailor your child's treatment plan to meet his needs. Treatment may not fully eliminate the ADHD-type behaviors. However, most school-aged children with ADHD respond well when their treatment plan includes both stimulant medications and behavior therapy.

Is there a cure for ADHD?

There is no proven cure for ADHD at this time. The cause of ADHD is unclear. Research is ongoing to learn more about the role of the brain in ADHD and the best ways to treat the disorder. Many good treatment options are available. The outlook for children who receive treatment for ADHD is encouraging.

As a parent, you play a very important part in providing effective treatment for your child.

For further information ask your pediatrician about "Understanding ADHD: Information for Parents About Attention-Deficit/Hyperactivity Disorder," a new booklet from the American Academy of Pediatrics.

This information is based on the American Academy of Pediatrics' policy statements *Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder*, published in the May 2000 issue of *Pediatrics*, and *Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder*, published in the October 2001 issue of *Pediatrics*. *Parent Pages* offer parents relevant facts that explain current policies about children's health.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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