



ADHD and hyperkinetic disorder

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. The aims of these factsheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This factsheet looks at attention-deficit hyperactivity disorder (ADHD) and hyperkinetic disorder, the signs to look for and where to get help.

Introduction

What are attention-deficit hyperactivity disorder and hyperkinetic disorder?

Many children, especially under-fives, are inattentive and restless. This does not necessarily mean they are suffering from ADHD or hyperkinetic disorder (see Factsheet 1 on the restless and excitable child).

The terms 'attention deficit', 'attention-deficit hyperactivity disorder', 'hyperkinetic disorder' and 'hyperactivity' are used by professionals to describe the problems of children who are overactive and have difficulty concentrating.

The terms attention deficit disorder (ADD) or attention-deficit hyperactivity disorder (ADHD) are used in the USA. The official term in the UK is hyperkinetic disorder. These differences in terminology can sometimes cause confusion. In both instances, these children usually have problems with attention control and overactivity.

What are the signs?

Children with ADHD/hyperkinetic disorder:

- are restless, fidgety and overactive
- continuously chatter and interrupt people
- are easily distracted and do not finish things
- are inattentive and cannot concentrate on tasks
- are impulsive, suddenly doing things without thinking first
- have difficulty waiting their turn in games, in conversation or in a queue.

This type of behaviour is common in most children. It becomes a problem when these characteristics are exaggerated, compared to other children of the same age, and when the behaviour affects the child's social and school life. Often the signs will have been obvious since the child was a toddler.

What causes ADHD/hyperkinetic disorder?

We do not know exactly what causes these disorders, but genetic factors seem to play a part. The disorders can run in families, with boys more often affected than girls.

Where can I get help?

There is no simple test for ADHD/hyperkinetic disorder. Making a full diagnosis requires an experienced specialist assessment, usually done by a child psychiatrist or specialist paediatrician. The diagnosis is made by recognising patterns of behaviour, observing the child and obtaining reports of their behaviour at home and at school.

Your general practitioner will be able to offer you advice and support and will usually refer you to a specialist. A child and adolescent psychiatrist will undertake a thorough assessment and offer treatment. Some clinical psychologists and paediatricians also have special experience and skills in managing this problem.

Sources of further information

- ADD Information and Support Services (ADDISS) (Registered Charity 1070827): The ADDISS Resource Centre, 10 Station Road, London NW7 2JU; tel: 020 8906 9068; fax: 020 8959 0727; e-mail: info@addiss.co.uk; website: www.addiss.co.uk
- The YoungMinds Parents' Information Service provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk

Effective treatment will include advice and support for the parents.

A full specialist assessment This will enable your child's needs to be clearly identified.

Psychological management You should expect:

- a full explanation of the condition to you and your child;
- advice about how to manage difficult behaviour;
- communication between the child's specialist and teachers, who will offer you advice on structured activities and reward systems for positive behaviour that may help. Special support and teaching may also be needed;
- help for difficulties that have developed as a result of ADHD/hyperkinetic disorder, including low self-esteem, difficulty with friendships, temper tantrums and aggression.

Stimulant medication Some medications such as methylphenidate or dexamphetamine may reduce hyperactivity and improve concentration (see Factsheet 6 on stimulant medication). Medication produces a short-lived improvement after each dose, but is not a permanent cure. It creates a period when the child can learn and practise new skills. Children often say that medication helps them to get on with people, to think more clearly, to understand things better and to feel more in control of themselves. Not all affected children need medication. Those who do always need psychological and educational support as well.

Changing diet and avoiding additives There is a small body of evidence about the effect of diet on some children. A few may be sensitive to certain foods. If parents notice that specific foods worsen hyperactivity, these may be avoided. It is best to discuss this with the specialist.

Do children grow out of it? Children who receive specialist treatment tailored to their needs may benefit considerably. Some problems with restlessness, attention and lack of control might continue into adult life. However, with help, most hyperactive children will have settled down by the time they reach their mid-teens. They will have been able to catch up with their learning, improve their school performance and make friends.

References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- National Institute for Clinical Excellence (2002) *Guidance on Methylphenidate (Ritalin/Equasym) for Attention Deficit Hyperactivity Disorder (ADHD)*. www.nice.org.uk
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.