

Information for patients

What is ADHD?

ADHD is a short name for Attention Deficit Hyperactivity Disorder. It is a well-recognised neuro-developmental condition.

How common is ADHD?

It is estimated that in the UK about 3-9% of school aged children and young people have ADHD and 1 in 100 children tend to have the most severe form of ADHD. ADHD is more common in boys than girls, (4 boys: 1 girl).

What are the Features of ADHD?

ADHD has 3 main features:

(i) Inattention:

1. Careless mistakes in schoolwork or tasks
2. Difficulty in sustaining attention
3. Appears not to listen
4. Fails to finish work and tasks
5. No organisational skills
6. Avoidance of tasks that require attention
7. Easily distracted
8. Loses things
9. Forgetfulness

(ii) Hyperactivity:

1. Fidgety
2. Unable to sit still or seated
3. Excessive movements
4. Noisy when playing
5. On the go all the time
6. Talks excessively

(iii) Impulsivity:

1. Difficulty waiting for their turn or in line
2. Interrupts conversations repeatedly
3. Blurts out answers to questions before completed

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How is it confirmed?

It is important that your child has a detailed assessment by a specialist Paediatrician or a Child Psychologist. This will include physical, developmental, psychological and educational evaluation.

Further information about your child's behaviour will be obtained from the parents / carer and school teachers by completing behaviour rating scales

The doctor can make the diagnosis of ADHD by using assessment tools to establish whether your child meets the criteria. Your child will have had problems for at least 6 months and before the age of 7 years, in more than one setting (home and school) and has shown significant impairment in each area.

What are the types of ADHD?

Currently doctors diagnose three types of ADHD:

- (i) Predominantly Inattentive type
- (ii) Predominantly Hyperactive-Impulsive types
- (iii) Combined type

Are there any tests to confirm the diagnosis?

There are no specific blood tests or investigations to prove the diagnosis. MRI scans and EEG (brain wave test) are not recommended unless there are specific neurological problems.

However, your child's doctor may consider other conditions where the symptoms are similar to ADHD such as learning difficulties, anxiety, over-active thyroid gland, autism, Oppositional Defiant Disorder and Conduct Disorder.

What causes ADHD?

ADHD IS NOT CAUSED BY BAD PARENTING, LACK OF DISCIPLINE OR BAD DIET.

Genetic causes – ADHD is often inherited and can run in families.

Other risk factors include low birth weight, maternal smoking and alcohol ingestion during pregnancy, meningitis or brain injury.

Chemical Imbalances in the brain with a deficiency of chemical messengers.

Managing a Child with ADHD

Your child's Doctor and Specialist Nurse will discuss various treatments available to manage your child's ADHD and behavioural problems.

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What is the role of diet?

Some children tend to become more hyperactive after certain foods and drinks, sweets chocolates and fizzy drinks. For these children, it is helpful to keep a diary of foods and seek advice from the dietician. A balanced diet and regular exercise are beneficial and should be encouraged.

Training / Education Programmes

Parent training / education programmes are considered the first step in managing children with ADHD. They are structured programmes which can be group based or individual based and aim to provide parents and carers with relationship enhancing strategies'. One such Programme is called 123 Magic and all parents with newly diagnosed children with ADHD should be offered places to attend. (NICE 2013).

What is cognitive behavioural therapy (CBT)?

This is a psychological treatment by a therapist to help people understand the thoughts and feelings that can affect their behaviours.

What are social skills training?

This is training to teach people about social awareness and interactions with other people. Sometimes it is helpful if your child attends a course of group treatment which may be psychological therapy (CBT) or social skills training. This is of course depends on availability in your area.

How can school help?

The school can put in place support and specific classroom strategies to help your child do well. Other interventions may include an assessment by an Educational Psychologist to help promote your child's potential. The ADHD Specialist Nurse will work closely with schools offering training and education as required.

When should you consider medication?

Medication is recommended as a first line treatment for children and young people with moderate / severe ADHD. However, it should be given as part of a comprehensive treatment plan that includes Psychological, behavioural and educational advice and interventions. Please note medication is not recommended for pre-school aged children.

Do children grow out of ADHD?

Research has shown that ADHD can persist into adolescence and about 30-60% of children continue to have problems associated with ADHD into adulthood.

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Behavioural Strategies

It is important to understand that a child with ADHD is not a “**problem child**” but a “**child who has a problem.**”

Here are some strategies to deal with your child’s behaviours:

1. **Understand your child’s strengths and weaknesses.** Discuss his or her feelings regularly and try to understand important issues from your Child’s point of view
2. **Establish clear rules.** With your child and make sure they understand the rules. Tell your child what behaviour is acceptable and what is not. Let your child know how his / her behaviours affect others
3. **Try to foresee problem behaviour and plan consequences.** Identify specific target behaviours and find out what triggers them. Try to prevent these incidents happening
4. **Stay calm and try to relax.** Do not argue back. If your child has done wrong, try not to shout, even though you may want to. Remember methods like shouting, screaming or physical punishments are unlikely to work
5. **Give your child frequent and immediate feedback.** A child with ADHD is not always aware whether he or she is behaving correctly. Tell your child exactly what he has done wrong
6. **Praise good behaviour and do it without delay.** Remind yourself to do this at regular intervals
7. **Use rewards rather than punishments.** A more effective and less stressful way to manage your child is to reward desirable behaviour. A reward may be something a child enjoys doing. It is better not to use material rewards like money, sweets or new toys. Some of the rewards could be more time on the computer, play activities, cuddles or praise from mum and dad
8. **Make sure you disapprove bad behaviour and not the child.** Please ensure your child understands it is his / her behaviour you do not like and not the child as a person
9. **Set up routines.** Have regular structure and routines at home
10. **Be consistent.** Consistency means managing the child the same way every time. All the family members should use the same approach, and this should be the same at home and outside. Don’t give up too soon
11. **Give one to one attention on a regular basis.** Allow the child to work at his / her own pace within reasonable limits. Avoid unnecessary demands and reduce distractions where possible

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IF ALL THE ABOVE MEASURES DO NOT WORK, CONSIDER THE FOLLOWING:

1. **Loss of privileges** – For example restrictions on favourite TV programme
2. **Time Out** – This means sending your child to a place to calm down, until he / she feels ready to join in again
3. **Do not try to be perfect.** You are only human! You need time and patience to practise these strategies
4. **Look after your own Health.** By managing your own health problems you will be in a better position to deal with your child's difficult behaviour

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at nlg-tr.interpreters@nhs.net

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