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Heart to Heart Talk

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Does Your Child Have ADHD?

What is ADHD?

Once called Hyperkinesis or ADD (Attention Deficit Disorder), ADHD (Attention Deficit Hyperactivity Disorder) is now the preferred name for a behavioral disorder that is noted in early childhood. Adults could have this same condition too.

When was this syndrome discovered?

Information from the U.S. National Institute of Mental Health reveals ADHD was first described by Dr. Heinrich Hoffman in 1845, a physician who wrote books on medicine and psychiatry. He also wrote stories and poems for his 3-year-old, when he could not find suitable materials for children. One of these books was entitled *The Story of Fidgety Philip*, an accurate description of a little boy with ADHD. But was 57 years later, in 1902, when Sir George F. Still presented to the Royal College of Physicians in England a series of lectures on this genetic dysfunction we now call ADHD.

How prevalent is this condition?

In the United States, between 3 to 5 percent of children or about 2 million have ADHD. In a classroom of 25 to 30 children, at least one will have this behavioral syndrome, which becomes obvious in the preschool and early years in school. ADHD often continues to adulthood, and if not treated, may cause insurmountable problems leading to failure to succeed or achieve the full potential of the individual. About 25% of close relatives in the families of ADHD children also have ADHD.

What causes ADHD?

Neurobiology and genetics play a major role. Environmental agents like alcohol and cigarettes among the mother (during pregnancy) or both parents, as the

baby grows up, play a possible role. Lead exposure (as among those who live in old buildings) and food additives and sugars have also been implicated.

What are the types of ADHD?

Basically three types are recognized: hyperactive-impulsive (does not show significant inattention); inattentive (does not show significant hyperactive-impulsive behavior); and the combination (with all three principal characteristics. ADHD could also be accompanied by other disorders, such as learning disabilities, oppositional defiant disorder, conduct disorder, anxiety and depression, bipolar disorder (cyclic mood: intense highs and lows), and Tourette Syndrome (nervous tics and repetitive mannerisms like eye blinks, facial twitches, and grimacing).

What are the signs of ADHD?

Children afflicted with ADHD are hyperactive, inattentive, impulsive, restless, unable to focus on a project or complete tasks and may even be disruptive. They have learning disabilities as a result of ADHD. Many of these kids are very capable and intelligent, and excel in some activities but having inordinately great problems with others. If untreated, these children become victims of the social and academic consequences of ADHD. Early diagnosis and therapy (before adolescence) greatly improve their chances of “recovery and cure”.

What is hyperactivity?

Besides being inattentive, the children with ADHD are restless, anxious, and keep on moving, unable to sit still, and talk a lot, continuously. They tap their feet, bouncing from one activity to the other, unable to control their talking while the class is going on, even if told to keep quiet. Just like a ball of inexhaustible energy. Their mind drifts and they are unable to finish what they are doing, and if they do, there are a lot of mistakes. They get bored easily and cannot concentrate on what they are doing. But, if they love television shows, they are able to focus well and learn from them.

How about impulsivity?

These are inappropriate or thoughtless actions and reactions. These children usually act without thinking of the consequences of what they do. Example is when the ADHD child dashes across the busy street without even looking at the oncoming cars. The impulsive action just suddenly happens, for no reason. The child may just shout out things any time, or takes something without asking, or goes ahead without waiting for his/her turn. These behaviors make other kids shy away from them.

What makes a diagnosis of ADHD?

If many, or a combination, of these behavioral patterns are seen in a child with regularity, parents or teachers can presume ADHD is present. The attending pediatrician can confirm the diagnosis. As for learning disabilities, poor vision could be the cause. Hence, eye examination among children, even at pre-kindergarten age, is vital. We hear of a lot of stories about children with learning problems, who eventually excelled in academics after their visual problem was corrected.

Is the eye problem related?

Doctors have found an interesting link between an eye problem and ADHD. The condition is called Convergence Insufficiency, the inability of the eyes to focus at close range, which could affect mental focus. While not very common, this has been found in some children with Attention Deficit Hyperactivity Disorder, and an indication for consultation with an Ophthalmologist.

How is it diagnosed?

Simply because one child or person has hyperactivity, inattentiveness and impulsiveness does not mean it is really ADHD. Some of us show one or all of these behaviors at one time or another. When any of these three signs are inappropriate for the person's age, occur repeatedly, and create a real handicap in at least two areas of the person's life such as in school, at playground, home, in social activities or in the community. Therefore, someone who exhibits one or more of these three signs, who are successful in school, in their work and social relationship, do not have ADHD.

Who should be consulted for ADHD?

The first one who suspect a child to have ADHD are usually the parents or family member, the teachers, and friends. Specialists who can diagnose this condition include pediatricians, family physicians, psychiatrists, psychologists, neurologists or clinical social workers. The physicians in this group are allowed to prescribe medications, if needed.

What is the treatment for ADHD?

Besides counseling, medications may be needed to manage ADHD. There are stimulant drugs, like Ritalin and more than a dozen others that have been used with good results, but the US FDA has recently approved one that is not a stimulant (Strattera or atomoxetine, which works on the neurotransmitter norepinephrine. The stimulants work on dopamine. More clinical studies are underway, but the evidence to date shows that the new drug is superior, with more than 70% of children with ADHD given Strattera show significant improvement in their symptoms.

Will the children “outgrow” ADHD?

No. The earlier the diagnosis is confirmed, and the condition is treated, the better for the child. Most of these children are intelligent, smart and skillful, and full of potentials. Some of them may even be geniuses. The worst thing parents can do is to reprimand and castigate these children, who are “ill with ADHD” and not at fault to begin with. This blind parental reaction will only add insult to injury, and the helpless and unfortunate victim is the pitiful child, who will grow up unfit to society, full of failures and misery. If you suspect your child to have ADHD, consult your family doctor or pediatrician.

