



The Doctor Is In

BY DR. DAVID HILL

Concentrating on ADHD

If you've never suspected your own child has attention deficit/hyperactivity disorder (ADHD), please don't rub it in. The cardinal features of ADHD—impulsivity, inattention, and hyperactivity—affect all children to some extent. But in around six to seven percent of children (boys three times as often as girls) these traits are severe enough to interfere with academic and social performance. Identifying those children and getting them appropriate therapy can save them (not to mention their parents and teachers) worlds of frustration.

What is ADHD?

ADHD was first described about a hundred years ago, not long after the advent of compulsory public education. To meet the definition of ADHD a child should display inattention, impulsivity, and hyperactivity, although not all children with ADHD are necessarily hyperactive. The behaviors should begin before age seven and should be present at least six months. They must also be evident in at least two different environments such as home, school, or soccer.

When should I worry about ADHD?

Children with ADHD are often referred by teachers. These kids may be able to concentrate for hours on stimulating activities like video games, but they have a difficult time with the more tedious demands of standing in line, taking turns, and finishing an assignment. Impulsive behavior may lead to playground scuffles and battles at home. Some physicians will treat severely affected children as young as age three or four, but most kids are diagnosed in the school years. Less hyperactive children are often diagnosed later.

How is ADHD diagnosed?

The evaluation of ADHD starts with a detailed history from at least two people, usually a parent and a teacher. There are several widely accepted questionnaires for this purpose. The Conners is best-known, but others, such as the Vanderbilt or ANSER, may be more comprehensive. A positive score on the questionnaire may suggest a child has ADHD, but these forms alone are only screening tools. Your child's doctor will then perform a comprehensive history and physical exam before making a diagnosis. There are no laboratory tests for

ADHD, but the medical evaluation may suggest testing for other conditions. Psychometric testing is sometimes helpful to rule out learning disabilities.

What is the doctor looking for?

ADHD behavior may be a red flag for any number of underlying problems. Vision or hearing impairment, lead poisoning, iron deficiency, Tourette's syndrome, Fragile X syndrome, and psychiatric disease all affect school performance. Environmental factors include family stress, medications, a chaotic home setting, or drug use. For this reason an initial evaluation for ADHD requires an especially thorough visit.

How is ADHD treated?

Stimulant medications remain the mainstay of ADHD therapy. It seems ironic to give hyperactive children stimulants, but these drugs excite parts of the brain that control impulses. There are really only two stimulant medicines: amphetamine and methylphenidate. Different formulations and timed-release versions are available, but no one drug has proven superior. Other medications used for ADHD include atomoxetine and, rarely, antidepressants. Finding the right ADHD regimen remains largely a matter of trial and error. Your child's doctor will work with you to establish treatment goals. You'll then check in regularly to make sure those goals are being met.

What about the side effects of ADHD medications?

The most common side effects include appetite suppression, sleep trouble, headaches, tics, irritability, abdominal pain, nausea, and fatigue. Symptoms are usually mild and may improve with time, but sometimes a change of medications is in order. Your child's doctor will monitor his or her growth, but long-term studies have shown that stimulant medicines don't cause shortened stature. The FDA is investigating the possibility that stimulants can cause heart problems in children who already have heart disease, a subject you may want to discuss with your doctor if your child is affected. There have also been recent concerns about suicidal thoughts in children with depression, another topic you may want to review with your child's doctor.

What about the role of non-pharmacologic therapy?

The reason medications are so popular is that nothing else seems to work as well. But cognitive and behavioral therapies have an important role in conjunction with medication; they may even reduce the dose of drugs needed. The initial evaluation of ADHD should identify the child's strengths as well as his or her weaknesses. An auditory learner, for example, may read aloud or talk through lessons to reinforce them. Students may benefit from interventions as simple as moving to the front of the classroom or away from a window. The Individuals with Disabilities Education Act (IDEA) gives some severely affected students the right to an Individualized Education Plan (IEP). Other children are covered by Section 504 of the Rehabilitation Act. Both plans require schools to make certain accommodations for children with specific learning needs.

What about diet and supplements?

While there have been some intriguing early data, none of the dietary supplements have been subjected to adequate testing, either for safety or efficacy. That hasn't stopped manufacturers from implying any number of claims about their products. Several foods—most famously sugar and food additives—have garnered much suspicion, but sound scientific studies have repeatedly failed to implicate them. The exception is that a small subset of patients may respond subtly to a diet free of certain yellow or red food dyes.

Will my child outgrow ADHD?

Studies suggest that between fifty and seventy percent of children with ADHD will continue to have symptoms as adults. Because ADHD has a genetic component, many adults with ADHD are finally diagnosed when their children are identified with the disorder. With proper diagnosis and effective therapy, ADHD need not limit anyone's highest ambitions.

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a trip, and in her trunk she packed a green apple." Have the player on the right repeat this phrase and add another object. "My grandmother went on a trip, and in her trunk

she packed a green apple and a ____."
Use a color and an item. See how long the chain of items can be remembered and repeated.

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