

## What is Attention Deficit Disorder?

Attention Deficit Disorder (ADD/ADHD) is usually described as being made up of three core behaviours: inattention, distractability, impulsivity and, in up to 60% of cases, hyperactivity. In addition, there is a cluster of other behaviours which can be associated with ADD/ADHD including:

- Social clumsiness
- Poor co-ordination
- Disorganization
- Insatiability
- Variability (mood swings)
- Poor self-esteem
- Specific Learning Disabilities
- Language difficulties

## Did you know?

- ADD/ADHD occurs in virtually every social class and ethnic group
- The behaviours associated with ADD/ADHD can be present very early in life and may persist lifelong
- Boys are six times more likely to be referred for help than girls
- ADD/ADHD can be a hereditary condition

## Is ADD/ADHD a new condition?

ADD was first described almost 100 years ago. Terms previously used to identify the condition include “minimal brain damage”, “minimal brain dysfunction”, “hyperkinesis” and “hyperactivity child syndrome”.

The term “Attention Deficit Disorder” was first used in the 1970’s and in 1980 the term was used by the American Psychiatric Association in their Diagnostic and Statistical Manual (DSM-III).

The American Psychiatric Association and Diagnostic and Statistical Manual 2013 (DSM-V) refers to the disorder as “Attention Deficit/Hyperactivity Disorder” and lists three sub types.

- A** Predominately inattentive type (problems of attention, learning and executive control)
- B** Predominately hyperactive-impulsive type (hyperactive, impulsive, poor self control of behaviour)
- C** Combined type (a mix of both of the above)

The new DSM-V does not change symptom criteria, but prevalence must include at least 6 symptoms from either or both the above two groups, A or B. Age of onset in DSM-V must be before 12 and comorbidity with ASD (Autism Spectrum Disorder) is now allowed.

## How common is it?

There is much debate over the incidence of Attention Deficit Disorder. With the lack of objectivity in diagnosis, the reported incidence of ADD/ADHD varies greatly from one expert to another and depends on the methodology used.

Current opinion is that 5% to 10% of children have a mild degree of ADD/ADHD and that 2% of children are considerably disadvantaged by it.

## How is the diagnosis made?

There is no one specific test currently available. Diagnosis is made on a person’s history according to accepted professional criteria. Information is gathered from

parents, schools and other sources. Questionnaires, behaviour rating scales (eg Conners) as well as psychometric assessments may also be used. People involved in making a diagnosis include G.P.s, Paediatricians, Psychiatrists, Psychologists, Special Education Consultants and other professionals working in this field.

A comprehensive assessment is necessary to confirm a diagnosis of ADD/ADHD to exclude other conditions. Assessments should also determine if other conditions exist such as Conduct Disorder (CD), Oppositional Defiant Disorder (ODD), Tourette's Syndrome or Learning Disabilities.

## Treatment of ADD/ADHD

It is recommended that ADD/ADHD treatment be multi-modal. No single intervention method is sufficient to produce optimum results. Ideal treatment may include the following:

- Behaviour management (eg social skills training, time management, anger management, modelling and role-play exercises, incentive-based motivation)
- Educational management
- Appropriate programs for Learning Disabilities
- Medical management including medication
- Other therapies as required by the individual (eg. diet, speech therapy, occupational therapy, physiotherapy)

If help is to be effective, it is crucially important to consider the needs of the whole person, not just "one bit". While providing support and appropriate programs where assistance is needed, build on the person's strengths - focus more on what they can do, than what they cannot. Encourage involvement in other activities such as sport, drama, special-interest clubs or groups. Each activity which can be mastered and enjoyed boosts confidence and self esteem.

## Realistic Outcomes

Appropriate assessment, interventions and management will lead to the best outcomes for the person with ADD/ADHD. While a significant percentage of children diagnosed with ADD/ADHD may continue to have difficulty through adolescence and into adult life, the best outcomes are achieved by early detection and appropriate collaborative management.

*Read and learn as much as you can and it will help you and your family ADDRESS the problem and become an informed advocate for your child.*

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*This LDC Fact Sheet was compiled by members of the LDC Management Committee 2010 (updated 2015)*