

ATTENTION PROBLEMS IN CHILDREN AND ADOLESCENTS



In the past few years, attention problems in children have caused more concern in parents, teachers, and mental health professionals than almost any other childhood psychiatric disorder.

Children can seem not to be paying attention when they should because they are daydreaming or are distracted by something going on in their life. They may run around simply because they have a lot of energy to burn.

Some children may not appear to have attention problems in some settings. In other settings, especially those where it is more important to pay attention, such as school, they may have difficulty.

There is a small group of children, however, who continually have difficulty paying attention and staying still. Their behavior gets them into trouble at home, at school, and in the neighborhood. It can affect their social skills and make it difficult for them to make and keep friends. As a result, they can experience sadness and feelings of rejection. Their impulsive behaviour and lack of judgment may also bring them into conflict with the law. These young people need to be seen by a health professional to find out whether or not they have Attention Deficit/ Hyperactivity Disorder (AD/HD).

Children with AD/HD are at high risk of school failure. Many also have other psychiatric conditions. They may suffer from anxiety, mood problems, oppositional defiant disorder (uncooperative and defiant behaviour) and conduct disorder (seriously aggressive behaviour that can include theft, bullying and vandalism). They also have higher rates of alcohol, nicotine, and other drug abuse in adolescence, especially if their emotional and behavioural problems are not addressed.

TYPES OF ATTENTION PROBLEMS

Children who are classified as having Attention Deficit/ Hyperactivity Disorder (AD/HD) may be predominantly

hyperactive and impulsive, they may be largely inattentive, or they may have a combination of all of these symptoms.

Hyperactive-impulsive:

Children with the hyperactive-impulsive type of AD/HD always seem to be "on the go." They can't seem to sit still and they have trouble paying attention. They fidget and squirm in a way that is not typical for their age group. They act without thinking and sometimes are physically hurt because of it. Some of these children have a learning disability that also causes poor school performance.

Inattentive:

Some children with AD/HD aren't hyperactive but are mainly "inattentive". They tend to daydream, are easily distracted, and have short attention spans. It always seems like they don't listen when they are spoken to. At school they don't finish projects and their schoolwork is usually careless and disorganized.

Combined hyperactive-impulsive and inattentive:

The largest number of children with AD/HD display a combination of hyperactivity, impulsive behaviour and inattention.

What's normal and what's not?

All children can get very excited at times. They may make lots of noise, and run around. Children also daydream and may ignore requests – to do their homework or make their bed, for instance. That's normal.

What's not normal is regularly being unable to sit still for any length of time, running into the road without thinking, or having problems paying attention at all. These behaviours may or may not indicate AD/HD, but they are a sign that the child should be seen by a health professional.

There is no test that can say with certainty that a child has a serious attention problem. A diagnosis of AD/HD is usually made based on the health professional's own observations as well as reports from parents, teachers, and others who know the child.

Children who display the following behaviours may have AD/HD and should be seen by a health professional:

- can't sit still for any length of time
- regularly has problems paying attention
- never seems to listen when spoken to
- is careless and disorganized
- doesn't finish projects/schoolwork

What causes AD/HD?

Studies of twins have shown that there is likely a genetic basis for AD/HD. Genes that actually cause the disorder have yet to be identified, although many possibilities have been proposed. AD/HD does tend to run in families: about 25% of parents whose children have AD/HD also have, or have had, AD/HD or another condition such as depression.

How common is it?

About 5% of school children have AD/HD. More boys than girls have the condition.

How long does it last?

About 80% of children with AD/HD will still have symptoms when they are in high school. About half of those teens will still have symptoms as adults.

What treatment is effective?

More than 150 high quality studies have shown that medications

AD/HD can be treated safely with a combination of medication and behavioural therapy. Effective medications include methylphenidate, mixed amphetamine salts, dextroamphetamine, and atomoxetine. Cognitive behavioural therapy, family therapy and parent training may also help to manage some of the social and family problems associated with AD/HD. They may also reduce the amount of medication required.

are the best treatment for AD/HD symptoms. These drugs include methylphenidate, mixed amphetamine salts, dextroamphetamine, and atomoxetine. No one drug has been found to be more effective than another drug. These drugs are generally very safe although side effects may occur in some circumstances.

Treating the child with cognitive behavioural therapy (CBT), which helps change ways of thinking and acting that contribute to the attention problems, may also be effective. Parent training may also be helpful in managing some of the social and family problems associated with AD/HD.

Combining medication and behavioural therapy can improve overall functioning and in some cases reduce the amount of medication the child needs.

BACKGROUND INFORMATION

The Everything Parent's Guide to Children with ADD/ADHD: A Reassuring Guide To Getting The Right Diagnosis, Understanding Treatments, And Helping Your Child Focus by Linda Sonna, Adams Media Corporation; (2005) ISBN: 159337308

The ADHD Book of Lists by Sandra F. Rief, Jossey-Bass (2003) ISBN: 078796591X

A Kid Just Like Me: A Father and Son Overcome the Challenges of ADD and Learning Disabilities by Bruce Roseman, Perigee (2001) ISBN: 0878338993

Understanding Girls with AD/HD by Kathleen G. Nadeau, Advantage Books (2000) ISBN: 0966036654

STEP-BY-STEP GUIDES

ADD/ADHD Behaviour Change Resource Kit: Ready-to-Use Strategies & Activities for Helping Children with Attention Deficit Disorder by Grad L. Flick, Jossey-Bass (2002) ISBN: 0876281447

Taking Charge of ADHD: The Complete, Authoritative Guide for Parents by Russell A. Barkley, Guilford Press (2000) ISBN: 1572305606

AD/HD: Helping Your Child: A Comprehensive Program to Treat Attention Deficit/Hyperactivity Disorders at Home and in School by Warren Umansky, Warner Books (2003) ISBN: 0446679739

ADHD and Teens: A Parent's Guide to Making It Through the Tough Years by Colleen Alexander-Roberts, Taylor Pub (2001) ISBN: 0878338993

The ADHD Workbook for Parents by Harvey C. Parker, Specialty Press Inc. (2005) ISBN: 1886941629

How to Reach and Teach Children With ADD/ADHD by Sandra F. Rief, Jossey-Bass (2005) ISBN: 0787972959

VIDEOS

ADHD: What Do We Know? and ADHD: What Can We Do? by Russell Barkley. Guilford Press (1993) ISBN: 0898629713

WEB SITES

Children and Adults with Attention Deficit/Hyperactivity Disorder www.chadd.org

National Institute of Mental Health Booklet on AD/HD www.nimh.nih.gov/publicat/adhd.cfm



McMaster
Children's Hospital



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The Centre of Knowledge on Healthy Child Development is a project of the Offord Centre for Child Studies, a leader in helping kids grow and thrive. Go to www.knowledge.offordcentre.com for more information on how to identify, prevent and treat child and youth mental health problems.

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