

# Guide to ADHD

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## Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a condition that becomes apparent in some children in the preschool and early school years. It is hard for these children to control their behavior and/or pay attention. It is estimated that between 3 and 5 percent of children have ADHD, or approximately two million children in the United States. Boys are about three times more likely than girls to be diagnosed with it, though it is not yet understood why.

A child with ADHD faces a difficult but not insurmountable task ahead. In order to achieve his or her full potential, he or she should receive help, guidance, and understanding from parents and *mechanchim*. With proper treatment, children with ADHD can learn to successfully live with and manage their symptoms. This guide offers information on ADHD and its management, including signs and symptoms of ADHD, medication and behavioral interventions, as well as helpful resources on dealing with the child at home and in school.

Because ADHD often continues into adulthood, this document contains a section on the diagnosis and treatment of ADHD in adults.

## Symptoms



The principal characteristics of ADHD are inattention, hyperactivity, and impulsivity. These symptoms appear early in a child's life. Because many children may have these symptoms, but at a low level, or the symptoms may be caused by another disorder, it is important that the child receive a thorough examination and appropriate diagnosis by a well-qualified professional.

Symptoms of ADHD will appear over the course of many months and tend to present differently at different ages. In the preschool years, the symptoms of impulsiveness and hyperactivity often precede those of inattention, which may not emerge for a year or more. Different symptoms may appear in different settings, depending on the demands the situation may pose for the child's self-control. A child who "can't sit still" or is otherwise disruptive will be noticeable in school, but the inattentive daydreamer may be overlooked. The impulsive child who acts before thinking may be considered just a "discipline problem," while the child who is passive or sluggish may be viewed as merely unmotivated. Yet both

may have different types of ADHD. All children are sometimes restless, sometimes act without thinking, and sometimes daydream the time away. When the child's hyperactivity, distractibility, poor concentration, or impulsivity begin to affect performance in school, social relationships with other children, or behavior at home, ADHD may be suspected. Because the symptoms vary so much across settings, ADHD is not easy to diagnose. This is especially true when inattentiveness is the primary symptom.

According to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), there are three patterns of behavior that indicate ADHD. People with ADHD may show several signs of being consistently inattentive. They may have a pattern of being hyperactive and impulsive far more than others of their age, or they may show all three types of behavior. This means that there are three subtypes of ADHD recognized by professionals.

These are:

- The predominantly hyperactive-impulsive type (that does not show significant inattention).
- The predominantly inattentive type (that does not show significant hyperactive-impulsive behavior) sometimes called ADD—an outdated term for this disorder.
- The combined type (that displays both inattentive and hyperactive-impulsive symptoms).

In the majority of people who have the disorder the combined type is the most common. Girls are more likely to have the inattentive type and this may be one explanation why they are diagnosed less often.

## *Inattention*



Children who are inattentive have a hard time keeping their minds on any one activity and may get bored with a task after only a few minutes. If they are doing something they really enjoy, they have no trouble paying attention. However, focusing deliberate conscious attention to organizing and completing a task or learning something new is difficult.

Homework is particularly hard for these children. They will forget to write down an assignment, or leave it at school. They will forget to bring a book home, or bring the wrong one. The homework, if finally finished, is full of errors and erasures. Homework is often accompanied by frustration for both parent and child.

Intense concentration, often required during learning and *davening*, is exceedingly overwhelming for the child with ADHD. The child frequently tends to daydream and finds it hard to follow along with their finger. Reviewing and *chazara* can be especially challenging because of the monotony of the task.

In general children are said to have ADHD if they show six or more symptoms from either the inattentive or hyperactive/impulsivity categories:

There are nine symptoms of inattention. They are listed below:

### INATTENTION

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- ☞ Often fails to pay close attention to details or makes careless mistakes in schoolwork or other activities
- ☞ Often has trouble sustaining attention during tasks or play
- ☞ Often doesn't seem to listen when spoken to directly
- ☞ Often doesn't follow through on instructions and fails to finish schoolwork, chores or other tasks
- ☞ Often has difficulty organizing tasks or activities
- ☞ Often avoids or dislikes tasks that require sustained mental effort, such as schoolwork or homework
- ☞ Often loses things needed for tasks or activities, such as books, pencils, toys or tools
- ☞ Is often easily distracted
- ☞ Is often forgetful

Children diagnosed with the predominantly inattentive type of ADHD are seldom impulsive or hyperactive, yet they have significant problems paying attention. They appear to be daydreaming, “spacey,” easily confused, slow moving, and lethargic. They may have difficulty processing information as quickly and accurately as other children. When the teacher gives oral or even written instructions, this child has a hard time understanding what he or she is supposed to do and makes frequent mistakes. Yet the child may sit quietly, unobtrusively, and even appear to be working but not fully attending to or understanding the task and the instructions.

These children do not show significant problems with impulsivity

and over activity in the classroom, in school, or at home. They may get along better with other children than the more impulsive and hyperactive types of ADHD, and they may not have the same social problems so common with the combined type of ADHD. Therefore, often their problems with inattention are overlooked. However, they need help just as much as children with other types of ADHD, who cause more obvious problems in the classroom.

## *Hyperactivity- Impulsivity*



**H**yperactive children always seem to be “on the go” or constantly in motion. They dash around touching or playing with whatever is in sight, or talk incessantly. Sitting still in class or in *shul* can be a difficult task. Staying at the table during dinner or a *Shabbos* meal can be overwhelming. They squirm and fidget in their seats or roam around the room or they may wiggle their feet, touch everything, or noisily tap their pencil. Hyperactive teenagers or adults may feel internally restless. They often report needing to stay busy and may try to do several things at once with difficulty completing any single task.

Impulsive children seem unable to curb their immediate reactions or think before they act. They will often blurt out inappropriate comments, display their emotions without restraint, and act without regard for the later consequences of their conduct. Their impulsivity may make it hard for them to wait for things they want or to take their turn in games. They may grab a toy from another child or hit when they are upset. Even as teenagers or adults, they

may impulsively choose to do things that have an immediate but small payoff rather than engage in activities that may take more effort yet provide much greater but delayed rewards.

There are nine symptoms of hyperactivity – impulsivity. The first six symptoms listed below are the hyperactive ones, the last three are the impulsive ones.

### **HYPERACTIVITY - IMPULSIVITY**

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- ☞ Often fidgets with hands or feet or squirms in seat
- ☞ Often leaves seat in the classroom or in other situations where remaining seated is expected
- ☞ Often runs or climbs excessively when it is not appropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- ☞ Often has difficulty playing quietly
- ☞ Is often “on the go” or acts as if “driven by a motor”
- ☞ Often talks excessively
- ☞ Often blurts out the answers before questions have been completely asked
- ☞ Often has difficulty waiting his or her turn
- ☞ Often intrudes on others by interrupting conversations or games

Although it can often be challenging to raise children with ADHD, it is important to remember they aren't "bad," "acting out," or being difficult on purpose. Children who are diagnosed with ADHD have difficulty controlling their behavior without behavioral therapy or medication.



## *Diagnosis*

Some parents see signs of inattention, hyperactivity, and impulsivity in their toddler long before the child enters school. The child may lose interest in playing a game or reading a book, or may run around completely out of control. But because children mature at different rates and are very different in personality, temperament, and energy levels, it's useful to get an expert's opinion of whether the behavior is appropriate for the child's age. Parents can ask their child's pediatrician, or a child psychologist or psychiatrist, to assess whether their toddler has an Attention Deficit Hyperactivity Disorder or is, more likely at this age, just immature or unusually exuberant.

ADHD may be suspected by a parent or caretaker or may go unnoticed until the child runs into problems at school. Given that ADHD tends to affect functioning most strongly in school, sometimes the teacher is the first to recognize that a child is hyperactive or inattentive and may point it out to the parents. Because teachers work with many children, they come to know how “average”

children behave in learning situations that require attention and self-control. However, teachers sometimes fail to notice the needs of children who may be more inattentive and passive, yet who are quiet and cooperative, such as those with the predominantly inattentive form of ADHD.

### **TO BE CONSIDERED FOR A DIAGNOSIS OF ADHD:**

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- ☞ The child or adult must meet 6 of the 9 symptoms found in the lists above.
- ☞ A child must display behaviors from one of the three subtypes before age 7.
- ☞ These behaviors must be more severe than in other kids the same age.
- ☞ The behaviors must last for at least 6 months.
- ☞ The behaviors must occur in and negatively affect at least two areas of a child's life (such as school, home, day-care settings, or friendships).

The behaviors must also not be linked to stress at home. Children who have experienced a divorce, a move, an illness, a change in school, or other significant life event may suddenly begin to act out or become forgetful. To avoid a misdiagnosis, it's important to consider whether these factors played a role in the onset of symptoms or are exacerbating a preexisting problem.

### *Professionals Who Make the Diagnosis*



If ADHD is suspected, to whom can the family turn? What kinds of specialists do they need?

Ideally, the diagnosis should be made by a professional with training in ADHD or in the diagnosis of mental disorders. Child psychiatrists and psychologists, developmental/behavioral pediatricians, or behavioral neurologists are those most often trained in diagnosis. Clinical social workers may also have such training.

The family can start by talking with the child's pediatrician or their family doctor. Some pediatricians may do the assessment themselves, but frequently it is necessary for the family to consult with an appropriate mental health specialist.

Knowing the differences in qualifications and services can help the family choose someone who can best meet their needs. There are several types of specialists qualified to diagnose and treat ADHD. Child psychiatrists are doctors who specialize in diagnosing and treating childhood mental and behavioral disorders. A psychiatrist will prescribe any needed medications and can provide therapy.

Child psychologists are also qualified to diagnose and treat ADHD. They can provide therapy for the child and help the family develop ways to deal with the disorder, but they are not medical doctors and must rely on the child's physician to do medical exams and prescribe medication. Neurologists, doctors who work with disorders of the brain and nervous system, can also diagnose ADHD and prescribe medicines. However, unlike psychiatrists and psychologists, neurologists usually do not provide therapy for the emotional aspects of the disorder.

In a situation that is primarily behavioral often a neurologist is adequate to make the diagnosis. The neurologist will focus on the ADHD alone. If the child however, also exhibits signs of anxiety or depression then it is recommended to see a psychiatrist who is trained to assess the whole picture from a psychiatric perspective. When there is a learning disability present often a neuropsychologist should be part of the team assessing your child. The neuropsychologist will be able to evaluate the strengths and weaknesses of the learning process to help the child achieve his maximum potential.

Within each specialty, individual doctors and mental health professionals differ in their experiences with ADHD. When selecting a specialist, it is important to find someone with specific training and experience in diagnosing and treating the disorder.

## *What Causes ADHD?*



One of the first questions a parent will have is “Why? What went wrong?” “Did I do something to cause this?” There is little compelling evidence at this time that ADHD can arise purely from social factors or child-rearing methods. Most substantiated causes appear to fall within the realm of neurobiology and genetics. This is not to say that environmental factors may not influence the severity of the disorder, and especially the degree of impairment and suffering the child may experience, but that such factors do not seem to give rise to the condition by themselves. Other research shows that attention disorders tend to run in families, so there are likely to be genetic influences. Children who have ADHD may often have at least one close relative who also has ADHD.

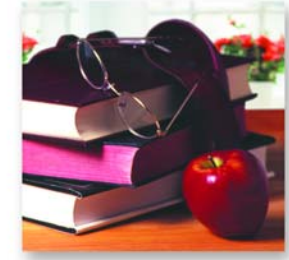
The parents' focus should be on looking forward and finding the best possible way to help their child. Scientists are studying causes in an effort to identify better ways to treat, and perhaps someday, to prevent ADHD. They are finding more and more evidence that ADHD does not stem from the home environment, but from biological causes. Knowing this can remove a huge burden of guilt from parents who might blame themselves for their child's behavior.

### *Disorders that Sometimes Mimic ADHD*



It is important to remember that the core symptoms of ADHD are not unique to this diagnosis. Children with anxiety, depression, bipolar disorder or learning disabilities may look inattentive or excessively fidgety and these other disorders should be ruled out as part of any evaluation.

### *Disorders that Sometimes Accompany ADHD*



One of the difficulties in diagnosing ADHD is that it is often found in conjunction with other problems. These are called coexisting conditions, and about two thirds of all children with ADHD have one. The most common coexisting conditions are:

#### **LEARNING DISABILITIES**

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Many children with ADHD—approximately 20 to 30 percent—also have a specific learning disability (LD). In preschool years, these disabilities include difficulty in understanding certain sounds or words and/or difficulty in expressing oneself in words. In school age children, reading (such as dyslexia) or spelling disabilities, writing disorders, and arithmetic disorders may appear. Although ADHD is not categorized as a learning disability, its interference with concentration and attention can make it even more difficult for a child to perform well in school.

## ANXIETY AND DEPRESSION

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Some children with ADHD often have co-occurring anxiety or depression. If the anxiety or depression is recognized and treated, the child will be better able to handle the problems that accompany ADHD. Conversely, effective treatment of ADHD can have a positive impact on dealing with the anxiety as the child is better able to master academic tasks.

## TOURETTE SYNDROME

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A very small proportion of people with ADHD have a neurological disorder called Tourette Syndrome. People with Tourette Syndrome have various nervous tics and repetitive mannerisms, such as eye blinks, facial twitches, or grimacing. Others may clear their throats frequently, snort, sniff, or bark out words. These behaviors often can be controlled with medication. While very few children have this syndrome, many of the cases of Tourette Syndrome have associated ADHD. In such cases, both disorders often require treatment that may include medications.

## OPPOSITIONAL DEFIANT DISORDER

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As many as one-third to one-half of all children with ADHD—mostly boys—have another condition, known as oppositional defiant disorder (ODD). These children are often defiant, stubborn, non-compliant, have outbursts of temper, or become contentious. They argue with adults and refuse to obey.

## CONDUCT DISORDER

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About 20 to 40 percent of ADHD children may eventually develop conduct disorder (CD), a more serious pattern of anti-social behavior. These children frequently lie or steal, fight with

or bully others, and are at a real risk of getting into trouble. These children or teens need immediate help.

Of course, not all children with ADHD have an additional disorder. Nor do all people with learning disabilities, Tourette syndrome, oppositional defiant disorder, conduct disorder, anxiety, or depression have ADHD. When they do occur together, the combination of problems can seriously complicate a person's life. For this reason, it is important to watch for other disorders in children who have ADHD.

## *The Treatment of ADHD*



Every family wants to determine what treatment will be most effective for their child. This question needs to be answered by each family in consultation with their health care professional. Health care providers will often recommend medication management, behavioral treatment, or in most cases a combination of both. Any good treatment plan will require close follow-up and monitoring, and your child's doctor may make adjustments along the way. Because it is important for parents to actively participate in their child's treatment plan, parent education is also considered an important part of ADHD management. The goal is to help your child learn to control his or her own behavior and to help families create an atmosphere in which this is most likely to happen.

ADHD is a real and potentially serious illness. Children with this disorder are sometimes expelled from school, have fewer friends, have lower self esteem and are more accident prone. Untreated, ADHD may cause difficulties that will last into adulthood.

## *Medication*



For decades, medications have been used to treat the symptoms of ADHD. Multiple research studies have shown that medication is the best treatment for the core symptoms of ADHD (inattention, hyperactivity and impulsivity).

The medications that seem to be the most effective are a class of drugs known as stimulants. There are two types of stimulants, one group includes, Concerta®, Focalin, Metadate, and Ritalin (made with the chemical methylphenidate) and the other includes Adderall®, and Dexedrine® (made with the chemical dextroamphetamine).

The stimulant drugs, when used with medical supervision, are usually considered quite safe. Stimulants do not make the child feel "high," although some children say they feel different or funny, such changes are usually very minor. Although some parents worry that their child may become addicted to the medication, to date there is no convincing evidence that stimulant medications, when used for treatment of ADHD, causes drug abuse or dependence and may in fact prevent it.

The stimulant drugs come in long and short-term forms. The newer sustained-release stimulants can be taken before school and are long-lasting so that the child does not need to go to the school nurse every day for a pill. Students in yeshiva need special attention as the day can be very long. The doctor can discuss with the parents how to best accommodate the child's needs.

If the child does not show symptom improvement after taking a medication for a week, the doctor may try adjusting the dosage. If there is still no improvement, the child may be switched to another medication. About one out of ten children is not helped by a stimulant medication. Other types of medication may be used if stimulants do not work or if the ADHD occurs with another disorder. Some of these include a group of medications used to treat depression (e.g. Wellbutrin®, Effexor®) and another group whose initial use was to control high blood pressure (Tenex® and Catapres®).

The newest medication approved for ADHD by the FDA, atomoxetine (Strattera®), has been tested in controlled studies in both children and adults and has been found to be somewhat effective. Strattera is not a stimulant medication but works through a different mechanism.

Some people get better results from one medication, some from another. It is important to work with the prescribing physician to find the right medication and the right dosage. For many people, the stimulants dramatically reduce their hyperactivity and impulsivity and improve their ability to focus, work, and learn. The medications may also improve physical coordination, such as that needed in handwriting and in sports.



## *Side Effects of Medications*

Most side effects of stimulant medications are minor and are usually related to the dosage of the medication being taken. Higher doses may produce more side effects. The most common side effects are decreased appetite, insomnia, mild stomachaches or headaches. Rarely, they may increase anxiety and/or irritability.

If the child has difficulty falling asleep, several options may be tried—a lower dosage of the stimulant, giving the stimulant earlier in the day, discontinuing the afternoon or evening dosage, or giving an adjunct medication such as a low-dosage antidepressant or clonidine. A few children develop tics during treatment. These can often be lessened by changing the medication dosage. Very few children cannot tolerate any stimulant, no matter how low the dosage. In such cases, the child is often switched to a different class of medication.

## *The Importance of Therapy*



When a child's schoolwork and behavior improve soon after starting medication, the child, parents, and teachers tend to applaud the drug for causing the sudden changes. Unfortunately, when people see such immediate improvement, they often think medication is all that is needed. It is important to remember that medications do not cure ADHD; they only control the symptoms on the day they are taken. Although the medications help the child pay better attention and complete schoolwork, they cannot increase knowledge or improve academic skills. The medications help the child to use those skills he or she already possesses. Behavioral therapy, emotional counseling, and practical support will help ADHD children cope with everyday problems and feel better about themselves.

## *Behavioral Therapy*



### **BEHAVIORAL THERAPY ATTEMPTS TO CHANGE BEHAVIOR PATTERNS BY:**

- ☞ reorganizing your child's home and school environment
- ☞ giving clear directions and commands
- ☞ setting up a system of consistent rewards for appropriate behaviors and negative consequences for inappropriate ones

Here are some examples of behavioral strategies that may help a child with ADHD:

- ☞ Create a routine. Try to follow the same schedule every day, from wake-up time to bedtime. Post the schedule in a prominent place, so your child can see where he or she is expected to be throughout the day and when it is time for homework, play, and chores.
- ☞ Help your child organize. Put schoolbags, clothing, and toys in the same place every day so your child will be less likely to lose them.
- ☞ Avoid distractions. Go into a quiet room, especially when your child is doing homework.

- ☞ Limit choices. Offer your child a choice between two things (this outfit, meal, toy, etc., or that one) so that he or she is not overwhelmed and over stimulated.
- ☞ Change your interactions with your child. Instead of long-winded explanations and coaxing, use clear, brief directions to remind your child of his or her responsibilities.
- ☞ Use goals and rewards. Use a chart to list goals and track positive behaviors, then reward your child's efforts. Be sure the goals are realistic (think baby steps rather than overnight success). Remember to be completely consistent with both the rewards and consequences.
- ☞ Add variety. By adding variety, your child will be interested in maintaining good behavior. Rules should remain the same but changing the delivery can help to keep it fresh.
- ☞ Discipline effectively. Instead of getting frustrated, use timeouts or removal of privileges as consequences for inappropriate behavior. Younger children may simply need to be distracted or ignored until they display better behavior.
- ☞ Recognize every win. Review your child's progress regularly and focus on encouraging positive behavior. Physical affection, praise and encouragement of the child's efforts will help build self-esteem, while motivating him to be well behaved.
- ☞ Help your child discover a talent. All kids need to experience success to feel good about themselves. Finding out what your child does well - whether it is sports, art, music, culinary skills, sewing, safrus, first aid, swimming, or extra curricular activities can boost social skills and self-esteem.

In addition to using routines and a clear system of rewards, here are some examples of behavioral strategies that may help a child with ADHD in school:

- ☞ Give positive reinforcement. Always be on the lookout for positive behaviors. The teacher should offer praise when the

child stays seated, does not call out, or waits his or her turn, instead of criticizing when he or she does not.

- ☞ Be preventive. Attempt to stop disruptive behavior before it begins through use of predetermined hand signal to cue student to calm down, pay attention or stop calling out.
- ☞ Reduce seating distractions. Lessening distractions might be as simple as seating the child near the teacher instead of by the window.
- ☞ Direct Contact. Use the child's name and frequently establish eye contact.
- ☞ Break down assignments. Keep instructions clear and brief, breaking down larger tasks into smaller, more manageable pieces.
- ☞ Teach good study skills. Underlining, note taking, and reading out-loud can help the child stay focused and retain information.
- ☞ Use a homework folder for parent-teacher communications. The teacher can include assignments and progress notes, and the parents can check to make sure all work is completed on time.
- ☞ Supervise. Check that the child goes and comes from school with the correct books and materials. Ask that the child be paired with a buddy who can help him or her stay on task.
- ☞ Be sensitive to self-esteem issues. The teacher should provide feedback to the child in private, and avoid asking him/her to perform a task in public that might be too difficult.
- ☞ Involve a school counselor. He or she can help design behavioral programs to address specific problems in the classroom.

## NON PROVEN TREATMENTS

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There are many other so called treatments that have been touted but have not been tested or proven to be effective in ADHD. They include things like biofeedback, elimination diets, mineral and vitamin supplements and vision training.

## *The Family and the ADHD Child*



Medication can help the ADHD child in everyday life. He or she may be better able to control some of the behavior problems that have led to trouble with parents and siblings. Sometimes, it takes time to undo the frustration, blame, and anger that may have gone on for so long. Both parents and children may need special help to develop techniques for managing the patterns of behavior. In such cases, mental health professionals can counsel the child and the family, helping them to develop new skills, attitudes, and ways of relating to each other. In individual counseling, the therapist helps children with ADHD learn to feel better about themselves. The therapist can also help them to identify and build on their strengths, cope with daily problems, and control their attention and aggression. Sometimes only the child with ADHD needs counseling support. However, in many cases, because the problem affects the family as a whole, the entire family may need help. The therapist assists the family in finding better ways to handle the disruptive behaviors and promote change. If the child is young, most of the therapist's work is with the parents, teaching them techniques for coping with and improving their child's behavior.

## *Your ADHD Child and School*



You are your child's best advocate. To be a good advocate for your child, learn as much as you can about ADHD and how it affects your child at home, in school, and in social situations. When implementing a behavioral system in school, parents should take caution that the bulk of the work does not become the responsibility of the teacher. The system should be closely monitored by the parents or a mental health professional who should be in constant contact with the child's teacher.

If your child has shown symptoms of ADHD from an early age and has been evaluated, diagnosed, and treated with either behavior modification, medication, or a combination of both, when your child enters the school system, let his or her teachers know. They will be better prepared to help the child come into this new world away from home.

If your child enters school and experiences difficulties that lead you to suspect that he or she has ADHD, you can either seek the services of an outside professional or you can ask the local school district to conduct an evaluation. Some parents prefer to go

to a professional of their own choice. If you feel that your child has ADHD and is not learning in school as he or she should, you should find out just who in the school system you should contact. The earlier the diagnosis and intervention the easier it is to succeed with the child.

Never forget the fundamental rule—you are your child's best advocate.

## *Attention Deficit Hyperactivity Disorder in Adults*



**A**ttention Deficit Hyperactivity Disorder is a highly publicized childhood disorder. What is much less well known is the probability that, of children who have ADHD, many will still have it as adults. Several studies done in recent years estimate that between 30 percent and 50 percent of children with ADHD continue to exhibit symptoms in the adult years.

Typically, adults with ADHD are unaware that they have this disorder—they often just feel that it's impossible to get organized, to stick to a job or to keep an appointment. The everyday tasks of getting up, getting dressed and ready for the day's work, getting to work on time, and being productive on the job can be major challenges for the ADHD adult.

## *Diagnosing ADHD in an Adult*



**D**iagnosing an adult with ADHD is not easy. Many times, when a child is diagnosed with the disorder, a parent will recognize that he or she has many of the same symptoms the child has and for the first time, will begin to understand some of the traits that have given him or her trouble for years—distractibility, impulsivity, restlessness. Other adults will seek professional help for depression or anxiety and will find out that the root cause of some of their emotional problems is ADHD. They may have a history of school failures, problems at work, and difficulties with their spouse. They may have been involved in frequent automobile accidents.

To be diagnosed with ADHD, an adult must have childhood-onset, persistent, and current symptoms. The accuracy of the diagnosis of adult ADHD is of utmost importance and should be made by a clinician with expertise in the area of attention dysfunction. For an accurate diagnosis, a history of the patient's childhood behavior, together with an interview with his or her spouse, a parent, close friend, or a close associate will be needed. A physical

examination and psychological tests may also be needed. Co-morbidity with other conditions may exist such as specific learning disabilities, anxiety, or depression.

A correct diagnosis of ADHD can bring a sense of relief. The individual has brought into adulthood many negative perceptions of himself that may have led to low self-esteem. Now he can begin to understand why he has some of his problems and can begin to face them. This may mean, not only treatment for ADHD but also psychotherapy.

## Treatment of ADHD in an Adult



### MEDICATIONS

As with children, if adults take a medication for ADHD, they often start with a stimulant medication. Stimulant medications are effective in improving attention and concentration, and in reducing impulsivity for adults with ADHD. Stimulants are usually well tolerated and are associated with only mild side effects. Antidepressants are considered a second choice for treatment of adults with ADHD.

In prescribing for an adult, special considerations are made. A medication may have a longer “half-life” in an adult. The adult may take other medications for physical problems such as diabetes or high blood pressure. Occasionally the adult is also taking a medication for anxiety or depression. All of these variables must be taken into account before a medication is prescribed.

### EDUCATION AND PSYCHOTHERAPY

Adults with ADHD benefit considerably from direct education about the disorder. They can use information about their

deficits to develop compensatory strategies. Planning and organization can be improved by encouraging patients to make lists and use computerized schedules. Placing a large calendar with important dates and deadlines in a central location in the home or workplace is a valuable memory aid. Ways to reduce distractions may include having a clutter-free desk or a windowless office. ADHD adults may benefit from going to work early to accomplish tasks before coworkers arrive and phones begin ringing. Most adults are aware of their “personal clock” and know their prime times for completing intellectually demanding tasks. Task completion can be improved by systematically breaking down large projects into manageable “chunks,” each with its own deadline.

Psychotherapy can be a useful adjunct to medication and education. First, just remembering to keep an appointment with the therapist is a step toward keeping to a routine. Therapy can help change a long-standing poor self-image by examining the experiences that produced it. The therapist can encourage the ADHD patient to adjust to changes brought into his life by treatment—the perceived loss of impulsivity and love of risk-taking, the new sensation of thinking before acting. As the patient begins to have small successes in his new ability to bring organization out of the complexities of his or her life, he or she can begin to appreciate the characteristics of ADHD that are positive—boundless energy, warmth, and enthusiasm.

**W***ith the right help and support ADHD can be managed. There have been tremendous strides made in the treatment of ADHD allowing people to live better and more successful lives. Remember, you are not alone. There is a lot of support and guidance to assist you on this journey.*

*Call Relief at 718.431.9501 to get the help and encouragement you need.*

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