

WHAT ELSE COULD PRESENT AS ADHD?

It is important to recognize that ADHD symptoms may be present in other conditions, or similarly other medical or social conditions can present as ADHD symptoms.

All children suspected of having ADHD would need to first be screened medically for common things like hearing or visual problems, learning disabilities or co-existing medical conditions like epilepsy. Adults also need to have a screen for other common conditions that may look just like ADHD. This includes anxiety or mood conditions, substance use disorders or sleep disorders. ADHD symptoms may also present in the context of poor nutritional or poor social conditions.

HOW DO YOU TREAT ADHD?

ADHD is not treated by a single modality alone. The most prevalent or common form of treatment is with medication – i.e. Stimulant or non-stimulant approved treatments. However, ADHD also needs to be treated by concurrent psychological modalities such as behavioural or cognitive therapies, and treatment of other co-existing conditions like learning problems. While the mainstay of the treatment would include pharmacological (medical) and non-medical treatments, ADHD also responds to modifications in the environment. These include structured routines, schedules and predictable timetables for children and adults alike. Ordered and planned activities in the school, home and work environment help provide such routine and structure and are very effective in helping with ADHD.

WHAT ABOUT ALTERNATIVE TREATMENTS TO MEDICATION?

If ADHD is not severely impairing cognitive and behavioural functions, psychological treatments alone may have a good response. Dietary modifications assist with nutritional deficits, and sleep routines and structure also help with attention and focus. However, there is not sufficient evidence to suggest that severely restrictive or elimination type diets are helpful or even as effective in managing ADHD as the mainstay of medication or psychological interventions.

Neurofeedback is also a new treatment modality but evidence does not show promise for preference of this treatment when compared with mainstay treatments in severe or impairing ADHD.

Please Note: This is an educational information leaflet only and should not be used for diagnosis. For more information on ADHD, consult your healthcare professional.

References: 1. Thapar, A., Cooper, M., Eyre, O., & Langley, K. (2013). Practitioner review: what have we learnt about the causes of ADHD?. *Journal of Child Psychology and Psychiatry*, 54(1), 3-16. 2. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.) 3. Vaughan, B. S., March, J. S., & Kratochvil, C. J. (2012). The evidence-based pharmacological treatment of paediatric ADHD. *The International Journal of Neuropsychopharmacology*, 15(1), 27-39. 4. Catalá-López, F., Hutton, B., Núñez-Beltrán, A., Page, M. J., Ridao, M., Macías Saint-Gerons, D., ... & Moher, D. (2017). The pharmacological and non-pharmacological treatment of attention deficit hyperactivity disorder in children and adolescents: a systematic review with network meta-analyses of randomised trials. *PLoS one*, 12(7), e0180355. 5. Hodgson, K., Hutchinson, A. D., & Denson, L. (2014). Nonpharmacological treatments for ADHD: a meta-analytic review. *Journal of attention disorders*, 18(4), 275-282. 6. Holtmann, M., Pniewski, B., Wachtlin, D., Wörz, S., & Strehl, U. (2014). Neurofeedback in children with attention-deficit/hyperactivity disorder (ADHD)—a controlled multicenter study of a non-pharmacological treatment approach. *BMC pediatrics*, 14(1), 1-11.



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ADHD

WHAT IS ADHD?

- ADHD is a Neurodevelopmental disorder which means it is present usually from a young age and affects various areas of development across a lifespan.
- It is the most commonly diagnosed behavioural disorder of childhood (1 in 20 worldwide) and it is usually more common in male children than female children.
- It is an extremely hereditary condition and can present at any age, most often in childhood, but often missed and only presents later in Adulthood.

The important thing to remember is that ADHD is defined as having a persistent pattern of

- inattention and/or
 - hyperactivity-impulsivity
- that interferes with
- functioning or
 - development

This means that while many people may complain of feeling restless, with poor concentration and show patterns of inattention or hyperactivity, unless it actually impairs their functioning, ADHD may go undiagnosed or may not need treatment. ADHD usually presents with symptoms before the age of 12, and these generally affect functioning in more than one setting i.e. in the home and at school or work.

WHAT CAUSES ADHD?

The cause of ADHD remains largely unknown but research suggests that there is a neurobiological reason for the condition (i.e. related to the structure, neurotransmitters and the functioning of certain areas of the brain).

Although environmental and social factors may influence the severity of the condition, they do not cause the condition.

WHAT ARE THE SYMPTOMS?

- Symptoms vary according to age and developmental stages.

Inattention

- Disorganisation
- Lack of focus, having trouble staying on topic
- Difficulty giving attention to details
- Forgetful and easily distracted
- Poor planning
- Forgets details

Hyperactivity

- In children: runs around, moves constantly, has trouble sitting in one place or doing one activity
- Restless, difficulty staying still for long periods of time
- Fidgety

Impulsivity

- In children: blurts out answers, doesn't wait for their turn
- Impatience
- Has a hard time listening to others without interruption
- Often acts without considering consequences
- Poor decision making, reckless, poor self-control

HOW IS ADHD DIAGNOSED?

ADHD is a clinical diagnosis, meaning that it is made by a clinician who looks at the symptoms presenting, the degree of dysfunction and the setting in which it occurs.

Diagnosis is supported by evidence collected from the different settings, validated screening tools and functional assessments (either psychological or occupational) depending on the age of presentation.

WHY IS ADHD MORE PREVALENT TODAY?

- There is more improved recognition by physicians, and people with symptoms seek help sooner than used to happen in the past.
- There is an easing of standards for making the diagnosis according to the Diagnostic manuals in Psychiatry, enabling an easier diagnosis than was previously possible.
- There has also been an increased awareness by the public and media of the existence of ADHD.
- Often the increased scholastic demands and changing parental habits result in more children displaying symptoms.

