

FACT SHEET ON ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD/ADD)

Important Disclaimer- Please Read This : The following information is not intended to provide any type of professional advice nor diagnostic service. If you have any concerns about AD/HD or other health issues, please consult a qualified health care professional in your community.

IS IT ADD? OR ADHD? WHAT'S THE DIFFERENCE?

The difference is mainly one of terminology, which can be confusing at times. The "official" clinical diagnosis is Attention Deficit Hyperactivity Disorder, or AD/HD. In turn, AD/HD is broken down into three different subtypes: Combined Type, Predominantly Inattentive Type, and Predominantly Hyperactive-Impulsive Type.

Many people use the term ADD as a generic term for all types of AD/HD. The term ADD has gained popularity among the general public, in the media, and is even commonly used among professionals. Whether we call it ADD or AD/HD, however, we are all basically referring to the same thing.

WHO HAS AD/HD:

According to epidemiological data, approximately 4% to 6% of the U.S. population has ADHD.

ADHD usually persists throughout a person's lifetime. It is NOT limited to children. Approximately one-half to two-thirds of children with ADHD will continue to have significant problems with ADHD symptoms and behaviors as adults, which impacts their lives on the job, within the family, and in social relationships.

DEFINITION OF AD/HD:

AD/HD is a diagnosis applied to children and adults who consistently display certain characteristic behaviors over a period of time. The most common core features include:

- distractibility (poor sustained attention to tasks)
- impulsivity (impaired impulse control and delay of gratification)
- hyperactivity (excessive activity and physical restlessness)

In order to meet diagnostic criteria, these behaviors must be excessive, long-term, and pervasive. The behaviors must appear before age 7, and continue for at least 6 months. A crucial consideration is that the behaviors must create a real handicap in at least two areas of a person's life, such as school, home, work, or social settings. These criteria set ADHD apart from the "normal" distractibility and impulsive behavior of childhood, or the effects of the hectic and overstressed lifestyle prevalent in our society.

According to the DSM-IV (the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) some common symptoms of ADHD include: often fails to give close attention to details or makes careless mistakes; often has difficulty sustaining attention to tasks; often does not seem to listen when spoken to directly; often fails to follow instructions carefully and completely; losing or forgetting important things; feeling restless, often fidgeting with hands or feet, or squirming; running or climbing excessively; often talks excessively; often blurts out answers before hearing the whole question; often has difficulty awaiting turn.

Please keep in mind that the exact nature and severity of AD/HD symptoms varies from person to person. Approximately one-third of people with AD/HD do not have the hyperactive or overactive behavior component, for example.

WHAT THE RESEARCH SHOWS ABOUT AD/HD:

ADHD is **NOT** caused by poor parenting, family problems, poor teachers or schools, too much TV, food allergies, or excess sugar. One early theory was that attention disorders were caused by minor head injuries or damage to the brain, and thus for many years ADHD was called "minimal brain damage" or "minimal brain dysfunction." The vast majority of people with ADHD have no history of head injury or evidence of brain damage, however. Another theory, which is still heard in the media, is that refined sugar and food additives make children hyperactive and inattentive. Scientists at the National Institutes of Health (NIH) concluded that this may apply to only about 5 percent of children with ADHD, mostly either very young children or children with food allergies.

ADHD **IS** very likely caused by biological factors which influence neurotransmitter activity in certain parts of the brain, and which have a strong genetic basis. Studies at NIMH using a PET (positron emission tomography) scanner to observe the brain at work have shown a link between a person's ability to pay continued attention and the level of activity in the brain. Specifically researchers measured the level of glucose used by the areas of the brain that inhibit impulses and control attention. In people with AD/HD, the brain areas that control attention used less glucose, indicating that they were less active. It appears from this research that a lower level of activity in some parts of the brain may cause inattention and other AD/HD symptoms.

There is a great deal of evidence that AD/HD runs in families, which is suggestive of genetic factors. If one person in a family is diagnosed with AD/HD, there is a 25% to 35% probability that any other family member also has AD/HD, compared to a 4% to 6% probability for someone in the general population.

TREATMENT OF AD/HD:

Clinical experience has shown that the most effective treatment for ADHD is a combination of medication (when necessary), therapy or counseling to learn coping skills and adaptive behaviors, and ADD coaching for adults.

Medication is often used to help normalize brain activity, as prescribed by a physician. Stimulant medications (Ritalin, Dexedrine, Adderall) are commonly used because they have been shown to be most effective for most people with ADHD. However, many other medications may also be used at the discretion of the physician.

Behavior therapy and cognitive therapy are often helpful to modify certain behaviors and to deal with the emotional effects of AD/HD. Many adults also benefit from working with an AD/HD coach to help manage problem behaviors and develop coping skills, such as improving organizational skills and improving productivity.

ADHD is recognized as a disability under federal legislation (the Rehabilitation Act of 1973; the Americans With Disabilities Act; and the Individuals With Disabilities Education Act). Appropriate and reasonable accommodations are sometimes made at school for children with ADHD, and in the workplace for adults with ADHD, which help the individual to work more efficiently and productively.

FOR MORE INFORMATION : E-mail DrJaksa@aol.com
(c) 1998, Peter Jaksa, Ph.D.