

ADHD: Understanding Children's Needs

Geoff Kewley, Consultant Paediatrician at the Learning Assessment and Neurocare Centre in West Sussex suggests that myth, prejudice and a poor understanding of the true nature of Attention Deficit Hyperactivity Disorder, means many children in the UK are not getting the treatment and support they need.

As awareness and understanding of Attention Deficit Hyperactivity Disorder (ADHD) increases, it is important for professionals involved in children's education and mental health to have a factual understanding of this of this common medical condition. Copious myth and misinformation about the existence and management of ADHD have served to confuse, and to encourage trite and simplistic explanation or scepticism about this distressing condition.

Long-held psychoanalytic beliefs, and the psychosocial basis on which much of British psychology, psychiatry and social services development has historically been based, are threatened by the existence of ADHD as a medical condition of brain dysfunction which is responsible for a proportion of children's mental health problems. Moreover, academic debate about the validity of ADHD, which ignores the reality of suffering from, or living with, the actual symptoms, has further complicated matters.

The symptoms of ADHD primarily present to therapists as behaviour and educational difficulties, which belies the fact that the problems have medical cause. Symptoms of excessive inattentiveness and/or impulsiveness and/or hyperactivity, which are more severe than is appropriate to the child's developmental level and which are causing significant problems in everyday life, are essential to a diagnosis of ADHD.

ADHD challenges basic assumptions about parenting and recognises that having a child who is excessively impulsive, hyperactive and/or inattentive, and who may also have associated complications, places a major stress on any parent's ability to be effective. Professionals working with children need to understand that significant difficulties in such families invariably result from, rather than are the cause of the child's problems.

Identification

ADHD is a common but complex medical condition which is characterised by excessive inattentiveness, impulsiveness, and/or hyperactivity which significantly interferes with everyday life, is present in two settings, and for which there is no other reason.

The continuing presence of symptoms is essential for diagnosis. The condition manifests itself in many ways. In fact, hyperactivity is just one possible feature of the disorder and is often the least of a

child's problems. For example, some children may be only inattentive; others may be persistently hyperactive; while for some, hyperactivity will lessen with time. The wide range of possible presentations can be confusing which may mask or overshadow the underlying core symptoms and worsen with time.

Research shows that ADHD is a genetic, inherited condition which can be effectively managed. Studies of twins suggest an exceptionally high concordance, and genetic studies show a likely polygenetic basis for inheritance, and evidence of brain dysfunction has been found in cerebral imaging studies. Left untreated, the disorder can interfere significantly with educational and social development and predispose to psychiatric and other difficulties.

Psychoanalytical approaches support a societal belief that poor parental discipline causes most children's behaviour problems. Such approaches generally ignore a biological basis to some people's difficulties with self control, concentration and hyperactivity. Widespread ignorance exists about ADHD and the need for, and aim of, medication as a component of treatment. Trite and simplistic explanations for the symptoms of the disorder are perpetuated, encouraging the view that merely naughty children are being diagnosed to absolve parental responsibility.

British child care professionals have traditionally used the more restrictive World Health Organisation and ICD 10 term "hyperkinesis" which means, severe, persistent hyperactivity. Many people wrongly believe ADHD is the less severe form of hyperkinesis. The DSM IV criteria of the American Psychiatric Association provide a broader, more realistic concept and include all possible manifestations of the disorder. Reliance on hyperkinesis as a benchmark of diagnosis excludes many children displaying other manifestations of ADHD.

Complications

ADHD is very variable and can be inconsistent in its presentation. Rather than there just being one discrete condition, ADHD is often found together with a number of other conditions, such as Asperger's Syndrome or dyslexia, with which the symptoms overlap. In fact, if a child has ADHD, he or she is more likely to have other co-existing or complication conditions, such as excessively oppositionality and conduct disorder, anxiety and depression, learning difficulties, obsessions, co-ordination and speech and language difficulties.

At least 60-70 percent of children diagnosed with ADHD also have one or more co-existing conditions; the later the diagnosis, the more likely these are to occur. Many children who have been suspended or expelled, or who are in schools for children with emotional and behavioural difficulties, have ADHD with many co-existing problems.

These co-existing conditions frequently mask or camouflage the underlying ADHD and can make recognition and accurate diagnosis more difficult. Over the past 7 to 10 years, there has been increasing acknowledgement of the concept of comorbidity or co-existence of conditions. Thus, children whose problems previously would have defied diagnosis can now be effectively assessed and managed. Far from merely labelling a child, this provides a means for appropriate management.