

ATTENTION PROBLEMS IN CHILDREN & ADOLESCENTS



Attention problems in children cause more concern for parents, teachers, and mental health professionals than almost any other childhood psychiatric disorder.

Children can seem to not 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 behaviour gets them into trouble at home, at school, and in the neighbourhood. 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 (ADHD).

Children with ADHD 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

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

- can't sit still for any length of time
- regularly have problems paying attention
- never seem to listen when spoken to
- are careless and disorganized
- don't finish projects/schoolwork

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 (ADHD) 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 ADHD 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 ADHD 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 ADHD display a combination of hyperactivity, impulsive behaviour, and inattention.

How common are attention problems?

About 5% of school children have ADHD. More boys than girls have the condition.

How long do they last?

Most children with ADHD will still have symptoms when they are in high school. About half of those teens will still have symptoms as adults.

What causes attention problems?

Studies of twins have shown that there is likely a genetic basis for ADHD. Genes that actually cause the disorder have yet to be identified, although many possibilities have been proposed.

ADHD does tend to run in families: about 25% of parents whose children have ADHD also have, or have had, ADHD or another condition such as depression.

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 may also daydream and 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 ADHD, 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 ADHD is usually made based on the health professional's own observations as well as reports from parents, teachers, and others who know the child.

What treatments are effective?

Research has shown that the best treatment for ADHD symptoms is stimulant medications, such as methylphenidate and mixed amphetamine salts. Non-stimulant medications, such as atomoxetine, clonidine, and guanfacine can also be used, but are less effective.

Parent training programs that teach ways of managing child behaviour and the social and family problems associated with ADHD are also helpful.

Asking for accommodations at school that take the child's condition into consideration can help her/him to better learn both academic and social skills.

Helping the child learn skills to deal with their symptoms and improve their self-esteem is very important, and helps the child cope better at home, school, and the community.

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

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

OTHER RESOURCES:

More resources are available at offordcentre.com.

Please visit offordcentre.com/research/knowledge/resources for websites and books on this topic.



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