

## **ADD (ATTENTION DEFICIT DISORDER)**

ADD, a behavioral problem, is a condition characterized by an attention span that is less than usual for a child of that age group. These children have trouble controlling their behavior. When a short attention span (*attention deficit*) is present with hyperactivity, it is known as *Attention Deficit Hyperactivity Disorder*, or *ADHD*. Children with ADHD are overactive and may act impulsively; again, in relation to others of their age group. Although many children may display similar behaviors occasionally, a child with ADD displays these behaviors routinely. The disorder is present in 3-5% of all children. Males are affected ten times more often than females. It presents a real challenge to parents, teachers, and doctors, as well as the child himself. The cause is unknown. Although not completely understood, ADD may be related to infant prematurity, smoking or alcohol use by the mother during pregnancy, head injury, or a chemical imbalance in the body. It has been shown that it occurs more often in children with a parent who also had ADD. There are no known methods of prevention. Fortunately effective treatment is available for controlling or reducing symptoms.

### **Symptoms *may* include:**

#### *Attention deficit:*

- Easily distracted and unable to pay attention, maintain attention, or listen for age-appropriate length of time
- Difficulty grasping details or following more than one instruction at a time
- Difficulty organizing or completing tasks

#### *Hyperactivity:*

- Moves and squirms constantly
- Wanders from seat
- Talks excessively or out of turn, interrupts others
- Unable to wait for a turn
- Engages in risky activity without considering the consequences to his own personal safety

#### *Other symptoms:*

- Sleeping difficulties
- Socially immature; may have few friends
- Delayed in intellectual developmental milestones or other learning disabilities
- If not hyperactive, may be sluggish or unmotivated
- Signs and symptoms usually appear between ages 3-7 although diagnosis is not often made until the school years, typically age 8-10. The structured environment of school is very challenging for these children.

### **What *your doctor* can do:**

- Complete a thorough assessment of family and personal history. You are likely to complete one or more questionnaires
- Administer or arrange for a full clinical evaluation of physical, nutritional, mental, behavioral, and psychosocial areas
- Communicate with school teachers, counselors and others who interact with your child.
- Rule out other conditions, physical or emotional, before making a diagnosis of ADD.
- Assess the need and arrange services for various therapies that may be helpful.
- Prescribe medications to reduce or control symptoms. It generally takes time to find the right combination of medications for your child.

### **What *you* can do:**

- Reward your child when he completes assigned tasks. Avoid giving attention only when your child has done something wrong

- Maintain a regular daily schedule for your child including meal times, play time, bedtime, and school. If your child is hyperactive, schedule some quiet time every day. Avoid situations where your child may become overly excited (crowdy areas with lots of noise).
- Work closely with your doctor, school teachers and counselors to find the best methods for helping and treating your child.
- Consider placement in a school better suited for ADD, which may include a modified environment to limit distractions. This may include smaller group settings than the normal schoolroom.

**What you can expect:**

- With treatment, most children can achieve normal relationships and improve their school performance.
- Complications may include low self-esteem, continued difficulties in school and relationships; this can lead to school failure, delinquency, and other problems.

**Contact your doctor** if your child demonstrates signs and symptoms of ADD or ADHD.