

What is ADHD?

I'VE BEEN AT THIS 18 YEARS AND I'M STILL NOT SURE!

You're telling me that my kid has ADHD. What the heck is that??

It is relatively easy to describe what ADHD looks like. There is good agreement on that point.

A much harder question is: what is it?

- A disease?
- A disorder?
- A chemical imbalance?
- A behaviour problem?

Full disclosure: I will not be answering that question.

After 18 years of clinical practice, I still do not find any of these terms to be satisfying:

A disease? These patients are not sick!

A disorder? The very traits that cause problems when young can be seen as strengths as one gets older (if they are channeled properly)

A chemical imbalance? All behaviour is chemical. One can state that any behaviour that is not to your liking is due to an “imbalance”. True to some extent, but not a terribly helpful concept.

Behaviour? ADHD is strongly inherited. It is in your genes. It is not something that you pick up due to poor parenting or moral weakness

What I settle for.

I think of ADHD as “a way of being”. It can be a functional way of being: many high achievers have some degree of ADHD.

Unfortunately, it can be non-functional in certain circumstances. In particular, school can be a setting where the ADHD characteristics often do not fit in well.

How is ADHD diagnosed?

Here we start moving onto firmer ground.

ADHD is diagnosed based on 18 well recognized criteria.

9 describe inattentive behaviours, with the other 9 describing hyperactive/impulsive behaviours.

The criteria themselves are available all over the internet. I have posted them on our website along with this presentation.

◦ www.ckcac.ca

Diagnosis

Unfortunately, all of the criteria are very subjective. In other words, they depend on your point of view.

For example, one of the criteria is: “often talks excessively”. What constitutes excessive???

What I think is excessive may be quite different from what you think is excessive, and both may be quite different than what the teacher thinks.

Diagnosis

Families often say that they want their child “tested” for ADHD.

Unfortunately, diagnosis is based on 18 criteria, most of which are laughably subjective. I am vaguely embarrassed when I tell them that this is the “test”.

No blood tests, imaging tests, or computer tests are helpful in making the diagnosis.

We would all like something more concrete, but nothing exists.

I often say that “diagnosis” is too grand a word for what we are doing. I prefer an “educated opinion” based on all available information.

What does ADHD look like?

ADHD comes in three “flavours”.

The most common is the combined type. Most boys (and many girls) fall into this group.

These are the “typical” ADHD kids: they can’t sit still, they are always fidgeting, they talk and shout out, they can’t focus on quiet activities, they are disorganized and constantly losing things.

They generally are not difficult to spot!

Types of ADHD

The second group, less common but not rare, is the purely inattentive group. This is more common among girls, although boys can also carry this diagnosis.

These individuals are not at all hyper or impulsive. In fact, they can be quite quiet.

These cases are much more likely to be missed, as the children are not causing trouble.

The patients quietly “smell the roses” while others are completing the tasks at hand.

Types of ADHD

There are a few individuals with adequate focus but high levels of impulsivity/hyperactivity.

This is the least common subtype of ADHD.

People sometimes ask about ADHD vs. ADD. The current terminology is ADHD (combined type), ADHD (inattentive type), and ADHD (hyperactive/impulsive type).

Why is my child like this?

Although there are few clear answers, there has been a great deal of research done looking at the genetics and physiology of ADHD.

It is highly inherited. Just as a tall person is likely (but not guaranteed) to have a tall offspring, an ADHD parent is likely (but not guaranteed) to have an ADHD child. It is clearly more than simple environment or parenting practices.

A number of genes have been identified that seem to play some role in the development of ADHD characteristics. Some of them appear to affect brain chemicals (neurotransmitters)

Also, there appear to be very subtle differences in the structure of the front part of the brain of ADHD individuals compared with non-ADHD individuals. Unfortunately, there are still no genetic or imaging tests that help with diagnosis. All this work is very preliminary.

How common is it?

There is some variation in the frequency of ADHD depending on where you are looking. Part of this is no doubt due to over and under diagnosis.

A rate of 6% is found in a variety of different settings in many different countries in North America and Europe.

Rates tend to run a bit higher in the United States. They report approximately 10%, although there is a fairly marked variation from state to state.

Do all inattentive children have ADHD?

There are many reasons why a child might not pay attention in class

Certainly ADHD is a common reason.

Some children may not pay attention because they are struggling with the academics and the expectations of the class. All of us have trouble focusing when we do not know what is going on!

Some children may not pay attention because they are worried about something at home or in the playground.

Some children may not pay attention because they are depressed or anxious.

Some children may not pay attention because they cannot see or hear.

The Assessment

When assessing for ADHD, it is important to look carefully at the ADHD criteria

It is equally important to look for other reasons why a child may be struggling

Unfortunately, many children do not present with only one problem. We will be having an entire lecture on other conditions which often are found at the same time as ADHD.

That being said, an assessment for ADHD must include consideration of possible academic/learning problems, home/psychosocial problems, mood problems, and other medical problems.

An example:

Everyone agrees that Skyler is struggling at school. He is always fiddling around in his desk. He rarely finishes his work. When the teacher asks him what he is supposed to be doing, he often does not know. He tends to get upset in class, and frequently acts out.

On the other hand, at home Skyler enjoys drawing pictures and playing board games. He likes setting up his army men in elaborate formation.

Does Skyler have ADHD?

Skyler

Skyler appears to have ADHD at school but not at home.

This is not the way ADHD works! One of the criteria for ADHD is that it must be present in multiple settings.

Skyler can focus on a variety of activities, but cannot seem to focus at school.

One would have a very high index of suspicion for a learning problem in this case. Alternatively, one could imagine an unseen stressor at school (a bully?, an abuser?, might he be very hungry?, can he hear what is going on?)

In any of these cases, a pill is not going to be very helpful.

The Assessment (cont'd)

Given all of these possibilities, it is not surprising that an ADHD assessment is essentially an information gathering exercise.

We look for information from a couple of different sources (usually home and school).

We look at how the child functions in a variety of different settings, not just how they perform at school.

We look for red flags that may suggest academic problems, mood problems, or other conditions that might be confused with ADHD. This usually involves some checklists as well as a fairly lengthy interview.

Even with best efforts and extensive data collection, to some extent the "diagnosis" is based on opinion.

My child meets criteria for ADHD. Now what?

Establishing that a child is inattentive, hyperactive, and/or impulsive is just part of the battle. The next question is: is the child impaired?

If a child is functioning well academically and socially, gets along with his/her family, and feels good about themselves, it is very reasonable and perhaps even desirable to avoid aggressive treatment (i.e. the use of medication). Why would one want to use relatively powerful medications when there is no significant impairment?

Part of the assessment, therefore, is determining what impairment exists.

My child has ADHD

Although some individuals with ADHD function very nicely with no significant impairment, many individuals are substantially impaired by the condition.

It is a mistake to underestimate the negative effects of untreated ADHD on many individuals.

In the next talk in this series we will discuss treatment options.