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ADHD

A compact
guide for
parents



ADHD A compact guide for parents

Contents

ADHD is a reality not a myth	4
Background to ADHD	6
What is ADHD?	6
How common is ADHD?	8
Is ADHD my child's only problem?	8
What causes ADHD?	9
The role of the genes	9
The role of other factors	10
Diagnosis	12
Your family doctor	12
The specialist team	14
Treatment: What you should expect	16
Advice and support	16
Treatment options	16
Help with other problems	18
Treatment Expectations	19
Length of treatment	20
Dietary approaches	22
Other useful information	23
References	24

ADHD is a reality not a myth

ADHD is a well defined clinical condition. All the major medical authorities recognise it, including the World Health Organisation and the American Psychiatric Organisation.

Approximately 3-9% of children have it,^{1,2} which means roughly one or two children have the condition in a typical primary school class in the UK. The onset is in early childhood, but symptoms often persist into adolescent and adult life.³

ADHD responds to treatment. In the UK, the National Institute for Clinical Excellence (NICE) recommend that ADHD is treated.¹

Scientists know that there are important but often subtle differences between the brains of people with and without ADHD⁴ – both in their development and the way that they work. It's also becoming clearer that ADHD runs in families; genes as well as environments are probably important.⁴

Families are part of the treatment

ADHD is not caused by bad parenting. It's not the parents' fault if a child has ADHD, but in responding to the condition appropriately they can make a real difference to their child. If you're reading this document after seeking medical advice, you've already taken a major step towards helping your child.

There are many more things that parents and carers can do:

- Finding out as much as possible about ADHD and explaining it to other members of the family, other parents, teachers etc. ADHD is still widely misunderstood.



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- Bad parenting is not a cause of ADHD, but there are skills and techniques that you can learn that will help your child behave better and concentrate for longer.
 - Encourage your child to follow the treatment recommended by the doctors and other professionals. You know better than anyone that they need assistance to carry through a long-term plan.

This guide

To help improve the management of ADHD, a group of UK specialists (child psychiatrists and psychologists) have produced a set of guidelines.¹ These guidelines were written for the specialists who diagnose and manage ADHD and have been adapted to provide straightforward and user-friendly advice and information for parents and carers in the UK. Similar guides are also available for general practice teams and for teachers.

First we provide some background to the condition. This is followed by a discussion of the process of diagnosis and treatment with a special focus on the role of the parent or carer.

We hope that you find the guide useful.

Background to ADHD



- ADHD is a well defined clinical condition.
- ADHD is relatively common.
- ADHD tends to run in families, but probably results from a combination of factors.
- Children with ADHD often have other problems.

What is ADHD?

ADHD is a clearly defined clinical condition and not just a label for naughty or badly brought-up children.

Attention Deficit Hyperactivity Disorder (ADHD) is diagnosed when a child shows abnormally high levels of:

- **Inattention**⁵ (short attention span, easily distracted, doesn't finish things, disorganised, forgetful etc).

and/or:

- **Hyperactivity and impulsiveness**⁵ (fidgets, can't sit still, always on the go, talks too much, interrupts, can't wait their turn etc).





To qualify as true ADHD, these problems:

- Must be long-term (present for at least 6 months).⁵
- Must be abnormal for the age and stage of development of the child (what's normal in a 2-year-old is not normal in a 10-year-old).⁵
- Must have been present before the age of 12⁵ (although they are often noticed from very early on in a child's life and are nearly always seen before the age of 5 years).⁶ ADHD is part of the child's make-up and doesn't suddenly appear out of the blue.
- Must be genuinely disruptive to the child's everyday performance and well-being⁵ – mere naughtiness at home or not doing well at school is not enough.
- Must occur in more than one place,⁵ for example both at home and at school. Problems which are present just at home or just at school are likely to have other causes.

Some children only have problems with inattention and some (actually very few) only have problems with hyperactivity and impulsiveness, but many have a combination of both types of problem.⁵

The term "Hyperkinetic Disorder" is also sometimes used to describe those children with the most severe ADHD, where there are symptoms of inattention and hyperactivity and impulsivity which are all seriously disrupting the lives of children at home, at school and in the community.⁶

How common is ADHD?

ADHD affects 3-9% of school-age children.^{1,2} This means that the average UK classroom will include at least one child with ADHD.

ADHD is more common in boys than in girls, with a ratio of approximately 2 boys to 1 girl.⁵

Is ADHD my child's only problem?

While in some cases a child's problems can be solely to do with ADHD symptoms, it is very common for children with ADHD to have other problems as well.

These may include:⁴

- **Conduct disorder** (persistent lying, stealing, truancy, vandalism etc) and **oppositional defiant disorder** (persistent and abnormally uncooperative and defiant behaviour).
- **Anxiety and depression.** Children with ADHD often have low self-esteem or feel insecure because of failures at school or in making friends.
- **Language** problems, **reading** and **writing** problems.
- **Clumsiness.**
- **Tic disorders.**

What causes ADHD?

We don't know exactly, but we are starting to understand better. What we do know supports the idea that ADHD is a real condition.

There is not just one single cause – ADHD is almost certainly the result of a combination of factors, and this combination will vary from child to child.

The role of genes

- Studies of twins suggest that 65%-90% of the risk of having ADHD is associated with a person's genes.⁴ This means that ADHD is often inherited and tends to run in families.
- Specific genes have been linked to ADHD. People with these genes don't all have ADHD but they are more likely to have it than people without these genes. Many of these genes are to do with action of neurotransmitters, such as dopamine,⁴ substances which enable nerve cells in the brain to network with each other. The main medical treatments for ADHD boost the function of dopamine and norepinephrine.⁷



The role of other factors

Some factors in the child's development may increase the chances of having ADHD, but are not the sole cause of the problem.

These include:⁴

- Difficult or complicated labour.
- Low birth weight.
- Mothers using benzodiazepines, smoking or drinking excessive alcohol during pregnancy.
- Brain diseases and injuries.

Brain scan studies and psychological studies have found subtle but distinct differences between the brains of people with and without ADHD, in their structure, the way in which they develop and the ways that they work.⁴

Whilst all of these scientific techniques are proving helpful in understanding the causes of ADHD they are unfortunately not helpful in diagnosing whether someone is suffering from ADHD or not. There is no "test" for ADHD and there is unlikely to be one in the near future.



Diagnosis



- Who does what and when?
- What can you expect?

Your family doctor

ADHD is diagnosed by specialists. The job of your family doctor (GP) is to recognise children who might have ADHD and refer them to a specialist for assessment.

The GP might ask about:

- Your child's behaviour. For example, are they easily distracted, fidgety; do they have difficulty waiting for their turn, etc?
- When the problems started and how long they have lasted.
- How your child's behaviour is affecting life at home and school – do the problems occur just at school, just at home, or everywhere?

Practical point

Sometimes children behave unusually well at the appointment. If this happens, tell the doctor that this is not typical behaviour and explain carefully how it differs from your child's normal behaviour.

To make sure that there is not another cause for your child's problems, the doctor will probably do a physical examination and may ask about other aspects of your child's life. For example, you may be asked about whether your child has hearing or sleep problems as these can cause some behavioural difficulties in children.

The doctor may also ask you and/or your child to fill in a short questionnaire to give a clearer picture of your child's problems.



Diagnosis

The specialist team

The medical specialists who work in ADHD are child psychiatrists and paediatricians. They often work in a team with other health professionals such as specialist nurses and clinical psychologists.

At the first appointment, the specialist may not start a full assessment. They may judge that in your case some advice and support may be enough to improve things. If this doesn't work, then a full assessment may be required.

A full assessment will probably be spread over more than one appointment and involve more than one member of the specialist team. Whilst the specialists will be watching the behaviour of your child all the time, they will realise that behaviour on any one day may not be typical.

As part of the assessment, parents, teachers and your child may be asked to complete questionnaires to get a fuller picture of the symptoms.

Brain scans and EEGs (a painless test to assess brain activity) are not routinely done for ADHD itself but may be requested if other problems crop up which need this sort of investigation, for example, if your child has had fits in the past.



A full assessment should usually include:

An interview with you, covering:

- Your child's behavioural problems.
- Your family – do relatives have similar problems?
- Details of the pregnancy and birth.
- Details of the child's development – when did they start to walk, talk, etc?
- Any other previous medical problems and medications.
- Relationships within the family.

An interview with your child, covering:

- How they get on in the family, at school and with friends.
 - Whether they seem depressed or anxious.
 - What they think about their problems and how they cope.
 - Contact with the school or pre-school.
 - The team will also want to get information from their teachers about how your child currently behaves and performs. They will also be interested in the teacher-child relationship, how the teacher copes with your child's behaviour and how any problems have developed over the child's time at school.
 - A physical examination, vision and hearing check.
-

Treatment: What you should expect



Advice, information and support for you and your child's teachers is a very important part of ADHD treatment.

Advice and support

As a minimum, you should expect the specialist team to develop an understanding of your child's problems and to assist you to understand them more clearly by offering you explanations, advice, support and lots of information about ADHD.

Treatment options

The exact treatments offered depend on the individual case. However treatment is likely to include:^{1,4}

- **A structured advice, support and behavioural programme** for parents and/or the child and/or teachers. This includes specific training on how to most effectively manage your child's behaviour and promote ways of bringing out the best in them.
- **Medication.**

Medication should only be prescribed following assessment by a specialist in ADHD. If symptoms are mild or temporary, medication may not be needed at all. In many cases it is recommended that a combination of both medication and a structured advice, support and behavioural programme is the best way to manage the full range of problems experienced by those with ADHD.^{1,4} However, the extent to which this is possible will vary from region to region based on local resources and expertise.

All these approaches work in many cases. None of them work in every case. If one approach doesn't work, the specialist is likely to try another.

Some children may also be able to work one-to-one with a therapist, to develop techniques for monitoring their own behaviour and controlling it better.

Practical point

Structured advice, support and behavioural programmes

ADHD isn't caused by bad parents or bad teachers, but research has shown that structured programmes of advice and support for parents and teachers can improve the child's behaviour and concentration and reduce the risk of their behaviour getting worse. Therapists work with parents and teachers individually or in groups. They help them to:

- Focus on particular problem times or situations (e.g. mealtimes, getting ready for school, start of the lesson) and track the child's behaviour over time.
- Work out in advance what to do when your child behaves well or badly – then do it consistently.
- Develop techniques for getting your child to listen (e.g. eye contact, one thing at a time, what to do rather than what not to do).
- Use token systems and contracts.
- Use 'time out' as a sanction.

Our "15 tips for parents" on a perforated tear-off card, at the end of this booklet, give a taste of this approach.

Treatment: What you should expect

Help with other problems

ADHD seldom occurs without other problems, and specific help may be offered for these:

- **Training in social skills** to help children make and keep relationships and avoid aggressive behaviour.
- **Counselling** to improve self-esteem.
- **Remedial teaching.**



Treatment Expectations

It is important to understand the potential benefits and limitations of medical treatment for ADHD. However, you should discuss any concerns with your child's doctor.

- Treatment can greatly improve the symptoms of the child's ADHD, but cannot cure it completely.
- The child's doctor will be able to discuss the best treatment based on their individual needs.

While treatment is effective, it can also cause side effects. Side effects that may occur with medication for ADHD include disturbed sleep, less appetite, stomach upset, and headache, but there may be others too.⁴

For a full list of possible side effects please speak to a health professional.

It may take some time to find the best dose of drug treatment to use for the child. The specialist may prescribe a low dose to begin with, then increase it, aiming to achieve symptom relief while minimising the risk of side effects.

During the early stages of treatment, you may be asked to help monitor the child's symptoms using forms provided to you, and to look out for side effects.

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at www.yellowcard.mhra.gov.uk.

By reporting side effects you can help provide more information on the safety of this medicine.

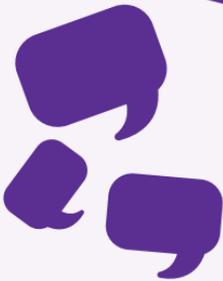
Treatment Expectations

Length of treatment

How long will the child need medication for ADHD?

Treatment for ADHD should be continued for as long as it is clinically effective and should be reviewed annually.¹ Whilst not all medications are licensed for use in adults, some could continue to be prescribed if there is shown to be a clear benefit to the treatment in adolescents whose symptoms persist into adulthood.





Dietary approaches



Parents often feel that diet plays a role in their child's ADHD.

The possible role of foods or additives (such as sugar, artificial colourings and preservatives) in causing behavioural disorders in children, particularly ADHD, has been a controversial subject.^{1,4}

Published evidence suggests that while particular foods or additives don't cause ADHD, in some cases ADHD patients have specific reactions to particular foods that can play a role for them. A study in children without ADHD found that a combination of artificial colourings and preservatives increased the level of hyperactivity.⁸

The role of omega-3 fatty acids (important for brain development and function) in improving the symptoms of ADHD has been investigated. Guidelines have concluded that there is currently insufficient evidence to support dietary changes in most children with ADHD.^{1,4}

A food diary is one way of trying to find out whether there is any link between behaviour and food in an individual child.⁴



Other useful information

ADDISS – ADHD Information Services

PO Box 340

Edgware

Middlesex HA8 9HL

Phone: 020 8952 2800

www.addiss.co.uk

info@addiss.co.uk

Other resources

Living with ADHD – A website packed full of information about ADHD, where to find support and hints and tips about dealing with ADHD. Provided by Janssen-Cilag Limited

www.livingwithadhd.co.uk

www.adhdfoundation.org.uk



References

1. National Institute for Health and Clinical Excellence. Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults. NICE guideline NG87, published 2018, <https://www.nice.org.uk/guidance/ng87/resources/attention-deficit-hyperactivity-disorder-diagnosis-and-management-pdf-1837699732933> Accessed June 2021.
2. Willcutt EG. The prevalence of DSM-IV attention-deficit/hyperactivity disorder: a meta analytic review. *Neurotherapeutics*. 2012; 9(3):490-9.
3. Tistarelli N, et al. The nature and nurture of ADHD and its comorbidities: a narrative review on twin studies. *Neurosci Biobehav Rev*. 2020;109:63-77.
4. Taylor E, et al. European clinical guidelines for hyperkinetic disorder – first upgrade. *Eur Child Adolesc Psychiatry*. 2004;13 Suppl 1:17-30.
5. Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition American Psychiatric Association 2013.
6. World Health Organization. The ICD-11 for Mortality and Morbidity Statistics. Available from: <https://icd.who.int/browse11/l-m/en>. Last accessed: June 2021.
7. Greenhill LL, et al. Practice parameter for the use of stimulant medications in the treatment of children, adolescents, and adults. *J Am Acad Child Adolesc Psychiatry*. 2002 Feb;41(2 Suppl):26S-49S.
8. McCann D, et al. Food additives and hyperactive behaviour in 3-year-old and 8/9-year-old children in the community: a randomised, double-blinded, placebo-controlled trial. *Lancet*. 2007 Nov 3;370(9598):1560-7.

15 tips for parents...

1. Find out as much as you can about ADHD. Good ways to do this include:

- Talking to people involved in the care of your child – doctors, nurses, psychologists, teachers.
- Using the internet. There's a vast amount of information of variable quality. The websites we list on page 26 are good places to start.

2. Get attention. When giving instructions, make sure that you have the child's full attention.

- Turn off the TV/ radio/ music.
- Use the child's name.
- With young children, gently hold their hands and point their face towards yours.
- Approach older children from the front.
- Look them in the eye.
- Speak clearly, without shouting.

3. Be positive. Tell them what to do, rather than what not to do. "Darren, please eat your chips" is better than "Stop playing with your chips".

4. Make clear rules, and write them down, so that there's no argument about what the rules are. Focus on areas of behaviour that are really important to you and others in the family, and don't waste effort on less important ones.

5. Set up routines. Children with ADHD tend to respond better to routines because they have a better idea of what they are supposed to do. Changes to routine create distraction and uncertainty. So getting ready for school in the morning, or getting for a bed at night, should proceed according to a fixed routine.

6. Praise. Try and catch your child being good. When they have completed a task or behaved well, say how pleased you are, and what exactly you are pleased about. The praise should be immediate, not hours or days later. It's easy for children with ADHD to get into a vicious circle of criticism, which makes them feel bad about themselves, which make them behave badly. The aim is to set up a virtuous circle of praise, which makes them feel good about themselves, which helps them to behave better.

7. Reward. Set up a reward scheme. Your child earns points for good behaviour, and a certain number of points mean they can get something they want, that has been agreed in advance. You can use anything you like to keep track of the points: gold stars stuck on a card, plastic tokens put in a jar, etc. A reward scheme can work over the short term, e.g. 1 point for every 10 minutes of good behaviour on a long car journey, and over the long term, e.g. 10 points for a week at school with all homework completed on time. To help you with this 'deal cards' are available. You can use these to make deals with your child and then stick them on the fridge or on a kitchen cupboard so that you can both remember the deals that you have made.

For example, the child does something that you want, such as:

- Keep their room tidy for a week.
- Get dressed in 10 minutes for 5 days in a row.
- Not interrupting Mum when she's on the phone, for a week.

In return, the child gets something that they want, such as:

- 15 minutes extra on the internet.
- Watching a movie of their choice.
- 30 minutes extra playing outside.

8. Plan for peace. Organise things at home to cut out stress and confrontation. For example, if doing a big shop with your child is a nightmare, try and find another time to go shopping on your own in peace. If you're dreading a long car journey, think about breaking it up into two or three shorter journeys with stops between to do something else. Yes, they should be able to do these things at their age, but is it worth making a big issue out of it?

9. Focus on strengths. Boost your child's confidence by praising them and encouraging them in the things that they are good at.

10. Can't and won't. The tricky thing about dealing with children with ADHD is knowing the difference between "Can't" and "Won't". Talking out of turn, forgetting instructions, being disorganised, being easily distracted – these are part of ADHD. They can be worked on and improved, but they can't be helped, and are not wilful naughtiness. But any child, including those with ADHD, can also sometimes deliberately misbehave. As a parent, you are the person best placed to become an expert on telling the difference between "Can't" and "Won't".

11. Say how you feel about bad behaviour. Rather than criticising the child directly e.g. "You're behaving badly", talk about the way their behaviour affects you, e.g. "It really upsets me when you...."

12. Avoid arguments. There are clear rules. You know them, the child knows them. End of story.

13. Count to three. For example, if the child has taken someone else's toy, say "Darren, please give the dinosaur back to James. I'm going to count to three. One... (wait 5 seconds)... two (more forcefully)... three."

14. Use time out. This is like the "sin-bin" in ice hockey where players who have committed fouls spend a fixed period of time during a game. You can establish a special place – a chair, a step, a corner – where the child goes to cool off (and let you cool off) for a fixed period (e.g. 5 or 10 minutes). You can use a kitchen timer. During the time out, don't talk to the child and don't answer them. When the time is up, don't talk about the problem. They have served their time, and now the slate is clean. If the child refuses to take time out, then threaten to withdraw a privilege, such as playing on the computer or going out to play football. If necessary carry out the threat. A 'Do not disturb' sign is available. Encourage your child to colour this in and decorate it, they can use this sign whenever they need some time alone.

15. Look after yourself. Being the parent of a child with ADHD is exhausting and can be depressing. Try to organise an occasional break for a few hours or even a few days. It's difficult to be a good parent when you're at the end of your tether.

