

Understanding ADHD

Attention deficit hyperactivity disorder is a condition associated with negativity. But an ADHD diagnosis doesn't necessarily mean that your child will be unruly or wild.

By Mariam Akabor

Dianne's* daughter Lucy* was just four years old when a teacher notified Dianne of Lucy's behaviour. She had pulled out all the flowers in the flowerbed, bit her fellow classmates, and had thrown chairs around. It was the first time anyone had suggested to Dianne that Lucy may have an impulsive disorder.

"We put her in school after she turned two and we found she managed to keep her teachers running from point to point all day long. Lucy was able to build puzzles that were beyond her age group and her vocabulary would astound her teachers. She never enjoyed nap time and in the end they would let her read quietly while the other kids slept," Dianne says. This led her to following the school's suggestion to have an assessment done on Lucy. Shortly after, Lucy was diagnosed with attention deficit hyperactivity disorder, commonly known as ADHD. Most parents have heard of this disorder, which seems to be clouded with negativity and misinformation.

ADHD 101

It was only in England in the early 1900's that doctors first suggested behavioural problems in children could be attributed to genetics and not bad parenting. One hundred years later, a few months ago, researchers at Cardiff University found the first direct evidence that ADHD is a genetic disorder and children with this condition are more likely to have missing or duplicated segments of DNA.

Dr Shabeer Jeeva, an ADHD specialist psychiatrist from Johannesburg, who was diagnosed with the disorder himself, is passionate about his subject. He explains the correct term to address the disease, "A lot of people talk about ADD and ADHD as if they were two different things, reserving ADHD for those kids who are hyperactive and ADD for those who aren't. Both are simply generic terms for Attention Deficit Hyperactivity Disorder though, and don't really describe the type of ADHD a person has. They are often used interchangeably by teachers, doctors, and parents, which can confuse some people." So what are the types of ADHD a person can have?

ADHD, Inattentive Type: This is when a child mostly has symptoms of inattention, such as not being able to pay attention to detail, getting easily distracted, and being forgetful. The child has trouble processing information and may seem dreamy, shy or withdrawn. Most people refer to this type of ADHD as ADD.

ADHD, Hyperactive - Impulsive Type: This is when a child mostly has symptoms of hyperactivity and/or impulsivity, such as fidgeting a lot, having trouble staying in his seat, talking excessively, being "on the go", interrupting others, having trouble waiting for his turn, and so on.

ADHD, Combined Type: This is when a child has all of the major symptoms of ADHD, including inattention, hyperactivity, and impulsivity.

"A child can be diagnosed with ADHD from as early as four years old, which is an early onset," says Shabeer. Unlike other medical conditions which require physical tests, ADHD is diagnosed after an intensive assessment is done, based on a detailed history of the child. Shabeer emphasises that there needs to be a multimodal holistic approach to treatment. A child with mild symptoms can manage on a combination of a low carbohydrate-high protein diet, exercise, behaviour modification and school support. But once they are moderate or severe, they would need medication.

In Lucy's case, Dianne followed through with the treatment options that were recommended. Lucy's diet and routine was changed, and she started medication. She also became involved in various tension-releasing activities at school including swimming, ballet, netball, chess, piano, and choir.

ADHD in the Classroom

Jane Jarvis, an educational psychologist from Grahamstown and co-author of the book, *The Manual that Never Came with Your Child* (Struik) explains, "Some children with ADHD can concentrate extremely well in certain situations but not in others. When the teacher wants the child to focus on Mathematics, the child is concentrating on who is walking past the classroom or on sharpening all the pencils in his pencil case. It is not that the child is not concentrating, he is just concentrating on something different. Needless to say, this causes lots of problems in the classroom environment."

It is possible to have both over and under diagnosis of ADHD. Cynthia*, mum to eight-year-old Matthew*, says she was first notified that her son had ADHD when he was six. "His teacher said he wasn't concentrating in class and was always fidgeting and kicking his legs." So Cynthia took him to the psychologist, who after one consultation, diagnosed Matthew with ADHD Hyperactive-Impulsive Type and said he needed to be medicated. It was a few months later that Cynthia realised that her son had been misdiagnosed. "Many children who do not have it are diagnosed with it, and many who do have it are missed or only picked up much later in the schooling system and as a result, develop many gaps in their learning," says Jane.

Jane explains that it is important to recognise that children with ADHD are often the most debilitated learners in the classroom because their learning style often doesn't match the teaching style. Like other children with difficulties, they need and are entitled to some accommodation in their learning style (fun tasks, variety, and delayed repetition) to help them and they often are deprived of this because of their "hidden handicap".

So do our schools accommodate ADHD learners? Many teachers in public schools have received additional training with regards to recognising symptoms of ADHD in students. However private assessments and medication are costly and many parents can't afford it. The waiting lists at government organisations are often extremely long and children can wait months to be assessed. In this time valuable education time is lost and these children fall far behind their peers.

The 'R' Word

Many parents automatically assume that their child has to take methylphenidate (known by the more common trade name of Ritalin) if they have been diagnosed with ADHD. Due to the negative stigma surrounding this schedule 7 drug, it is easy to understand why parents feel this way. However, misconceptions need to be rectified. Shabeer explains, "The reason for its scheduling is that it works on the "feel good" centres of the brain and like any medication, even cough mixtures, it can become addictive if abused. There are no reported cases of an ADHD patient's addiction or serious drug dependence to date with this medication. However, if it is used by a person who does not have ADHD, it can become habit forming, because as a stimulant, they receive a massive boost of increased energy." According to a study by Biederman et al. (1999), the use of stimulants by an ADHD sufferer actually protects them from becoming drug addicts. An untreated ADHD person has a 75% chance of substance abuse compared to 18% in a non-ADHD person. But when ADHD is treated the risk drops from 75% to 25%.

Dianne and her husband have accepted Ritalin as a part of Lucy's treatment. "Some family members were not happy about the medication route and felt that we were drugging her into a zombie state to appease her teachers. However, on Ritalin, we've noticed that she does not become aggressive and she is able to relax and think out a situation before taking action."

Matthew's mum, Cynthia, was terrified when her son's personality changed overnight once he was on Ritalin. "He was tired all the time and barely spoke, whereas before he was full of life. He also began experiencing severe chest pains." That is when Cynthia decided to stop the Ritalin and not inform the school. Eighteen months later, Matthew is functioning well with not a single complaint from any of his teachers. "It goes to show that he was so easily misdiagnosed and to this day his teacher believes he still takes Ritalin."

In eight-year-old Rachel's* case, her mum Melissa* refuses to follow the school's suggestion of subjecting her daughter to Ritalin. Rachel has been diagnosed with ADHD Inattentive Type and can be dreamy and stubborn, but Melissa feels there are other ways of helping her child function instead of medication. So she gives Rachel omega fatty acids and vitamins daily and works around her daughter's moods for the day. For example, Melissa finds it easier to pick up Rachel from school and allow her to complete her homework in the car, while parked outside the school. More often than not, Rachel completes her homework without any struggle, as there are fewer distractions.

Some common side effects of Ritalin include decreased appetite, headaches, stomach aches, and insomnia. These are all treatable, according to Shabeer, but he stresses the importance of parents informing their doctor of any other long term medications that their child is on. In an attempt to lessen side effects, Ritalin is available in four different release mechanisms: Ritalin (immediate release), Ritalin SR (sustained release), Ritalin LA (extended release), and Concerta. So do the pros of Ritalin outweigh the cons? "Most definitely!" says Shabeer. "Because the child is finally able to control impulses and focus, this improves self-esteem. Medication also lessens the chances of developing co-morbidities like anxiety and depression. Although no cure exists for ADHD, symptoms can be reduced by a combination of medication and behavioural therapy."

*Names have been changed.

For more information, contact Dr Shabeer Jeeva on 011 684 1621 or visit www.adhdclinicjeeva.com.

Group Support

ADHASA (Attention Deficit and Hyperactivity Support Group of Southern Africa)

Helpline 011 888 7655

Visit www.adhasa.co.za

5 ADHD Myths Debunked

- 1. Poor Parenting Causes ADHD:** With extensive research done over the past decade, the scientific community recognises ADHD as a genetic neurological problem.
- 2. ADHD only Affects Children:** Hyperactivity tends to wane when adulthood is reached but symptoms of restlessness, inattention, and distractibility continue and can lead to chronic difficulties.
- 3. Only Hyperactive Children Can Have ADHD:** The name of the condition causes this confusion but individuals who are predominantly inattentive do not have symptoms of hyperactivity at all.
- 4. Girls Have Lower Rates and Less Severe ADHD than Boys:** More girls tend to fall under the predominantly inattentive type and thus their condition tends to go unnoticed. Also, girls manifest hyperactivity differently as they are hyper-social and hyper-reactive.
- 5. Use of Ritalin Leads to Drug Abuse and Addiction:** Studies have shown the direct opposite of this. ADHD sufferers, who do not take Ritalin if required, have a greater chance of abusing drugs.