

How Do You Know If Your Child Has ADHD?

Is your child in constant motion? Does he or she talk incessantly? Or have trouble focusing and prefer to daydream?

Then your child may have attention deficit hyperactivity disorder, or ADHD.

This childhood disorder often begins between the ages of 3 and 6 years, according to the National Institute of Mental Health (NIMH). And it may continue through the teenage years and into adulthood.

Three types of ADHD are recognized:

- inattentive (trouble focusing, following instructions, and finishing tasks)
- hyperactive-impulsive (constantly on the go, talking excessively, and interrupting others)
- combined (symptoms of both inattention and hyperactivity-impulsivity)

Diagnosis

Studies show that the number of children being diagnosed with ADHD is increasing, and boys are more than twice as likely as girls to have it. According to the Centers for Disease Control and Prevention, as of 2007, about 9.5 percent of children 4 to 17 years old have at one time been diagnosed with ADHD.

Mark Ritter, M.D., R.Ph., who reviews drugs to treat ADHD at the Food and Drug Administration (FDA), explains the increase may be due to a greater public awareness of the disorder and psychiatric illnesses in general. And boys are more likely to have



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the hyperactive-impulsive type, which is easier to spot than the quieter child who is inattentive, says Ritter, who is also a practicing child psychiatrist.

Parents aren't always aware of their child's ADHD, says Ritter, until a teacher or other person outside the family suggests that the child may have it. "An educator may see that a child is fidgety, has problems focusing, and blurts out answers, and they have to spend an inordinate amount of time trying to keep the child still and focus the child's attention."

There is no single test to determine if a person has ADHD. A health care professional makes the diagnosis by comparing a person's pattern of behavior against a set of criteria established by the American Psychiatric Association.

If you suspect your child might have ADHD, see your family doctor or pediatrician, suggests Ritter. Your child's vision, hearing, and anything else that may contribute to inattention should be checked. The doctor may diagnose ADHD or refer your child to a mental health specialist for evaluation.

Treatments

FDA has approved two types of medications—stimulants and non-stimulants—to help reduce the symptoms of ADHD and improve functioning in children as young as 6 years.

"Stimulants have been the tried and true medication for ADHD since the 1950s," says Ritter. "They have a long track record of being safe and effective."

Despite their name, stimulants—which contain various forms of methylphenidate and amphetamine—actually have a calming effect on hyperactive children with ADHD, says NIMH. They are believed to increase levels in the brain of dopamine—a neurotransmitter associated with motivation, attention, and movement.

FDA has approved three non-stimulants to treat the symptoms of ADHD: Strattera (atomoxetine), Intuniv (guanfacine), and Kapvay (clonidine). Ritter says these provide a useful alternative for children. Some children do not tolerate stimulants well, and the non-stimulants do not have the same side effects.

Although stimulants are generally safe when taken as directed, FDA found 19 reported cases in a 5-year period of sudden death in children who took stimulants for ADHD. Roughly half of these children were also reported to have underlying structural heart defects, which raised a concern that the use of stimulants in such children might increase the risk of sudden death. In 2007, FDA required the drug label for all medications approved to treat ADHD—not just stimulants—to warn of this possible risk.

A large, recently completed study (www.fda.gov/Drugs/DrugSafety/ucm277770.htm) showed no evidence that ADHD drugs are associated with an increased risk of cardiovascular events (such as stroke, heart attack, and sudden cardiac death) in children and young adults. The medications studied include stimulants and the non-stimulants Cylert (pemoline), which is no longer sold, and Strattera. The study was sponsored by FDA and the Agency for Healthcare Research and Quality, another agency of the U.S. Department of Health and Human Services.

Medications do not cure ADHD, but control the symptoms. Some children outgrow ADHD, says Ritter, but medication is generally given through high school. No matter what drug is taken, it's important to have the child regularly checked by the pediatrician, adds Ritter.

A study of nearly 600 children, ages 7 to 9, concluded that ADHD treatment with medication alone

was more effective than behavioral therapy alone. The NIMH-sponsored study also found that behavioral therapy combined with medication was not more effective than medication alone to treat most ADHD symptoms.

However, the behavioral therapy was useful in helping to manage and modify some problem-causing behaviors. In addition, some children getting a combination of therapy and medication ended up taking lower doses of medication than those taking medication alone.


Consequences of Not Treating

Left untreated, ADHD can have serious consequences.

A child may fall behind in school, have difficulties that interfere with friendships, and have conflicts with parents, says the American Academy of Child and Adolescent Psychiatry.

Studies show that children with untreated ADHD have more emergency room visits and are more likely to have self-inflicted injuries than those treated for the disorder. Untreated adolescents with ADHD are more likely to take risks, such as drinking and driving. And they have twice as many motor vehicle accidents as those who are treated. [FDA](#)

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FDA-Approved Drugs to Treat ADHD in Children				
	Stimulants	Strattera (atomoxetine)	Intuniv (guanfacine)	Kapvay (clonidine)
Forms	Depending on drug, may be pill, capsule, liquid, or skin patch	capsule	extended-release tablet	extended-release tablet
How often taken	Varies depending on drug	once daily or divided into two doses per day	once daily	twice daily
Common short-term side effects (may go away after one to two months)	<ul style="list-style-type: none"> decreased appetite trouble sleeping headache stomach pain irritability blurred vision tics or tic worsening (may be long-term) 	<ul style="list-style-type: none"> upset stomach decreased appetite nausea tiredness 	<ul style="list-style-type: none"> dry mouth sleepiness weakness dizziness 	<ul style="list-style-type: none"> sleepiness tiredness irritability trouble sleeping
Long-term side effects	<ul style="list-style-type: none"> increased blood pressure slowed growth and weight gain tics or tic worsening (may be short-term) 	<ul style="list-style-type: none"> slowed growth and weight gain 	<ul style="list-style-type: none"> decreased blood pressure and heart rate 	<ul style="list-style-type: none"> decreased blood pressure and heart rate
Rare but serious side effects	<ul style="list-style-type: none"> heart problems psychiatric problems, such as hearing voices or becoming suspicious for no reason 	<ul style="list-style-type: none"> suicidal thoughts 		