



ADHD

ATTENTION-DEFICIT HYPERACTIVITY DISORDER

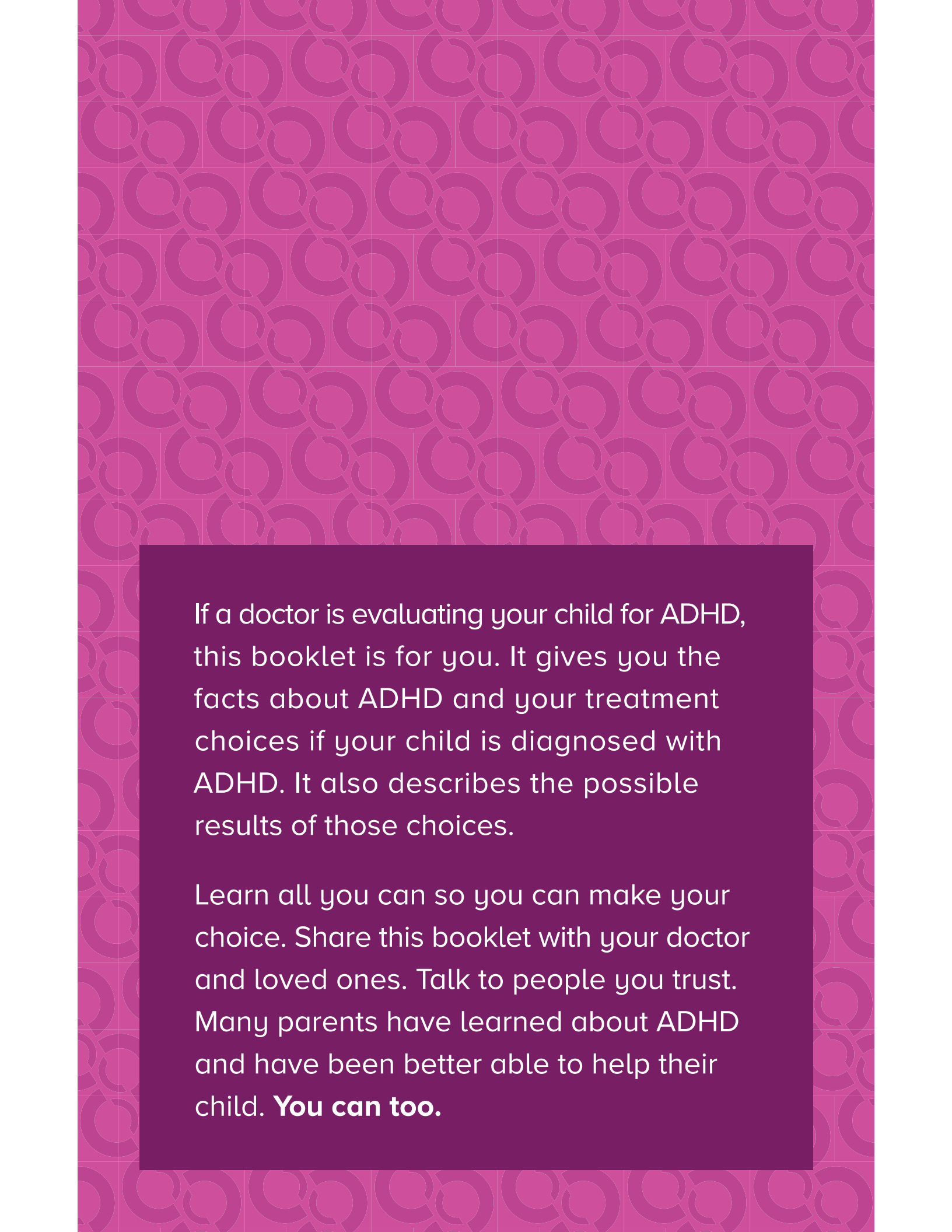
READ.
ASK QUESTIONS.
THINK. DECIDE.



Using this booklet
to help



**READ.
ASK QUESTIONS.
THINK.
DECIDE.**

The background of the entire page is a repeating pattern of overlapping circles in a light purple shade, set against a darker purple background. A faint grid of thin white lines is also visible over the pattern.

If a doctor is evaluating your child for ADHD, this booklet is for you. It gives you the facts about ADHD and your treatment choices if your child is diagnosed with ADHD. It also describes the possible results of those choices.

Learn all you can so you can make your choice. Share this booklet with your doctor and loved ones. Talk to people you trust. Many parents have learned about ADHD and have been better able to help their child. **You can too.**



WHAT IS ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)?

ADHD is a problem with paying attention and/or being hyper and acting without thinking first. Most children have trouble sitting still. Many kids don't finish their schoolwork. Few children sit through meals without tapping, kicking, or drumming. For these problems to be diagnosed as ADHD, they must be out of the normal range for the child's age and development.

So how do you know what is normal and what is ADHD? Only a doctor can tell you for sure. ADHD behavior doesn't happen in only one place, like at school. It may happen every day in the classroom, on the playground, and at home. ADHD can lead to problems with learning, friendships, and family life. Parents of children with ADHD are often worn out and frustrated.

WHAT DOES ADHD LOOK LIKE?

It is normal for all children to have problems paying attention, being hyper or acting without thinking sometimes. But for children with ADHD, these behaviors are more severe and occur more often. To be diagnosed with ADHD, a child must have more symptoms than other children their age for 6 or more months.

Children who have problems paying attention may:

- Be distractible, miss details, and forget things
- Often switch from one activity to the next
- Have a hard time focusing on one thing
- Become bored with a task after only a few minutes, unless they are doing something enjoyable
- Have a hard time planning and completing a task or learning something new
- Have trouble completing or turning in homework
- Often lose things (e.g., pencils, toys, homework) needed to complete tasks or activities
- Not seem to listen when spoken to
- Daydream, become easily confused, and move slowly
- Have a hard time thinking as quickly and precisely as others
- Struggle to follow instructions

Children who are hyper may:

- Fidget and squirm in their seats
- Talk nonstop
- Dash around, touching or playing with everything in sight
- Have trouble sitting still during dinner, school, and story time
- Be constantly moving
- Have a hard time doing quiet tasks or activities

Children who act without thinking first may:

- Be very impatient
- Blur out inappropriate comments
- Show their emotions without restraint
- Act without regard for consequences
- Have difficulty waiting for things they want or waiting their turns in games
- Often interrupt when other people are talking or doing something else

HOW IS ADHD DIAGNOSED?

Deciding if a child has ADHD is based on how they act. ADHD behavior must be seen at home and at school. Children should be assessed if a parent or teacher thinks the child has a problem. Assessment may include:

- Parent and teacher questionnaires (Vanderbilt, Conners)
- Psychological testing of the child AND family (e.g., IQ testing and psychological testing)
- Doctors may ask about the child's growth and development

ARE THERE DIFFERENT PRESENTATIONS OF ADHD?

There are three different presentations of ADHD. Your child's doctor will decide which diagnosis fits your child's symptoms.

- **ADHD—Inattentive Presentation:** Children who have trouble paying attention, but are not very hyper and don't have problems acting without thinking first. This presentation of ADHD used to be called ADD.
- **ADHD—Hyperactive/Impulsive Presentation:** Children who are very hyper and have problems acting without thinking first, but have few problems paying attention.
- **ADHD—Combined Presentation:** Children who have problems paying attention, being hyper, and acting without thinking first.

DO CHILDREN 'OUTGROW' ADHD?

Many people think of ADHD as a childhood problem. However, ADHD can continue through the teen years and into adulthood. Symptoms of ADHD do change over time.

Hyperactivity is often seen in very young children. The hyperactive symptoms often decrease over time with or without treatment.

Children's tendency to act without thinking because of ADHD gets better over time. This problem is often replaced by a tendency to talk without thinking.

Trouble paying attention may not get noticed until demands at school increase. These problems often continue in the teen and adult years. Using routines, study skills, and coping strategies can help people with these problems.

HOW DO YOU KNOW FOR SURE IF ADHD IS THE PROBLEM?

There are no tests for ADHD. Your child's doctor may make a diagnosis. Or sometimes the doctor may refer you to an expert to assist with diagnosis.

Doctors need information from home and school to make the diagnosis. They ask parents and children questions and examine the children to make sure there aren't other problems.

Doctors often ask parents and teachers to report the behaviors that they have seen. Some doctors use the "Vanderbilt" form, while other doctors use the "Conners" form. These forms are very similar. The information that parents and teachers report on these forms is very helpful. All children have trouble paying attention sometimes. All children are hyper or act without thinking sometimes. But when school-age children behave this way often or always, it can cause problems at home and at school.

Doctors like to have parents and teachers fill out these forms at least once a year. This can help determine if a child's problems are getting better or worse.



DO OTHER PROBLEMS OCCUR ALONG WITH ADHD?

Some children will have more than just ADHD.

Learning Disabilities:

Many children with ADHD—up to 30 percent—also have a specific learning disability. This can cause problems with reading, writing, spelling, or math.

Anxiety and Depression: About 25 percent of children with ADHD also are anxious or depressed. These problems can be treated. Treating ADHD may help these problems get better. Likewise, treating anxiety or depression may help ADHD get better.

Oppositional Defiant Disorder (ODD): As many as 33 percent of children with ADHD will have this. These children are defiant and stubborn. They have temper outbursts or become loud-mouthed. They argue with adults and refuse to obey.

Conduct Disorder: As many as 33 percent of children who have both ADHD and ODD will develop conduct disorder. This is a more severe pattern of antisocial actions. These children frequently lie or steal. They fight or bully others. They are at risk of getting into trouble at school or with the police. They are at greater risk of substance abuse. They need immediate help.

Tic Disorders: Children may have eye blinks or facial twitches. They may clear their throats frequently, snort, sniff, or bark out words. They cannot control these behaviors. The most severe form of tics is Tourette's disorder. Very few children have this disorder.

The evaluation process helps find out whether something besides ADHD is the problem. ADHD is very common and has the most established treatments. If your child does not respond well to treatment, other evaluations may be needed. Even if your child responds well to treatment, other problems may develop over time.

SOME THINGS TO CONSIDER WHEN DECIDING ON TREATMENTS:

Every child is different. You know your child better than anyone else. As a parent, trust your thoughts and feelings.

- Balance possible benefits with side effects, cost, and time.
- Discuss treatment options with your child's doctor. Gather as much information as you need to make a decision that is right for you and your child.
- Track and monitor your child's progress. Realize that your decisions may change over time as your child's needs change.

WHAT ARE ADHD TREATMENT OPTIONS?

Every effort should be made to manage symptoms and direct your child to helpful paths. There are four treatment options to consider.

- Watchful Waiting
- Behavioral Treatment
- Medicine
- Combined Treatment (BOTH Behavioral Treatment AND Medicine)

WHAT DOES THE BEST RESEARCH SAY TO DO?

It is still not clear. Here's why:

A study called "The Multimodal Treatment Study of Children with ADHD" (MTA) showed that behavioral treatment, medicine, and combined treatment all help some children with ADHD. The results of this study will be shared with you throughout this booklet. Still, it is impossible to predict how your child will respond because every child is unique. The only way to find out if a treatment will help your child for sure is by trying it.

Watchful Waiting

Watchful waiting means that you do not start active treatment yet. You and your child's doctor watch your child to see how he or she performs at home and school. If you become worried by your child's struggles, you can always start active treatment.

PROS & CONS

How can this treatment help my child?

- You do not have to deal with the possible side effects from medicine.
- You can always change your mind and begin active treatment.
- It is low in cost (i.e. time, money).

What are possible problems with this treatment?

- Your child's struggles at home and school will likely continue or get worse.

Here is an example of how choices about treatment can change over time:

Jane's parents first met with the doctor to discuss treatment options. Jane's father did not think they needed to take action to help manage her problems paying attention. He closely watched Jane's behavior at home and at school over the next month. Seeing that her struggles were continuing, he decided to return to Jane's doctor's office to discuss treatment options.

Behavioral Treatment

Behavioral treatment is an active treatment where parents and teachers learn methods to help children with ADHD.

TYPES OF ADHD BEHAVIORAL TREATMENT

Children with ADHD have different needs than other children. As a result, different methods are needed to help them do their best. Parents and teachers can learn methods to help children with ADHD.

Three types of methods have been proven to improve performance at school and at home:

- Methods for parents to use at home
- Methods for teachers and parents to use to improve classroom performance
- Methods to improve peer relations in classroom and play settings

It is possible to learn about these methods by:

- Taking a class with a group of parents led by a counselor
- Working one-on-one with a clinical counselor
- Working with your child's teacher and/or school counselor
- Reading about these approaches on your own

Learning these methods takes time and costs money. Therefore, it is important to focus on the methods that are proven to work for children with ADHD. Proven methods are described on the next few pages.

METHODS FOR PARENTS TO USE AT HOME

How does this help?

Parents learn how to manage their child's problems caused by ADHD. For example, parents can learn to give better commands, set small goals, and use time-outs, reward systems, and point systems. This shows parents how to help their child with ADHD to behave better. Because the focus is on the child's behavior, these methods are also called "behavior therapy" or "behavior modification." Unlike other therapies you may have heard about, this does not mean talking with the child about how they feel. Rather, counselors help parents learn practical ways to help their child behave better.

What is usually involved?

In studies where this helped, parents learned these methods in groups with other parents. The groups met between 8 and 16 times. In addition to learning new skills, parents often get support from being in a group with other parents of children with ADHD.

What is available nearby?

"Understanding and Managing ADHD Group for Parents of Children with ADHD."

Cincinnati Children's offers parent groups at several places. The groups have 8 weekly sessions. Parents learn about ADHD, how to manage child behavior, and how to work with teachers and doctors to help their child. For more information, call (513) 636-4336 and press the pound key (#) option or visit:

www.cincinnatichildrens.org/service/c/adhd/services/parenting-interventions

Also, your child's doctor may be able to refer you to a local psychologist. They are trained to help you learn ways to manage your child's behavior.

What can I read to learn more about this on my own?

- ***Taking Charge of ADHD: The Complete, Authoritative Guide for Parents***
By Russell Barkley PhD
This is a book for parents of elementary-aged children with ADHD.
- ***ADHD in the Young Child***
By Cathy Reimers, PhD, and Bruce A. Brunger
This is an excellent book for parents of children 5 and under.
- ***Teenagers with ADD and ADHD: A Guide for Parents and Professionals***
By Chris A. Zeigler Dendy, MS
This is a book for parents of teenagers with ADHD.

What other things can I do now?

Here are a few other resources that may be helpful:

- The website for Children and Adults with Attention-Deficit/ Hyperactivity Disorder (CHADD) offers advice and support for parents. —www.chadd.org
- The series “Supernanny” has featured families with children who have ADHD. Families in these shows learn methods that help them manage their child better. Watching these shows or reading the episode guides may provide helpful thoughts on how to work with your ADHD child. Use your web browser to search for “Supernanny ADHD” to find videos from these episodes.

METHODS FOR TEACHERS AND PARENTS TO USE TO IMPROVE CLASSROOM PERFORMANCE

How does this help?

Teachers can use many of the same methods as parents to help children behave in class (e.g. set small goals, use time-outs, reward systems, and point systems). Daily Report Cards are often used to change behavior in class. They provide a way for teachers and parents to better communicate about progress toward goals. Classroom aides or tutors help children with organization and study skills.

What is usually involved?

In studies where this helped, teachers and classroom aides and tutors received formal training on methods that are helpful for children with ADHD. This was important because many teachers receive no formal education about ADHD during their training. There are key differences in the types of methods that work best for children with ADHD compared to those without ADHD.

What is available nearby?

There are no programs nearby that will go to your child’s school and work with your child’s teacher. The parent groups (described before) offered by Cincinnati Children’s do include advice about how to work better with your child’s teacher. This includes how to use a daily report card, how to tailor classroom methods for children with ADHD, and how to request aid for your child.

What can I read to learn more about this on my own?

- ***Taking Charge of ADHD: The Complete, Authoritative Guide for Parents***
By Russell Barkley PhD
- ***ADHD in the Young Child***
By Cathy Reimers, PhD, and Bruce A. Brunger
- ***The ADD/ADHD Checklist: An Easy Reference for Parents and Teachers.***
By Sandra Reif
- ***Teaching Teens with ADD and ADHD***
By Chris A. Zeigler Dendy, MS

This is a resource for parents and teachers of students with ADHD in the middle and high school years.

What other things can I do now?

The American Academy of Pediatrics: How to Establish a School-Home Daily Report Card: www.healthyinfo.com/consumers/ho/ADD.daily.report.card.pdf

METHODS TO IMPROVE PEER RELATIONS IN CLASSROOM AND PLAY SETTINGS

How does this help?

Children learn how to more effectively interact with and relate to their peers (e.g. social skills training). This helps children make and improve friendships with their peers in classroom and play settings. Teachers and counselors use goal setting, reward systems, point systems, and daily report cards. Children practice social skills in the classroom, in team sports, and in other activities. The staff works with parents to develop daily goals for each child. If the child achieves his or her goal, the parent provides rewards at home.

What is usually involved?

In studies where this helped, children typically attended a Summer Treatment Program that lasted all day for 5 to 8 weeks. It is important to know that social skills programs that meet once or twice a week at a clinic are not as helpful as the summer programs that work with children in real world settings.

What is available nearby?

The Cincinnati Children's ADHD Summer Treatment Program (STP) is a 7-week intensive summer day treatment program for children with ADHD ages 8-12 providing comprehensive behavioral interventions within a camp-like setting. Children learn to improve social skills, manage frustration, and follow instructions while participating in sports and classroom activities.

www.cincinnatichildrens.org/service/c/adhd/summer-treatment-program

What can I read to learn more about this on my own?

- ***Why Don't They Like Me? Helping Your Child Make and Keep Friends***

By Susan M. Sheridan, PhD

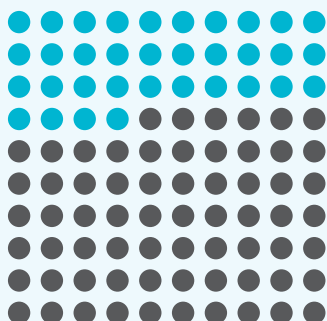
This is great book for parents of children with peer difficulties. The methods Dr. Sheridan describes are similar to those taught in Summer Treatment Programs for children with ADHD.

PROS & CONS

How can this treatment help my child?

- Behavioral treatment alone will help about one-third of children with ADHD. These children will pay attention and control their impulses as well as the average child their age that does not have ADHD. They also will be less hyper. Other children may find behavioral treatment helpful without the same high level of success.
- You do not have to deal with the possible side effects from medicine.
- You can always change your mind and try medicine also.

Here is our best guess of what will happen to 100 children with ADHD if they get behavioral treatment alone (with all 3 types described before) for 14 months.



34 Number who have self-control and focus as well as the average child their age who doesn't have ADHD

66 Number who don't improve to that level

What are possible problems with this treatment?

- Behavioral treatments take time for parents, teachers, and children.
- Formal programs may be limited nearby. There may be a wait list to access the programs that are available.
- Behavioral treatments cost money (to you and/or your insurance plan).

IF YOU CHOOSE BEHAVIORAL TREATMENT:

- **Continuing behavioral treatment:** The first step is learning methods to help your child manage his or her behavior. Next, you need to use these methods regularly. These methods will become part of your parenting skills. You may need to refresh these skills through reading and/or meeting with professionals.
- **Behavioral treatment changes:** Certain methods may work for a while and then stop working. You may need to learn different methods. It is very important for you and your child's teacher to keep a close eye on how things are going.

Contact your child's doctor if any problems come up.

Here is an example of how choices about treatment can change over time:

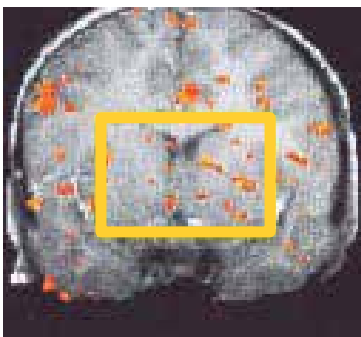
Erik's mom used a reward system at home over the summer to help him complete tasks. She noticed that he struggled with task completion when he started back to school. She met with his teacher and they developed a daily behavioral report card.

Medication

Medication treatment is an active treatment that uses drug therapy to control ADHD symptoms.

HOW DOES MEDICINE FOR ADHD WORK?

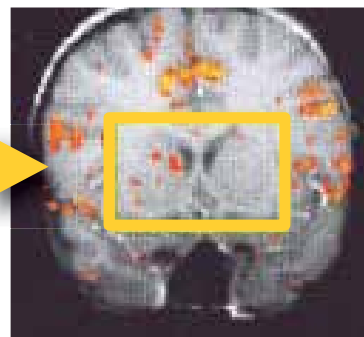
These pictures show what the brain looks like when a child pays attention. The yellow box shows the parts of the brain that are needed for attention.



CHILDREN WITHOUT ADHD
Children without ADHD have more activity in the parts of the brain that help them focus.



**CHILDREN WITH ADHD
NO MEDICATION**



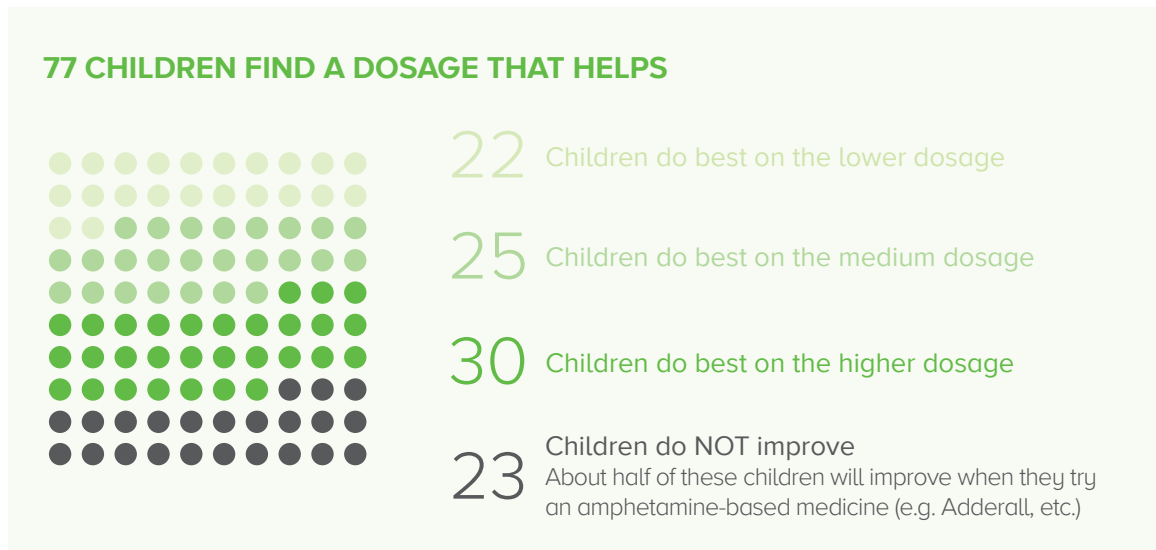
**CHILDREN WITH ADHD
WITH MEDICATION**
With medicine, children with ADHD have more activity in the parts of the brain that help them focus.

Medicine for ADHD works by helping the brain send messages to these parts of the brain. This helps children pay attention.

WHAT HAPPENS IF WE TRY MEDICINE?

Unlike other medicines, the right amount of ADHD medicine is not based only on your child's weight. Instead, you must work with your child's doctor to try a range of doses (lower, medium, higher) and see how your child responds. You and your child's teacher will need to watch your child closely and complete evaluation forms. You will also need to stay in close contact with the doctor's office through follow-up calls and visits.

Here is our best guess of what will happen to **100 children** with ADHD who try 3 different amounts of methylphenidate-based medicine.



TYPES OF ADHD MEDICATION

There are two types of medicines that can be used. They are called stimulants and nonstimulants.

Stimulant medicines are often tried first. In studies, more children benefit from stimulant medicines than non-stimulant medicines. On average, stimulants reduce ADHD symptoms better than non-stimulant medicines.

Among the different stimulant medicines available, some children do better on a methylphenidate-based medicine. Others do better on an amphetamine-based medicine. Some children do equally well on both. Others don't respond to either.

Bottom-line: Each child is unique. At present, there is no way to predict which medicine will work best for your child. Your child's doctor can tell you about the differences between medications. He or she can help you pick a medicine to try first, and work with you to find a dose that is best for your child.

PROS & CONS

How can this treatment help my child?

- Medicine alone will help about half of children with ADHD. These children will pay attention and control their impulses as well as the average child their age that does not have ADHD. They also will be less hyper. Other children may find medicine helpful without the same high level of success. You can always change your mind and try behavior therapy also.

Here is our best guess of what will happen to **100 children** with ADHD if they get medication treatment alone for 14 months.



What are possible problems with this treatment?

- Medicine must be taken, or it will not work.
- Medicine costs money (to you and/or your insurance plan).
- Your child may have side effects. These are usually minor. Side effects will often decrease as a child gets used to the medicine. Other side effects can persist. Taking less medicine often relieves these. Sometimes switching to a different medicine is needed.

SIDE EFFECTS OF STIMULANT MEDICINES

Most common side effects:

- Decreased appetite (this is usually worst at lunchtime)
- Trouble falling asleep
- Stomach aches
- Headaches
- Increased crabbiness
- Social withdrawal (i.e. they look like a 'zombie,' they are not interested in normal activities): This is a sign that the child is taking too much medicine. The amount needs to be lowered.
- Increased anxiety and/or crying over little things
- Rebound: Some children are more active or get in a bad mood when the medicine is wearing off

Less common side effects:

Tics (i.e. muscle twitches, movements, or unusual vocal sounds that a child can't control). Medicine does not cause tics, but may make them more likely to happen. In general, tics are more likely in children with ADHD. In children who have tics and start medicine for ADHD, tics may get better, worse, or stay about the same.

Rare side effects:

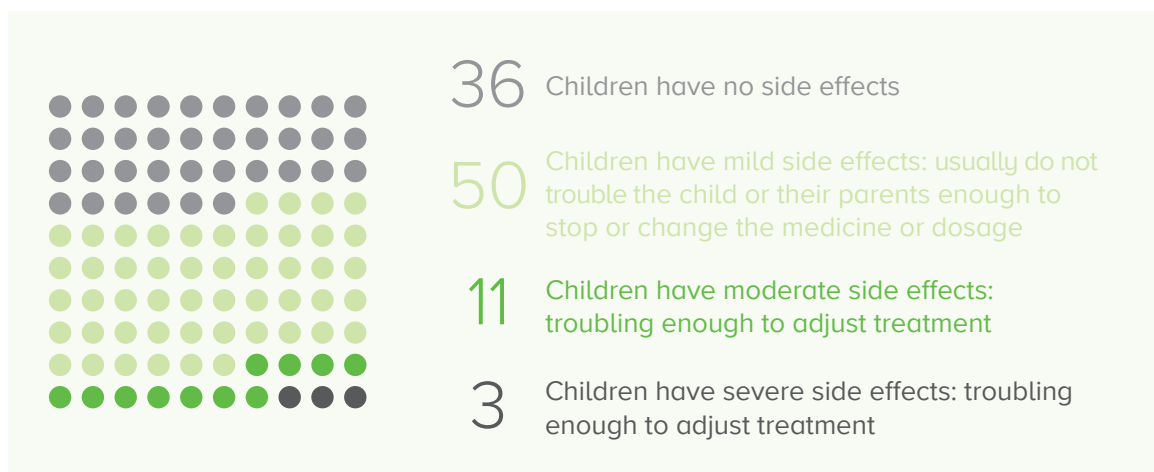
- Increased heart rate and/or blood pressure
- Growth suppression/delay: On average, children with ADHD who take medicine grow less than those children with ADHD who do not take medicine. In the MTA study, some children took medicine for ADHD regularly for 3 years. Other children did not take medicine for 3 years. The children who took medicine were 0.8 inches shorter. They were also about 0.9 pounds lighter. This problem is more likely if the medicine makes your child feel less hungry. Height and weight are checked at every doctor's visit. We still do not know if there is catch-up growth during adolescence.
- Hallucinations (i.e., seeing or hearing something that is not real): This happens in about 3 out of 100 children who take medicine for a year. When the medicine is stopped the hallucination goes away. Some children can re-start a lower amount of medicine without a problem. Some children need to try a different medicine.

Children with pre-existing heart problems:

Children who have heart problems may need to see a heart doctor before trying medicine for ADHD. At present, there is no proof to suggest that taking medicine for ADHD raises the risk of sudden death among children with a normal heart.

- Does your child have a history of heart disease, palpitations (feeling his or her heart flutter), passing out, or seizures?
- Does anyone in your family have a history of sudden, unexplained death in children or young adults? Hypertrophic cardiomyopathy? Heart rhythm abnormality (e.g. Long QT syndrome)?
- If so, be sure to mention these things to your child's doctor.

Here is our best guess of what will happen to **100 children** with ADHD who take medicine for 14 months:



IF YOU CHOOSE MEDICATION:

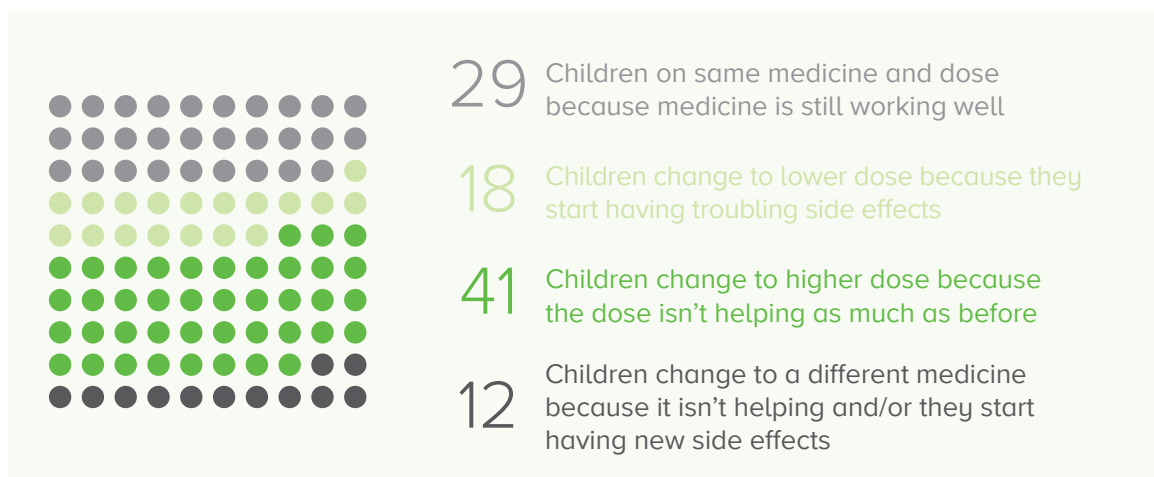
Continuing medication:

The first step is working with your child's doctor to find a medicine and dose that works. It should help your child without causing troubling side effects. Next, your child has to continue taking medicine for it to work. If your child is taking a stimulant medicine (e.g. methylphenidate, amphetamine), you will need to come to the doctor's office every 1–3 months to pick up a refill. Let your child's doctor know how things are going. It is important to have regular follow-up visits with your child's doctor. They will check your child's growth (i.e. height and weight). They will also check your child's heart rate and blood pressure. They might make changes to the medicine.

Medication changes:

Even if you find a medicine and amount that works for your child, things can change over time. You and your child's teacher need to keep a close eye on how things are going. Call your child's doctor if problems arise. Sometimes the medicine stops working as well as it did before. Sometimes children start having side effects.

Many children change the amount or type of medicine within 14 months of treatment. Here is our best guess of what will happen to **100 children** with ADHD who have a good response to an ADHD medicine and keep taking it.



The average time to first medicine change is about 5 months.
The average number of medicine changes is 2 per child.

Here is an example of how choices about treatment can change over time:

After trying 3 different doses of medicine, the medium dose seemed to work best for Beth. After a few months her mother noticed that Beth was putting off doing her homework and forgetting to turn in her homework. These were the same problems that Beth had before starting medicine. After meeting with Beth's doctor, they decided to try a higher dose of the same medicine.

Combined Treatment

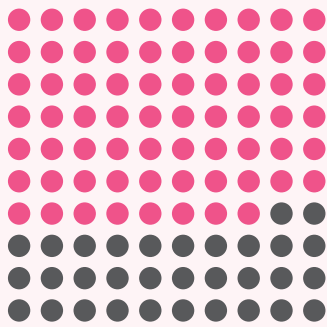
Combined treatment means the child gets both behavioral and medication treatments. See prior sections which describe behavioral treatment and medicine.

PROS & CONS

How can this treatment help my child?

- Combined treatment will help about two-thirds of children with ADHD. These children will pay attention and control their impulses as well as the average child their age that does not have ADHD. They also will be less hyper. Other children may find combined treatment helpful without the same high level of success.
- Compared to children who only take medicine, children who get combined treatment need 19% less medicine to improve the same amount. As a result, side effects may be less severe on lower amounts of medicine.

Here is our best guess of what will happen to **100 children** with ADHD if they get both behavioral and medication treatments for 14 months.



68 Number who have self-control and focus as well as the average child their age who doesn't have ADHD

32 Number who don't improve to that level

What are possible problems with this treatment?

- Behavioral treatments take time.
- Behavioral treatments and medicine cost money (to you and/or your insurance plan).
- Your child may have side effects from medicine.

Here is an example of how choices about treatment can change over time:

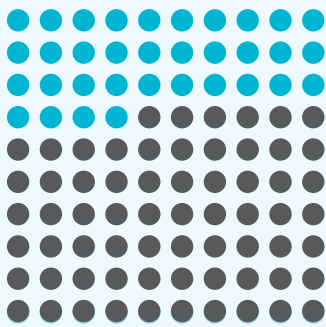
David was taking medicine for ADHD, but still had problems behaving at home. David's parents decided to try combined treatment. The doctor gave them the phone number to a parenting class that was offered in their town. The next month, David continued taking his medicine and his parents went to their first parenting class.



Comparing treatment choices

Here is our best guess of what will happen to **100 children** with ADHD if they get the following treatments for 14 months.

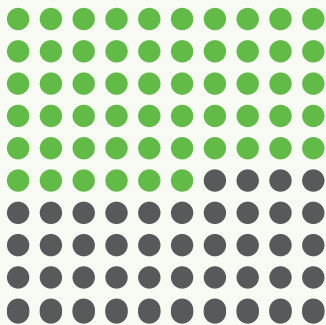
BEHAVIOR THERAPY



34 Number who have self-control and focus as well as the average child their age who doesn't have ADHD

66 Number who don't improve to that level

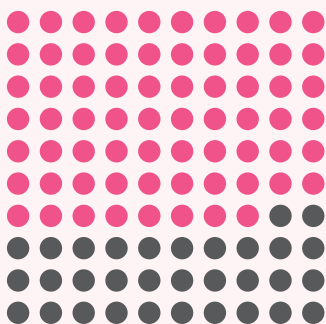
MEDICATION



56 Number who have self-control and focus as well as the average child their age who doesn't have ADHD

44 Number who don't improve to that level

COMBINED TREATMENT



68 Number who have self-control and focus as well as the average child their age who doesn't have ADHD

32 Number who don't improve to that level

SOME CONSIDERATIONS REGARDING YOUR DECISION

Ongoing monitoring

- No matter what treatment you try, it is important to keep a close eye on your child's progress.
- You and your child's teacher can fill out rating forms (e.g. Vanderbilt, Conners, etc.) to see if symptoms are getting better.
- Think about the goals that you, your child, and your child's teacher and doctor set.
- Meet with your child's teacher and doctor to see if your goals have been achieved.
- If a treatment goal is not achieved by a set date, the treatment plan may need to be adjusted. This may include adjusting a current treatment (e.g. behavioral approach or medicine) or adding a new approach that you haven't tried yet (e.g. behavioral approaches or medicine).

Here are examples of how choices about treatment can change over time:

Example 1: Johnny's behavior improved after his mom started using a reward system at home. He still had a very hard time paying attention at school. As a result, she decided to give medicine a try.

Example 2: Vicky's parents were pleased with the progress that she made at school since starting medicine. They were still concerned about her defiant behavior at home. As a result, they decided to attend a class designed to help parents manage their child's behavior.

Example 3: Albert was started on ADHD medicine when he was 7 years of age. Albert also learned study skills that helped him. Each year, Albert and his parents would meet with his doctor. They would plan a trial without medicine to see if he still benefited from it. In the first year, Albert's teacher and parents knew that medicine was still needed to help Albert achieve his goals. In later years, the trials off medicine lasted longer. Yet, Albert and his parents still found that medicine was helpful for him. During a trial off medicine when he was 15, using his study skills alone he was able to keep his good grades. He remained off medicine. Since then, his parents and teachers have continued to set goals and watch his progress closely.

Frequently Asked Questions

(1) Will my child outgrow ADHD?

Many people think of ADHD as a childhood problem. However, ADHD can continue through the teen years and into adulthood. Symptoms of ADHD do change over time.

(2) How do you know for sure if ADHD is the problem?

There are no tests for ADHD. Your child's doctor may make a diagnosis. Sometimes the doctor may refer you to an expert to assist with diagnosis.

(3) What causes ADHD?

No one knows for sure. ADHD probably comes from a combination of things. Some possibilities are:

- Genes, because ADHD sometimes runs in families
- Lead in old paint and plumbing parts
- Smoking and drinking alcohol while pregnant
- Certain brain injuries

Food additives like artificial colors might make children more hyper, but they do not cause ADHD.

Although the cause of ADHD is not certain, family stress, such as divorce, does not cause ADHD.

(4) Who can develop ADHD?

Children of all backgrounds can have ADHD. Teens and adults can have ADHD too.

(5) Will medication change my child's personality?

While your child may stop and think before talking or acting, his or her personality should not change. If your child loses interest in the things he or she enjoys, he or she may be on a dose that is too high.

(6) Will my child become addicted to the medication?

Children do not crave the medicine when it is not given. Some children do notice that it is harder to focus on days that they don't take their medicine.

(7) Are there other resources to help me make the best choice for my child?

See the Resources listed on the next page.

(8) Are there behavioral options nearby?

Cincinnati Children's offers a variety of behavioral treatment options for children with ADHD. For more information, please visit:

www.cincinnatichildrens.org/service/c/adhd/services

Resources

This list provides support groups and other resources for ADHD. Check with your child's doctor for other resources near you.

Organizations

- Cincinnati Children's Center for ADHD
513.636.4336 · www.cincinnatichildrens.org/service/c/adhd/services
- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
800.233.4050 · www.chadd.org
- National Resource Center for ADHD: A program of CHADD
www.help4adhd.org
- National Attention Deficit Disorder Association
856.439.9099 · www.add.org
- Center for Parent Information and Resources
973-648-8200 · www.parentcenterhub.org/adhd/
- National Institute of Mental Health
866.615.6464 · www.nimh.nih.gov
- Parents Helping Parents
www.php.com

Books

- *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents*
By: Russell Barkley, Ph.D.
- *ADHD in the Young Child*
By: Cathy Reimers, Ph.D. & Bruce A. Brunger
- *Teenagers with ADD and ADHD: A Guide for Parents and Professionals*
By: Chris A. Zeigler Dendy, MS
- *The ADD/ADHD Checklist: An Easy Reference for Parents and Teachers*
By: Sandra Reif
- *Teaching Teens with ADD & ADHD*
By: Chris A. Zeigler Dendy, MS
- *Why Don't They Like Me? Helping Your Child Make and Keep Friends*
By: Susan M. Sheridan, Ph.D.

Technical Documentation

- For complete list of citations to scientific evidence referenced in this booklet, please email Bill.Brinkman@cchmc.org

Center for ADHD

3333 Burnet Ave., MLC 10006
Cincinnati, OH 45229-3039

www.cincinnatichildrens.org

BRV237389

