



Attention Deficit Hyperactivity Disorder (A.D.H.D.)

Pre-School Aged Child Version

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ADHD Information for Parents

Attention Deficit Hyperactivity Disorder (A.D.H.D.) occurs in 3% to 5% of children. It occurs in boys about three times more often than in girls. This disorder has had numerous different labels over the past century, including Hyperkinetic Reaction of Childhood, Hyperactivity or Hyperactive Child Syndrome, Minimal Brain Dysfunction, and Attention Deficit Disorder (with or without Hyperactivity).

A child with A.D.H.D. hasn't learned to listen when someone talks, wait his turn, complete a task, or return to a task if interrupted. They are easily distractible and easily frustrated. Many children with A.D.H.D. also are hyperactive (also called hyperkinetic), with symptoms of being restless, impulsive, and in perpetual motion. Their activity is poorly organized and not directed towards a purposeful goal.

Hyperactivity usually starts before age 4, often starts in infancy, and some mothers claim that their baby was hyperactive in the uterus! The most important thing to remember is that the truly hyperactive child has little control over his actions and is not deliberately doing things to drive his parents and teachers crazy.

Most of these children have normal intelligence. However, some do have an associated learning disability, the most common being an auditory processing deficit (i.e., they have difficulty understanding complex instructions).

Characteristics

1. *Poor sustained attention or persistence of efforts to tasks, particularly those that are relatively tedious and protracted.* This is frequently seen in the individual's becoming rapidly bored with repetitive tasks; shifting from one uncompleted activity to another; frequently losing concentration during lengthy tasks; and failing to complete routine assignments without supervision,
2. *Impaired impulse control or delay of gratification.* This is often noted in the individual's inability to stop and think before acting; to wait one's turn while playing or conversing with others; to work for larger, longer-term rewards rather than opting for smaller, immediate ones; and to inhibit behavior as a situation demands.
3. *Excessive task-irrelevant activity or activity poorly regulated to situational demands.* Individuals with ADHD are typically noted to be excessively fidgety, restless, and "on the go." They display excessive movement that is not required to complete a task, such as wriggling feet and legs, tapping fingers and objects, or rocking or shifting position while performing relatively boring tasks.
4. *Deficient rule-following.* ADHD individuals have difficulty following through on instructions or assignments, particularly without supervision. This is not due to poor language comprehension, defiance, or memory impairment. It seems as if instructions do not regulate behavior as well in ADHD individuals.
5. *Greater than normal variability during task performance.* Although there is not yet a consensus for including this characteristic with the others of ADHD, much research has accumulated to suggest that ADHD individuals show wide swings or considerably greater variation in the quality, accuracy, and speed that they perform assigned work. This may be seen in highly variable school or work performance where the person fails to maintain a relatively even

level of accuracy over time in performing repetitive or tedious tasks. Although normal individuals, particularly young children, may show some of these features, the ADHD individual will display them with a considerably greater degree of frequency and intensity.

6. *Early onset of the major characteristics.* Many ADHD individuals have exhibited their particular problems since early childhood (mean age of onset is three to four years). The vast majority have had their difficulties since seven years of age.

7. *Situational variation.* The major characteristics are often displayed differently depending on situation. Impairments are likely to be seen involving one-to-one contact in activities with others, particularly if an authority figure, such as a father, is involved. ADHD individuals do better when activities are novel, highly interesting, or involve an immediate reward for completing them. Relatively repetitive activities and familiar or uninteresting activities tend to be problematic.

8. *Relatively chronic course.* Most children with ADHD have these problems throughout childhood and adolescence. Although the major features improve with age, most ADHD individuals remain behind others their age in their ability to sustain attention, inhibit behavior, and regulate their activity level.

Diagnosis

Physicians make the diagnosis of A.D.H.D. or hyperactivity mainly from the parent's and teacher's description of the child's behavior. Some doctors use standardized questionnaires that are answered by the parent and/or the teacher. It's important to find out if any of the child's relatives had a similar type of problem. The physician will need to have a clear picture of the home and social situations. A thorough physical exam is performed, which is usually normal. Lab tests are seldom useful. Your child should have psychological and learning tests done by the school to test his intelligence level and to check for the presence of any specific learning disabilities.

Causes

Attention Deficit Hyperactivity Disorder is the most common developmental disability. This means that the disability is caused by delayed brain development (immaturity). Some children's hyperactive behavior is a subconscious attention- getting device to compensate for failing in school because of learning problems. A small percentage of children with A.D.H.D. are reacting to chaotic home environments, but in most cases the parents style of child-rearing has not caused the disability. No one knows the actual cause of most cases of A.D.H.D. Often, it is hereditary. Obviously, there is something different about these children's nervous symptoms, but brain damage has **not** been proven to be a cause of A.D.H.D. There does seem to be something different in the brain chemicals (neurotransmitters) in these children, but this can not be "tested for" with any blood test or brain scan or xray. Research has largely discounted the popular notion that ADHD is caused by food additives, such as preservatives or sugar. While a few individuals have their ADHD features exacerbated by allergies, these allergies are not the cause of the disorder.

Adult Outcome

It has been estimated that between 15 and 50 percent of children with ADHD ultimately outgrow their problems or at least achieve a point in life where their symptoms are no longer maladaptive. Most ADHD individuals will continue to display their characteristics into young adulthood, however. Between 35 and 60 percent of ADHD individuals will have problems with aggressiveness, conduct, and legal or social norms during adolescence, and 25 percent are likely to become antisocial in adulthood. The most common area of maladjustment for ADHD adolescents is in school, where they are more likely to be provided special education, retained in grade, suspended for inappropriate conduct, or expelled. ADHD children are also known to drop out of school altogether.

ADHD individuals have less educational attainment by adulthood compared to normal individuals. Approximately 35 percent of ADHD children will display a learning disability (i.e., a delay in reading, math, spelling, writing, or language) in addition to their other ADHD features. Among ADHD individuals who develop conduct disorders or antisocial behavior in adolescence, substance abuse—especially using cigarettes and alcohol—is noted in the majority.

Treatment

Although no treatments have been found to cure this disability, many exist that have shown some effectiveness in reducing the level of symptoms, or the degree those symptoms impair a normal lifestyle. The most successful treatment is the use of stimulant medications, like methylphenidate (Ritalin) or dextroamphetamine (Dexedrine). It is often recommended that other treatments be used before or in conjunction with the stimulant medications. These other treatments include training the parents of ADHD children in more effective child-management skills, modifying classroom behavior-management methods used by teachers, adjusting the length and the number of assignments given to ADHD children at one time, and providing special education services to ADHD children who are more seriously affected.

ADHD Information for Kids

Many kids have trouble sitting still, keeping their minds on their work, and remembering directions. Sometimes, the reason is that they have Attention Deficit Hyperactivity Disorder, or ADHD for short.

Kids with ADHD find it difficult to sit still, *even when they really want to*. They also find it hard to pay attention, *even when they really try*.

Kids with ADHD often have a terrible time with homework and class work. Since they have trouble sitting still and paying attention, they get bored quickly. So, it's hard for them to concentrate or stick with things that are not very interesting to them.

Kids who have ADHD sometimes have a harder time controlling themselves, too. They may act without thinking about what will happen later. This often causes problems. With ADHD kids, their motor goes so fast that they have trouble putting on the brakes and slowing down, *but they just can't wait!*

How does ADHD happen? Kids with ADHD are normal just like everyone else. It's just a small part of their brain is not working so well. This is the part of the brain that helps people sit still, pay attention, and control themselves. Most of the brain of a kid with ADHD is working fine and is very healthy, just like everyone else.

If you have ADHD, it doesn't mean that you can't sit still or pay attention like other kids. It just means that you will have to learn some special tricks in order to be able to do these things.

The most important thing to remember is that there is *plenty* that parents and teachers do to help kids with ADHD, and there is *plenty* that you can do to help yourself.

There are certain medications, for example, that sometimes help kids with ADHD. These medicines help you do the things that you would like to do - like sit still, pay attention, keep your mind on what you are doing, and be able to remember things,

Almost all medicines have what are called "side effects". These are things that happen that nobody likes about the medicine. With the usual medicine for ADHD, the main side effects are that you may get less sleepy and less hungry than you did before you started taking the medicine. This may not happen at all, but if it does, remember that it often goes away after about two weeks. If you ever take the medicine, and you feel funny or weird or different, you should let your parent or teacher know right away. It is also real important that the medicine be taken in a certain way. So make sure that you follow the doctor's directions.

Remember, many people have this problem, and many of them do just fine. If you listen to what your parents, teachers, and doctors tell you, you will do just fine too!

Guidelines for Living with a Child with A.D.H.D.

Most children with A.D.D. can improve significantly if parents and teachers provide understanding and direction and preserve the child's self-esteem. When these children become adults, many of them have good attention spans but remain restless, need to keep busy, and, in a sense, have not entirely outgrown the problem. However, not only does society learn to tolerate such traits in adults, but in some settings the person with endless energy has a real advantage.

1. Accept your child's limitations:

Accept the fact that your child is intrinsically active and energetic and possibly always will be. The hyperactivity is not intentional. Don't expect to eliminate the hyperactivity but merely to bring it under reasonable control. Any criticism or other attempt to change an energetic child into a quiet or model child will cause more harm than good. Nothing helps a hyperactive child more than having a tolerant, patient, low-keyed parent.

Set realistic goals for him. Recognize his areas of strength and encourage achievement there. Perhaps he can channel his excess energy into sports, drama, or gymnastics. He can take on certain household responsibilities like washing the car, making beds, dusting, etc. Positive experiences and parental approval go a long way toward elevating his self-esteem.

2. Provide an outlet for the release of excess energy:

This energy can't be bottled up and stored. Have fun with your child! Daily outdoor activities such as running, swimming, sports, and long walks are good outlets. A fenced yard helps. In bad weather, he needs a room where he can play as he pleases with minimal restrictions and supervision. He should not have too many toys, for this can cause more distraction. Encourage him to play with only one toy at a time. The toys should be safe and relatively unbreakable.

Although hyperactivity is "allowed", it should not be needlessly encouraged. Don't initiate roughhousing with your child. Forbid siblings to instigate noisy play. Encouraging hyperactive behavior can lead to its becoming your child's main style of interacting with people.

3. Keep your home well-organized:

Household routines help the hyperactive child to accept order. Keep the times for wake-up, meals, snacks, chores, naps, and bed as regular as possible. Try to keep his environment relatively quiet to encourage thinking and listening. Leave the radio and TV off as much as possible.

4. Make sure that he gets enough sleep:

When a hyperactive child becomes exhausted, his self-control often breaks down and the hyperactivity becomes worse. Try to have him sleep or rest when he is fatigued. If he can't seem to "turn off his motor", hold and rock him in a rocking chair.

5. Avoid taking him to formal gatherings:

Except for special occasions, avoid places where hyperactivity would be inappropriate or embarrassing (such as churches or restaurants). You may also wish to reduce the number of times that you take him to stores and supermarkets. After he develops adequate self-control at home, he can gradually be introduced to these situations. Be sure to praise him when he plays independently rather than interrupting you when you are talking to guests or are on the telephone.

6. *Have a few simple and consistent rules of discipline:*

Rules should be formulated mainly to prevent harm to your child or to others. Aggressive behavior, such as hitting, biting, and pushing, must not be allowed. However, don't make unattainable rules; for instance, don't expect him to keep his hands and feet still. Hyperactive children tolerate fewer rules than other children. Enforce a few clear, consistent, important rules and add other rules at your child's pace. Avoid constant negative comments like "Don't do this" and "Stop that."

7. *Enforce rules with non-physical punishment:*

Physical punishment teaches him that physically aggressive behavior is OK. He needs adult models of control and calmness. Try to use a friendly, matter-of-fact tone of voice when you discipline him. If you yell and scream, your child will be quick to imitate you.

Punish him for misbehavior immediately. When he breaks a rule, isolate him in a chair or time-out room if a show of disapproval doesn't work. The time-out should last about 1 minute per year of age.

8. *Stretch your child's attention span:*

Encouraging attentive (non-hyperactive) behavior is the key to preparing him for school. Increased attention span and persistence with tasks can be taught at home. By age 5 he needs at least a 25-minute attention span to perform adequately in school.

Set aside several brief periods each day to teach him listening skills by reading to him. Coloring pictures should be encouraged. Play card or board games with him. His toys should include building blocks and puzzles and he should be praised whenever he is able to spend some quiet time playing.

Get a computer. All children, and ADHD children in particular, are visual learners. Take advantage of the many educational programs now available on computer.

9. *From time to time, get away from it all:*

Periodic breaks help parents to tolerate hyperactive behavior. If the father is the only parent that works outside the home, he should try to look after the child in the evenings, not only to give his wife a deserved break, but also to better understand what she must contend with during the day. A babysitter one afternoon and one evening each week can be essential to the parents of a hyperactive child. Preschool is another helpful option.

10. *Utilize special programs at school:*

Once he enters grade school, the school is required by law to provide appropriate programs for your child's attention deficit disorder. If he is not doing well in academic subjects, insist that the school psychologist test him for learning disabilities. Some approaches that teachers use to help children with A.D.H.D. are smaller class size, isolated study space, spaced learning techniques, and inclusion of the child in tasks like erasing the blackboard or passing out books. If appropriate, he may spend part of his day with a teacher that specializes in learning disabilities. Your main job is to continue to help him improve his attention span, self-discipline, self-esteem, and friendships at home.

Recommendations for Preschool Teachers of Children with Attention Deficits

1. Maintain an environment that is orderly and well organized. Establish a system for organizing your materials, such as color-coding or numbering of subjects. Make a place for each child's belongings,. Label all spaces and places with the child's name or an identifying symbol that the child has chosen or selected.
2. The ADHD child will benefit from preferential seating during large group activities, such as circle time. A most effective way to place children in the classroom to maximize their attention is the U shape or semi-circle. Seat the child with attention deficit directly across from you where you can easily maintain eye contact and provide strong modeling cues. Place tape on the floor so that the children can see where their designated seats are.
3. Avoid giving directions in your group session. When young children are asked to gather in a close group, they are more interested in their personal space being invaded, than in the directions or the lesson being presented. Therefore, when you are giving directions to a group, such as making an art project, divide the classroom into small groups and go from table to table repeating the directions.
4. Ignore minor fidgeting, wiggling, tapping, and the like. Provide opportunities for purposeful movement. For example, if John continually taps his fingers on the table, you might respond by asking, "John, can you make this cash register work?" and hand the child the toy to work on.
5. Child-proof your classroom environment. The impulsive behavior of children with attentions deficits makes them prime candidates for accidents. Offer the child a safe environment that is secure and predictable. Children with attention deficits appear to be internally distracted and can lose concentration even in the most sterile of environments. For small group activities, chairs, carpet squares, and hula- hoops are helpful. They show children their place or indicate where they should sit. Avoid giving directions or demonstrations when children are behind you or to your side. Children respond best when they can look directly at your face and see your appropriate modeling. Some children are less restless when they sit backwards in a chair (i.e., straddle the chair with the back between their legs). This prevents them from tipping or rocking and offers a larger base of support. Other children feel more comfortable when they can move from chair to chair. A beanbag chair is often an appropriate piece of equipment for young children. During independent writing or coloring, encourage pre-school children to lie on their stomachs. This reduces free movement of arms and provides a sense of security.
6. The preschool classroom should be structured around a well planned routine with a regular time for daily experiences, such as snack time, calendar time, and nap time. Help the child who has difficulties with planning by hanging a multi-colored paper chain by your calendar. One loop of the chain can indicate (by color) an activity that you are going to have that day. For example, at green might indicate snack time, yellow might indicate

story time, etc. As you complete each activity, cut off one loop of the chain so children can see which activity has been accomplished.

7. Transition is an important part of any school day. In fact, about 15 percent of the classroom day is spent in transition. This is often a difficult time for a child with an attention deficit. Because transition implies change, ADHD children are often more distractible during this time. Employ auditory or visual clues to signal changes in your daily routine. Schedule the time that transition occurs. As you close one activity and before entering another, review several interesting or motivating aspects of what is coming next. Activities that help ensure an effective transition are auditory or visual cues. For example, a special puppet might be brought out - accompanied by a special song - specifically to indicate that it is now clean-up time. When children see the puppet and hear the song, they become aware that a transition is about to take place. As students return from an unstructured activity, such as recess, the teacher can present a transition activity before offering a structured task, such as reading a story. For example when students return from recess the teacher can provide time to sit on the floor and sing some songs about activities that just occurred on the playground. This offers a transition whereby the student moves from an unstructured activity to a very formal structured activity. Transitions offered in this gradually-staggered format produce a calmer, more organized change,
8. For each activity, tell the child what to expect. For example “After we have snack time, we will read the book.” Try giving the child the sequence of directions. Some active children will only be able to comprehend one simple direction at a time. Therefore, it is essential to give the child brief directions, and - when possible - ask them to repeat or act them out. This will improve comprehension and attention. Remember verbal cues are the least salient way to correct ADHD children; therefore, actions should be emphasized more strongly than words, and visual cues should be used to indicate changes in the daily plan.
9. Young children with attention deficits cannot easily regulate either their moods or their actions, largely because they are not aware of them. Teachers working with these children need to provide ongoing and supportive feedback. When ADHD children are learning new skills, it is important to offer a great deal of positive reinforcement. Praise alone, however, may not initially provide adequate incentive for the child to behave in the desirable manner. This is due to the child’s lower sensitivity to feedback in the social environment; therefore, children with ADHD often require more frequent and powerful rewards. This type of behavior shaping refers to gradually changing a person’s behavior by reinforcing even the smallest movement toward the desired goal while ignoring inappropriate behaviors. It is important to be very specific (rather than general) in praising the desired behaviors. For example:
 - a) “You put two of the four puzzle pieces in correctly.”
 - b) “The way you handed the game pieces to Bobby shows me you know how to play nicely. It’s great that you can cooperate in this game.

10. Additionally, when the child is praised, value should be placed on the effort made - not the quality of the effort made. For example:
 - a) "I bet you worked hard on that one."
 - b) "I can see you know how to put things back on the shelf."
11. Keep note cards on the child's daily progress, the problems encountered, and how these problems were handled. Document your observations and concerns with anecdotal information (e.g., work samples or testing data). As you discover effective management techniques, share them with the parents.
12. Invite the parents to observe the child in the classroom. This is particularly advisable if the child has not been diagnosed. Children with ADHD often have particular difficulty in group situations; therefore, parents may be unaware of their child's challenges in a classroom.
13. If the ADHD child is being served by a multidisciplinary team or case manager, work with them to develop effective strategies and try to incorporate their suggestions into what you are doing as a teacher throughout the year.
14. If the child is on medications, complete checklists when requested. Learn about possible side-effects and be alert for them. Because many children take medication only during school hours, side-effects may not be evident to parents. Communication between the school, home, and the medical personnel is very important.
15. Provide a list of available community resources for the parents (e.g., support groups, classes, family enrichment activities, etc.). Keep a list of current articles, pamphlets, and books to share with parents seeking further information.
16. Educate yourself about current interventions, strategies, resources, and medications. Attend workshops learning appropriate instructional and behavior management techniques.
17. Continue to provide classroom modifications to enhance attention, work production, and social adjustment.
18. Be good to yourself. You are invaluable in the child's life. Each intervention you employ is propelling the child toward success.¹

¹ Adapted from the article: *The Young and the Restless: Helping the Preschool Child with Attention Deficit Hyperactivity Disorder* by Clare B. Jones, Ph.D.

Home Management for Children with ADHD

1. Just as they need educational success, children with ADHD must have sufficient personal success in their lives. Their strengths must be recognized and used, even if the talents do not fit parental hopes or expectations. Artistic, athletic, or creative ability - of any kind-must be discerned and developed, even in the face of some opposition from the child.
2. Children should not be expected to recover overnight. Parents should not try to use threats such as “if you ever do this again, you you’ll be in big trouble.” Instead, parents should reinforce steady -though small - improvement (as opposed to only praising large gains). They should temper criticism with praise each day. The goals should be to progressively decrease the frequency and severity of maladaptive behavior.
3. Parents should not attempt to deal with all of the child's undesirable traits at the same time. They should select one or two traits that are most in need of careful management.
4. Every effort should be made to shape behaviors without seeking to extinguish the symptoms. For example, if a child is highly demanding and insatiable, a mother might say, “You seem to want things all the time. It uses up all of my energy and time. From now on, you should keep a notebook and write down all of the things you need or want Every afternoon from 5:00 until 5:15, I will sit and listen to you and hear about all of the things you want or need.” In this way, the intent is not to try to extinguish the child's insatiability, but, rather, to limit it.
5. Sleep problems need to be managed carefully. Children should not be made to feel guilty about having trouble falling asleep or waking up too early. As long as they bother no one else, they should be reassured that sleep is their own affair. If a lack of sleep interferes with school performance, medication to induce sounder sleep may be tried, along with other measures, such as the use of white noise, relaxation tapes, afternoon naps, and reading in bed.
6. Children with ADHD benefit from predictability and structure at home. Distinct schedules for getting up in the morning, doing homework in the evening, and fulfilling daily obligations have a beneficial impact These children should be expected to assume responsibilities in a predictable manner.
7. A mother and father must have similar reactions to the child's various actions. This requires considerable discussion and planning by the parents.
8. Children with ADHD often have difficulty completing homework assignments. A preset routine for cognitive work each evening (except weekends) helps establish good study habits. If no homework has been assigned, children should maintain their routine and sit at a desk and work in a workbook or perform some other intellectual task. Their siblings should be working at the same time. There should be no distractions permitted during these homework hours. Additionally, children with ADHD should not have their desks in their bedrooms. This is too distracting. The bed is associated with sleep, and personal belongings are a constant temptation to daydream. Ideally, the desk should be situated in another room.
9. Anticipating every possible scenario in the home life of a child with attention deficits is not really possible. Parents may require counseling to help them with day to day management issues. The advice must be given by someone who has a good understanding of attention deficits; otherwise, the parents are likely to feel a sense of shame, leading to needless guilt.²

² Adapted from: *Developmental Variations and Learning Disorders* by Melvin D. Levine, M.D

Information for Parent(s) Regarding the Stimulant Medications: Ritalin, Dexedrine, and Adderall

What are stimulant medications?

Ritalin (methylphenidate), Dexedrine (dextroamphetamine), and Adderall (amphetamine/dextroamphetamine salt combination) are medicines that are sometimes also referred to as “stimulants.” When prescribed for people who have attention deficit/hyperactivity disorder (ADHD), they stimulate parts of the brain that are not working as well as they should. They are not tranquilizers or sedatives.

How can these medicines help?

They can improve attention span, decrease distractibility, increase ability to finish tasks, improve ability to follow directions, decrease hyperactivity, and improve ability to think before acting (decrease impulsive behavior). Illegibility of handwriting and completion of school work and homework can also improve. Aggression and stubbornness may decrease in youngsters with ADHD.

Stimulant medication is not the only answer for ADHD! The medicine works best when used together with special help in school and behavior modification procedures at home and at school. Some youngsters and families also benefit from individual, family, or group psychotherapy. If stimulant medications do not help or cause side effects that are a problem, other medications should be discussed with the doctor.

How long does the medicine's effect last?

Ritalin and Dexedrine have short acting preparations that last three to four hours. Ritalin has a long acting preparation that may last up to eight hours, but usually only lasts five or six hours. Dexedrine has a long acting preparation that lasts eight to nine hours. Adderall lasts 5 to 6 hours.

How will the doctor monitor this medicine?

From time to time, the physician (or nurse) will check height, weight, pulse, and blood pressure. The doctor will ask for regular reports from you and possibly from your child's teacher to check on your child's progress.

What would happen if this medicine was stopped suddenly?

Stopping the medication suddenly poses no medical risk. A few youths may experience irritability, trouble sleeping, or increased hyperactivity for a day or two; this may be especially true if they have been on daily medication for a long time, particularly at above average doses. Sometimes it is better to stop the medication gradually over a week or so.

What would happen if too much medicine was taken all at once?

Signs and symptoms of an overdose may include: muscle twitching, convulsions, confusion and hallucinations. Such reactions occur primarily following accidental ingestion of large amounts of medication. This is an emergency condition and should be handled at a hospital. Be sure that the medication is stored in a safe place, especially if you have younger children at home.

How should the medicine be explained to others?

The fact that this - or any other medication - is needed is a personal matter and does not necessarily need to be shared with others. Most certainly, however, this need for medicine is not something that someone should feel shame or embarrassment over. Many children and teenagers are helped by stimulants, and they lead fun and normal lives. Although myths about these medicines exist, they are usually told by people who do not understand ADHD. If you have *any* concerns or worries about something that you have heard or read, you should discuss these concerns with your doctor.

Above all, it is important to understand that this medicine does not change who the child is in any way. Any improvements your child may make in school or other areas are your child's achievements, not those of the medicine. The medicine cannot make a person do anything: it only helps people do what they want to do in a quieter, calmer, more efficient, and more enjoyable way.

Are there any side effects of the medicine?

Any medication may have side effects, including an allergy to the medicine. Because each patient is different, your doctor will work with you to get the most positive effects and the fewest negative effects from the medication. For the stimulant medications, some side effects are more commonly experienced than others. Below is a list of side effects ranging from common to very rare. Some extremely rare side effects may not be listed here. Please talk to your doctor if you suspect that the medicine is causing a problem.

Common Side Effects

- *Decreased appetite:* This is a common problem that usually occurs at lunch when the medication is still active. Appetite tends to improve by dinner. Breakfast is rarely affected because the effects of the medication will have worn off by then. If possible, therefore, give your child a good breakfast. You may also find your child wanting a late evening snack, which is fine. Children will occasionally lose weight at the beginning of treatment, but this usually subsides after several months.
- *Insomnia or sleep disturbances:* Though this side effect is common, it is more likely to occur if an extra dose of medication is taken after school. Many children with ADHD have problems with sleep even without taking any medication, so that adjusting the medication may not help the insomnia. If the problem is severe, a mild sedative like Benadryl or possibly a medicine called Clonidine may be helpful.

Occasional Side Effects

- *Abdominal pain:* Abdominal pain is generally a temporary problem which subsides within two to three weeks. Occasionally it may persist, and it may be associated with constipation.
- *Emotional changes:* Some children become moody or depressed on medication. They may also get sleepy, "spacey," or overly focused. Furthermore, some children get irritable when the medication wears off. If any of these side effects are severe and persistent, the medication might be decreased or, in some cases, discontinued.

- *Headaches:* Headaches are more common in the first week that a stimulant is used. They usually stop occurring thereafter. If mild headaches continue to be a problem, they can be treated with Tylenol. If they persist and continue to bother the child (this is rare), then the medicine may need to be changed.
- *Rise in blood pressure and pulse:* The medication may cause a rise in blood pressure and pulse depending on the dose administered. Even at higher doses of medication, however, the blood pressure or pulse increase is usually small and rarely dangerous.
- *Tics and Tourette's Syndrome:* Tics are muscle twitches that may be brought on by stimulants. A more severe form of tic, Tourette's Syndrome, is a long lasting tic that includes unusual sounds or grunts along with the muscle twitches. It is unclear how often the medication will actually cause tics or Tourette's Syndrome, though it is probably extremely rare. One study in the late 1970's reported that only one out of 1500 people treated with stimulant medications developed a new irreversible tic. If a severe tic develops, the medication should be discontinued; if the tic is not severe, the medication can usually be continued.
- *Effects on growth:* There have been studies suggesting that long term medication therapy can diminish growth by about 2%. Other studies have shown no effect. This problem may be more common in children who take medication seven days a week and during holidays and vacations. This appears to be a mild effect though and even those children whose growth slows down may well catch up during their teenage years.

Very Rare Side Effects

- Hives (welts)
- Decreased white blood count
- Irregular heart beats
- Hair loss
- Hallucinations

CH.A.D.D.

Children with Attention Deficit Disorders

“Parents Supporting Parents”

CH.A.D.D. is a non-profit, tax-exempt, support group for parents of children with attention deficits. As an organization, the primary objectives are:

1. To maintain a support group for parents who have children with attention deficits;
2. To provide a forum for continuing education for parents and professionals;
3. To be a community resource for information about attention deficit disorders;
4. To foster the objective that the best educational experiences should be available to children with the disorders, so that their specific difficulties will be recognized and appropriately managed within educational settings.

CH.A.D.D. was started in 1987 by parents of children with attention deficits and by professional who had an interest in working with these children. News of CH.A.D.D. meetings spread quickly and soon chapters began to form nationwide. Each chapter holds monthly meetings where speakers present information on a variety of topics associated with the disorders. These topics range from family interactions and behavioral management to medical treatment protocols.

Children with attention deficits come in all sizes, shapes, and ages. They don't all have that mischievous “Dennis the Menace” look, and they're not always just a blur of activity or a frenzy of excitement. Sometimes they're just sitting quietly in front of the television for hours, or seriously concentrating on the latest video game or teen magazine. Often, they're affectionate, caring, and well behaved. Children with attention deficits have a wonderful, joyous, spontaneous side to their personality, but they can also be a handful to raise.

CH.A.D.D. offers a variety of different memberships:

- Family Membership- \$30.00 per year;
- Professional Membership - \$60.00 per year;
- International Membership - \$100.00 per year;
- Organizational Membership - \$150.00 per year.

The organizational memberships are designed for schools, educational and counseling centers, pediatric offices, and hospitals. Membership benefits include the following:

- CH.A.D.D.ER, our semi-annual magazine;
- CH.A.D.D.erBox, our monthly newsletter;
- Teacher's Guide;
- Fact Sheet;
- Information Booklet
- Current CH.A.D.D. chapter meeting schedule.

National Headquarters
499 N.W. 70th Avenue, Suite 308
Plantation, FL 33317
(305) 587-3700

National President's Office
Sandra F. Thomas, R.N.
P.O. Box 1535
Greenfield, MA 01302
(413) 773-3486

CH.A.A.D.
Roseville and Greater Sacramento
1528 E. Colonial Parkway
Roseville, CA 95661
(916) 782-5661 or 723-5207

CH.A.A.D. of Cameron Park
(916) 672-4405 or 672-2024

CH.A.A.D. of Yolo County
(916) 758-524 or 750-3929

Gold Country Ch.A.D.D. (Grass Valley)
916-268-8873

Butte County Ch.A.D.D. (Paradise)
916-894-1221

Community Resources

Community Alliance for Special Education (C.A.S.E.): Nonprofit organization that provides legal support, representation, and educational consulting to parents throughout the greater San Francisco Bay Area whose children need appropriate special educational services. Parents are assisted by advocates and attorneys at IEP meetings, Mediation Conferences, and Due Process Hearings. It provides free consultation to parents and professionals by telephone or face-to face.

- 1031 Frailatin Street
San Francisco, CA 94109
928-2273
- 680 W. Tennyson Road, Room I
Hayward, Ca. 94544
783-5333

Learning Disabilities Association (L.D.A.)

Local - 672-3145

State Office (Los Angeles) - (818) 355-9361

The Orton Dyslexia Society

- Northern California Branch (Palo Alto): (415) 328-7667
- National Headquarters (Baltimore): (301) 29~0232

Protection and Advocacy, Inc. (P.A.I.): Private, nonprofit organization that protects the legal, civil, and service rights of Californians who have developmental or mental disabilities. Services include advocacy, information and referral, technical assistance, and representation.

- P.A.I. Central Office
100 Howe Ave., Suite 185-N
Sacramento, CA 95828
 - A. Legal Unit (916)488-9950
 - B. Administrative (916) 488-9955

Literature

Book	Suggested Ages
<i>Jumpin' Johnny Get Back To Work!</i> By Michael Gordon; Gsi, 1991	3-8
<i>Add Hyperactivity Workbook;</i> By Harvey Parker; Impact Publications, 1988	5-10
<i>Eagle Eyes;</i> By Jeanne Gehret; Verbal Imagespress, 1991	6-10
<i>Driven To Distraction;</i> By Edward Hallowell, M.D., And John Ratey, M.D.; Random House, 1994	Adult
<i>Living With The Active Alert Child;</i> By Linda Budd; Parenting Press, 1993	Adult
<i>Helping Your Hyperactive Child;</i> By John Taylor; Prima Publishing And Communications, 1990	Adult
<i>Hyperactive Child, Adolescent, And Adult;</i> By Paul Wender, M.D.; Oxford University Press, 1987	Adult
<i>If Your Child Is Hyperactive, Inattentive, Impulsive, Distractable;</i> By Stephen Garber; Villard Books, 1990	Adult
<i>The Parents' Hyperactivity Handbook: Helping The Fidgety Child;</i> By David M. Paltin; Plenum Publishing Corporation, 1993.	Adult
<i>Why Johnny Can't Concentrate;</i> By Robert Moss, M.D.; Bantam, 1990	Adult
<i>Young Hyperactive Child: Answers To Questions About Diagnosis, Prognosis, And Treatment;</i> Edited By Jan Loney; Haworth Press, 1987	Adult
<i>Your Hyperactive Child;</i> By Barbara Ingersoll; Doubleday, 1988	Adult

Books on Behavior

Parents Are Teachers; Becker, W. (1971). Research Press.

Families; Patterson, G. (1976). Research Press.

The Difficult Child ; Turecki, S. (1985). Bantam Books.

ADHD Videos

Jumpin' Johnny' Get Back to Work. Video for children in the Health Education Library.

Understanding A.D.D. Video available in the Health Education Library.

The Internet

There are many sites that pertain to ADHD, learning disabilities, parenting, etc., and they change frequently. Anyone with a computer and a modem can get their views onto the internet, so be sure to consider the source and be careful not to believe everything that you read there. Especially be wary of anyone claiming to be able to “cure” ADHD with vitamins, nutritional supplements, or any other product that you have to purchase over the internet.

Use your search engine (Yahoo, Lycos, etc.). Here are a few sites that looked pretty good and that existed as of April, 2000:

<http://www.addclinic.com>
<http://www.concentric.net/~skiplac/challeng.html>
<http://www.chadd.org/>
<http://www.add.org/>
<http://add.miningco.com/health/add/>
<http://www.oneaddplace.com/>
<http://addwarehouse.com>

alt.support.attention-deficit

A.D.D. WareHouse

You can obtain a catalog from ADD WareHouse, by calling 1-800-233-9273. They carry ADHD books, videos, flash cards, games, and other products. Their address is:

300 Northwest 70th Avenue
Suite 102
Plantation, FL 33317

A.D.H.D. Orientation Class

The Department of Psychiatry at Roseville offers a five part lecture series on ADHD. It covers symptoms, treatment, and parenting. Call 973-5300 to find out the dates of the next class and other information about enrolling.

Parenting Class

A four evening class taught at Roseville that teaches effective parenting techniques. Call 726-KIDS for more information.