# Diagnosis and Management of ADHD

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## **History of ADHD**

ADD
ADHD
ADDH
ADD/WO
Hyperactivity
Hyperkinesis
Hyperkinetic Reaction of Childhood
Disorder of Vigilance
Minimal Brain Dysfunction
Minimal Brain Damage

## **Definition of Attention Deficit Hyperactivity Disorder (ADHD)**

A developmental disorder of age-appropriate attention span, impulse control, activity level, rule-governed behavior (compliance, self-control, and problem-solving), and consistency of performance that arises in infancy or early childhood (before age 5-6), is pervasive in nature (cross-situational), and is not associated with gross sensory, motor, cognitive, neurologic, or psychiatric impairment as the primary cause of the problems.

adapted from Barkley, 1990

## **Characteristics Which May Be Related to ADHD:**

Noncompliance
Aggression
Poor Peer Relationships
Learning Problems
Anxiety
Emotional & Social Immaturity
Physical Immaturity Motor Incoordination
Proneness to Ear and Upper Respiratory Infections
Low Self-Esteem, Depression
Enuresis, Encopresis
Sleep Problems

## **Etiology of ADHD**

- \*1. Genetic factors
- \*2. Pregnancy and Birth Complications
- 3. Neurological disorders or trauma
- 4. Environmental/Psychological factors
- 5. Environmental Toxins
- \*6. ?????

## **Brain Basis for ADHD**

Mounting evidence for neurobiological substrates for ADHD

However, no single entity or neurological system has been conclusively determined to cause ADHD across subjects

# **Differential Diagnosis of ADHD**

#### **ADHD**

ADD without Hyperactivity

Frustration secondary to low or reduced intelligence

Frustration secondary to specific learning disability

Neuropsychological Impairment (e.g., memory dysfunction, language comprehension disorder)

Oppositional Defiant Disorder

Conduct Disorder

Anxiety and Depressive Disorders

Adjustment Disorders with associated Mood and/or Behavioral Disturbances

Pervasive Developmental Disorder

Stress, family dysfunction

Poor parenting (Adult Discipline Disorder?)

Early psychological trauma, attachment disorder

Normal child behavior

Boyhood

## **Best Practices for Diagnosis and Treatment**

#### I. Assessment

Evaluating the validity of the complaints, trying to explain the child's behavior

#### II. Treatment

Treatment plan sensitive to both primary and secondary symptoms, sensitive to potential comorbid conditions; treatment plan that is sensitive to developmental issues

### **Specific Interventions**

- Medication (stimulant medications, etc.)
- Behavioral Strategies
- Intervention for co-morbid disorders, secondary characteristics, support for emotional fallout

## Resources

<u>The ADD Hyperactivity Workbook for Parents, Teachers, and Kids</u> by Harvey C. Parker, Ph.D. It is published and distributed by Impact Publications, Inc., Suite 102, 300 Northwest 70th Avenue, Plantation, Florida, 33317. Their phone number is (305)-792-8100.

<u>ADHD/Hyperactivity:</u> A Consumer's Guide for Parents and Teachers by Dr. Michael Gordon. It is available through GSI Publications, P.O. Box 746, DeWitt, New York, 13214-9938. The phone number is 315-446-4849.

<u>The Parent's Guide to Attention Deficit Disorders</u> (McCarney & Bauer, 1990, Hawthorne Educational Services, Inc.; 314-874-1710).

Maybe You Know My Kid by Mary Cahill Fowler (Birch Lane Press).

A more technical reference documenting many years of research substantiating ADHD and the best practices in diagnosis and treatment would be <u>Attention Deficit</u> <u>Hyperactivity Disorder: A Handbook for Diagnosis and Treatment</u> by Russell Barkley, Ph.D. (Guilford Press).

There are numerous other books and materials available about ADHD, many of which are excellent. This list represents a very small sample of information available about ADHD.