Children can seem not to be paying attention when they should because they are daydreaming or are distracted by something going on in their life. They may run around simply because they have a lot of energy to burn.

Some children may not appear to have attention problems in some settings. In other settings, especially those where it is more important to pay attention, such as school, they may have difficulty.

There is a small group of children, however, who continually have difficulty paying attention and staying still. Their behavior gets them into trouble at home, at school, and in the neighborhood. It can affect their social skills and make it difficult for them to make and keep friends. As a result, they can experience sadness and feelings of rejection. Their impulsive behaviour and lack of judgment may also bring them into conflict with the law. These young people need to be seen by a health professional to find out whether or not they have Attention Deficit/ Hyperactivity Disorder (AD/HD).

Children with AD/HD are at high risk of school failure. Many also have other psychiatric conditions. They may suffer from anxiety, mood problems, oppositional defiant disorder (uncooperative and defiant behaviour) and conduct disorder (seriously aggressive behaviour that can include theft, bullying and vandalism). They also have higher rates of alcohol, nicotine, and other drug abuse in adolescence, especially if their emotional and behavioural problems are not addressed.

TYPES OF ATTENTION PROBLEMS

Children who are classified as having Attention Deficit/ Hyperactivity Disorder (AD/HD) may be predominantly hyperactive and impulsive, they may be largely inattentive, or they may have a combination of all of these symptoms.

Hyperactive-impulsive: Children with the hyperactive-impulsive type of AD/HD always seem to be “on the go.” They can’t seem to sit still and they have trouble paying attention. They fidget and squirm in a way that is not typical for their age group. They act without thinking and sometimes are physically hurt because of it. Some of these children have a learning disability that also causes poor school performance.

Inattentive: Some children with AD/HD aren’t hyperactive but are mainly “inattentive”. They tend to daydream, are easily distracted, and have short attention spans. It always seems like they don’t listen when they are spoken to. At school they don’t finish projects and their schoolwork is usually careless and disorganized.

Combined hyperactive-impulsive and inattentive: The largest number of children with AD/HD display a combination of hyperactivity, impulsive behaviour and inattention.

What’s normal and what’s not? All children can get very excited at times. They may make lots of noise, and run around. Children also daydream and may ignore requests – to do their homework or make their bed, for instance. That’s normal.

What’s not normal is regularly being unable to sit still for any length of time, running into the road without thinking, or having problems paying attention at all. These behaviours may or may not indicate AD/HD, but they are a sign that the child should be seen by a health professional.

There is no test that can say with certainty that a child has a serious attention problem. A diagnosis of AD/HD is usually made based on the health professional’s own observations as well as reports from parents, teachers, and others who know the child.
What causes AD/HD?
Studies of twins have shown that there is likely a genetic basis for AD/HD. Genes that actually cause the disorder have yet to be identified, although many possibilities have been proposed. AD/HD does tend to run in families: about 25% of parents whose children have AD/HD also have, or have had, AD/HD or another condition such as depression.

How common is it?
About 5% of school children have AD/HD. More boys than girls have the condition.

How long does it last?
About 80% of children with AD/HD will still have symptoms when they are in high school. About half of those teens will still have symptoms as adults.

What treatment is effective?
More than 150 high quality studies have shown that medications are the best treatment for AD/HD symptoms. These drugs include methylphenidate, mixed amphetamine salts, dexedrine, and atomoxetine. No one drug has been found to be more effective than another drug. These drugs are generally very safe although side effects may occur in some circumstances.

Treating the child with cognitive behavioural therapy (CBT), which helps change ways of thinking and acting that contribute to the attention problems, may also be effective. Parent training may also be helpful in managing some of the social and family problems associated with AD/HD.

Combining medication and behavioural therapy can improve overall functioning and in some cases reduce the amount of medication the child needs.

BACKGROUND INFORMATION

STEP-BY-STEP GUIDES

VIDEOS

WEB SITES
Children and Adults with Attention Deficit/Hyperactivity Disorder www.chadd.org
National Institute of Mental Health Booklet on AD/HD www.nimh.nih.gov/publicat/adhd.cfm