

# FACT SHEET # 2



## SYMPTOMS OF AD/HD

AD/HD is considered to be a neurobiological disability that interferes with a person's ability to sustain attention or focus on a task and to delay impulsive behaviour.

AD/HD usually shows up in early childhood, unless associated with some type of brain injury later in life. Formal diagnosis of AD/HD is based on the *Diagnostic and Statistical Manual of Mental Disorders*<sup>6</sup> (DSM-IV) from the American Psychiatric Association. Although the official diagnostic criteria state that the onset of symptoms must occur before the age of 7, leading researchers in the field of AD/HD argue that this criterion should be broadened to include onset anytime during childhood.<sup>7</sup>

### **AD/HD in Children**

AD/HD comes in many shapes and sizes,<sup>5</sup> but most children with AD/HD have a hard time paying attention, keeping "at it" and finishing tasks.

The diagnosis of AD/HD is not based only on the presence of the following symptoms. It is also based on their severity and duration, and the extent to which they interfere with everyday life.

The symptom-related criteria for the three following primary subtypes are adapted from DSM-IV and summarized as follows:

- (1) Six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is chronic and inconsistent with development level:

#### ***Predominantly Inattentive Type***

- often fails to pay close attention to details or makes careless mistakes in schoolwork, work or other activities
- often has difficulty keeping attention on tasks or play activities
- often does not seem to listen when spoken to
- struggles to follow through on instructions
- has difficulty organizing tasks and activities

- avoids or dislikes doing tasks that require sustained mental effort, like schoolwork or homework
- often loses things needed for tasks or activities, such as school assignments, pencils, books or tools
- is easily distracted
- often forgetful in daily activities

- (2) Six or more of the following symptoms of hyperactivity-impulsivity have lasted for at least 6 months to a degree that is chronic and inconsistent with development level:

#### ***Predominantly Hyperactive-Impulsive Type***

- fidgets with hands or feet or squirms in seat
- leaves seat in class or other places where staying seated is expected
- runs about or climbs excessively when it is inappropriate (in teenagers or adults, may show up as restlessness)
- has difficulty engaging in quiet activities
- is often "on the go" or acts as if "driven by a motor"
- talks excessively
- blurts out answers before questions have been completed
- has difficulty awaiting turn
- interrupts or intrudes on others, such as butting into conversations or games

#### ***AD/HD Combined Type***

- Individual meets both sets of inattentive and hyperactive/impulsive criteria.

#### **AD/HD in Adults**

Greater public awareness has led to more adults seeking evaluation and treatment for AD/HD and its associated symptoms. The current diagnostic criteria for AD/HD (reworded slightly to be more appropriate for adults) according to the most recent DSM-IV are:

- fails to pay close attention to details or make careless mistakes at work
- fidgets with hands or feet or squirms in seat
- has difficulty sustaining attention in tasks or fun activities

- leaves seat in situations where seating is expected
- doesn't listen when spoken to directly
- feels restless
- doesn't follow through on instructions and fails to finish work
- has difficulty engaging in leisure activities quietly
- has difficulty organizing tasks and activities
- feels "on the go" or "driven by a motor"
- avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort
- talks excessively
- loses things necessary for tasks and activities
- blurts out answers before questions have been completed
- is easily distracted
- has difficulty awaiting turn (impatient)
- is forgetful in daily duties
- interrupts or intrudes on others

- greater than normal variability in task or work performance
- chronic lateness and poor time management
- easily bored
- low self-esteem
- anxiety
- depression
- mood swings
- employment difficulties
- relationship problems
- substance abuse
- risk-taking behaviours<sup>6</sup>

The impairment from both the core symptoms and associated features of AD/HD can range from mild to severe in their impact on academic, social and vocational settings, and in daily functioning. Since the symptoms of AD/HD are common to many other psychiatric and medical conditions and some situational/ environmental stressors, adults should never self-diagnose and should seek a comprehensive evaluation from a qualified professional.

Although other rating skills and checklists are sometimes used in assessing adults for AD/HD, the above DSM-IV criteria are currently considered the most empirically valid. These core symptoms of AD/HD often lead to associated problems and consequences that often co-exist with adult AD/HD. These may include:

- problems with regulating behaviour
- poor working memory
- poor persistence of efforts toward tasks
- difficulties with regulation of emotions, motivation and arousal

Once a diagnosis is made, however, most people with AD/HD and their family and friends feel considerable relief—"at last there's a name for it!"<sup>5</sup> The uncertainty over what was "wrong" is replaced with information and hope for the future.

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 \*\*\* AD/HD is not a learning disability. Each is a distinctive neurologically based disorder. Each is recognized and diagnosed differently. And each is treated in a different way. The treatment for AD/HD will not correct LD. The treatment for LD will not help AD/HD. About 30% to 40% of people with LD will also have AD/HD, so if one disorder is found it is important to look for the other.

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