

FACT SHEET # 3



DIAGNOSIS AND TREATMENT OF AD/HD

Diagnosing AD/HD

Everyone shows signs of distractibility, impulsivity and hyperactivity at one time or another. Because of this, guidelines for determining whether a person has AD/HD are very specific.

There is no single test for AD/HD. Determining if a person has AD/HD is a multifaceted approach and involves a comprehensive evaluation for three reasons: to establish an accurate diagnosis; to evaluate for the presence of other co-existing medical conditions; and to rule out alternative explanations for behaviours and/or relationship, occupational or academic difficulties.

A physical examination, including hearing and vision tests, is usually the first step because it helps rule out any medical conditions that could cause AD/HD-type behaviour.⁴ Some medical conditions, such as hypothyroidism, can cause symptoms similar to AD/HD.⁵ A medical examination can also diagnose some of the conditions that may co-exist with AD/HD (Fact Sheet # 4).

As part of the evaluation, a clinical assessment of the individual's academic, social and emotional functioning and developmental level is done. This requires a clinical interview for a comprehensive history, observations, and information gathered from parents, teachers and partners. Diagnosing AD/HD in an adult requires an examination of childhood academic and behavioural history, as well as career difficulties.

Measures of attention span and impulsivity will be used, in addition to parent and teacher behavioural rating scales and checklists. The actual criteria for diagnosing AD/HD are set out by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition.⁶ To be diagnosed with AD/HD, a person must exhibit several of the listed characteristics. Some of them are:

Severity – The symptoms must be more frequent or severe than in other children the same age.

Early onset – Some of the symptoms must have been present before age 7.

Duration – The symptoms must have been present for at least 6 months.

Impact – The symptoms must have a negative impact on the individual's academic, employment or social life.

Settings – The symptoms must be present in multiple settings, such as home, social settings, school or work.

To be diagnosed with AD/HD, individuals must exhibit six of the nine characteristics in either or both DSM-IV categories listed in Fact Sheet #2.

Treatment of AD/HD

A combination of education, behavioural, psychosocial and medication treatments is thought to be the most effective approach. This comprehensive approach to treatment is called "multimodal" and often includes:

- parent training in behaviour management
- behavioural intervention strategies
- an appropriate educational plan
- education regarding AD/HD
- individual and family counselling
- strategies for daily living
- medication, when and if required
- vocational counselling
- lifestyle changes
- appropriate academic and workplace accommodations
- coaching, support groups

Behavioural interventions

Behavioural interventions try to change the physical and social environment to modify the behaviour of the person with AD/HD.⁸

This type of treatment requires the efforts of parents, teachers and other professionals. Some elements of this treatment include:

- behavioural training for parents and teachers

- clinical behaviour therapy (problem solving, social skills)
- cognitive behavioural therapy (self-monitoring, verbal self-instruction, development of problem solving, self-reinforcement)

Some practical examples of behavioural interventions are being consistent and using positive reinforcement. Behaviour skill building, such as list making, day planners, filing systems and other routines, is also encouraged.

Pharmacological treatment

The most common medications are psychostimulants that help in the production of neurotransmitters. A non-stimulant treatment for AD/HD has now been approved by Health Canada. Properly prescribed and taken according to instructions, medication can improve many of the symptoms of AD/HD, including inattention, distractibility and hyperactivity. Although medications do not cure AD/HD, while they are being taken they seem to correct for the lack of a certain chemical or neurotransmitter in the brain.

It is important to discuss with your doctor how the medication works and what its

possible side effects are. Some possible side effects to these medications include insomnia, nervousness, headaches and weight loss. A comprehensive team approach with doctors, teachers and parents is required to monitor the medication and ensure that the correct dosage is being administered. Researchers have found that lower medication doses can be effective when a multimodal approach is used for treatment.⁹

Prognosis

A multimodal treatment plan combining education, behavioural, psychosocial and medication is often used to treat AD/HD. Whatever approach is chosen, it needs to be recognized that the process must be maintained over a long period of time, and may need to be changed as the person develops. Constant monitoring and evaluation are required. Everyone must be included in this monitoring process, including the child with AD/HD if he or she has the capacity to understand. Armed with an understanding of the disability and its implications, and with appropriate treatment, strategies and support, individuals with AD/HD can succeed.

**** 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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