

The Hyperactive Child

DIAGNOSTIC CRITERIA

- Diagnosis requires evidence of inattention OR hyperactivity and impulsivity OR both

Inattention (6 or more)

- ✓ Difficulty sustaining attention
- ✓ Does not seem to listen
- ✓ Does not follow through tasks
- ✓ Avoids tasks that require sustained attention
- ✓ Loses things necessary for activity
- ✓ Easily distracted
- ✓ Forgetful

Hyperactivity and impulsivity (6 or more)

- ✓ Fidgets
- ✓ Leaves seat
- ✓ Runs or climbs excessively
- ✓ Difficulty with quiet leisure activities
- ✓ Acts as if driven by a motor
- ✓ Talks excessively
- ✓ Blurts out answers
- ✓ Difficulty awaiting turn
- ✓ Interrupts others
- Onset < 7 years
- Symptoms present for > 6 months
- Symptoms present in > 1 setting (e.g. home, school)
- Behaviour is maladaptive and inconsistent with developmental level
- Not accounted for by other mental disorder

HISTORY

- Inattention
- Hyperactivity
- Impulsivity
- Family history

EXAMINATION

- Centiles
- Head circumference
- Cardiovascular exam
- Neurological exam
- Developmental exam
- Review homework and reports from teachers

INVESTIGATIONS

- Laboratory tests are not required
- Questionnaires:
 - ✓ Connors Rating Scale
 - ✓ Home Situation Questionnaire
- Formal psychometric testing if evidence of learning disability

TREATMENT

- Non-pharmacological
 - ✓ Behaviour strategies
 - ✓ School-based interventions
- Pharmacological
 - ✓ Methylphenidate
 - ✓ Atomoxetine
 - ✓ Melatonin
 - ✓ Beware of medication side effects

TAKE HOME MESSAGES

- ADHD affects 1-5% of children
- Specialist referral required
- If preschool age: try behavioural parent training
- If school-aged: try behavioural approaches + medication

REFERRAL

- All cases of suspected ADHD that meet diagnostic criteria should be referred to either CAMHS or paediatric services

CO-MORBIDITIES

- Educational underachievement
- Oppositional conduct disorder
- Conduct disorder
- Anxiety
- Obsessive-compulsive disorder
- Risk of injury
- Adverse effects on family life
- Substance abuse

DRUG MONITORING

- Monitor every 6 months if taking methylphenidate or atomoxetine
 - ✓ Height, weight, appetite
 - ✓ Pulse, BP
 - ✓ Psychiatric symptoms

EVIDENCE BASE

- Behavioural training is recommended for parents of pre-schoolers with ADHD
- School aged children with ADHD should receive stimulant medication

REFERENCES

- The management of attention deficit and hyperkinetic disorders in children and young people **SIGN 112 2009**