

SOME BASIC FACTS ABOUT CHILDREN WITH AD/HD

- Attention-deficit/hyperactivity disorder (AD/HD) is one of the most common chronic childhood disorders. Current estimates indicate that 4%-12% of all school-aged children may be affected.
- AD/HD is a **chronic** condition that may persist into adulthood, extends beyond developmental phases, and presents different challenges during each phase.
- AD/HD is a neurobehavioral disorder that usually appears in children before the age of seven.
- AD/HD occurs more often in boys than girls at a ratio of somewhere between 2:1 and 6:1.
- AD/HD seldom occurs alone. There are usually overlapping conditions such as poor academic performance, behavioral and social problems, family issues or other psychiatric diagnoses (co-occurring diagnoses).
- The core symptoms include inattention, impulsivity and hyperactivity. The *Diagnostic Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* characterizes the following three subtypes of AD/HD:
 - **Inattentive Only** - Children with this form of AD/HD are not overly active. Because they do not disrupt the classroom or other activities, their symptoms may not be noticed. Among girls with AD/HD, this form is most common. Approximately 30%-40% of children with AD/HD have this subtype.
 - **Hyperactive/Impulsive** - Children with this type of AD/HD show hyperactive and impulsive behavior but can pay attention. This subtype accounts for approximately 10% of children with AD/HD.
 - **Combined Inattentive/Hyperactive/Impulsive** - Children with this type of AD/HD show all three symptoms. This is the most common type accounting for 50%-60%.
- AD/HD can range in severity from mild to severe.
- Because the diagnosis of AD/HD relies on the documentation of symptoms that are associated with functional impairment from multiple environments, it is very important that school personnel, families and primary care physicians work collaboratively to document symptoms and treatment goals.
- Treatment goals should be realistic, attainable and measurable.
- Decision to treat should be based on persistent target symptoms across at least two settings sufficiently severe to cause symptoms and/or functional impairment.

References: 1) American Academy of Pediatrics (AAP) *Toolkit 2005* 2) American Academy of Child and Adolescent Psychiatry *Guidelines Pocketcare: "Managing Attention-Deficit/Hyperactivity Disorder Version 2.0.*