

Vermont Department of Mental Health Mental Health Minute

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Current Topic: Attention-Deficit / Hyperactivity Disorder (ADHD)

Attention-deficit/hyperactivity disorder (ADHD) describes individuals whose level of inattention and/or hyperactivity leads to difficulties in functioning. Children with ADHD may have trouble waiting their turn, sitting still, focusing on a task, finishing work, and may be forgetful or unable to control their impulses. Adults also can struggle with ADHD symptoms. ADHD is a “real” condition with strong evidence that ADHD behaviors represent differences in brain structure and function that often are present early in life. However, ADHD does not exist in an “all or none” form. Rather, like a person’s height, features of ADHD lie across a broad spectrum or continuum.

Components of ADHD

Inattention

- Difficulty “focusing”
- Careless / Disorganized
- Loses things / Forgetful
- Does not seem to listen

Hyperactivity

- On the go / Driven by a motor
- Fidgets / Squirms / Leaves seat
- Trouble playing quietly / Talks excessively

Impulsivity

- Difficulty waiting turn
- Interrupting others
- Blurts out answers

Why Is This Important?

According to the American Academy of Pediatrics, ADHD “is one of the most common neurobehavioral disorders of childhood and can profoundly affect children’s academic achievement, well-being, and social interactions”⁽¹⁾. While symptoms of ADHD present in childhood, many

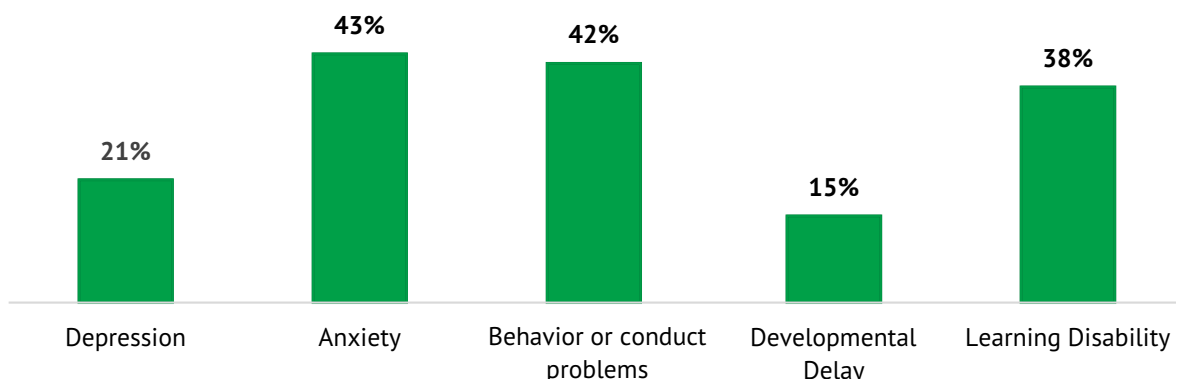
continue to struggle through adolescence and into adulthood. There is strong evidence that genetics play a large role in the development of ADHD although early experiences, adversity, and trauma can also exert profound effects on developing brains and lead to ADHD symptoms.

What Does ADHD Look Like In Vermont?

The National Survey of Children’s Health⁽²⁾ gathers information from parents about children’s health, access to healthcare, and family and social context. From this survey, we looked at the experiences of Vermont children ages 6-17 who currently meet criteria for ADHD. In Vermont, about 1 in 10 children have ADHD, which is in line with national estimates.

Most children with ADHD live in households with economic difficulties (about 3 in 4 children), and 1 in 4 Vermont children with ADHD have endured 4 or more adverse family experiences (compared to 1 in 13 Vermont children without ADHD). Children with ADHD often also have other behavioral or social-emotional health conditions or disabilities, as shown in the figure.

Percent of Vermont Children with ADHD who Have Concurrent Conditions

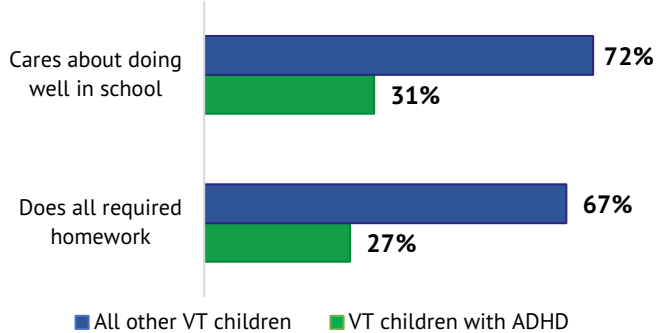


What Impact Does ADHD Have On A Child?

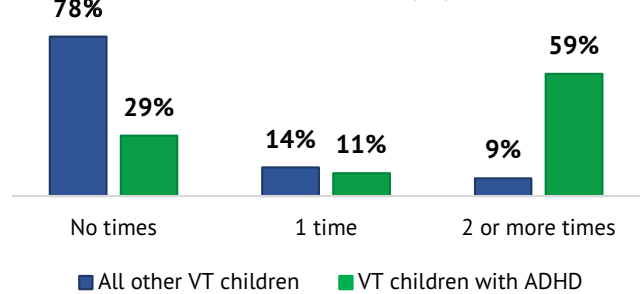
Children with ADHD often have difficulties paying attention, completing tasks and controlling their behavior. These behaviors can present real challenges both at home and at school. In Vermont, fewer than 1 in 3 children with ADHD are rated by the parents as caring about doing well in school and completing all of the school homework assigned to them. Fifteen percent (15%) of Vermont children with ADHD repeated a grade since kindergarten compared to 3% of Vermont children without ADHD. Schools may contact

parents of children with ADHD more often than parents of children without ADHD. In addition, ADHD has been linked to a variety of negative outcomes including increased injuries, relationship problems and divorce, educational and vocational under-achievement, and substance abuse. However, it is also important to note that individuals with ADHD are capable of living happy and productive lives. Some people find that some ADHD symptoms can convey advantages in life.

Elements of School Engagement (%)



Frequency of School Contact with Child's Parents (%)



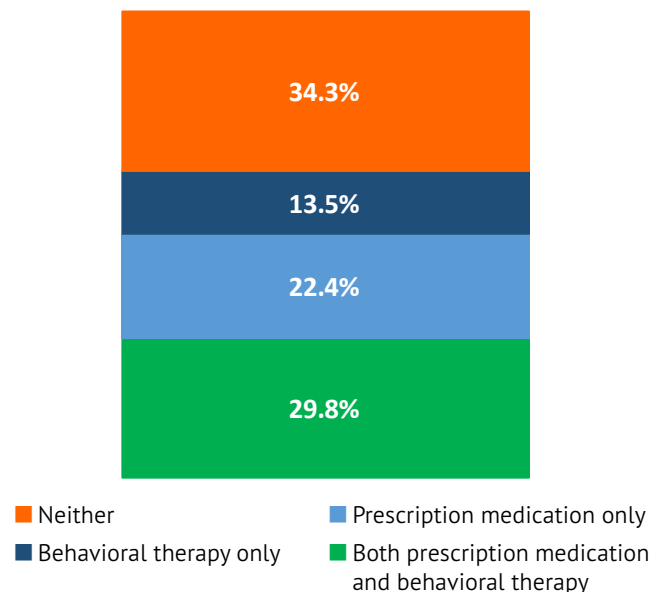
What Can We Do To Help Children With ADHD?

If a parent suspects that their child may have ADHD, they should make an appointment with their pediatrician or family physician for an evaluation of their child. This clinician may send the family to a specialist for additional evaluation. Of note, there is no “test” for ADHD and the diagnosis is based on clinical judgment.

Fortunately, symptoms of ADHD are often very responsive to treatment. While this treatment often includes medications, it is important to know that non-pharmacological interventions also are important. These can include 1) Specific types of psychotherapy such as parent behavioral management, 2) School-based interventions and modifications, 3) Regular physical activity, 4) Good nutrition and eating a good breakfast, 5) Getting sufficient sleep, and 6) Limiting excessive screen time. As ADHD often runs in families, it can also be good to identify other family members who also may meet criteria for the disorder.

As shown in the figure, about 1 in 3 children who currently have ADHD are not getting treatment of any kind, particularly evidence-based behavioral therapy. Overall, it is important that we identify children who struggle with ADHD and provide access to the full array of treatment options.

Percent of Vermont Children with ADHD on Prescription Medication and/or Behavioral Treatment



References & Other Resources

1. Mark L. , Joseph F. Hagan, Carla Allan, et. al and SUBCOMMITTEE ON CHILDREN AND ADOLESCENTS WITH ATTENTION-DEFICIT/HYPERACTIVE DISORDER. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Pediatrics October 2019, 144 (4) e20192528; DOI: <https://doi.org/10.1542/peds.2019-2528>
2. National Survey of Children's Health (NSCH) <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>
3. Other Resources: a. Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) <https://chadd.org/>
b. AACP Parent Info Center, https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx

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