

Attention Deficit Disorders (ADD) Frequently Asked Questions (FAQ) v1.2

An Internet FAQ for parents and teachers of ADD diagnosed children.
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This FAQ is maintained by frankk@Canada.sun.com (Frank Kannemann) and will be posted when sufficient additions and changes have been made to it. Any comments, suggestions, additions, or corrections are welcome, so feel free to mail me with your comments.

HREF="http://www.seas.upenn.edu/~mengwong/meng.html">Meng Weng Wong

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What is an Attention Deficit Disorder?

Attention Deficit Disorder (ADD) is a syndrome which is usually characterized by serious and persistent difficulties resulting in:

poor attention span
weak impulse control
hyperactivity

ADD also has a subtype which includes hyperactivity (ADHD). It is a treatable (note not curable) complex disorder which affects approximately 3 to 6 percent of the population (70% in relatives of ADD children). Inattentiveness, impulsivity, and often times,

hyperactivity, are common characteristics of the disorder. Boys with ADD tend to outnumber girls by 3 to 1, although ADD in girls is underdiagnosed. ADD without hyperactivity is also known as ADD/WO (WithOut) or Undifferentiated ADD.

What are some common symptoms of ADD?

- Excessively fidgets or squirms
- Difficulty remaining seated
- Easily distracted
- Difficulty awaiting turn in games
- Blurts out answers to questions
- Difficulty following instructions
- Difficulty sustaining attention
- Shifts from one activity to another
- Difficulty playing quietly
- Often talks excessively
- Often interrupts
- Often doesn't listen to what is said
- Often loses things
- Often engages in dangerous activities

Recent literature proposes 2 subtypes of ADHD, Behavioral and Cognitive (being split 80/20).

How is ADHD diagnosed?

The list above is taken directly from the American Psychiatric Association's (APA) latest "Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R). To qualify for a diagnosis of ADHD, a child must exhibit 8 of these for a period longer than 6 months and have appeared before the age of 7 years. However, you don't have to be hyperactive to have attention deficit disorder. In fact, up to 30% of children with ADD are not hyperactive at all, but still have a lot of trouble focusing.

Is this a new disease?

No. It has been identified in medical literature more than 100 years ago. A popular German tale (Hoffmann's "Struvel Peter") written in rhyme for children portrays a child with ADHD.

What other names has this disease been known by?

Minimal brain dysfunction (MBD) and hyperactivity (hyper-kinetic) or (in Britain) conduct disorder (not the same implications as the North American reference in the DSM-III-R).

What causes ADHD (Etiology)?

A single cause has not been conclusively proven (idiopathic). Some possibilities are:

Genetic/Hereditary (strongest correlation)

Brain damage (head trauma) before, after and during birth (twice as likely to have had labour > 13hrs)

Brain damage by toxins (internal bacterial and viral, external fetal alcohol syndrome, metal intoxication, eg. lead)

Strongly held belief by some people (including at least one book Feingold's "Cookbook for Hyperactive children") that food allergies cause ADD. This has **not** been proven scientifically.

What is the long term prognosis?

One book states 20% outgrow it by puberty but other problems can interfere. ADD that lasts into adulthood is referred to as ADD-RT (Residual Type).

Are there other complications of this disease?

Yes. Not really complications in the classical sense but rather clusters of other problems of the Central Nervous System (CNS) such as:

Learning Disabilities (LDs)

TIC disorders (such as Tourette's) 20 % of ADD children whereas 40 to 60% of TIC children have ADD

Gross and Fine Motor control delays (coordination) 50% of ADD children
developmental delays (such as speech)

Obsessive-compulsive disorders (OCD)

What treatment is there for ADHD?

No simple treatment. Must be a multi-modal approach including (but not limited to):

Medication

Training of parents

Counselling/training of child: such as modeling, self-verbalization and self-reinforcement.

Special education environment

What are some controversial ADD Treatments?

This section was condensed from an article *Controversial Treatments for Children with ADHD* by S. Goldstein Ph.D. ; B. Ingersoll Ph.D.

- **Dietary Intervention.**

The changing of a child's diet to prevent ADHD.

Conclusion: No scientific evidence of effectiveness.

- **Megavitamin and Mineral Supplements**

The use of very high doses of vitamins and/or minerals to treat ADHD.

Conclusion: No scientific evidence of effectiveness.

- **Anti-Motion Sickness Medication**

The advocates of this believe that a relationship exists between ADHD and the inner-ear.

Conclusion: No scientific evidence of effectiveness.

- **Candida Yeast**

Those who support this model believe that toxins created by the yeast overgrow and weaken the immune system making the individual susceptible to many illnesses including ADHD.

Conclusion: No scientific evidence of effectiveness.

- EEG Biofeedback

Proponents of this approach believe that ADHD children can be trained to increase the type of brain-wave activity associated with sustained attention.

Conclusion: No scientific evidence of effectiveness.

- Applied Kinesiology (Chiropratic approach)

This theory believes that

Learning Disabilities are caused by 2 specific bones in the skull.

Conclusion: No scientific evidence of effectiveness.

- Optometric Vision Training.

This proposes that reading-related Learning Disabilities are caused by visual problems.

Conclusion: No scientific evidence of effectiveness.

What medications can be used in treatment?

This is a constantly evolving area. The current line of thinking appears to be to treat Adults first with Antidepressants and children (depending on symptoms) with Stimulants. The 2 main lines of attack are with Stimulants and Antidepressants with the remainder of the drugs generally used as adjuncts. The drugs are listed as trade name (and chemical name in brackets). At the time of the writing (4/17/94) of this FAQ and known to this author are:

Psychostimulants (Trade name and chemical name)

Ritalin (methylphenidate) also SR Ritalin (Slow Release)

Dexedrine (dextroamphetamine)

Cylert (pemoline)

Antidepressants (Tricyclic or TCAs; often used to treat bed wetting and depression)</H3>

Tofranil or Janimine (impramine)

Norpramin or Pertofane (desipramine)

Pamelor (nortriptyline) principle metabolite of ELavil (amitriptyline)

Wellbutrin (bupropion)

Neuroleptics (adjunct)

thioridazine

Propericiazine

chlorpromazine (unsure of category)

Tranquilizers

Mellaril
Atarax

Impulsive/Tantrums (adjuncts)

Corgard (nadolol)
Inderal (propranolol)

Mood Stabilizers (adjuncts)

Prozac (fluoxetine)
BuSpar (Buspirone)
Catapres (clonidine) antihypertensive
lithium
Tegretol (anticonvulsant carbamazepine)
Depakoate (valproate)

Note none of these (listed in other) have been extensively studied for use with children.

What about caffeine?

Although caffeine is a stimulant it does not focus specifically enough in the areas of the brain to be effective. The dose required to be effective introduces too many negative side effects.

What are some monitoring tools/scales?

Conners Teacher/Parents Rating scales (CTRS,CPRS) *
ADD-H Comprehensive teacher rating scale (ACTeRS) *
Child Attention Problems (CAP) Rating scale
Yale Children's Inventory (YCI)
Attention Battery (includes Continuous Performance Task, Progressive Maze Test and Sequential Organization Test (SOT).
DSM-III-R
Wechsler Intelligence Scales for Children (WISC-R)
Child Behavior Checklist (CBCL)
T.O.V.A - Test of Variables of Attention*
Learning Efficiency Test II (LETT-II)*
Developmental Test Of Visual Motor Integration (VIM) *
Wide Range Achievement Test (WRAT-R) *

* (Can be purchased from ADD Warehouse)

What are some myth-conceptions about ADD?

Note: This section was lifted from an article published in the Fall 1991 Chadder titled 'Medical Management of Children with ADD Commonly Asked Questions' by Parker et al.

- Medication should be stopped when a child reaches teen years

Research clearly shows that there is continued benefit to medication for those teens who meet criteria for diagnosis of ADD.

- Children build up a tolerance to medication

Although the dose of medication may need adjusting from time to time there is no evidence that children build up a tolerance to medication.

- Taking medication for ADD leads to greater likelihood of later drug addiction

There is no evidence to indicate that ADD medication leads to an increased likelihood of later drug addiction.

- Positive response to medication is confirmation of a diagnosis of ADD

The fact that a child shows improvement of attention span or a reduction of activity while taking ADD medication does not substantiate the diagnosis of ADD. Even some normal children will show a marked improvement in attentiveness when they take ADD medications.

- Medication stunts growth

ADD medications may cause an initial and mild slowing of growth, but over time the growth suppression effect is minimal if non-existent in most cases.

- Taking ADD medications as a child makes you more reliant on drugs as an adult

There is no evidence of increased medication taking when medicated ADD children become adults, nor is there evidence that ADD children become addicted to their medications.

- ADD children who take medication attribute their success only to medication

When self-esteem is encouraged, a child taking medication attributes his success not only to the medication but to himself as well.

Note this section was lifted from an article published in the Fall 1991 Chadder titled "Medical Management of Children with ADD Commonly Asked Questions" by Parker et al.

Are there any support groups?

Yes. Largest is CHADD.

- CHildren Adults with Attention Deficit Disorder (CHADD)

National Office
499 N.W. 70th Ave.
Suite 308
Plantation, Florida 33317

Phone 305-587-3700
Fax 305-587-4599

- National Attention Deficit Disorder Association (NADDA)
1-800-487-2282 (not in Canada)

- Learning Disabilities Association (LDA)
4156 Library Road
Pittsburg, Pennsylvania 15234

Is there a good commercial source for information?

Yes. ADD Warehouse. They have a very nice color catalogue.

- ADD Warehouse
1-800-233-9273 (US only)
Phone 305-792-8944
Fax 305-792-8545

Are there any network or computer based resources?

Network resources

Yes. There are several sources of information on the networks. There are three forums that I am aware of at this time: COMPUSERVE has an ADD forum, The INTERNET has the ADD parents private e-mail list and an ADD INFO Digest and recently the USENET news group <[A HREF="news:alt.support.attn-deficit">alt.support.attn-deficit](mailto:news:alt.support.attn-deficit) . Also, there are FTP sites at <[A HREF="ftp://ftp.netcom.com/pub/lds/add/">ftp.netcom.com:/pub/lds/add](ftp://ftp.netcom.com/pub/lds/add/) and <[A HREF="ftp://ftp.mcs.com/mcsnet.users/falcon/add/">ftp.mcs.com:/mcsnet.users/falcon/add](ftp://ftp.mcs.com/mcsnet.users/falcon/add/) , and a WWW resource beginning at <[A HREF="http://www.seas.upenn.edu/~mengwong/add/">http://www.seas.upenn.edu/~mengwong/add/](http://www.seas.upenn.edu/~mengwong/add/) . contact COMPUSERVE for more information. I have not used this service. The ADD Forum has many useful files and discussion. Type GO ADD at any prompt.

Prodigy also has an ADD group, but, as I don't have Prodigy, you'll have to find it yourself.

The Internet ADD parents mailing list. Requests to majordomo@mv.mv.com.

To subscribe send email to above address with body of message as follows:

<CODE>subscribe add-parents YOUR-NAME</CODE>

To send mail to the others on the list, mail to

add-parents@mv.mv.com

To get on the <[A HREF="aaddnews.html">adult add mailing list](#) run by Dan Diaz

send email to him at: <[A HREF="mailto:BL275@cleveland.freenet.edu">BL275@cleveland.freenet.edu](mailto:BL275@cleveland.freenet.edu)

Computer Related

If you have an Apple II or IBM PC and are a professional the TOVA hardware/software addition is available (contact ADD warehouse).

If you have an Apple Newton PDA there is a Newton Book on ADD available from xxx@nn.com.

What are some Parenting Tricks and Tips? (Strategies)

Fundamentally, parents must understand that much more time/effort has to be invested in raising ADD children. A difficult concept for older generations to accept is that: There is no such thing as a 'BAD CHILD' that lacks 'DISCIPLINE'. ADD children require additional sup-ports/training to enable them to be successful. Here are a few tricks and tips that I have assembled from various sources (including books, seminars and practice). These are by no means applicable to, or useful for all ADD children.

transitioning

ADD children have a difficult time adjusting to changes (see item c) whether they be immediate requests or longer term ones. The use of warning children of upcoming changes (i.e.: we are leaving in 5 minutes) can lessen the impact of the change.

- rules - rewards/consequences

The simple act of outlining house rules complete with punishments is the first step in defining behaviors.

- time-outs

These are probably the most widely used form of punishments. These have two benefits: removal of the child from the situation and time for contemplation/learning.

- removal of privileges

These should be defined by the parents and identified to the child

- physical violence (washing mouth with soap, spankings etc.)

Any form of physical violence against children is extremely discouraged and generally only reinforces negative behaviors.

- structure/consistency

ADD children seem to be more effective in highly structured environments. Consistency is also a form of structure.

- deflection/redirection

Sometimes rather than facing a situation/behavior directly it may be more useful/timely to re-focus the child on to something else.

- planned ignoring

The act of ignoring (but letting the child know that you are deliberately doing it) a child's wants/behaviors when they are inappropriate. This probably should not be used too regularly as it may adversely affect the child's self-esteem.

- advocacy - education

The parent must become an advocate on behalf of their children. Parents must ensure relatives, teachers and peers understand the issues of the child. This may include teaching people about ADD.

- praise

This is a very simple but effective method of highlighting things that the child is doing correctly and may include rewards/prizes.

- meds

I get the impression that a lot of uninformed/uneducated people assume that medicating a child is wrong/bad. This may come from the thought that children are being given tranquilizers to slow them down, when, in fact, in most cases the children are being given stimulants. I personally believe that every parent *must* try anything that may help the child (providing, of course, it doesn't harm them). A simple analogy is to that of a child with diabetes. Should the child be denied a chemical that allows is system to function correctly?

What good books are there on ADD?

This is the author's personal list (maybe we can have a net vote if there is enough interest). Ranked in order of preference.

Children related

"Why Johnnie Can't Concentrate - Coping with Attention Deficit Problems"
Robert A. Moss, Bantam, 1990, ISBN 0-553-34968-6 , PB, (p. 203)

The Children's Hosp. of Philadelphia - "A Parents Guide to ADD"
Lisa J. Bain, Delta, 1991, ISBN 0-385-300031-X, PB, (p. 216)

"Coping with ADD" Mary Ellen Beugin, Detselig Enterprises, Calgary, Alberta, 1990, ISBN 1-55059-013-8, PB, (p. 173)

"If your child is hyperactive, inattentive, impulsive, distractible...
helping the ADD hyperactive child" S ; M Garber, 1990, villard ny, ISBN
0-394-57205-x, HB, (p. 235)

ADDH Revisited "A concise source of info for parents ; teachers"
H. Moghadam, Detselig, ISBN 0-920490-78-6, 1988, PB, (p. 101)

(Paper) "Controversial Treatments For Children With ADHD"

S. Goldstein Ph.D ; B. Ingersoll Ph.D.

Adult Related

'Driven to Distraction', Ed Hallowell MD, and John Ratey MD, Pantheon.

'You Mean I'm Not Lazy, Stupid or Crazy?!', by Kate Kelly and Peggy Ramundo, Tyrel and Jerem Press.

ADD in Adults?

Adult ADD (ADD-RT) appears to be getting much more visibility in the media. I am getting more questions on it so I have included this section. Recently C.H.A.D.D Changed its byline to "Children ; Adults with Attention Deficit Disorders."

This section is probably of interest to those adults diagnosed with ADD. It maybe be useful for parents of ADD children who may not be aware that maybe they have ADD.

Dr. Hallowell is a child psychiatrist at Harvard Medical School who has ADD himself. Attached is a transposed handout from one of his lectures. The handout isn't copyrighted.

Who do I believe? Teachers? Doctors? or Myself?

As a parent myself, I firmly believe that we know our kids (or ourselves for Adult ADD) best. It behooves us to seek second opinions and to act as advocates for our children. I personally have faced several situations where in the end mine or my wife's opinion were in fact correct over those of the 'professionals'. On the other hand temper the opinions with facts and knowledge. Become your own expert.

What can I as a teacher do?

These are some thoughts from a parent:

- learn more about ADD and behavior management
- maintain a communications booklet with parents
- get a copy of the Add in the Classroom book from CHADD. And see the sample 504 Accommodation plan.

Disclaimer and End of FAQ

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for it.

This FAQ is dedicated to my son Nickolas who was diagnosed with ADHD at the age of 3.5yo.

[HREF="http://www.seas.upenn.edu/~mengwong/meng.html">](http://www.seas.upenn.edu/~mengwong/meng.html)Meng Weng Wong . some outstanding obsolecences emended - internet information updated.

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