

Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD) is a real condition. It's not just bad behaviour. There are signs to look out for if you think your child might have ADHD. You can help your child and yourself by getting a thorough and professional diagnosis.

What is Attention Deficit Hyperactivity Disorder (ADHD)?

ADHD is a condition characterised by excessively inattentive, hyperactive (unusually active or over-active) and impulsive behaviour in some children. This behaviour is generally more frequent and intense than in other children the same age. Recent research has shown that, in children with ADHD, different parts of the brain don't communicate with each other in a typical way.

There are three types of ADHD:

- Inattention only: children with this type tend to have difficulty concentrating, remembering instructions, paying attention and finishing tasks.
- Hyperactivity and impulsivity: children with this type tend to be fidgety and always on the go. They appear to act without thinking.
- Combined type: children with this type show signs of inattention, hyperactivity and impulsivity.

ADHD is not just bad behaviour. Parents of children with ADHD will tell you that the discipline strategies they use with their children with ADHD just don't seem to be effective. Children with ADHD need limits on their behaviour, as well as consistency in the way they are parented and disciplined. But ADHD is not the result of a lack of limits or inconsistent parenting.



did you know ?

ADHD is:

- believed to occur in 3-5% of children
- more common in boys.



The difference between ADD and ADHD

In the past, the term 'ADD' was used to describe the condition we now call ADHD, but without the hyperactivity. 'ADHD' is now the generic term used for all three types of the disorder.

Causes of ADHD

Increasingly, genetics is being recognised as at least a partial cause of ADHD. In other words,

the brain formation and functioning of children with ADHD is partly determined by their genes.

This means that ADHD is often passed down in families. For example, the risk of an ADHD diagnosis is 6–8 times higher for children with a parent or sibling with ADHD, than for children without this genetic history.

Certain environmental factors are also linked to ADHD diagnoses. They include exposure to lead, alcohol, cigarette smoke or drugs during pregnancy, and exposure to family violence.

It is believed that a combination of certain genetic and environmental factors creates a higher risk of an ADHD diagnosis.

There is no evidence that food intolerances cause children to develop ADHD symptoms.

For a small number of children with ADHD, some artificial food colourings might make the symptoms worse. These colourings include:

- tartrazine (lemon yellow) (102)
- quinoline yellow (104)
- sunset yellow FCD (110)
- carmoisine (red) (122)
- ponceau 4R (red) (124)
- allura red AC (129).

ADHD indicators

Most young children are occasionally inattentive, hyperactive or impulsive . This can make it difficult to diagnose ADHD in children younger than five.

If you're concerned about your child's behaviour, though, it's always a good idea to seek some professional advice. In particular, consider seeing a health professional if your child frequently does several of the following:

- acts before thinking and doesn't consider the consequences
- makes 'careless' mistakes in homework
- jumps from one activity to another
- isn't able to get organised
- is forgetful, particularly when given a series of instructions to complete a task
- interrupts other people's conversations
- acts restlessly – that is, can't sit still, fidgets, squirms, climbs on things, and doesn't sleep well
- can't stay focused, or is easily distracted
- day-dreams
- doesn't finish homework or chores around the house
- has trouble listening.

As children with ADHD get older, their behaviour does tend to tone down. So you might not see these indicators as often, or the indicators might be less severe.

ADHD indicators can be similar to those of autism spectrum disorder (ASD). If you are worried

about your child's behaviour, it might be worth asking your healthcare provider about ASD as well as ADHD. You can find further information about ASD on our [ASD homepage](#).



Sometimes, children show these behaviours for reasons other than ADHD. For example, children might be having troubles with physical health, emotions, sleep or school. Careful diagnosis is necessary to distinguish between ADHD and these other issues.

Diagnosing ADHD

Diagnosing ADHD can be difficult. This is because it involves ruling out other reasons for a child's difficult behaviour. An assessment for ADHD can be done by a [paediatrician](#), [psychologist](#), [psychiatrist](#) and some GPs.

The more thorough the assessment, the better it will be at eliminating other causes for the behaviour.

A thorough assessment might include most, if not all, of the following:

- an interview with you and other primary caregivers of your child
- discussions with your child's teacher or carers
- an interview with your child
- behaviour checklists that you and/or your child's teachers fill out
- an assessment of your child's social skills
- cognitive or educational assessments
- hearing and eyesight tests
- general observations of your child.

Specialists are becoming much better at diagnosing children as they learn more about the condition.



Although there is no cure for ADHD, the good news is that ADHD is manageable. Read our article on [managing ADHD](#) for tips and strategies for helping your child and looking after yourself.



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American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – Text Revision (DSM-IV-TR)*. Washington, DC: American Psychiatric Association.

Faraone, S. (2005). The scientific foundation for understanding attention-deficit/hyperactivity disorder as a valid psychiatric disorder. *European Child and Adolescent Psychiatry*, 14(1), 1-10.

Hay, D. (2007). A twin study of attention-deficit/hyperactivity disorder dimensions rated by the strengths and weaknesses of ADHD-symptoms and normal behaviour (SWAN) scale. *Biological Psychiatry*, 61, 700–705.

Pelham, J., William, E. and Fabiano, G. (2008). Evidence-based psychosocial treatments for Attention-Deficit Hyperactivity Disorder. *Journal of Clinical Child & Adolescent Psychology*, 3(1). 184 -214.

Wilcutt, E. (in press). The Etiology of ADHD: Behavioral and Molecular Genetic Approaches. In D. Barch (Ed.). *Cognitive and Affective Neuroscience of Psychopathology*. Oxford: Oxford University Press.