FACT SHEET # 1

AN OVERVIEW OF AD/HD

AD/HD stands for Attention Deficit Hyperactivity Disorder. It is considered to be a neurobiological disability that interferes with a person's ability to sustain attention or focus on a task and to control impulsive behaviour. We may all have difficulty sitting still, paying attention or controlling impulses, but for some people the problem is so chronic and persistent that it gets in the way of daily life—at home, at school, at work and in social settings.

Current research has shown that AD/HD is caused by a deficiency of specific neurotransmitters in a specific set of brain circuits. Depending on which areas of these circuits are involved, the person may be distractive, impulsive or hyperactive.

We also know that genetics may play a part. AD/HD is likely to run in families and seems to be passed down through generations.[1] According to one twin study, if one twin had AD/HD, the other identical twin had a 75% to 91% chance of also having AD/HD.[2]

AD/HD is **not** a learning disability (LD). Each is a distinctive neurologically based disorder. Each is recognized and diagnosed differently. And each is treated in a different way. The treatment for AD/HD will not correct LD. The treatment for LD will not help AD/HD. About 30% to 40% of people with LD will also have AD/HD, so if one disorder is found it is important to look for the other.

Do Many Kids Have AD/HD?
Yes. AD/HD affects about 3% to 5% of the children in Canada, with boys being affected about two to four times more than girls.[3,4] We also know that girls are often older than boys when they are diagnosed and that they are less likely to be referred for treatment. This may be because the behaviour of girls with AD/HD is not usually as disruptive or aggressive, and they are often less trouble to their parents and teachers.[4] AD/HD can carry on into adulthood. Up to 67% of people who had AD/HD as a child may continue to have symptoms of AD/HD as an adult.[1]

How Might a Child with AD/HD Behave?
Three behaviours are used to confirm a diagnosis of AD/HD—distractibility, impulsivity and high energy/activity (hyperactivity). It is important to note, though, that just as everyone has different fingerprints, everyone with AD/HD has a unique set of symptoms that occur more often and in different settings all the time. (Fact Sheet # 2)

Distractibility/Inattention is supersensitivity and limited ability to tune out both internal stimuli (e.g. thoughts, pain, hunger) and environmental stimuli (e.g. noise, movement).[1]

Children who are distracted often have poor short-term memory and may easily forget instructions, have trouble keeping track of belongings, and organizing or concentrating on one task or finishing a task.

Children who are *inattentive* may also be underactive (known as hypoactive). Hypoactivity is insufficient motor activity. They react and work slowly and seem to be unemotional, so that they appear "lazy" and "spacy" or daydreamers.

Impulsivity is a lack of restraint. Impulsive people may react immediately, without thinking ahead, so they tend to make judgment errors. They want to satisfy their needs immediately, often interrupting others and blurting out whatever is on their mind, which they may regret later. They may know the rules but can't pause long enough to think before they act, and so they don't learn from their experience. Children who are impulsive get into trouble at school, with friends and at home. They have difficulty working and playing in groups and rush through tasks, making careless mistakes. They exhibit aggressive behaviour as a reaction to stress.

Hyperactivity is persistent, heightened and sustained activity. Hyperactive children are constantly restless—tapping fingers or feet, swinging legs or squirming in the chair. They may be up and down from their desk during

class activities or doing several things at once. They may start projects but are unable to complete them because of too much energy and boredom as they constantly need stimuli. Their motivation appears to be fading.

When AD/HD is left unidentified or untreated, a person is at great risk for impaired learning ability, decreased self-esteem, social problems, family difficulties and potential long-term effects.

Evaluation, Diagnosis and Treatment
There is no one test to diagnose AD/HD. A comprehensive evaluation is needed to rule out other causes and to diagnose the presence of other co-occurring conditions. Treatment plans should be tailored to meet the specific needs of each person. Treating AD/HD requires medical, educational, behavioural and psychological interventions (Fact Sheet #3).

Co-existing Conditions
AD/HD often co-occurs with other conditions, such as depression, anxiety or LD. When co-existing conditions are present, academic and behavioural problems may be more complex (Fact Sheet #4).

The Upside
With identification and treatment, children and adults with AD/HD can be successful. Many professionals who work with children and adults have reported many positive features of AD/HD when it is managed appropriately.

People with AD/HD are often highly creative, and can show strong leadership skills. They are compassionate and/or empathetic with others—good at relating to younger children, elderly people and marginalized groups. At times, they may be able to hyperfocus and show great "stick-to-it-ness." They are intuitive/perceptive and have a powerful drive to move ahead.[5]

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