

A D D - A D H D

Attention Deficit **Hyperactivity** Disorder

Introduction to ADD-ADHD

Individuals with attention-deficit disorder with or without hyperactivity (ADD-ADHD) experience chronic problems with inattention and/or hyperactivity-impulsivity to a greater degree than the average person. Without early identification and appropriate treatment, ADD-ADHD can have serious consequences that include school failure and drop out, depression, conduct disorder, failed relationships, underachievement in the workplace, and substance abuse. When appropriately treated, persons with ADD-ADHD can lead productive and satisfying lives.

Diagnosis

There is no single test to diagnose ADD-ADHD. Therefore, a comprehensive evaluation is necessary to establish a diagnosis, rule out other causes, and determine the presence or absence of co-existing conditions. Such an evaluation requires time and effort and should include a clinical assessment of the individual's academic, social and emotional functioning, and developmental level. There are several types of professionals who can diagnose ADD-ADHD, including psychologists, clinical social workers, nurse practitioners, neurologists, psychiatrists, pediatricians, and other medical doctors.

Treatment

Getting appropriate treatment for ADD-ADHD is very important. There may be serious negative consequences for persons with ADD-ADHD who do not receive adequate treatment.

Multimodal treatment is the most effective form of treatment for children and adolescents with ADD-ADHD. Multimodal treatment consists of parent and child education about diagnosis and treatment, specific behavior management techniques, appropriate school programming and supports, and stimulant medication, in some cases. Treatment should be tailored to the unique needs of each child and family.



ADD - ADHD
[SUPPORT]

Medication

The multimodal treatment of ADD-ADHD may include the use of medication. Medication is used to improve the symptoms of ADD-ADHD. It is not a substitute for behavior management, parent training, education and support, and other appropriate interventions necessary in appropriately treating children with ADD-ADHD. It does not cure ADD-ADHD; when effective, it alleviates ADD-ADHD symptoms during the time it is active. Thus it is not like an antibiotic that may cure bacterial infection, but more like eyeglasses that help improve vision only during the time the eyeglasses are actually worn.

Pharmacological treatment with psychostimulants is the most widely used and studied treatment for ADD-ADHD. According to the U.S. Surgeon General's Report on Mental Health, psychostimulants are highly effective for 75-90 percent of children with ADD-ADHD. Common psychostimulant medications used in the treatment of ADD-ADHD include methylphenidate, mixed salts of a single-entity amphetamine product and dextroamphetamine. Three medications are currently available in Cyprus for the treatment of ADD-ADHD; Ritalin, Concerta and Adderall.

Ritalin: Methylphenidate; short-acting tablets administered by mouth. Dosage varies. Starts to work in 15-20 minutes. Lasts about 3.5-4 hours.

Concerta: Methylphenidate; long-acting osmotic release capsules administered by mouth. Dosage varies. Starts to work in 15-20 minutes. Lasts about 12 hours but results vary.

Adderall: Mixed Salts of a Single-Entity Amphetamine Product; medium-acting tablets administered by mouth. Dosage varies. Lasts between 3.5-8 hours.

Only medical doctors can prescribe medication. See your doctor for more information on the benefits and side effects of medication for the treatment of ADD-ADHD. As with any intervention, a case-by-case decision-making process is necessary, and the decision to medicate should be made solely by the child's parents or caregivers and a medical professional experienced in diagnosing and treating ADD-ADHD.

Multiple studies that have followed children with AD/HD for 10 years or more support the conclusion that the clinical use of stimulant medications does not increase the risk of later substance abuse. Although there is potential for abuse when misused, psychostimulant medications do not cause additions to develop in those being treated appropriately.

From: CHADD Fact Sheet #3, <http://www.chadd.org/fs/fs3.htm>,
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