

A LINE ON LIFE

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Hyperactive Children *

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When a child is physically ill, most parents know that something is wrong. Researchers have recently studied whether parents are as good at detecting mental or emotional problems. If the children engage in very inappropriate behavior – aggressive acts, destroying property, stealing or being actively defiant – parents are likely to know that something is wrong.

However, if they have a *hyperactive* child, it is more difficult to detect the problem. Technically, hyperactivity is called that **attention deficit/hyperactivity disorder** or **ADHD**. Not only are the ADHD children hyperactive, they are also impulsive and inattentive. As parents can testify, these traits are typical of normal children. However, in ADHD children, these traits are exaggerated. The trick is to know how extreme these traits need to be to indicate a disorder.



Usually the disorder becomes obvious after the child starts to attend school. Problems develop with schoolwork or disrupt relations with teachers or peers. ADHD children typically are unable to sit still. They fidget and talk excessively, and they have a hard time attending to tasks at both school and home. They have problems in *"waiting for their turn in games and other activities."* Hyperactivity is more frequently found in boys than girls.

In a 1994 study, researchers examined the records of 245 children who had been referred to a pediatric clinic for *"school-related learning and behavior problems"* between 1981 and 1992. At the time of referral, the children ranged in age from 4 to 15 years. Each of the children had a thorough medical exam. Questionnaires about their behavior at home and at school had been filled out by parents and teachers.

It seemed that parents were able to recognize symptoms of hyperactivity in their children. Parents also expressed concern about their children's learning and behavior problems. However, parents were likely to see their children as hyperactive – even though a large portion of the children did not fit that diagnosis when examined by professionals. About 40% of the children actually had ADHD, while almost half had a learning disability instead. So it seems that parents are good at identifying learning and behavior problems, but they are less effective in identifying ADHD specifically.

There are several reasons why parents may not be as accurate in diagnosing ADHD.

- In different settings, children do not necessarily behave the same way. Their behavior at school may vary from their behavior at home.

- We all have our individual biases in noticing what happens around us. Parents may interpret the same behavior differently than others.
- Symptoms of ADHD are not unique to that disorder. Other disorders may be indicated by similar problem behaviors.
- If there are family difficulties – marital problems or other sources of stress – parents are less likely to tolerate normal behavior in children. They are more likely to label this behavior as a disorder. Some parents are not aware of the wide range of temperaments between children. If one child is relatively placid, normal childhood behavior from another may seem hyperactive.

About 3-5% of school-age children have ADHD. One of the most effective treatments for ADHD is **ritalin** (methylphenidate). The effect of ritalin is demonstrated by a rigorous study (Rapport, 1994). Two groups of ADHD children were used. For the first week, all the subjects were observed to obtain a baseline for their behaviors. During the next five weeks, the treatment group of 66 boys and 10 girls were given a specific level of ritalin for six days in a row – either 5 mg, 10 mg, 15 mg, 20 mg or a placebo. On the seventh day of each week, no medication was given. This allowed the drug to "wash out" of their systems. In contrast, an ADHD control group of 20 boys and 5 girls were not given any medication.

With increasingly larger doses of ritalin, children's behavior and attention continued to improve. However, their academic improvement leveled off at 10-mg doses. Over 75% of the children showed normal or near-normal attention spans with at least one dose of ritalin. Over 90% had teacher ratings of greatly improved or normal behavior in class. In contrast, academic functioning only improved in about half of the children.

Increased doses of ritalin – at least up to 20 mg – can improve the behavior of ADHD children, but it may not improve their academic performance. In addition, those who do not improve with lower doses are unlikely to respond well to higher doses.

**As parents and teachers, we need to be aware that
there may be a variety of reasons for a child's misbehavior.**

As a parent or teacher, we need to know that academic difficulties of ADHD children are not always directly related to their misbehavior. Any problem can have multiple causes. Other factors – learning disabilities, anxiety or depression – may also contribute to academic problems. These factors may require different treatments.

* Adapted from "ADHD difficult to detect" and "Ritalin improves behavior of ADHD children," *The Menninger Letter*, October, 1995, pages 1 and 3.