

Chapter 4

ADHD in Children: Assessment and Management

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ABSTRACT

Attention deficit/hyperactivity disorder (ADHD) is among the most common neurobehavioral disorders presenting for treatment in children and adolescents. ADHD is often chronic with prominent symptoms and impairment spanning into adulthood. During the past decade, epidemiological studies have documented high rates of comorbid conditions among individuals with ADHD. In the absence of adequate identification of its comorbidities and secondary symptoms, it has an impact on the behavioural and academic outcomes in the long run. Research highlights the psycho educational effectiveness that focused on the relative/caregivers of ADHD as better understanding and knowledge of the disorder improves treatment adherence, quality of life, and decreased symptoms of ADHD. Therefore, the chapter intends to throw light on the classification of ADHD, its assessment, and psychological management for better outcomes in children.

DEFINING ADHD

Attention-deficit/hyperactivity disorder (ADHD) is a childhood-onset neuropsychiatric disorder characterized by a combination of age-inappropriate levels of inattention, impulsive behaviour and hyperactivity (Thapar & Cooper, 2016). The symptoms of ADHD must cause significant impairments in more than one setting, e.g., at school or work, or with family and peers (APA, 2013).

According to The Diagnostic and Statistical Manual of mental disorders (DSM V), Attention deficit/hyperactivity disorder (ADHD) is characterized by three subtypes namely: the predominantly inattentive type (IA), the predominantly hyperactive/impulsive type (HI) and the combined type (C).

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Children of the IA/HI type should show six (or more) out of the nine relevant symptoms specified persistently for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

The Predominantly Inattentive Type (ADHD-IA)

- Makes careless mistakes/lacks attention to detail
- Difficulty sustaining attention
- Does not seem to listen when spoken to directly
- Fails to follow through on tasks and instructions
- Exhibits poor organization
- Avoids/dislikes tasks requiring sustained mental effort
- Loses things necessary for tasks/activities
- Easily distracted (including unrelated thoughts)
- Is forgetful in daily activities

The Predominantly Hyperactive/Impulsive Type (ADHD-HI)

- Fidgets with or taps hands or feet, squirms in seat
- Leaves seat in situations when remaining seated is expected
- Experiences feelings of restlessness
- Has difficulty engaging in quiet, leisurely activities
- Is “on-the-go” or acts as if “driven by a motor”
- Talks excessively
- Blurts out answers
- Has difficulty waiting their turn
- Interrupts or intrudes on others

The Combined Type (AHD-C)

If combined presentation of symptoms of both Inattention and hyperactivity are present persistently for at least 6 months.

It also specifies the severity level by classifying into the following subtypes:

- **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in only minor functional impairments.
- **Moderate:** Symptoms or functional impairment between “mild” and “severe” are present.
- **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning. (APA, 2013)

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