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**When is it time to ask about ADHD?**

Is my child hyperactive or is he or she a normally active, occasionally irritating, preschooler? My child is having trouble in school; could she have attention deficit hyperactivity disorder (ADHD)? If my child can focus on a video game for hours, why can't he or concentrate on his or her homework? These are variations of questions asked every day of pediatricians across the United States. More than 4 million American children (11 percent of boys, 4 percent of girls) have been diagnosed as suffering from ADHD. With ADHD, as with any other "chronic disease," early assessment is important, either to reassure parent and child that this is just another normal variation, or to begin intervention early when it is most effective.

It is often difficult for parents to decide when to pursue evaluation because childhood activity varies with age and stage of development, as well as with a child's family culture and environment. For example, five year olds are expected to be more attentive than two year olds and a home environment is usually less structured than a classroom.

ADHD, identified by increased activity and/or impulsivity and frequently associated with inattentiveness, is not new. When first described over 100 years ago, ADHD was thought to be secondary to brain damage. It was commonly referred to as minimal brain dysfunction until the 1960s. Clinicians now discuss it in behavioral terms and believe that it often begins in infancy.

A diagnosis of ADHD should only be made if a number of specific criteria are identified. These include numerous symptoms of hyperactivity or impulsivity, such as interrupting others, blurting out answers, having difficulty staying seated, lacking turn-taking and other social skills, as well as excessive talking and fidgety behavior. Signs of inattention include distractibility, an inability to complete tasks, carelessness, and forgetfulness.

In general, to determine a diagnosis, these symptoms should begin prior to age 7 and be present for a minimum of six months. Some evaluators feel the inattentive type of ADHD may not be recognized prior to school age, when an

extended focus on tasks may be required for the first time. Most importantly, a diagnosis should only be sought if the behavior causes school performance problems or affects relationships with family or friends.

Proper evaluation requires three sources of information. From the parent or caretaker, the pediatrician needs a complete description of the issues, including past medical history, a detailed description of areas of concern, and daily activity information including sleep and wake patterns.

A discussion with school personnel is significant to clarify their view of the child's problem, including classroom behavior and academic performance, as they work with the student for many hours each day.

It is helpful when parents and teachers fill out and return a standardized ADHD rating scale (The ADHD rating scale based on Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition, or DSM-IV is available on the Internet). The third indispensable source of information comes from the child. A comprehensive history and physical and neurological examination is crucial.

ADHD may present alone, or may be caused or compounded by other issues. It is important to ensure that there are not "co-morbidities" such as hearing loss or decreased visual acuity, a mental health disorder or a learning disability, as they can impact treatment options. To achieve a successful outcome, evaluations often require a coordinated effort by teachers, parents, physicians and other consultants.

Intervention may include counseling, special education services, behavior modification, and/or medication. For answers regarding your ADHD questions contact your pediatrician or go to www.aap.org.

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