

OUR LIFE WITH ADHD

ADHD is thought to affect as many as one in 20 UK children. But many families are still not getting the help they need. **Graham Readfearn reports**

Ruth Thomson knew there was something wrong when, at aged four, one of her twin sons started to spit at the dinner ladies. The mum-of-three had used all the good parenting techniques to try and tame Robin, but to no avail. "I just couldn't work out why the techniques worked with Andrew but not with his twin brother Robin," says Ruth.

Robin was diagnosed as having Attention Deficit Hyperactivity Disorder (ADHD) when he was five, but not before a stressful and difficult couple of years. "We were told it was our fault," reveals Ruth, from central Scotland, who has just launched her own parents' support group called Ecosse Adders. "You do start to ask if it is something that you are doing. But, barring batter-

ing the living daylights out of our son, we couldn't have been any stricter."

Fortunately for Ruth, she met a health visitor who was willing to go away and research Robin's behaviour and he was referred to the Forth Valley Community and Mental Health Services team in nearby Falkirk. There, a nurse-led project called Changing Lanes has taken a fresh look at the way that children with ADHD are diagnosed and supported.

As part of the programme, teachers are encouraged to learn more about the condition and to take some practical steps to help the child. These include sitting children with ADHD at the front of the class and allowing them to chew gum, which can help to raise their attention levels. And, as part of the project, parents are encouraged to join Thomson's support group, to swap ideas and share their experiences.

The problem of scepticism

Unfortunately, the Thomson family's

story of scepticism and finger pointing is a common one, according to Professor Paul Cooper, a chartered psychologist and professor of education at the University of Leicester. "I'm afraid you do still get that sceptical view; that ADHD might just be an excuse for bad behaviour. People used to say that about dyslexia; that it was an excuse from middle-class parents who couldn't accept that their children were thick."

Cooper has written several books about ADHD and runs a regular practical course to help child professionals to work with children who have the condition. "Some children with ADHD are difficult and their behaviour is very challenging," he admits. "However, many parents say that having a child with ADHD is bad enough, but it is made worse when they get the blame for it."

Cooper's course, Understanding and supporting young people with attention deficit/hyperactivity disorder, takes a multi-disciplinary approach. "With ADHD, no one profession has all the answers," he believes. "It is such a wide range of elements that can affect people and their circumstances that you really do need a multi-disciplinary approach."

The course, for teachers, educationists, medical staff, social workers and youth justice professionals, aims to give students a basic understanding of the concept of ADHD and ways to identify it. But it also suggests ways in which professionals from a range of services can help children to achieve more positive outcomes in their lives.

For instance, Cooper is currently evaluating the benefits of nurture groups in schools for children with ADHD. These are groups of between eight and 10 pupils who are given a structured and

clear daily routine and are in constant contact with at least two adults. "Nurture groups can be very effective," he explains. "Hyperactive children do extremely well but when they go back into the mainstream classroom their behaviour is just as bad as before. This seems to be telling us that there are certain underlying problems that children with this disorder have that means they do not learn from their mistakes in the same way as other children do."

However, Cooper says there are many practical ways that children with ADHD can still participate in classroom situations, and many of these basic principles can be applied in any situation. "For instance, you need to create situations where these children don't have to wait," he explains. "If you ask a class a question and ask them to put up their hands if they know the answer, a child with ADHD will just shout it out. Ensuring that children with ADHD get regular activity breaks is also essential."

Typical symptoms for a child with ADHD include inattentiveness, overactivity and impulsiveness. And, while these symptoms might occur in every child at any given time, children with ADHD will experience them constantly and in a wide range of situations.

Dr Rashmin Tamhne, a consultant paediatrician in Leicester specialising in ADHD, has diagnosed more than 600 children with the condition over the last 15 years. He explains that during the diagnosis of a child with ADHD, he'll systematically discount all other reasons for the child's behaviour. "It is right to take a lot of caution in reaching a diagnosis," he says. "Doing it in this way – and including the child and their parents – leaves no uncertainty in anyone's mind."

Tamhne says that over the last 15 years, people have been more prepared to accept the condition as a genuine problem. However, he warns of the consequences of not treating young people with the condition, which he claims can lead to a lifetime of delinquency and crime. "The risks are there for all to see," he says. "I can see clearly that the children who are diagnosed early do quite well socially and can have a career."

Using drugs as treatment

Once diagnosed, children with ADHD are often offered medication to help them cope with their symptoms. Concerta and Ritalin, both stimulant drugs, are the most popular drugs offered individually or in combination. And, in February, the UK's drug advisory body, the Medicines and Healthcare products Regulatory Agency, reported on a new non-stimulant drug, called Strattera, saying that it had been "widely and effectively used" to treat around 10,000 patients with the condition.

The statement warned, however, that there was a small risk that the drug

ADHD: possible causes and treatment

Attention Deficit Hyperactivity Disorder, or ADHD, is a genetic condition that affects the parts of the brain that control attention, impulses and concentration. Some scientists believe low levels of dopamine in the brain may be to blame.

There is strong evidence to suggest many ADHD children have inherited the disorder. However, one study has suggested that abuse of alcohol, tobacco and cocaine during pregnancy, and low birth weight, are all common factors in the disorder's appearance.

ADHD is more common among boys than girls and is reported to affect anywhere from three to five per cent of UK children. Most children begin to present symptoms at around four years old. Some children are predominantly hyperactive, others predominantly inattentive but, most commonly, children present both symptoms.

Research has found that about half of all ADHD children also have other conditions, which include learning difficulties, Asperger syndrome,

obsessive compulsive disorder, anxiety disorder and Tourette's syndrome.

Families with one ADHD child have a 30 to 40 per cent chance of having another child with the condition, and there is at least a 45 per cent chance that at least one parent may also have the condition.

Treatments include a diagnostic evaluation by a psychiatrist or paediatrician, support for parents and professionals working with the child, behavioural therapy and medication.