

ADHD: often misdiagnosed and incorrectly treated

ADHD is a chronic neuro behavioural condition that affects millions of children and often continues into adulthood. Almost all children have times when their attention or behaviour deviates, but children with ADHD have behavioural problems that occur so frequently and severely that it can affect a child's success at school and their relationships.

While there are no reliable local prevalence rates, internationally attention deficit hyperactivity disorder ADHD affects around one to three children in every 100 children. Research has shown there is no single cause for ADHD, but children with a family history or genetic predisposition are at a higher risk. ADHD is also influenced by environmental and emotional risk factors like maternal smoking or alcohol use, anxiety and mental illness during pregnancy.



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When a child is diagnosed with ADHD, parents often have concerns about deciding the best way forward. It is important for parents to remember that ADHD can be successfully managed, but it is equally important to ensure that the right diagnosis is made.

According to Dr Anusha Lachman, a child psychiatrist at Stellenbosch University's faculty of medicine and health sciences, a comprehensive assessment is needed before ADHD can be diagnosed in children. "ADHD may be diagnosed far too frequently in children who have other symptoms which can be caused by poor nutrition, an iron deficiency, insufficient sleep, exposure to trauma, poor routines or diets full of foods that are unbalanced, stimulating and non-nutritive. These problems can be corrected in different ways."

“Additionally, in situations where there are specific learning problems or issues with poor discipline, ‘naughty’ children are often medicated when people are under the misperception that it is ADHD,” Lachman says.

ADHD cannot be diagnosed with only one test, and is a diagnosis based on a clinical assessment supported by standardised tools that can assist the healthcare professional in making the diagnosis. To be diagnosed with ADHD, according to the *Diagnostic and Statistical Manual (DSM-5) Manual of Mental Disorders*, a child must have shown some specific symptoms of inattention, hyperactivity or impulsivity for a period of six months in various environments, such as in school, at home or on the playground.

“It cannot be that there are symptoms in only one area (for example only at school and not at home), and it is important to remember that ADHD does not suddenly present after years of effective functioning. There must be a history of poor functioning or impaired functioning as a result of inattention, distractibility or impulsivity,” Lachman explains.

Teens with ADHD

Some teens with ADHD, who were not diagnosed in childhood, may begin to struggle more as demands increase during adolescence. Lachman says that adolescents who present for the first time in high school with no prior history of academic or social challenges, should be screened for more common things first – like urine toxicology for drug abuse – rather than a diagnosis of ADHD being automatically considered.

Only three proven treatments

There have been numerous studies to investigate the efficacy and safety of a number of different treatments. Only three treatments have been proven to be effective for ADHD: behaviour modification, medication, and the combination of the two.

Behaviour modification may include cognitive training and more structured routines. A recent study in the *American Journal of Psychiatry* (2013) reviewed the non-pharmacological treatment for ADHD and concluded that alternative treatments like multivitamins, vitamin elixirs, omega oils and free fatty acid supplements may all be additional rather than substitution treatment for ADHD. Evidence for restrictive or elimination diets as “core” treatment for ADHD is limited.

Lachman explains that ADHD medication is both necessary and very effective, although it should be prescribed only if the diagnosis is correct and the behaviour manifests in more than one environment.

Beware of alternative treatments

ADHD medications – including stimulants and non-stimulants - are gold standard treatments and if the diagnosis is correct a standard stimulant should be prescribed. She warns that alternative natural products should be tried with the utmost care and under supervision of the medical health practitioner, be it the psychologist, psychiatrist or paediatrician.

The treatment dose of stimulant treatment is response dependent, meaning a small child may need more or less medication than an older child. “It depends on how the child responds, or tolerates the side effects. Parents should remember that more is not always better where ADHD medication is concerned,” Lachman notes.

Lachman also warns about using stimulant medication during exam time simply to help with concentration. “In the absence of a diagnosis of ADHD, using stimulant medications to help with better exam results is considered to be neuro-enhancement and is the same as taking a drug to enhance performance in sports, which is both illegal and unethical,” she says.

ADHD is a real and impairing disorder and is not simply the result of a child not trying hard enough to focus or concentrate. A thorough assessment by a medical health professional is required before treatment begins, and parents need to be aware of the evidence of the efficacy of alternative treatments before deciding not to use standardised treatments as recommended by their doctors.

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