



Health Sheet

LAUREL LESLIE, MD

Associate Professor of Pediatrics and Medicine

Medical School

University of North Carolina at Chapel Hill

Residency

University of California, San Francisco

Board Certification

General Pediatrics, Developmental-Behavioral Pediatrics

DOCTOR'S NOTES

To make an appointment, refer a child, or to learn more about the Learning, Education and Attention in Pediatrics (LEAP) Clinic at Floating Hospital for Children at Tufts Medical Center, call 617 636-7242.

ADHD Q&A

with Laurel Leslie, MD developmental-behavioral specialist

ATTENTION deficit hyperactivity disorder, ADHD, affects an estimated 3 to 5 percent of all children. Frustrating for them, their families and their teachers, this neurobehavioral disorder has an enormous impact on individuals and on public health. Children with ADHD frequently have trouble concentrating on their school work, and, when they reach adulthood, may have difficulty in certain workplaces.

Laurel K. Leslie, MD, MPH, the pediatric developmental-behavioral specialist who heads a clinic for children with school problems, including ADHD, at Floating Hospital for Children at Tufts Medical Center, answers some basic questions about this condition.

What are some early symptoms of ADHD?

Hyperactive children often appear to be in constant motion; they have trouble playing or sitting quietly. Impulsive kids often have trouble waiting for their turn or they interrupt others often. Some early signs of inattention may include trouble listening, daydreaming, being easily distracted and forgetfulness. Children with the combined subtype have both types of symptoms.

Is there an average age that children who are affected will start to show signs, or can it happen at any age?

Many children with ADHD have had problems since they were infants and toddlers, particularly those children with the hyperactive/impulsive or combined subtypes of ADHD. However, it is difficult to diagnose young children with ADHD because children are developing rapidly and high-energy behaviors in preschoolers are quite common. Children with the inattentive subtype of ADHD may not have trouble in school until they reach junior high or high school when their schoolwork becomes more complicated.

Is ADHD a life-long condition or will some children mature out of it?

Results of current research now suggest that many ADHD symptoms continue into adulthood and that approximately two-thirds of children with ADHD may continue to experience ADHD symptoms when they are older. Until very recently, most researchers and clinicians believed that children "outgrew" their ADHD symptoms during adolescence. This may be because symptoms like hyperactivity often become less prominent during the teen years. Positive aspects of ADHD in adolescents and adults include creativity, openness to new ideas and high energy levels. Challenging aspects of ADHD can include trouble at work, in relationships and in other areas of functioning because of problems with procrastination, staying on task, and completing projects.

*A quick resource guide for your patients:
clip and copy or download at
www.floatinghospital.org/adhdfacts*

Floating Hospital
for Children

at **Tufts** Medical
Center

What treatments are available?

We recommend a multi-modal treatment approach for ADHD that includes:

- Parents and caregivers learning all they can about ADHD and being their child's advocate
- Medication, particularly the stimulants, which have been researched extensively
- A good behavior modification program at home and at school
- School interventions that address areas that challenge children
- Identifying strengths the child with ADHD has and building on those as much as possible

How useful are treatment programs focused on nutrition, psychotherapy, exercise or other forms of nonpharmacological interventions?

A variety of alternative therapies have been proposed for ADHD, including special diets, vitamin and mineral supplements, herbal remedies, biofeedback, hypnosis and meditation. Generally speaking, most treatment alternatives lack systematic research to support their appropriateness and efficacy.

Studies of elimination diets (Few-Food Diets), sugar-restricting diets and macronutrient supplements have not produced convincing evidence of improving ADHD symptoms in most children. Approximately 2 percent of children will have less irritability and better attention when certain additives, especially red dyes, are removed from their diets. Treatments that focus on mineral supplementation (Iron, Zinc, Magnesium) may merit further study, but current data suggest that they are only useful when a true deficiency has been demonstrated.

Studies of homeopathic or herbal remedies, such as ginkgo biloba, kava-kava and spirulina are limited, but some findings may warrant further investigation. For example, there is some evidence that melatonin may be effective and safe for some types of sleep problems (i.e. delayed sleep phase) in children with ADHD.

Finally, studies of alternative interventions such as laser acupuncture, biofeedback, hypnosis, channel-specific perceptual tuning and vestibular stimulation are inconclusive as to their effectiveness in the reduction of ADHD symptoms.

What is the best advice you can give to parents who have a child with ADHD?

Parenting any child can, at times, be a stressful, frustrating, and tiring job, and this is especially true for a parent of a child with ADHD. It is important to remember that you are not alone. Many parents find it helpful to seek support of other parents who have children diagnosed with ADHD. Here are some tips:

Talk to your spouse and/or partner to make sure you are working as a team. For example:

- Work together on a consistent approach to discipline and structure
- Find ways to show support for each other
- Arrange time for taking turns so that each of you can take a break

Seek support

- Talking to other parents who are experiencing similar challenges can help you know that you are not alone and can help you feel supported
- Look into options before you are at the "end of your rope" so that you will have resources in place when you need them
- There are many support groups available, for example, CHADD, the ADDA and Exceptional Family Resource Centers

Refuel – parenting a child with ADHD is hard work

- Arrange some time to be good to yourself
- Take a break! Have a neighbor, spouse or family member care for your child so you can take some time off ☐

RESOURCES

National Institutes of Mental Health, www.nimh.nih.gov/health/topics and click on ADHD

Children and Adults with Attention Deficit Hyperactive Activity, www.chadd.org or their joint website with the Centers for Disease Control, www.help4ADHD.org