Understanding

ADHD, Autism, Dyslexia and Dyspraxia

Professor Colin Terrell and Dr Terri Passenger

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IMPORTANT
This book is intended not as a substitute for personal medical advice but as a supplement to that advice for the patient who wishes to understand more about his or her condition.

Before taking any form of treatment
YOU SHOULD ALWAYS CONSULT YOUR MEDICAL PRACTITIONER.

In particular (without limit) you should note that advances in medical science occur rapidly and some information about drugs and treatment contained in this booklet may very soon be out of date.

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Introduction

What does this book cover?

This book describes the four most common disorders of childhood as follows.

Attention deficit hyperactivity disorder (ADHD)

Children with this condition have difficulty focusing their attention on an activity even for short periods, and often become overexcited and seemingly unable to control themselves.

Autistic spectrum disorder and Asperger's syndrome

Children with these conditions have difficulty developing and retaining social relationships with others, including children in their own age group, friends and other adults. They often have associated language disorders.

Specific learning difficulty (dyslexia)

Children with this condition have difficulty acquiring the skills of reading, spelling and writing at the same rate as other children in their age group.

Developmental coordination disorder (dyspraxia)

Children with this condition are slow to master tasks requiring motor coordination, for example learning to walk, learning to ride a bicycle, developing ball skills.

The basic features of each disorder – diagnosis, incidence and treatment strategies – are covered separately.

However, over the last decade, evidence has been accumulating that indicates that these particular disorders often occur in combination. Some child development specialists now believe that having two or more of these disorders together may be more common than just having a pure form of one of them.

All four disorders are covered in this single text. If you believe that a child known to you may show signs of one of these disorders, it may be helpful to read about all of them.

Attention deficit hyperactivity disorder

What is ADHD?

Medical research now suggests that attention deficit hyperactivity disorder (ADHD) affects different people in different ways and to different degrees of severity. There are a number of definitions but the following characteristics, generally accepted as the most common, are acknowledged in most definitions.

Children with ADHD are always 'on the go'; they:

- often talk incessantly
- frequently blurt out inappropriate comments
- often act impulsively
- rarely pause to think before they act
- sometimes endanger themselves by taking unnecessary risks.

These children are a major cause of concern to parents and teachers.

Who is to blame?

It is usually the parents who first suspect that there is something different about their child's behaviour. Many parents are embarrassed by their child's behaviour and often come to believe that they are largely to blame.

Research in recent years has, however, suggested that the bad or challenging behaviour displayed by some children is not the fault of their parents or the children themselves. It may be caused by inactivity in the areas of the brain that control concentration and impulsive behaviour.

When does it start?

The behaviours associated with ADHD become apparent during early childhood, before the age of five years.

ADHD is considered a lifelong condition but autobiographies of adults who had ADHD in childhood tend to agree that, although the 'symptoms' never go away, increasing maturity enables the individual to develop effective strategies that keep the behaviours in check.

Is there something wrong with my child?

Although parents sometimes sense that there is something 'not right' or uncontrollable about their child's behaviour, it is often an outsider, someone not in the immediate family, who is the first to suggest that a child might need specialist help. John's mother tells a typical story.

Case study: John

John's my second eldest so I only had his older sister to compare him with. I thought he was just like a boy should be – always rushing about like he was driven by a motor.

He couldn't stick at one thing for more than a few minutes and, even more worryingly, had no sense of danger. When we were out shopping, if I let go of his hand, he'd race out of the shop and be across the road in a flash.

He was four when he started at nursery and I still remember his teacher bringing him to me at the end of the first day, saying, 'He's a little terror isn't he?'. She wasn't joking; she meant it.

'John was always rushing about with no sense of danger.'

After the first week she spoke to me again and said that she didn't think he was ready for nursery. Apparently he'd bitten the cheek of one of the little girls because she wouldn't get out of a toy car he wanted, and then he'd kicked the nursery nurse who told him off.

We tried two other nurseries but the longest he lasted was two weeks.

When he started school, one or other of his teachers asked to speak to me about his behaviour almost every week. They said John seemed incapable of sitting still for more than a couple of minutes, was always shouting out answers in class, throwing tantrums and constantly quarrelling with other children.

We had trouble too whenever he was invited to parties. He'd just get so excited he was uncontrollable

'We tried two nurseries but the longest he lasted was two weeks.'

and it wasn't unusual for the parents running the party to ring up and ask me to collect him before the party was finished.

The problem with John and his behaviour came to a head when he was in his third year at junior school. We arrived at school a bit early one morning in the summer and, as usual, as soon as I let go of John's hand at the gate, he shot off straight away.

I started talking to some of the other mothers and about five minutes later there was this huge commotion in the playground. A small girl was on the ground, screaming, with blood pouring from a cut on her head.

'There was huge commotion in the playground; John had thrown a cricket bat across the playground, hitting a girl on the head.'

My heart sank because, in among the screaming, I could also hear John shouting and yelling. Apparently, he'd been playing cricket with some of the children and, just like always, when he was bowled out, John wouldn't let go of the bat and started shouting he wasn't out.

When one of the boys grabbed the bat, John had snatched it back and, shouting the others were cheating, had thrown it across the playground as hard as he could and it hit the girl on the head.

When I got to John he was completely out of control, still yelling that it was the other boy's fault and kicking and swearing at the teacher who was trying to hold him.

I managed to calm him down to the point where he stopped struggling and shouting and he started to cry, great big sobs, saying over and over again: 'I'm really sorry Mum, I didn't mean to hurt her. It wasn't my fault. I don't know why I do things like that. They all hate me. I wish I was dead.'

I took him home and he cried all day. What really upset me was that he kept on about how all the teachers and the other children hated him, how he'd never had any friends and how he wished he could kill himself. I'd never felt so down because I knew a lot of what he said was true.

The following morning I had an appointment to see the head teacher. He started by saying that, although he knew that John hadn't meant to hurt the little girl, there was a major problem with John's behaviour. It wasn't just what John did but how often he behaved badly.

Just before I left, he gave me a magazine from his coffee table, saying: 'I'm not an expert but I've seen kids like John before. He may have a problem he can't

'What really upset me was that he kept on about how all the teachers and other children hated him.'

'The head teacher gave me an article that described a boy with ADHD.'

help. Take a look at this page and see if you recognise John.'

I went straight home and read the article. It described a boy who'd been diagnosed with a clinical behaviour problem called attention deficit hyperactivity disorder (ADHD). The article described our John and even said what could be done. I can't tell you the relief that flooded over me.

The next day I took John to our family doctor and showed her the article and she arranged for John to be seen by a specialist. It took about six weeks for the appointment to come through but then, once John was diagnosed as having ADHD, things really started to look up.

'Once John was diagnosed as having ADHD, things really started to look up.'

The specialist gave us advice on how we could help him and he arranged for someone to go in to the school to give advice to the teachers. From that point whatever they did in school to handle John when he got excited we also did at home.

Believe me it wasn't easy, but that was seven years ago and John has just passed his GCSEs. He wants to be a PE teacher; the Careers Officer said he couldn't think of a better job for him!

What causes ADHD?

Precisely what causes ADHD is not yet known. However, it is generally accepted by medical experts that children are born with ADHD rather than developing it.

Evidence to support this comes from studies of children who have identical genetic make-up: identical twins. It has been found that, even if identical twins have been separated at birth and brought up apart, if one twin has ADHD the other twin will almost invariably have it too.

So, it is genetic make-up, not the way that the child is brought up, that seems to be the major factor in determining whether a child will suffer from ADHD. Further research evidence suggests that ADHD affects more boys than girls in a ratio of approximately four to one.

What is it like to have ADHD?

Overexcitement

Activities that, for other children, have relatively low levels of excitement are likely to overexcite a child with ADHD.

For example, waiting his turn to throw the dice in a board game will be difficult for him and he is likely to

grab the dice, possibly unaware that this will annoy everyone else.

In the lunchtime queue at school, he may push past others to get his food as quickly as possible, again heedless of the fact that he'll lose friends and annoy lunchtime supervisors.

The child with ADHD sometimes talks incessantly, constantly interrupting others; his impulsive behaviour does not happen occasionally, but is a persistent and enduring characteristic, day after day.

Disliked

The ADHD child will, almost inevitably, be 'a pain' to everyone – members of his family, his teachers and last, but certainly not least, those who could be his friends.

The ADHD child is most often shunned by others of his own age because his unpredictable, impatient behaviour spoils games. When he is shunned, he is invariably sorry for what he has done.

Low self-esteem

The child or young adult with ADHD may, at times, look carefree and sometimes even 'devil may care'. However, the biographies of adults who have experienced this disorder in childhood often catalogue a series of unhappy memories.

They describe emotional distress, low self-esteem and loneliness, not being liked, being shunned by others, being persistently excluded from groups and banned from situations or activities in which they greatly wanted to participate.

An example of what it's like

To illustrate the problems of the ADHD child, let's take

Characteristics of a child with ADHD

Attention deficit hyperactivity disorder affects different people in different ways and to different degrees. However, the following chracteristics are most commonly found in children with ADHD:

- Often move more quickly into a state of high agitation or excitement than other children
- Often talk incessantly and loudly, are constantly moving and frequently switch from one activity to another without pause
- Cannot filter out unimportant stimuli – everything grabs their attention
- Annoy everybody and cannot help it
- Are disliked by others and realise this
- Have low self-esteem and often dislike themselves
- Are often remorseful after behaving 'badly', saying 'I can't help it'
- Demonstrate this behaviour in a persistent and enduring way

what you are doing right now as an example. Assume that you are reading this book in a relatively quiet room but are within earshot of a road where your car is parked alongside those of your neighbours.

A few seconds ago, you may have heard a car door slam but a part of your brain will have immediately filtered that noise out as normal and unimportant. You would, therefore, have been able to continue reading with your focus of attention uninterrupted.

Now assume that you hear a different sound, of crunching metal and tinkling glass. This time your filtering system identifies the sound as potentially

significant and your reading will now be rapidly interrupted as you run to the window hoping your car is still in one piece!

In essence, one sound did not interrupt your train of thought because your brain 'unconsciously' filtered it out as 'unimportant' and you continued reading, yet another noise of roughly the same acoustic volume was not filtered out and caused you to interrupt your reading.

Now, as you are reading this book, sit quietly, try not to move and just listen to the noises around you. There may be a clock ticking, the low hum of a central heating or air-conditioning unit switching on, faint footsteps on the floor above, a muted burst of laughter from a television in a distant room.

For a minute or two close your eyes and just listen to the noises around you. Imagine that every time you hear any sound, it will completely interrupt your train of thought and divert your attention away from the book, towards the source of the sound.

Add to that all the other stimuli that your brain automatically filters out: inconsequential changes in light, temperature, touch, smell and sounds all have the potential to divert your attention.

In most cases, however, because you have an effective filtering system, the distractions that are relatively unimportant do not divert your attention. The child with ADHD does not have an effective filtering system, so each 'distraction' that his brain encounters has the same effect as that sound of crunching metal and tinkling glass may have had on you: it completely diverts his attention from a task.

Imagine then how such a child copes in a busy modern school with up to 30 other children in the

same classroom and possibly hundreds of others in the school, all moving around the corridors and playgrounds. In such an environment, this child is likely to exhibit inappropriate behaviour by flitting his attention from one thing to another, distracting and annoying not only himself but also his fellow classmates and his teachers.

How is ADHD diagnosed?

In the UK, formal diagnosis of ADHD always requires specialist assessment by a paediatrician or a child/adolescent psychiatrist. However, the first point of contact should be with the child's family doctor who will need specific details of the behaviours that are of most concern.

If you think that a child may have ADHD, the screening questionnaire in the box on page 16 will help decide whether a referral to a medical specialist is warranted. Ideally, two adults who know the child well, usually a parent and a teacher, should complete the questionnaire independently.

How frequently is ADHD diagnosed?

The National Institute for Health and Clinical Excellence (NICE) is a group of experts who provide the government with advice on matters related to health. The NICE guidelines estimated that:

- About 1 in 100 of school-aged children manifests the most severe symptoms and acute difficulties associated with ADHD
- About 5 in 100 manifest less severe symptoms but nevertheless experience significant difficulties.

Screening questionnaire for ADHD

This questionnaire has been compiled to help you decide whether your child's beahviour shows enough of the characteristics of ADHD for a referral to a medical specialist to be warranted.

Before starting to complete the questionnaire, read the instructions below and follow them carefully.

Tick a box ONLY if BOTH of the following are true:

1. The child shows a particular behaviour to an excessive degree. (If you have to spend time thinking about your response then that aspect of the child's behaviour will probably not be excessive.)

   AND

2. The behaviour has been present since before the age of seven years and for at least the previous six months, and is present in different settings – for example, in school and at home.

Tick the box if the child often:

- ☐ fidgets with his hands and/or feet or squirms in his seat
- ☐ leaves his seat when being seated is expected (for example, at mealtimes)
- ☐ runs or climbs excessively in situations in which it is not appropriate
- ☐ has difficulties playing or engaging in leisure activities quietly
- ☐ appears 'on the go' and/or acts as if driven by a motor
- ☐ talks excessively
- ☐ blurts or shouts answers before questions have been completed
- ☐ has difficulty waiting turns in games, etc.
- ☐ interrupts or intrudes on others – for example, butts into conversations or games

If more than six behaviours are ticked then it is worth visiting your family doctor to discuss your child's behaviour.

This means, of course, that there are likely to be at least one or two children with ADHD in almost every school in the country.

What are the effects on families?

In the same report, the NICE noted that the knock-on effects for families who have an ADHD child can be very serious. In our culture, the parents of a child with ADHD will feel guilty about what they believe to be their own failure.

These feelings of guilt will often be reinforced by barely disguised negative comments and asides from relatives, friends, parents of other children, teachers, health professionals and even strangers in shops.

If a child with ADHD has a hard time, so do his parents. The pressure imposed on the parents and siblings of a child with ADHD can be so extreme that it can contribute significantly to family breakdown.

What can your doctor do?

From the completed questionnaire, your family doctor will have a good indication of the behaviours that are a particular cause for concern.

Once your family doctor has this information, she or he will usually begin the full assessment procedure by asking the advice of a range of specialists who might include a paediatrician, a child psychiatrist, an educational psychologist and your child's teachers.

These specialists will obviously seek information from you, as parents, because you are the adults who know the child best.

There is no one, single test for identifying ADHD so be prepared for the assessment process to take some time. Full reports on your child's medical history, family

background and educational experience will probably be needed and it is likely that he or she will undergo a formal assessment, taking at least two hours, in a clinic as part of the referral to the paediatrician and/or the child psychiatrist.

How can my child be helped?

You will no doubt be relieved to learn that, if provided with appropriate treatment and sensitive skilled support, a child with ADHD can develop into a happy and successful adult.

However, living with a child with ADHD is not easy and you need to be reassured that many other parents also experience the frustration, tension and anxiety that you feel.

How to treat a child with ADHD is one of the most hotly contested debates in the media today and there are two major, and often opposing, schools of thought:

1. Those who believe that ADHD can be 'controlled' without medication – many of whom also believe that medication is simply 'wrong'.
2. Those who believe that the behaviours associated with ADHD can be effectively addressed with medication.

KEY POINTS

- Overactive or impulsive behaviour is shown at some time by most young children
- Overactive behaviour is not necessarily the fault of the child or parent
- A child's behaviour may not be within his control
- A child who is notable for excessive levels of activity may be suffering from a condition known as attention deficit hyperactivity disorder (ADHD)
- The exact causes of ADHD are unknown
- ADHD is thought to be genetic and unlikely to be caused by faulty upbringing
- ADHD affects more boys than girls in a ratio of approximately four to one
- If you are worried about your child's behaviour you should take him to your family doctor
- Your family doctor will need detailed information about the behaviours that worry you
- You may be referred to a team of specialists to assess your child fully
- Inform the school so that you can work together in arranging a full assessment