



ATTENTION DEFICIT HYPERACTIVITY DISORDER

Children and adults with Attention Deficit Hyperactivity Disorder (ADHD) are often able to focus and pay attention to activities they enjoy or to particular topics, for example, video games. However, they often have difficulty paying attention to what they are supposed to pay attention to, especially with tasks they find hard or boring! When individuals have at least a certain number of symptoms of inattention (carelessness or difficulty keeping focused for long periods of time), hyperactivity (constant motion and difficulty sitting still or keeping hands to self), or impulsivity (picking answers too quickly, doing things without thinking first), they may have ADHD.

Not all individuals with ADHD have difficulty with hyperactivity, impulsivity, and inattention. There are 3 different types of presentations for ADHD that are currently defined.

- *ADHD Predominantly Inattentive Presentation* - once called Attention Deficit Disorder or ADD - This is where individuals have difficulty with paying attention to what they are supposed to pay attention to, for example their teacher or boss, and instead are attending to other stimuli, for instance the airplane flying overhead or what their neighbor is doing. These individuals often make careless mistakes.
- *ADHD Predominantly Hyperactive-Impulsive Presentation* - Individuals with this presentation do things without thinking first about the consequences of their actions.
- *ADHD - Combined Presentation* - These are the individuals who have difficulty with inattention as well as hyperactivity and impulsivity.

Why it Matters: When children have symptoms of ADHD above and beyond what can be explained by Autism Spectrum Disorder (ASD) alone, these ADHD symptoms can make it difficult to get the full benefit of education or special intervention. For example, a child with ASD may have worked on conversation

skills during social skills training and knows that he or she should build on what someone else says. If the child also has ADHD and misses what was said because of inattention, he or she likely cannot apply the learned social skills! Over time, children with untreated ADHD can be at risk for poor self-esteem or other difficulties if they receive constant corrective feedback. (“Stop doing X!”) These children make more frequent mistakes than their peers, or seem to make mistakes even when they try hard, and they do not understand why they are having such difficulties. Frequent corrective feedback, as well as over-activity can also be increasingly stigmatizing around peers as children get older and are expected to better control their level of activity. In other words, they might start sticking out among their classmates because they are in constant motion, are not focused, and need redirection. Adults with ADHD may have difficulty following directions, concentrating, and organizing tasks — all of which can lead to trouble completing work on time and overall poor job performance.

Diagnosis: ADHD is diagnosed through clinical interview, observations, and questionnaires. The process of diagnosis may sometimes be multi-step. Diagnoses require that an individual demonstrate a particular pattern of symptoms that interfere in at least two settings. For most children, this would be in home and at school; for adults, it might be home and work. Sometimes, clinicians may ask individuals to perform particular tests examining their sustained attention, impulsivity, visual attention, or auditory attention.

Treatment: Some individuals with ADHD benefit from learning behavioral strategies to target their symptoms (for example, they are taught strategies to double check their work) and which use reward systems to practice learned strategies and skills. For other individuals with ADHD, however, even if they are taught behavioral strategies to target or compensate for their ADHD, their biochemistry makes it difficult to use the learned strategies. Sometimes children and adults with ADHD thus benefit from psychopharmacological interventions (taking medications) that can help them focus and then better learn and apply behavioral strategies and focus. A developmental pediatrician, pediatrician, psychiatrist, or nurse practitioner might prescribe the medication.

Related Articles:

- [Co-Occurring Conditions or Co-Morbidities](#)
- [Will Medication Help?](#)

- [How Do I Choose a Treatment?](#)

Additional Resources:

- [National Institute of Mental Health](#)
- [Children and Adults with Attention Deficit Hyperactivity Disorder \(CHADD\)](#)

The Center for Autism Research and The Children's Hospital of Philadelphia do not endorse or recommend any specific person or organization or form of treatment . The information included within the CAR Autism Roadmap & trade; and CAR Resource Directory & trade; should not be considered medical advice and should serve only as a guide to resources publicly and privately available . Choosing a treatment, course of action, and/or a resource is a personal decision, which should take into account each individual's and family's particular circumstances .