
Attention Deficit Hyperactivity Disorder (ADHD)

What is Attention Deficit Hyperactivity Disorder?

ADHD is a neurodevelopmental disorder defined by impairing levels of inattention, disorganisation and hyperactivity-impulsivity. Examples of Inattention symptoms include inability to stay on task, seeming not to listen, and losing materials, at levels that are inconsistent with age or developmental level. Symptoms of hyperactivity-impulsivity includes overactivity, fidgeting, inability to stay seated, intruding on other people's activities, and inability to wait - that are excessive for age or developmental level. ADHD often persists into adulthood, with resultant impairments of social, academic and occupational functioning. There are three sub-types of ADHD:

1. ADHD Predominantly Inattentive Presentation: persistent pattern of predominantly inattentive symptoms for a period of six months.
2. ADHD Predominantly Hyperactive/Impulsive Presentation: persistent pattern of predominantly hyperactive and impulsive symptoms for a period of six months.
3. ADHD Combined Presentation: persistent pattern of both inattentive and hyperactive/impulsive symptoms for a period of six months.

Children with Attention Deficit Hyperactivity Disorder:

- Experience inattention and/or hyperactive/impulsive behaviour that significantly interferes with daily functioning or development.
- Experience difficulties associated with inattention and hyperactivity/impulsivity which begins in childhood (present prior to the age of 12years).
- Experience difficulties/substantial related symptoms and/or difficulties in more than one setting, although symptoms may vary depending on the context within the given setting.
- Experience difficulties in inattention and hyperactivity that are not better explained by another mental condition (i.e., mood disorder, anxiety disorder).

Booking an assessment to determine whether your child has ADHD:

Clinical diagnosis of ADHD involves completion of a multimodal assessment, including a full clinical and psychosocial assessment, a detailed developmental, medical and psychiatric history, and careful consideration of other evidence, such as previous records, teacher and family reports, rating scales, and the person's mental state.

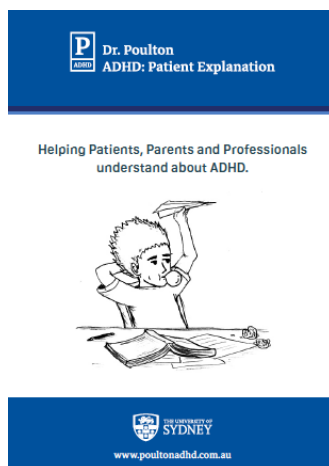
If diagnosis is indicated (based on the assessments above), additional assessment may be required. In this circumstance, the clinician may consider:

- Cognitive and Behavioural Assessment, if this has not already been done, using age-appropriate, psychometrically sound tools or other more detailed assessments measuring: aspects of attention, working memory, executive functioning, processing speed and associated learning deficits

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- Educational and Allied Health Assessments, e.g. to assess for specific cognitive and learning deficits as well as speech and language and motor coordination difficulties (common comorbid conditions).

Where can I find more information? (Click for each link)

- [ADHD Australia](#)
- [ADHD Support Australia](#)
- [Australian Psychological Society \(APS\) – ADHD in children](#)
- [PADHD](#) – Dr Poulton’s ADHD Information Guides



NHMRC Practice Guide: Clinical Practice Points of the Diagnosis, Assessment and Management of Attention Deficit Hyperactivity Disorder in Children and Adolescents (Click [here](#) for link)

