Notice how your child gets easily distracted? Or how he has great difficulty concentrating or sitting still? Does he have trouble making friends at school? These could just be some symptoms of Attention Deficit Hyperactivity Disorder, or ADHD, as it is commonly known.

More often than not, ADHD is overlooked by parents who believe their child will outgrow the behaviour. But if the disorder is not recognised and treated, it can affect the child's self-esteem and personal development.

So what exactly is ADHD? What are the signs? How do you handle a child with ADHD? *Living with ADHD* gives the necessary medical information about the disorder, types of treatment, and advice on handling hyperactive and inattentive children in an easy-to-read format. A must-read for parents, parents-to-be, teachers and caregivers.

Revised and updated, *Living with ADHD* is part of a series of handbooks on mental health in children written by mental health professionals from the Child Guidance Clinic.
Other titles in the series are:

- Anger
- Autism
- Discipline Issues
- Divorce and Family Issues
- Grief
- Intelligence and Learning Difficulties
- Self-harm Behaviours
- Sexuality Issues
- Stress

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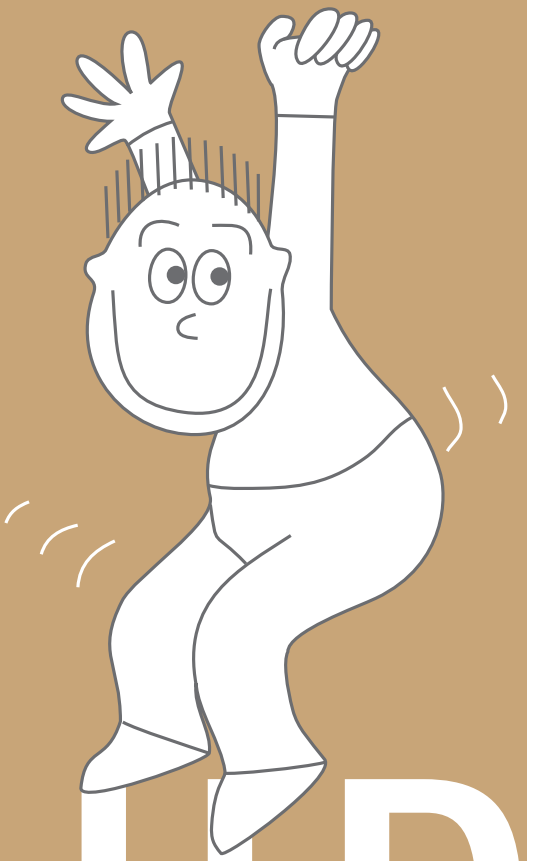

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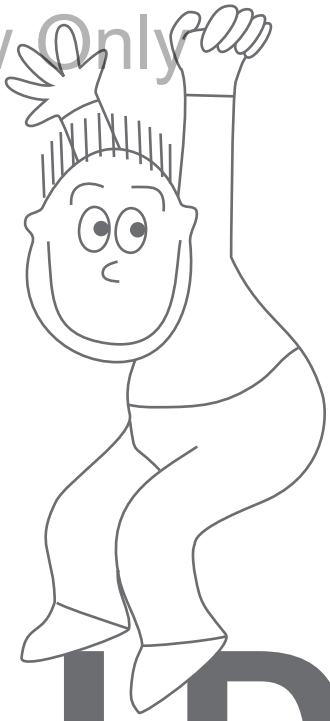

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Dedicated to
all the children of the Child Guidance Clinic
and their parents

CONTENTS

PREFACE

This book is about children with a particular disorder called Attention Deficit Hyperactivity Disorder (ADHD). Children with ADHD are often in trouble at school. They give parents and teachers a tough time, as they do not complete their homework due to difficulty in focusing on a piece of work. They find it difficult to make friends or get along with peers because they are impulsive and get into fights easily. They are a constant source of stress to teachers and parents.

Parents nowadays are better educated and more aware of mental health issues. They want to do their best and look for early interventions for their children who might have problems impeding their psychological health and academic performance. With the development of a comprehensive community mental health programme in schools called REACH (Response, Early Intervention and Assessment in Community mental Health) by the Ministry of Health, Ministry of Education, Ministry of Social and Family development and the National Council of Social Services working collaboratively, the pick-up rate for ADHD has almost doubled. In 2001 and 2002, the Child Guidance Clinics located at the Health Promotion Board Building and the Institute of Mental Health saw 397 and 457 new cases of children with ADHD respectively (about 15 percent of new cases). In 2012 and 2013, these figures rose sharply to 750 and 654 new cases respectively. ADHD now constitutes 27 to 30 percent of the total number of new consultation cases seen at the clinics.

From a statistical point of view, however, the number of children that turn up for treatment at the clinics is just the tip of the iceberg. In 2013, there were 244,045 primary school students. Among these children, statistics show that 4 to 5 percent will have ADHD. If we take an average of 4.5 percent of 244,045 students, as many as 10,980 primary school students may have ADHD. In practical terms, this means that one to two students in an average primary school class of 35 students may have ADHD. From this, we may conclude that many children with ADHD are not recognised and brought to the attention of mental health professionals.

Dr Cai Yiming
July 2015

INTRODUCTION

To many parents, coping with one child with Attention Deficit Hyperactivity Disorder (ADHD) is difficult enough. Coping with two children with ADHD means significant increases in their problems. This is because the likelihood of children in a family having ADHD is fairly high; the effect of having two children with ADHD is often not equal to twice as many problems, but 11 times as many problems.

ADHD children also pose a challenge for the mental health professionals who treat them. This is because diagnosing the disorder is complex as there are various other mental conditions, such as depression, that could account for the restlessness and concentration difficulties in the child. The child may then be misdiagnosed as having ADHD. Also, these other conditions can exist alongside ADHD in a child. It is therefore crucial that any analysis or evaluation of an inattentive and hyperactive child is done carefully by professionals so that the diagnosis is accurate and the child is treated appropriately.

This book highlights the complexity of diagnosis and discusses various aspects of ADHD — its presentation, causes and treatment, the misconceptions surrounding it and the latest research findings. Considerable emphasis is put on how parents and teachers can help children with ADHD more promptly and effectively, thereby reducing suffering and distress of all parties.

I hope the book will serve as a useful reference guide for parents, teachers and healthcare workers. I hope it also spurs the reader into looking for more information either on the Internet or from books. This is especially relevant as developments in research and clinical practice are rapidly expanding, with new findings and exciting ideas appearing that might influence the outcome of treatment for ADHD.

WHAT IS ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)?

PART 1

Attention Deficit Hyperactivity Disorder (ADHD) is a neuro-developmental disorder of self-control. As the name suggests, the symptoms of ADHD are characterised by serious and persistent difficulties in three areas, namely:

- inattention,
- impulsivity,
- hyperactivity.

ADHD is a neuro-developmental disorder in the sense that it arises early in child development, before the age of 12. ADHD is related to abnormalities in brain functioning and development. It is also associated with other factors that can affect brain functioning or development such as genetic factors, injuries, toxins and infections. Boys tend to be affected more than girls by a ratio of three or four to one.

1.1 MY CHILD IS 6 YEARS OLD. HE IS EXTREMELY ACTIVE AND RUNS ABOUT AT HOME. DOES IT MEAN HE HAS ADHD?

It is normal for children to be active, inattentive and impulsive. Developmentally, this is understandable and should not be a cause for concern for parents. In fact, about one-third of children are described by their parents as overactive and between 5 percent and 20 percent of schoolchildren are described as such by their teachers. Among these schoolchildren, however, it is likely that 3 percent to 5 percent have ADHD.

If your child is getting on well socially with other children and teachers, picking up in learning, is not distressed about school and does not cause disruptive behaviour in school or other social settings, then it is unlikely that your child has ADHD.

The key here is whether your child has serious and pervasive impairment in social, learning and behavioural functions that are maladaptive and inconsistent for a child of his age.

1.2 WHAT SYMPTOMS DO CHILDREN WITH ADHD PRESENT?

Children with ADHD exhibit a variety of symptoms. ADHD begins in childhood. According to diagnostic criteria on the next page, the symptoms must have started before the age of 12 and be evident for at least six months.

With inattention, the child:

- often fails to give close attention to details,
- often has difficulty sustaining attention in tasks or play activities,
- is often easily distracted by extraneous stimuli,
- is often forgetful in daily activities,
- often does not seem to listen when spoken to directly,
- makes careless mistakes in schoolwork or other activities,
- often does not follow instructions and fails to finish schoolwork, chores or duties (not due to defiant behaviour or failure to understand instructions),
- often has difficulty organising tasks and activities,
- often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (schoolwork or homework),
- often loses things necessary for tasks or activities (toys, school assignments, pencils, books or tools).

With hyperactivity and impulsivity, the child:

- often fidgets or squirms in the seat,
- often leaves his seat in the classroom or in other situations where remaining seated is expected,
- often runs about or climbs excessively in situations where it is inappropriate,
- often has difficulty playing or engaging in leisure activities quietly,
- is often “on the go” or often acts as if he is “driven by a motor”,
- often talks excessively,
- often blurts out answers before questions have been completed,
- often has difficulty waiting for his turn,
- often interrupts or intrudes on others.

The diagnostic criteria was established in the Diagnostic and Statistical Manual, 5th edition (DSM-5), American Psychiatric Association (2013). The DSM is one of two major classifications psychiatrists use today. It is used officially in the US and adopted in many countries.

The International Classification of Diseases, 10th edition (ICD-10) by WHO (World Health Organisation) is the other major classification.

1.3 HOW ARE CHILDREN WITH ADHD DIFFERENT FROM NORMAL CHILDREN?

As can be seen from the list in 1.2, children with ADHD are clearly distinguished from normal children in many respects. Their problems are pervasive and occur across different social situations, affecting their ability to function successfully for age-appropriate demands. Their problems are also persistent over time and are not caused by environmental or social factors.

1.4 ARE CHILDREN WITH ADHD MORE PRONE TO INJURIES?

Children with ADHD are impulsive. They often begin tasks before receiving adequate instruction, and are thus likely to make careless errors and take unnecessary risks. People who are unaware of the disorder are likely to label these children as irresponsible and immature. Research studies show that children with ADHD tend to have more accidents than normal children of the same age.

1.5 ARE THERE DIFFERENT TYPES OF ADHD?

In the DSM-4 (published in 1994), there are five sub-types of ADHD:

- Predominantly Hyperactivity-Impulsive,
- Predominantly Inattentive,
- Mixed/Combined,
- In Partial Remission,
- Not Otherwise Specified.

Most children have symptoms of the Mixed/Combined type. However, there are some children with either the Predominantly Hyperactivity-Impulsive type or the Predominantly Inattentive type. It is noteworthy that children with the Predominantly Inattentive type of ADHD tend to daydream and have difficultly focusing on their tasks. They are, however, not hyperactive.

A small number of children falls into the other two categories. Individuals, especially adolescents and adults, who currently have symptoms that no longer meet the full criteria, fall into the In Partial Remission type. Individuals are considered Not Otherwise Specified if they do not meet the criteria in full in either of the symptom clusters of the Predominantly Inattentive category or the Predominantly Hyperactivity-Impulsive category.

However, it must be noted that in the DSM-5, the five sub-types are no longer differentiated. Instead, the DSM-5 emphasises the current clinical presentation of ADHD, which may be hyperactive-impulsive, inattentive or combined. This has arisen from research showing that ADHD symptoms may change over time (e.g. from predominantly combined symptoms to predominantly inattentive symptoms).

1.6 WHAT WOULD HAPPEN TO CHILDREN WHO ARE UNRECOGNISED AND UNTREATED FOR ADHD?

Children with ADHD will suffer needlessly if they are untreated. Furthermore, the consequences for them are significant. They are likely to lose interest in studies and have low self-esteem. They may also find it difficult to make friends.

They Lose Interest In Studies

Children with ADHD do not lack intelligence. But they tend to fall behind in their studies because they are unable to focus on the task at hand. When they fail to listen to instructions, they resort to telling lies, which often leads to punishment by parents or teachers. This has the undesired consequence of creating a dislike of school and a loss of interest in their studies.

They Have Poor Self-Esteem

Teachers and parents who do not know of this disorder are likely to consider children with unruly behaviour as purposely defiant and uncooperative. Instead of perceiving the child as unthinkingly breaching rules in school or at home, they may scold him and label him as naughty, undisciplined or lazy. The child is often receiving unfair criticism and is being unnecessarily punished by teachers and parents. It is thus easy to see why many children with ADHD have low self-esteem.

They Do Not Have Many Friends

ADHD is often a cause of strained relationships. The child is often seen by his classmates and peers as undisciplined and rude. He is also more likely to get into fights with them. The result is rejection and dislike by his peers.

CASE STUDY

WHY CAN'T HE JUST STOP?

Julian Tan is seven years old. He was brought to the Child Guidance Clinic by his desperate parents to seek help for his hyperactive behaviour. "Why can't he just stop?" asked his mother in exasperation. In tow also was Jonathan, Julian's seven-month-old brother.

According to his parents, Julian has always been an active boy, even in infancy. Although constantly involved in some activity, he is never able to pursue the activity to completion. He is disruptive in the classroom and often fails to hand in his homework. He also gets into fights with the other boys in his class frequently.

At the clinic, Julian was restless and constantly paced about the room. In his mother's arms, Jonathan was squirming, kicking his legs and stretching his arms. His parents reported that Jonathan is more active than Julian was at that age and requires very little sleep.

This is a classic case of ADHD with early onset and a family history. With drug treatment and behaviour management therapy, Julian soon settled down in the classroom and at home.

ABOUT THE AUTHOR

Dr Cai Yiming graduated from the University of Singapore in 1975. He joined Woodbridge Hospital (now known as Institute of Mental Health) as a medical officer and started his career in psychiatry in 1977. He received postgraduate training in psychiatry at the Institute of Psychiatry in London under a Commonwealth Scholarship (United Kingdom) from 1979 to 1981. He has been a Fellow of the Academy of Medicine (Singapore) since 1987.

From 1991 to 1992, Dr Cai was based in the Hospital for Sick Children, Toronto (Canada) as Clinical Fellow under the Health Manpower Development Plan Fellowship Scheme (Ministry of Health, Singapore). He was Head of the Department of Child and Adolescent Psychiatry at the Institute of Mental Health from 1993 to 2006.

In 1999, Dr Cai was appointed as a WHO Consultant on Life Skills Education for school children.

He is an examiner for the post-graduate M. Med (Psychiatry) Examination, National University of Singapore.

He was a recipient of the 2007 National day award in Public Administration Medal (Bronze). In 2010, he was a winner of the Healthcare Humanity Award by the National Healthcare Group and received the Long Service Award on the National Day. He was awarded the National Healthcare Group Outstanding Citizenship Award in 2011 and conferred the title of Emeritus Consultant by the Institute of Mental Health in 2014.

Dr Cai has written several books. He co-authored:

- *Help Your Child to Cope: Understanding Childhood Stress* (1998), and
- *Raise Your Child Right: A Parenting Guide for 0-6 Years* (2002), both published by Times Editions.
- *Health Wise*, a series of Health Education Textbooks for Primary School Children, published by Federal Publications, 2001.

He has also written several books:

- In 2002, he wrote *When Two Elephants Fight* (2002) published by the Institute of Mental Health, Singapore.
- In 2003, he wrote *Living with ADHD* (2003). This is a book on Attention Deficit Hyperactivity Disorder published by Times Editions International.
- In 2005, he wrote *When Parents Fight, The Children Cry*, published by Hope Story publishers.
- In 2008, he co-edited and contributed a number of chapters in the book, *A Primer of Child and Adolescent Psychiatry,* which was published by World Scientific Publishing.

Dr Cai is currently an Emeritus Consultant Psychiatrist, Department of Child and Adolescent Psychiatry and Advisor, Department of General and Forensic Psychiatry at the Institute of Mental Health, Singapore.