Information about

ADHD IN CHILDREN AND YOUNG PEOPLE
The disorder, its treatment and prevention
ADHD is a common psychiatric disorder. When you suffer from ADHD, knowledge of the disorder is important. The more you know, the better equipped you are to deal with the disorder in cooperation with your relatives and your psychiatry contact.

This brochure describes the most common symptoms and challenges in everyday life for someone with ADHD. It is mainly intended for individuals such as yourself being treated in Region Midtjylland, and for your parents and other relatives.

Region Midtjylland offers diagnosis and treatment of ADHD; this normally involves outpatient consultations.

We hope this brochure will help you and those closest to you to learn more about the ADHD diagnosis.

Kind regards
The psychiatric service in Region Midtjylland
Tingvej 15, 8800 Viborg
Tel. 7841 0000
WHAT IS ADHD?

What does it mean to have ADHD? It can be very difficult to give a precise description of the disorder. There are many different descriptions and explanations circulating in the media, and scientific understanding is constantly developing. In brief, ADHD covers a range of mental symptoms and difficulties with functioning in everyday life. All are due to attention deficit, hyperactivity and impulsiveness.

The US diagnosis system abbreviation ADHD is used in international research and stands for Attention Deficit/Hyperactivity Disorder. The term used in Denmark would literally mean “disturbance of activity and attention”, in line with WHO’s International Classification of Diseases term, hyperkenetic disorder (HKD). The disorder described is basically the same, however.

ADHD is a mental difficulty, not a psychiatric illness. It is one of the most common mental difficulties in the world. Studies in many countries show that approximately 2–5% of the population have ADHD to the extent that their everyday life is affected.

WHAT ARE THE SYMPTOMS OF ADHD?

The symptoms of ADHD may vary greatly from one child to another, but can be divided into three main areas:

- Attention deficit
- Hyperactivity
- Impulsiveness.

Together, these three areas comprise the core symptoms for diagnosing ADHD in children, young people and adults.

The core symptoms are not inherently abnormal but something that most people are familiar with from their own life, to one extent or another. If, for an extended period, people have had a rough time at school or work, have been sleeping badly for several days or have been ill, for example a lot of them might have difficulty concentrating, and some will act impulsively. There is a natural explanation for that, and most people realise what needs to be done in order for things to improve. For the symptoms to justify a diagnosis of ADHD, this must not merely be a momentary snapshot. The symptoms must have been present since birth – at home, at school and while studying. At the same time, they must have significantly affected the person’s wellbeing and ability to function in different contexts.

**Attention deficit**

Our attention control plays a key role in our ability to relate to all the influences we encounter throughout the day. It is often difficult for children and young people to tell whether they have difficulty concentrating, because they were born with this and have never experienced anything else. It can also be difficult to be aware of yourself and your own feelings and reactions.
I always felt I didn’t fit in at school. You get used to being the class clown and being the one who makes a lot of noise and distracts the others.

JASPER, AGE 15
Paying attention requires energy and a stable level of energy. In the course of a day, our energy level fluctuates, and most people feel most refreshed early in the day and tired in the evening. Demanding tasks like doing homework, reading a book in a foreign language or tidying your room are things that most children and young people are best able to tackle when they feel rested and refreshed. This is precisely because it takes energy to pay attention and concentrate. But for someone with ADHD, the brain has difficulty regulating the energy level, and so at times the person can be very restless and at other times drained of energy.

The ability to pay attention, or attention control must be flexible in order to focus easily on what is important. For example, it is not appropriate to continue playing on the computer if it is supper time and the rest of the family is sitting waiting at the dining table. Morning rituals require attention, too. You have to keep an eye on the time so you won’t miss the bus, and you have to pack your school bag, have a shower and eat breakfast. But if you have ADHD, it can be very difficult to keep track of everyday tasks. Many children and young people who have ADHD also have a poor concept of time. This can make many ordinary, everyday routines very difficult to follow.

When you have ADHD, you often have difficulty paying attention to what you are doing yourself at the same time as you are paying attention to other people’s reactions. In social contexts, for example, it might be important to be aware of what others are saying and doing while you are speaking. It is not always much fun if you are busy telling a story and you have not noticed that other people are not listening or have started to get bored.

Almost everyone with ADHD also has, in addition to attention deficit, a poor short-term memory. We use short-term memory in our everyday routines when we have to remember practical things such as our hat and gloves, when we have to catch a train or answer questions the teacher is asking in class.

**Impulsiveness**

Children, young people and adults with ADHD generally have difficulty suppressing impulses. Children and young people with attention difficulties are often characterised by impulsiveness. Impulsiveness can be a source of many conflicts and arguments, because you say something provocative or rude without thinking it through first. Being in too much of a hurry to speak or act, without thinking about the consequences, can cause a lot of problems for the child or young person as well as for other people.

Our brains are constantly receiving innumerable sensory impulses from our surroundings and from our bodies. We are more conscious of some than others. Our attention control is one aspect that helps to regulate which thoughts and ideas to respond to, and how to act on them. If you have ADHD, however, you may have difficulty sorting out the silly and unimportant ideas and thoughts from the important and relevant ones. For example, most people are familiar with the need to conclude a conversation quickly if they are

It’s nice for me to know that there is an explanation for why I find it difficult to cope with things that my classmates just regard as everyday tasks.

MADS, AGE 16
busy. In that situation, most people will politely try to bring the conversation to a natural end, even if they are running a bit late. A person with ADHD will often be more impulsive and is more likely to end the conversation in a way that might not be very polite.

**Hyperactivity**

A hyperactive person has difficulty keeping calm. If required to sit still for a long time, some may have a distinctly uncomfortable feeling in their body, or they will start to tingle and be compelled to stand up. Others rock their feet or sit and fiddle with their top or a pen, etc. In children and young people, constant movement is often a sign of hyperactivity. Many are often also very talkative. This pattern of behaviour is like the behaviour of very young children when they are overtired. They keep active without realising it, preventing themselves from falling asleep. Hyperactivity can become less evident with age and can then manifest as inner turmoil and restlessness. For some, however, it is life-long.

Attention deficit, impulsiveness and hyperactivity make children, young people and adults more vulnerable to stress and change. They have a lower stress tolerance. Depending on the resources and support they otherwise have, most develop symptoms of stress when demands exceed their stress threshold. Some children have such clear symptoms of ADHD that even in their very first years of schooling they have difficulty keeping up with what they are being taught, mixing with other children or keeping still in class. With extra effort and help from home, other children might be able to keep up with their early schooling. They only find they are struggling later on in their schooling because the requirements for self-control, paying attention and keeping an overview are much greater. That is also why older children and young people are often referred for stress symptoms which might in fact be masking their basic difficulties with paying attention. They may experience sadness, anxiety or be particularly irritable and have mood swings. Other young people develop behavioural difficulties. They may be more frustrated, be abusive or perhaps even behave in a violent way. What many of these young people have in common is that they can all describe symptoms of ADHD throughout their entire lives.

Before I got help, I used to have lots of arguments with my parents. I often fell out with my classmates, too. I got so angry I felt like exploding.

Sigrid, age 14

In addition to the three core symptoms, many people with ADHD are also very unstable emotionally and they may have difficulty controlling their temper. They may have a short fuse or quickly become very upset, although nobody, including themselves, quite understands why. All these emotional ups and downs can be confusing and stressful for the person himself/herself and for other people.

Sleeping well is extremely important for our wellbeing. Disturbed sleep is frequently seen in many children and young people with ADHD. They may have difficulty getting off to sleep naturally or they may be restless at night. Studies show that treating their disturbed sleep does not eliminate the symptoms of ADHD.
ADHD is a disorder that is being researched intensively all over the world. A lot of research indicates that the brain’s attention control encompasses several networks in the brain. They interact in a complex way and their development is largely biologically determined. In other words, heredity plays a large part in ADHD. This is evident, for example, in brain scans which show changes in the group of people with ADHD.

There is no simple test or examination to determine whether a child has ADHD. A diagnosis can only be made on the basis of a consultation with and an assessment by a psychiatrist.

To result in a diagnosis, the difficulties associated with ADHD must have impacted the child/young person to the extent that his/her wellbeing is affected. There may be many different reasons for being unhappy. Accordingly, a thorough examination of the child and his/her environment is required in order to exclude other reasons why the child is unhappy.

**The examination**
The examination will include questions about health, family wellbeing, conditions at school and many other factors that could be significant in relation to the child.

There is therefore a strong possibility that several people in the same family may have ADHD.

Scientific studies show that a great many factors can influence the development of the brain as we grow towards adulthood. Premature birth or the mother smoking can also be significant in determining whether the child develops attention difficulties.

As ADHD is congenital, information about the child’s upbringing and current living circumstances will be required. This information will be obtained directly from the child and from relevant people close to the child.

The difficulties associated with ADHD affect the child/young person in many different situations. That is why the psychiatrist will also obtain information from the place of study and any child-care facilities. The psychiatrist might use different questionnaires to gather information more systematically, and supplementary psychological examinations may also be included in the process of diagnosis.

The final diagnosis will be made on the basis of an overall assessment of the results from the whole examination.
ADHD used to be subdivided into categories based on the most prevalent symptoms; for example, “ADHD with predominant attention deficit”. New scientific studies show that the symptoms can change over time in the same person. For example, even if your ADHD manifests mainly as hyperactivity and impulsiveness in childhood, attention deficit could easily be the most obvious symptom in adulthood. For this reason, the new US diagnostic criteria omit categorisation into subtypes. Nevertheless, many books and articles still describe two main types of difficulties: ADHD and ADD.

**ADD**
ADD stands for Attention Deficit Disorder, i.e. the H for hyperactivity is omitted. The designation ADD is therefore used for the kind of ADHD where hyperactivity is absent or imperceptible. It is also known as “quiet ADHD”. No matter which symptoms characterise the child/young person, the underlying difficulties are the same, however, and the principles of treatment are the same.
ADHD IN CHILDREN AND YOUNG PEOPLE

ADHD AND COMORBIDITIES

It is rare for children and young people to have only ADHD. Very often, they also have other mental difficulties, and they might be having serious difficulty with school work. For example, the child might be really struggling with mathematics or with understanding tasks that involve a lot of details. Many may also have difficulty seeing the big picture of a task unless they get help to determine the order in which to tackle it. Even an everyday task like tidying your room can seem practically impossible. With a bit of help to organise their work, it can mean a great deal to children/young people to be able to perform the task themselves.

Many children and young people with ADHD have a tendency towards sadness and actual depression. They become stressed more easily, especially if they do not get treatment and receive relevant support and help with their attention difficulties. Anxiety also occurs more frequently in children and young people with ADHD than in the rest of the population. Generally speaking, when the child or young person is given the correct treatment for his/her ADHD, the anxiety or symptoms of sadness will be reduced. Sometimes separate treatment may be needed, however.

Other mental difficulties such as OCD, tics, autism and dyslexia occur more frequently among children and young people who have ADHD than among the general population.

Not all my friends understand what having ADHD means. But my new teacher is good at helping me and guiding me.

CLARA, AGE 13
The most important treatment by far for ADHD is understanding. Many of the symptoms – being restless, having difficulty sitting still, being noisy and forgetting what was said or agreed – can be annoying and perhaps even provocative to other people. They often believe that children, young people and adults with ADHD behave like that intentionally to annoy other people. That is very rarely the case.

At the same time, people with ADHD have difficulty seeing what effect they have on other people. It comes as a big surprise to many if they find out that their behaviour bothers people around them. That is why it is important for other people to understand and accept that people with ADHD do not have the same capacity as other people when it comes to learning.

You cannot tell by observing a person whether he/she has ADHD, but it can be crucial to a child’s development and learning for the school to be informed of the diagnosis so that proper consideration can be given. So it is a good idea to be open about the diagnosis, even if that can be difficult. The right understanding and pedagogic support make a big difference when it comes to helping a child or young person to develop well and thrive.

Once a person has been diagnosed with ADHD, the psychiatry contact will determine the course of treatment based on a personal professional opinion and consultations with the child and his/her parents. Treatment could include:

- **Psychoeducation**
- **Consultations/therapy/psychotherapy**
- **Provision of social support**
- **Medication for ADHD and comorbidities.**

**Psychoeducation**
Learning about the disorder is known as psychoeducation. Psychoeducation is an important part of the treatment of ADHD, and it is offered to the child/young person and to those closest to them. The teaching includes everything relevant to ADHD. There will be particular emphasis on how to deal with living with ADHD. Information will also be provided on the support options available in the home or at a place of study. Teaching can be provided in groups or individually.

**Consultations/therapy/psychotherapy**
A great deal of research is being done into types of support and therapy for children/young people and families with ADHD. Studies indicate that family therapy for children and their families can have a beneficial effect on wellbeing.

**Provision of social support**
There will often be the need for some kind of local authority support. The psychiatry contact will often be able to help with getting in touch with the local authority. For example, the person may need help with everyday tasks at home, or mentoring schemes at his/her place of study or workplace.

When our child was diagnosed with ADHD, it was clear to us that we would need to give a lot more thought to her upbringing and how to help her. We have realised that the things she does are not always deliberate.

PARENT OF A 15-YEAR-OLD GIRL WITH ADHD
To begin with, I thought: “Yeah, right – the fashionable diagnosis.” Although my son’s behaviour and actions can be explained, it is still difficult for me to talk about it with people who don’t really understand what ADHD is. Talking to my son’s therapist about it is very beneficial.

CARSTEN, FATHER OF 17-YEAR-OLD CHRISTIAN. CHRISTIAN WAS DIAGNOSED WITH ADHD WHEN HE WAS 12.
For those undertaking a study programme, help with applying for a disability-adjusted SU (student grant) may be needed. Changes to the physical setting at the place of study or in the workplace may also be needed, e.g. screening from distracting impressions.

**Medication**
Medication is often needed in children, young people and adults with ADHD, and this has the best-documented effect. The medication works by increasing the amount of neurotransmitters in the areas of the brain affected by the disorder. Medication generally has a good overall effect on attention difficulties.

Many people with ADHD find that medication helps them to concentrate better, and to be calmer and reflect more. Once the right medication has been identified, symptoms often improve as well as the child or young person’s wellbeing. It can take time to optimise the treatment, partly because everybody reacts differently to medication.

- Medication generally has a good overall effect on ADHD.
- Medication is not a stand-alone treatment for ADHD, but combined with pedagogical help and support, the effect can be positive.

**WHAT CAN BE DONE TO PREVENT IT?**

In the vast majority of cases, ADHD is a life-long affliction. That is why a person cannot simply be completely “well” and entirely free of symptoms at certain periods. However, it is certainly possible to find that one is faring better or worse than normal at times. Major stress in the child/young person’s life will often aggravate the symptoms. Fortunately, a lot can be done to prevent the person from becoming stressed. We will cover this below.

**WHAT CAN YOU DO YOURSELF IF YOU ARE SUFFERING FROM ADHD?**

There are plenty of support options available today – whether you are studying or working. The local authority is responsible for arranging support for you and your family if you need it. At primary and lower secondary school, PPR (Pædagogisk Psykologisk Rådgivning – an educational and psychological counselling service for children up to the age of 18 and their families) helps to ensure that you get support and help. If you are enrolled in a higher education programme, you can ask your student counsellor and the Danish Student Grants and Loans Scheme (SU) about Special Educational Support (SPS), for example.
- Get to know your disorder
  Find out what educational provision is available, in cooperation with your parents.

- Make use of your psychiatry contact
  Talk to your doctor, nurse or psychologist.

- Talk to the people closest to you
  It is important for you to talk to your relatives about the difficulties you have in connection with your ADHD.

- Avoid excess alcohol
  Consider how much you drink at parties and when you go out. High consumption of alcohol can often make your ADHD worse.

- Get some exercise
  This often helps to alleviate stress, inner restlessness and the feeling of discomfort.

- Make sensible demands on yourself
  Many people with ADHD believe they can do a lot more than they are actually able to.

- Be sure to plan your day
  Use a weekly calendar and an organised daily planner. Get your parents or other people you trust to help you fill in your calendar.

- Make sure you sleep well and eat healthily
  Turn off the computer and TV at fixed times. It is important for you to maintain your circadian rhythm. Perhaps set an alarm to remind you that it is time to go to bed.

- Be open about your illness when appropriate
  This enables other people to give you consideration and help.

WHAT CAN RELATIVES DO?

It is very important for relatives to familiarise themselves with what it means to have attention difficulties. There can be a lot of challenges when you are a relative of a child or young person with ADHD. You need to be accommodating and yet set clear boundaries for the child. Many parents may feel ashamed, powerless and inadequate. It is important to realise that there is no perfect formula for how to act and how to be a parent of a child with ADHD. Today, there are lots and lots of courses and groups where relatives can get guidance and share experiences with other families.

WHAT CAN YOU, AS A RELATIVE, DO FOR YOURSELF?

You can gain a greater understanding of the nature of ADHD by participating in psychoeducation (teaching) alongside the child/young person with ADHD. This often reduces the feelings of guilt and inadequacy experienced by many parents. You can also get help to cope with the everyday challenges in the home in the most appropriate way. You could join an association of patients and relatives such as the ADHD Association or SIND’s advice for relatives.
These associations run meetings and courses and provide an advice line.

It is important, too, for you to give yourself permission to take care of your own needs. You cannot possibly help and be the responsible one all the time. Perhaps your family needs extra support from the local authority? Your psychiatry contact can usually help here.

If after many years of feeling emotionally overburdened you are developing distinct symptoms of anxiety or depression, you should consult your own doctor to get help and support. In some cases, a referral to a practising psychologist is possible, with a subsidy from the health insurance scheme.

If the child/young person with ADHD has siblings, special attention should be paid to their needs and reactions.

WHAT CAN YOU, AS A RELATIVE, DO TO HELP THE CHILD/YOUNG PERSON WHO HAS ADHD?
The most important thing is to be knowledgeable about the disorder, the most common symptoms and functional disruptions, and about treatment. It is a good idea to take part regularly in follow-up consultations with the psychiatry contact.

Planning and initiating many concrete tasks is difficult for the child/young person with ADHD and usually requires support – e.g. opening e-mails and dealing with the contents, tidying his/her room or keeping track of finances. Important information usually needs to be repeated and possibly written down. It is often difficult to strike the right balance regarding how much help to give. Especially for parents during the phase when the child with ADHD transitions from adolescence into adulthood, and therefore wants to manage without interference from parents.

Parents of young people with ADHD who are living at home can provide support by helping to organise their everyday routines and helping the young person to maintain a stable circadian rhythm. Technical aids such as calendars, mobile phones and weekly planners can also be used. It is important, too, to support medication.

"It was a great help to put a name to our boy’s difficulties. We have received a lot of useful advice on how to support him better on an everyday basis.

LINE, MOTHER OF A 10-YEAR-OLD SON WITH ADHD
Where can you find more information?

- psykinfomidt.dk
  Here you will also be able to find articles on psychiatric diagnoses in different languages

- ADHD.dk

- Psykiatrifonden.dk

Scan the QR code to access more facts about ADHD in children and young people, useful links, videos, books, etc.

Our thanks to the author
Jakob Ørnb erg, consultant, ADHD Clinic, Child and Youth Psychiatric Centre, Aarhus University Hospital, Risskov

Our thanks to the technical editor
Per Hove Thomsen, professor, consultant and dr. med. sci., Child and Youth Psychiatric Centre, Aarhus University Hospital, Risskov