

Understanding ADHD

Information for Parents About Attention-Deficit/Hyperactivity Disorder



Almost all children have times when their behavior veers out of control. They may speed about in constant motion, make noise nonstop, refuse to wait their turn, and crash into everything around them. At other times they may drift as if in a daydream, failing to pay attention or finish what they start.

However, for some children, these kinds of behaviors are more than an occasional problem. Children with attention-deficit/hyperactivity disorder (ADHD), have behavior problems that are so frequent and severe that they interfere with their ability to live normal lives.

These children often have trouble getting along with siblings and other children at school, at home, and in other settings. Those who have trouble paying attention usually have trouble learning. An impulsive nature may put them in actual physical danger. Because children with ADHD have difficulty controlling this behavior, they may be labeled “bad kids” or “space cadets.”

Left untreated, more severe forms of ADHD can lead to serious, lifelong problems such as poor grades in school, run-ins with the law, failed relationships, and the inability to keep a job.

Effective treatment is available. If your child has ADHD, your pediatrician can offer a long-term treatment plan to help your child lead a happy and healthy life. As a parent, you have a very important role in this treatment.

What is ADHD?

ADHD is a condition of the brain that makes it difficult for children to control their behavior. It is one of the most common chronic conditions of childhood. It affects 4% to 12% of school-aged children. About 3 times more boys than girls are diagnosed with ADHD.

The condition affects behavior in specific ways.

What are the symptoms of ADHD?

ADHD includes 3 behavior symptoms: inattention, hyperactivity, and impulsivity. Table 1 explains these symptoms.

Are there different types of ADHD?

Children with ADHD may have 1 or more of the symptoms listed in Table 1. The symptoms usually are classified as the following types of ADHD:

- **Inattentive only** (formerly known as attention-deficit disorder [ADD])—Children with this form of ADHD are not overly active. Because they do not disrupt the classroom or other activities, their symptoms may not be noticed. Among girls with ADHD, this form is most common.
- **Hyperactive/Impulsive**—Children with this type of ADHD show both hyperactive and impulsive behavior, but can pay attention.
- **Combined Inattentive/Hyperactive/Impulsive**—Children with this type of ADHD show all 3 symptoms. This is the most common type of ADHD.

TABLE 1. Symptoms of ADHD

Symptom	How a child with this symptom may behave
Inattention	Has a hard time paying attention, daydreams
	Does not seem to listen
	Is easily distracted from work or play
	Does not seem to care about details, makes careless mistakes
	Does not follow through on instructions or finish tasks
	Is disorganized
	Loses a lot of important things
Hyperactivity	Forgets things
	Does not want to do things that require ongoing mental effort
	Is in constant motion, as if “driven by a motor”
	Cannot stay seated
	Squirms and fidgets
	Talks too much
Impulsivity	Runs, jumps, and climbs when this is not permitted
	Cannot play quietly
	Acts and speaks without thinking
	May run into the street without looking for traffic first
	Has trouble taking turns
	Cannot wait for things
	Calls out answers before the question is complete
	Interrupts others

How can I tell if my child has ADHD?

Remember, it is normal for all children to show some of these symptoms from time to time. Your child may be reacting to stress at school or home. She may be bored or going through a difficult stage of life. It does not mean she has ADHD.

Sometimes a teacher is the first to notice inattention, hyperactivity, and/or impulsivity and bring these symptoms to the parents' attention.

Perhaps questions from your pediatrician raised the issue. At routine visits, pediatricians often ask questions such as the following:

- How is your child doing in school?
- Are there any problems with learning that you or your child's teachers have seen?
- Is your child happy in school?
- Is your child having problems completing class work or homework?

Keep safety in mind

If your child shows any symptoms of ADHD, it is very important that you pay close attention to safety. A child with ADHD may not always be aware of dangers and can get hurt easily. Be especially careful around the following:

- Traffic
- Firearms
- Swimming pools
- Tools such as lawn mowers

- Are you concerned with any behavior problems in school, at home, or when your child is playing with friends?

Your answers to these questions may lead to further evaluation for ADHD.

If your child is 6 years of age or older and has shown symptoms of ADHD on a regular basis for more than 6 months, discuss this with your pediatrician.

Diagnosis

Your pediatrician will determine whether your child has ADHD using standard guidelines developed by the American Academy of Pediatrics. These diagnosis guidelines are for children 6 to 12 years of age.

It is difficult to diagnose ADHD in children 5 years of age and younger. This is because many preschool children have some ADHD symptoms in various situations. In addition, children change very rapidly during the preschool years. It is also difficult to diagnose ADHD once a child becomes a teenager.

There is no single test for ADHD. The process requires several steps and involves gathering a lot of information from multiple sources. You, your child, your child's school, and other caregivers should be involved in assessing your child's behavior.

Children with ADHD, show signs of inattention, hyperactivity, and/or impulsivity in specific ways. (See the behaviors listed in Table 1.) Your pediatrician will look at how your child's behavior compares to that of other children his own age, based on the information reported about your child.

To confirm a diagnosis of ADHD, these behaviors must

- Occur in more than 1 setting, such as home, school, and social situations.
- Be more severe than in other children the same age.
- Start before the child reaches 7 years of age. (However, these may not be recognized as ADHD symptoms until a child is older.)
- Continue for more than 6 months.
- Make it difficult to function at school, at home, and/or in social situations.

In addition to looking at your child's behavior, your pediatrician will do a physical examination. A full medical history will be needed to put your child's behavior in context and screen for other conditions that may affect your child's behavior. Your pediatrician also will talk to your child about how he acts and feels.

Your pediatrician may refer your child to a pediatric subspecialist if there are concerns in one of the following areas:

- Mental retardation
- Developmental disorders such as speech problems, motor problems, or a learning disability
- Chronic illness being treated with a medication that may interfere with learning
- Trouble seeing and/or hearing
- History of abuse
- Major anxiety or major depression

- Severe aggression
- Possible seizure disorder

How can parents help with the diagnosis?

As a parent, you will provide crucial information about your child's behavior and how it affects her life at home, in school, and in other social settings. Your pediatrician will want to know what symptoms your child is showing, how long the symptoms have occurred, and how the behavior affects your child and your family. You may need to fill in checklists or rating scales about your child's behavior.

In addition, sharing your family history can offer important clues about your child's condition.

How will my child's school be involved?

For an accurate diagnosis, your pediatrician will need to get information about your child directly from your child's classroom teacher or another school professional. Children 6 to 12 years of age spend many of their waking hours at school. Teachers provide valuable insights. Your child's teacher may write a report or discuss the following with your pediatrician:

- Your child's behavior in the classroom
- Your child's learning patterns
- How long the symptoms have been a problem
- How the symptoms are affecting your child's progress at school
- Ways the classroom program is being adapted to help your child
- Whether other conditions may be affecting the symptoms

In addition, your pediatrician may want to see report cards and samples of your child's schoolwork.

How will others who care for my child be involved?

Other caregivers may also provide important information about your child's behavior. Former teachers, religious leaders, or coaches may have valuable input. If your child is homeschooled, it is especially important to assess his behavior in settings outside of home.

Your child probably does not behave the same way at home as he does in other settings. Direct information about the way your child acts in more than 1 setting is required. It is important to consider other possible causes of your child's symptoms in these settings.

In some cases, other mental health care professionals may also be involved in gathering information for the diagnosis.

Coexisting conditions

As part of the diagnosis, your pediatrician will look for other conditions that show the same types of symptoms as ADHD. Your child may simply have a different condition or ADHD and another condition. Many children who have been diagnosed with ADHD have at least 1 coexisting condition.

Common coexisting conditions include the following:

- **Oppositional defiant disorder or conduct disorder**—Up to 35% of children with ADHD also have oppositional defiant disorder or conduct disorder. Children with oppositional defiant disorder tend to lose their temper easily and annoy people on purpose and are defiant and hostile toward authority figures. Children with conduct disorder break rules, destroy property, and violate the rights of other people. Children with coexisting conduct disorder are at much higher risk for getting into trouble with the law than children who have only ADHD. Studies show that this type of coexisting condition is more common among children with the

primarily hyperactive/impulsive and combination types of ADHD. Your pediatrician may recommend counseling for your child if she has this condition.

- **Mood disorders/depression**—About 18% of children with ADHD also have mood disorders such as depression. There is frequently a family history of these types of disorders. Coexisting mood disorders may put children at higher risk for suicide, especially during the teenage years. These disorders are more common among children with inattentive and combined types of ADHD. Children with mood disorders or depression often require a different type of medication than those normally used to treat ADHD.
- **Anxiety disorders**—These affect about 25% of children with ADHD. Children with anxiety disorders have extreme feelings of fear, worry, or panic that make it difficult to function. These disorders can produce physical symptoms such as racing pulse, sweating, diarrhea, and nausea. Counseling and/or medication may be needed to treat these coexisting conditions.
- **Learning disabilities**—Learning disabilities are conditions that make it difficult for a child to master specific skills such as reading or math. ADHD is not a learning disability. However, ADHD can make it hard for a child to do well in school. Diagnosing learning disabilities requires evaluations such as IQ and academic achievement tests.

What causes ADHD?

ADHD is one of the most studied conditions of childhood. But, the cause of ADHD is still not clear at this time.

Research to date has shown the following:

- ADHD is a biological disorder. Children with ADHD have problems with chemicals that send messages in the brain.
- A lower level of activity in the parts of the brain that control attention and activity level may be associated with ADHD.
- ADHD appears to run in families. Sometimes a parent is diagnosed with ADHD at the same time as the child.
- In very rare cases, toxins in the environment may lead to ADHD.
- Very severe head injuries may cause ADHD in some cases.

There is no evidence that ADHD is caused by the following:

- Eating too much sugar
- Food additives
- Allergies
- Immunizations

Treatment

Once the diagnosis is confirmed, the outlook for most children who receive treatment for ADHD is very encouraging. There is no specific cure for ADHD, but there are many treatment options available.

Each child's treatment must be tailored to meet individual needs. In most cases, treatment for ADHD should include the following:

- A long-term management plan with
 - > Target outcomes for behavior
 - > Follow-up activities
 - > Monitoring
- Education about ADHD
- Teamwork among doctors, parents, teachers, caregivers, other health care professionals, and the child
- Medication
- Behavior therapy

Are there other tests for ADHD?

You may have heard theories about other tests for ADHD. There are no other proven tests for ADHD at this time.

Many theories have been presented. But studies have shown that the following tests have little value in diagnosing an individual child:

- Screening for high lead levels in the blood
- Screening for thyroid problems
- Computerized continuous performance tests
- Brain imaging studies such as CAT scans, MRIs, etc
- Electroencephalogram (EEG) or brain-wave test

While these tests are not helpful in diagnosing ADHD, your pediatrician may see other signs or symptoms in your child that warrant blood tests, brain imaging studies, or an EEG.

- Parent training
 - Individual and family counseling
- Treatment for ADHD uses the same principles that are used to treat other chronic conditions like asthma or diabetes. Long-term planning is needed because these conditions continue or recur for a long time. Families must manage them on an ongoing basis. In the case of ADHD, schools and other caregivers must also be involved in managing the condition.

Educating the people involved about ADHD is a key part of treating your child. As a parent, you will need to learn about ADHD. Read about the condition and talk to people who understand it. This will help you manage the ways ADHD affects your child and your family on a day-to-day basis. It will also help your child learn to help himself.

Setting target outcomes

At the beginning of treatment, your pediatrician should set 3 to 6 “target outcomes” (goals) for your child's behavior. These goals will guide the treatment plan. Your child's target outcomes should focus on helping her function as well as possible at home, at school, and in your community.

The following are examples of target outcomes:

- Improved relationships with parents, siblings, teachers, and friends
- Better schoolwork
- More independence in self-care or homework
- Improved self-esteem
- Fewer disruptive behaviors
- Safer behavior in the community (eg, when crossing streets)

The target outcomes should be

- Realistic
- Something your child will be able to do
- Behaviors that you can observe and measure (eg, with rating scales)

Your child's treatment plan will be set up to help your child achieve these goals.

Medication

For most children, stimulant medications are a safe and effective way to relieve ADHD symptoms. As glasses help people focus their eyes to see, these medications help children with ADHD focus their thoughts better and ignore distractions. This makes them more able to pay attention and control their behavior.

Stimulants may be used alone or combined with behavior therapy. Studies show that about 80% of children with ADHD who are treated with stimulants improve a great deal.

Different types of stimulants are available, in both short-acting (immediate-release), intermediate-acting, and long-acting forms. (See Table 2.) Short-acting forms usually are taken every 4 hours when the medication is needed. Long-acting medications usually are taken once in the morning.

Children who use long-acting forms of stimulants can avoid taking medication at school or after school. It is important not to chew or crush long-acting capsules or tablets.

Which medication is best for my child?

It may take some time to find the best medication, dosage, and schedule for your child.

Your child may need to try different types of stimulants. Some children respond to one type of stimulant but not another.

The amount of medication (dosage) that your child needs also may need to be adjusted. The dosage is not based solely on her weight. Your pediatrician will vary the dosage over a period of time to get the best results and control possible side effects.

The medication schedule also may be adjusted depending on the target outcome. For example, if the goal is to get relief from symptoms at school, your child may take the medication only on school days.

It is important for your child to have regular medical checkups to monitor how well the medication is working and check for possible side effects.

What side effects can stimulants cause?

Side effects occur sometimes. These tend to happen early in treatment and are usually mild and short-lived. The most common side effects include the following:

- Decreased appetite/weight loss
- Sleep problems
- Headaches
- Jitteriness
- Social withdrawal
- Stomachaches

Some less common side effects include the following:

- Dry mouth
- Dizziness
- Rebound effect (increased activity or a bad mood as the medication wears off)
- Transient tics

Very rare side effects include the following:

- Stuttering
- Increase in blood pressure or heart rate
- Growth delay

More than half of children who have tic disorders such as Tourette syndrome also have ADHD. Tourette syndrome is an inherited condition associated with frequent tics and unusual vocal sounds. The effect of stimulants on tics is not predictable, although most studies indicate that stimulants are safe for children with ADHD and tic disorders.

Most side effects can be relieved using one of the following strategies:

- Changing the medication dosage
- Adjusting the schedule of medication
- Using a different stimulant

TABLE 2. Common stimulants

Generic class	Brand names
Methylphenidate, short-acting	Ritalin
	Methylin
Methylphenidate, intermediate-acting	Ritalin SR
	Metadate ER
	Methylin ER
Methylphenidate, long-acting	Concerta
	Metadate CD
	Ritalin LA*
Amphetamine, short-acting	Dexedrine
	Dexrostat
Amphetamine, intermediate-acting	Adderall
	Dexedrine spansule
Amphetamine, long-acting	Adderall-XR*

*Not Food and Drug Administration (FDA) approved at time of publication.

If your child has tried 2 or 3 stimulants and none have helped, or if your child had side effects that could not be controlled, another medication may be an option. Ask your pediatrician for advice.

Stimulants may not be an option for children who are taking certain other medications or who have some medical conditions.

Behavior therapy

Most experts recommend using both medication and behavior therapy to treat ADHD. This is known as a multimodal treatment approach.

There are many forms of behavior therapy, but all have a common goal—to change the child's physical and social environments to help the child improve his behavior.

Under this approach, parents, teachers, and other caregivers learn better ways to work with and relate to the child with ADHD. You will learn how to set and enforce rules, help your child understand what he needs to do, use discipline effectively, and encourage good behavior. Your child will learn better ways to control his behavior as a result.

Behavior therapy has 3 basic principles.

Principles for behavior therapy

- 1. Set specific goals.** Set clear goals for your child such as staying focused on homework for a certain time or sharing toys with friends.
- 2. Provide rewards and consequences.** Give your child a specified reward (positive reinforcement) when she shows the desired behavior. Give your child a consequence (unwanted result or punishment) when she fails to meet a goal.
- 3. Keep using the rewards and consequences.** Using the rewards and consequences consistently for a long time will shape your child's behavior in a positive way.

Table 3 shows specific behavior therapy techniques that can be effective with children with ADHD.

TABLE 3. Behavior therapy techniques

Technique	Description	Example
Positive reinforcement	Providing rewards or privileges in response to desired behavior.	Child completes an assignment and is permitted to play on the computer.
Time-out	Removing access to desired activity because of unwanted behavior.	Child hits sibling and, as a result, must sit for 5 minutes in the corner of the room.
Response cost	Withdrawing rewards or privileges because of unwanted behavior.	Child loses free-time privileges for not completing homework.
Token economy	Combining reward and consequence. The child earns rewards and privileges when performing desired behaviors. She loses the rewards and privileges as a result of unwanted behavior.	Child earns stars for completing assignments and loses stars for getting out of seat. The child cashes in the sum of her stars at the end of the week for a prize.

Behavior therapy recognizes the limits that having ADHD puts on a child. It focuses on how the important people and places in the child's life can adapt to encourage good behavior and discourage unwanted behavior. It is different from play therapy or other therapies that focus mainly on the child and his emotions.

How can I help my child control her behavior?

As the child's primary caregivers, parents play a major role in behavior therapy.

Parent training is available to help you learn more about ADHD and specific, positive ways to respond to ADHD-type behaviors. This will help your child improve.

Taking care of yourself also will help your child. Being the parent of a child with ADHD can be tiring and trying. It can test the limits of even the best parents. Parent training and support groups made up of other families who are dealing with ADHD can be a great source of help. Learn stress-management techniques to help you respond calmly to your child. Seek counseling if you feel overwhelmed or hopeless.

Ask your pediatrician to help you find parent training, counseling, and support groups in your community. Additional resources are listed at the end of this brochure.

How can my child's school help my child?

Your child's school is a key partner in providing effective behavior therapy for your child. In fact, these principles work well in the classroom for most students.

Classroom management techniques may include the following:

- Keeping a set routine and schedule for activities
- Using a system of clear rewards and consequences, such as a point system or token economy (see Table 3)
- Sending daily or weekly report cards or behavior charts to parents to inform them about the child's progress
- Seating the child near the teacher

Tips for helping your child control his behavior

- **Keep your child on a daily schedule.** Try to keep the time that your child wakes up, eats, bathes, leaves for school, and goes to sleep the same each day.
- **Cut down on distractions.** Loud music, computer games, and television can be overstimulating to your child. Make it a rule to keep the TV or music off during mealtime and while your child is doing homework. Whenever possible, avoid taking your child to places that may be too stimulating, like busy shopping malls.
- **Organize your house.** If your child has specific and logical places to keep his schoolwork, toys, and clothes, he is less likely to lose them. Save a spot near the front door for his school backpack so he can grab it on the way out the door.
- **Reward positive behavior.** Offer kind words, hugs, or small prizes for reaching goals in a timely manner or good behavior. Praise and reward your child's efforts to pay attention.
- **Set small, reachable goals.** Aim for slow progress rather than instant results. Be sure that your child understands that he can take small steps toward learning to control himself.
- **Help your child stay "on task."** Use charts and checklists to track progress with homework or chores. Keep instructions brief. Offer frequent, friendly reminders.
- **Limit choices.** Help your child learn to make good decisions by giving your child only 2 or 3 options at a time.
- **Find activities at which your child can succeed.** All children need to experience success to feel good about themselves.
- **Use calm discipline.** Use consequences such as time-out, removing the child from the situation, or distraction. Sometimes it is best to simply ignore the behavior. Physical punishment, such as spanking or slapping, is *not* helpful. Discuss your child's behavior with him when both of you are calm.

- Using small groups for activities
- Encouraging students to pause a moment before answering questions
- Keeping assignments short or breaking them into sections
- Close supervision with frequent, positive cues to stay on task

Your child's school should work with you and your pediatrician to develop strategies to assist your child in the classroom. When a child has ADHD that is severe enough to interfere with the child's ability to learn, 2 federal laws offer help. These laws require public schools to cover the costs of evaluating the educational needs of the affected child and providing the needed services. The laws are

- The Individuals with Disabilities Education Act, Part B (IDEA)
- Section 504 of the Rehabilitation Act of 1973

If your child has ADHD and a coexisting condition, she may need additional special services such as a classroom aide, private tutoring, special classroom settings, or, in rare cases, a special school.

It is important to remember that once diagnosed and treated, children with ADHD are more likely to achieve their goals in school.

Keeping the treatment plan on track

Ongoing monitoring of your child's behavior and medications is required to find out if the treatment plan is working. Office visits, phone conversations, behavior checklists, written reports from teachers, and behavior report cards

are common tools for following the child's progress.

Treatment plans for ADHD usually require long-term efforts on the part of families and schools. Medication schedules may be complex. Behavior therapies require education and patience. Sometimes it can be hard for everyone to stick with it. Your efforts play an important part in building a healthy future for your child.

Ask your pediatrician to help you find ways to keep your child's treatment plan on track.

What if my child does not reach his target outcomes?

Most school-aged children with ADHD respond well when their treatment plan includes stimulant medications *and* behavior therapy. If your child is not achieving his goals, your pediatrician will assess the following factors:

- Were the target outcomes realistic?
- Is more information needed about the child's behavior?
- Is the diagnosis correct?
- Is another condition hindering treatment?
- Is the treatment plan being followed?
- Has the treatment failed?

While treatment for ADHD should improve your child's behavior, it may not completely eliminate the symptoms of inattention, hyperactivity, and impulsivity. Children who are being treated successfully may still have trouble with their friends or schoolwork.

However, if your child clearly is not meeting his specific target outcomes, your pediatrician will reassess the treatment plan.

Unproven treatments

You may have heard media reports or seen advertisements for "miracle cures" for ADHD. Carefully research any such claims. Consider whether the source of the information is valid. At this time, there is no scientifically proven cure for this condition.

The following methods **have not been proven to work** in scientific studies:

- Optometric vision training (asserts that faulty eye movement and sensitivities cause the behavior problems)
- Megavitamins and mineral supplements
- Anti-motion-sickness medication (to treat the inner ear)
- Treatment for candida yeast infection
- EEG biofeedback (training to increase brain-wave activity)
- Applied kinesiology (realigning bones in the skull)

Always tell your pediatrician about any alternative therapies, supplements, or medications that your child is using. These may interact with prescribed medications and harm your child.

Will there be a cure for ADHD soon?

While there are no signs of a cure at this time, research is ongoing to learn more about the role of the brain in ADHD and the best ways to treat the disorder. Additional research is looking at the long-term outcomes for people with ADHD.

Frequently asked questions

Will my child outgrow ADHD?

ADHD continues into adulthood in most cases. However, by developing their strengths, structuring their environments, and using medication when needed, adults with ADHD can lead very productive lives. In some careers, having a high-energy behavior pattern can be an asset.

Teenagers with ADHD

The teenage years can be a special challenge. Academic and social demands increase. In some cases, symptoms may appear to be less severe as the child grows older, but, in most cases, ADHD symptoms persist. According to the National Institute of Mental Health, about 80% of those who required medication for ADHD as children still need it as teenagers.

Parents play an important role in helping teenagers become independent. Encourage your teenager to help herself with strategies such as the following:

- Using a daily planner for assignments and appointments
- Making lists
- Keeping a routine
- Setting aside a quiet time and place to do homework
- Organizing storage for school supplies, clothes, CDs, sports equipment, etc
- Being safety conscious (eg, always wearing seat belts, using protective gear for sports)
- Talking about problems with someone she trusts
- Getting enough sleep

Activities such as sports, drama, and debate teams can be good places to channel excess energy and develop friendships. Find what your teenager does well and support her efforts to "go for it."

Milestones such as learning to drive and dating offer new freedom and risks. Parents must stay involved and set limits for safety.

It remains important for parents of teenagers to keep in touch with teachers and make sure that their teenager's schoolwork is going well.

Talk to your pediatrician if your teenager shows signs of severe problems such as depression, drug abuse, or gang-related activities.

Why do so many children have ADHD?

The number of children who are being treated for ADHD has risen. It is not clear whether more children have ADHD or more children are being diagnosed with ADHD. ADHD is now one of the most common and most studied conditions of childhood. Because of more awareness and better ways of diagnosing and treating this disorder, more children are being helped.

Are schools putting children on ADHD medication?

Teachers are often the first to notice behavior signs of possible ADHD. However, only physicians can prescribe medications to treat ADHD. This follows a careful process of diagnosis.

Are children getting high on stimulant medications?

There is no evidence that children are getting high on stimulant drugs such as methylphenidate and amphetamine. These drugs also do not sedate or tranquilize children and have no addictive properties.

Stimulants are classified as Schedule II drugs by the US Drug Enforcement Administration. There are some reports of abuse of this class of medication. If your child is on medication, it is always best to supervise the use of the medication closely.

Are stimulant medications “gateway drugs” leading to illegal drug or alcohol abuse?

People with ADHD are naturally impulsive and tend to take risks. But those with ADHD who are taking stimulants are actually at lower risk of using other drugs. Children and teenagers who have ADHD and also have coexisting conditions may be at high risk for drug and alcohol abuse, regardless of the medication used.

Resources

The following is a list of support groups and additional resources for further information about ADHD. Check with your pediatrician for resources in your community.

The Attention Deficit Information Network, Inc
475 Hillside Ave
Needham, MA 02194
781/455-9895
www.addinfonetwork.com

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
8181 Professional Pl, Suite 201
Landover, MD 20785
800/233-4050
www.chadd.org

National Attention Deficit Disorder Association
1788 Second St, Suite 200
Highland Park, IL 60035
www.add.org

National Information Center for Children and Youth with Disabilities
PO Box 1492
Washington, DC 20013-1492
800/695-0285
www.nichcy.org

National Institute of Mental Health
6001 Executive Blvd, Room 8184, MSC 9663
Bethesda, MD 20892-9663
301/443-4513
www.nimh.nih.gov

Medem (an e-health network)
www.medem.com

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From your doctor

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