

Attention Deficit Hyperactive Disorder

Attention deficit hyperactive disorder (ADHD) is considered a neurobehavioral development disorder and defined as “a persistent and frequent pattern of developmentally inappropriate inattention and impulsivity with or without hyperactivity” by the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV) Boys are diagnosed about 4 times as often as girls with symptoms appearing usually by the age of 7 with peak ages 8 to 10. That ADHD is diagnosed two to four times as frequently in boys as in girls suggest this discrepancy may be due to subjective bias of referring teachers according to some studies. Additionally, many children are “labeled” as being ADHD by the school system when in fact they are not. This causes considerable concern for parents who must choose whether to put their child on prescription medication so that they can stay in school.

If a child seems too active on the playground but not elsewhere, the problem is probably not ADHD. It might also not be ADHD if the behaviors occur in the classroom but nowhere else. Often children are just bored or are not receiving enough attention from the teacher due to over crowding. A child who shows some symptoms should not be diagnosed with ADHD if his or her schoolwork or friendships are not impaired by the behaviors.

The DSM-IV classification includes 9 signs of inattention, 6 signs of hyperactivity and 3 signs of impulsivity. All signs do not have to be present and symptoms may be present in 2 or more situations (i.e. school and home) that impair social or academic functioning.

Criteria for inattention are: the child often fails to pay close attention; has difficulty sustaining attention at work and play; does not seem to listen when spoken to; frequently does not follow through on tasks; often has difficulty organizing tasks and activities; repeatedly avoids or dislikes tasks which require sustained mental effort; habitually loses things; is easily distracted and is often forgetful.

Hyperactivity criteria are: that the child often fidgets with hands or feet or squirms; frequently leaves their seat in the classroom or elsewhere; often runs about or climbs excessively; has difficulty engaging in quiet activities; is perceived to be on the go as if “driven by a motor” and often talks excessively.

Impulsivity criteria are: the child frequently blurts out answers before the question is completed; often has difficulty awaiting their turn and more often than not interrupts or intrudes upon others.

The American Academy of Child Adolescent Psychiatry (AACAP)

considers it necessary that the following be present before attaching the label of ADHD to a child. The behaviors must appear before age 7 and they must be present for at least six months. The symptoms must also create a real handicap in at least two of the following areas of the child's life: the classroom, the playground, at home, in the community, or in social settings.

Boys more often show up as being disruptive, aggressive and difficult to manage while girls present with decreased cognitive skills, decreased learning ability and problems with social integration. Academic difficulties may not become apparent until the middle school years as bright children learn to compensate.

Studies suggest that children do not outgrow the disorder and continue to have difficulty with academics, suffer from low self-esteem and have difficulty adapting and integrating socially into adulthood unless they receive appropriate therapy. Social and emotional immaturity often leads to isolation, loneliness and depression both during childhood as well as when they become adults.

If one or both parents have been diagnosed with ADHD, there is a greater chance that their children will be as well. Society has a tendency to "label" the child as ADHD, a stigma that they have difficulty shaking despite successful treatment.

Substance abuse later in life is often a secondary outcome if ADHD isn't diagnosed and addressed early on. ADHD symptoms tend to diminish with age, but residuals usually carry over to adulthood. These may then begin to show up during periods of stress. ADHD adults display a greater tendency toward personality disorders and antisocial behaviors. Interpersonal and social problems tend to persist into adulthood and there is a higher rate of suicide attempts when compared to the normal population.

Getting a Clue

Often times the presenting symptoms provide a clue as to what the disturbing factor is resulting in ADHD. For instance, a short attention span with increased restlessness suggests histamine release and an allergic etiology. A hyperactive state followed by lethargy suggests a blood glucose imbalance. An attention span that varies from day to day or hour to hour suggests either a blood glucose imbalance, a food allergy, or both. A previous response to Ritalin, Cylert or one of the drugs used to treat ADHD suggests a problem with norepinephrine balance in the limbic system of the brain.

A number of possible causes have been identified with children responding to treatment of one or a number of them. High on the list are

exposure to allergens both environmental and chemical. In particular chemical sensitivities to food dyes and additives such as sugar substitutes, exposure to heavy metals such as lead and mercury, as well as exposure to pesticides, and herbicides. Food allergies, in particular to dairy, wheat and corn also contribute. One of the earliest and most successful dietary interventions was the Feingold Hypoallergenic Diet to which we have added the gluten free and Blood Type diets. These diets remove food allergens which cause irritation to the child's system resulting in ADHD behaviors.

Poor dietary habits such as consuming junk food or irregular meal patterns contribute to nutrient deficiencies and glucose dysregulation. Blood sugar dysregulation resulting in the classic "crash and burn curve" is often seen in school children that eat sugary breakfast foods. Because of the large amount of sugar that is quickly absorbed, the child becomes very hyperactive and often out of control only to become drowsy or fall asleep when blood glucose levels drop below baseline. This often happens in school and the child is labeled as both hyperactive and inattentive.

Family strife, social and school problems can also contribute to ADHD. A death or divorce in the family, a parent's job loss, financial difficulties or other sudden change can precipitate symptoms of ADHD. Problems with schoolwork caused by a learning disability or just being bored with school because they aren't challenged enough is seen. Anxiety and depression or insufficient or poor quality sleep can also contribute. Lastly, child abuse can lead to ADHD symptoms. These are often seen as episodes of acting out behaviors, depression and sullenness, discipline problems or the constant need of attention.

Genetic factors may contribute as if there is a family history in one or both parents the children are more likely to be ADHD as well. Often times the parents will still exhibit some of the behaviors which provide a "role model" for the child. When a familial tendency is seen, it is our experience that the triggering factors are usually due to hypersensitivity reactions to environmental chemicals, genetically incompatible foods or both.

Certain blood types have greater affinity to develop ADHD. Blood groups O and A have a greater likelihood of developing ADHD than either B or AB. Blood group O because of a tendency towards catecholamine and dopamine imbalances and blood group A because of its tendency to have lower levels of complement because of chronic infections, especially ear infections. Hypersensitivity reactions and allergies also play a role, and all blood groups are affected because of high sugar and fat diets.

The presence of disease such as earaches, asthma and diabetes, as well as the consumption of alcohol or smoking during pregnancy have all been implicated as a cause of ADHD.

Most of the children that I see who present with a diagnosis of ADHD do not fit the criteria, having been given the “label” by an unqualified party. This causes a tremendous amount of concern for parents who wonder what they did wrong or if something medically is amiss with their child. Having an understanding of some of the causes of ADHD and recognizing what some of the signs of it are, will help parents to implement treatment and preventive measures early on so that the child does not obtain the label of ADHD. A number of natural therapeutics are available both for the treatment of ADHD and for prevention. These can be discussed with your naturopathic physician and a course of therapy undertaken. In my experience the most successful treatment protocols include homeopathic medicine as well as a good diet and nutrition regimen.