Epidemiology

Prevalence is around 1-3% for ICD-10 hyperkinesis & 2-5% for DSM-IV ADHD.

Male: female ratio is around 3:1 . It is more common in younger children .

Hyperactivity may be linked with deprivation. It is more common in inner cities , very poor rural areas, in families of low socio-economic status and among children reared in institutions .It may ,however, be seen across the social spectrum,even if at lower prevalence.

IMET2000-PAL

Arab countries :

IMET2000-PAL

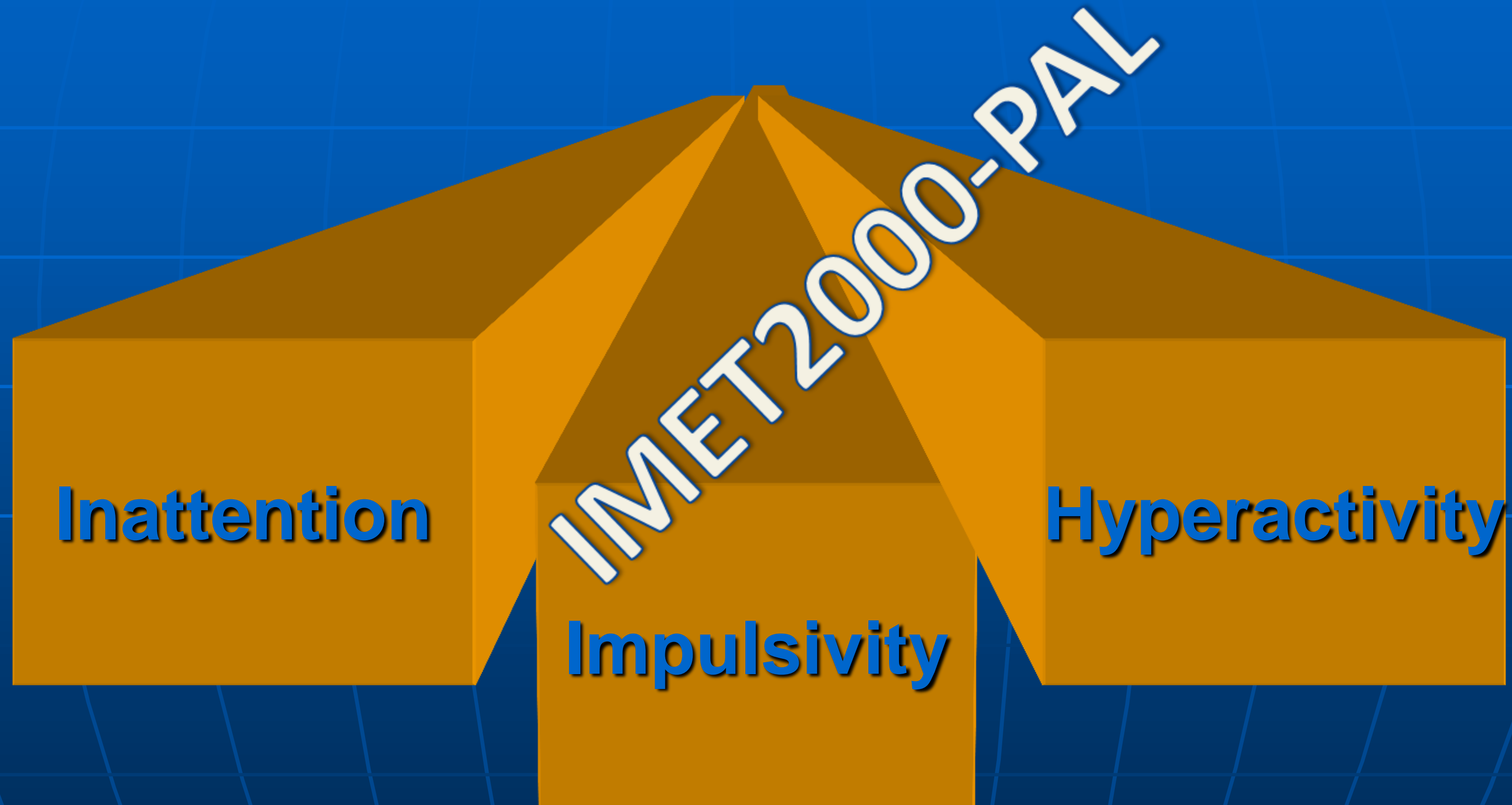
Iraq ; 5.2% in primary school children meet DSM-IV criteria (AlObaidi A.K,2000)

UAE ; The Conners' Teachers Rating Scale was used to examine ADH symptoms. An overall prevalence of 14.9% was found on the basis of the teachers' rating of the child's behaviour. (Bu-Haroon A. etal,1999)

Oman ; 7.8 % of Omani schoolboys sample exhibited hyperactivity, using the short version of Conners' Teacher Rating Scale (Al-Sharbati M.etal.2008)

Note: these were single informant rates

Symptoms of ADHD



IMET2000-PAL

Basic Problems

- Hyperactivity.
- High activity;little output.
- Impulsivity.
- Action.
- No delay.No consequences.
-
- Inattention.
- Action.
- No continuity.

IMET2000-PAL

Differential Diagnoses.

- Normality
- Situational Hyperactivity
- Anxiety States.
- Tics& Tourettes Syndrome.
- Conduct Disorders.
- Obsessional Compulsive Disorder.
- Autistic Spectrum Disorders.
- Hearing Loss.
- Complex Partial Seizures.
- Post Head Injury
- General Learning Disability.

IMET2000-PAL

IMET2000-PAL

Causation :

* Neurochemical imbalance

* Genetic factors :

* Epilepsy and other brain disorders

*Perinatal complications

*Toxins.

*Psychosocial Deprivation.

*Social reactions.

Co-morbidity …..

*2/3 of clinically referred children have another Axis I diagnosis

*15 to 50% may have conduct disorder or oppositional defiant disorder

*10 to 30% may have mood disorder

*Up to 25% have an anxiety disorder

*Up to 1/3 have a learning disorder

*Up to ¼ have a communication disorder

*10% have tic disorders

IMET2000-PAL

MEDICATION

- NEVER THE WHOLE ANSWER!
- Stimulants
  *Methylphenidate
- *Dexamfetamine.
- Longer acting.
- Concerta XL.
- Equasym XL.
- MedikinetXL.

- ATOMOXETINE.

- Other Drugs.
-     Clonidine.
- Tricyclic Antidpressants.

IMET2000-PAL

Treatment ….

IMET2000-PAL

Psychological treatments :

- Behavioural , especially targeting any associated oppositional or conduct problems .
- Parent-training programmes can improve parents' child-management skills and thereby reduce family stress and children's negative behaviours .

Clear communication is vital.eg Taking the childs head in the parents head and addressing them face-to-face.Asking the child to repeat back what they think they have heard.

Reducing over-stimulation eg reducing TV& computer exposure.

- CBT , it is possible to reward children when they concentrate for progressively longer periods, just as it is possible to teach them cognitive strategies to increase reflectiveness.

Management Principles

- Restrain
- Restructure.
- Reward.

IMET2000-PAL

Prognosis :

Overactivity typically wanes in adolescence ,though many affected individuals have continuing problems with inattentiveness, impulsiveness and an inner sense of restlessness even in adult life .

Educational attainments are often poor ,which may account for lower occupational status in adult life.

Children who are both hyperactive and conduct disordered are at high risk of antisocial personality disorder and substance abuse in adult life . Some become unsuccessful petty criminals who fail to respond to repeated imprisonment.

IMET2000-PAL