



Attention Deficit Hyperactivity Disorder (ADHD)

Signs of ADHD

Preschoolers:

- Difficulty staying still
- Impatience
- Blurting out statements
- Difficulty following instructions
- Excessive Talking

Children:

- Constant motion
- Difficulty listening and obeying rules
- Interrupting others frequently
- Difficulty completing tasks
- Trouble waiting turn

Adolescents:

- Irritability
- Poor concentration
- Difficulty completing assignments
- Difficulty paying attention
- Reduced stress tolerance
- Disorganized
- Trouble with multi-tasking

General Information

ADHD is one of the most common neurocognitive behavioral disorders. Research suggests that ADHD is a genetic brain-based biological disorder formed from having low levels of dopamine (a brain chemical). Brain imaging studies using PET scanners (positron emission tomography) show that brain metabolism in children with ADHD is lower in the areas of the brain that control attention, social judgement, and movement.

On average, there are 1 to 3 children who have ADHD in every classroom of 30 students. It affects about 11% of American children ages 4 to 17 in a given year (Centers for Disease Control and Prevention). In most cases, symptoms begin during early childhood and may persist into adulthood. The most common symptoms of ADHD are inattention, hyperactivity, and impulsivity. However, people with ADHD do not display all symptoms. There are three main subtypes of ADHD that categorize people who have either inattentive symptoms, hyperactive/impulsive symptoms, or a combination of both.

ADD/ADHD Assessment and Intervention Programs at NRS|LS

At NRS LifeSpan our goal is to provide comprehensive, quality care from consultation to diagnosis. Our board certified neuropsychologists utilize diagnostic testing, via the Neuropsychological Examination (NPE) process, which is an assembly of tests specifically designed to evaluate thinking abilities and behavior. The evaluation process is used to objectively assess cognitive abilities, such as memory, attention/concentration, language, visual spatial, reasoning, etc. The NPE identifies the child's cognitive strengths and weaknesses, provides diagnostic clarity and most importantly develops a comprehensive treatment plan including recommendations to support the child's learning. In addition, NRS LifeSpan collaborates directly with the child's school through consultation and information for the 504 Plan and the Individualized Education Program (IEP).

Treatment programs may include behavioral therapy, as well as parent education and training. It is also important for the child to improve executive functioning by building self-awareness, memory retention (verbal and nonverbal), fluent behavior, and planning and problem solving. Lastly, social support and assistance at school is crucial to the success of a child's treatment.

Subtype Descriptions & Implications

OUR LOCATIONS:

MAIN OFFICE

2100 Route 33
Suite 9-10
Neptune, NJ 07753
Phone: 732-988-3441
Fax: 732-988-7123
www.nrslifespan.com



SATELLITE OFFICE

1255 Route 70
Suite 25-S
Lakewood, NJ 08701
Phone: 732-961-9701
www.nrslifespan.com



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Behavioral
Health

Robert B. Sica, Ph.D. License #1519
Steven P. Greco, Ph.D. License #4517

Inattentive Subtype

Generally, individuals who are frequently inattentive and unable to focus are diagnosed with ADHD, inattentive subtype. This subtype of ADHD is characterized by a persistent pattern of difficulty completing tasks and maintaining concentration. Some indicators of inattention may include: difficulty paying close attention to details, making mistakes in schoolwork, an inability to listen when spoken to directly, and being distracted. Also, children may have reduced processing.

Hyperactivity/Impulsive Subtype

The hyperactivity/impulsive subtype of ADHD includes hyperactive symptoms: excessive talking, problems with working/playing quietly, and fidgeting with hands or feet. Indicators of impulsivity include may include: blurting out answers before questions have been completed and interrupting others.

Combined Subtype

Both subtypes of ADHD can be present in an individual as well. These individuals, diagnosed with combined subtype, display some or all of the above symptoms, but will also experience increased irritability and find completing tasks even more difficult since they are experiencing a variety of symptoms that inhibit productive behavior.

Implications

ADHD can create multiple problems for a child, such as getting into trouble frequently and difficulty making friends. Parents report that children with a history of ADHD are almost 10 times as likely to have difficulties that interfere with friendships. Effective treatment of childhood ADHD begins with a proper diagnosis from a professional psychologist.

Sluggish Cognitive Tempo

Some individuals with ADHD can also display symptoms of sluggish-lethargic behavior and mental foginess, known as Sluggish Cognitive Tempo (SCT). SCT is a fairly new disorder that overlaps with ADHD in 54% of cases, typically the ADHD inattentive subtype (Barkley). When SCT overlaps with the ADHD inattentive subtype, multiple symptoms may be present in patients: being “day-dreamy”, absent-minded, losing train of thought, being easily confused, having low initiative, and becoming bored easily.

Additionally, people with SCT often have difficulty with problem solving, self-organization, self-initiation and processing competing sources of information. These patients may also process information at a slower speed and exhibit slower reaction times.

Unlike those with ADHD, children with SCT have lower rates of comorbid oppositional defiant disorder and/or conduct disorder, but a higher occurrence of anxiety and depressive symptoms, social withdrawal, and information processing deficits. Effective treatment methods for SCT include social skills training and home-school treatment plans (Barkleys).