

HEALTH + DEVELOPMENT/MENTAL HEALTH

Suspect ADHD? How and When to Screen Your Child

Expert advice about when — and when not — to screen your child

BY GEMMA ALEXANDER (/AUTHOR/GEMMA-ALEXANDER) |

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When it comes to energy levels, our kids run circles around us — sometimes literally. It's the rare parent who has never wondered if their child has ADHD. How can a parent tell if their mile-a-minute kid is just rambunctious or has a neurodevelopmental disorder?

"ADHD really is not as common as we're made to think it is; the news and the social media world can really amplify things," says Bridget Noorishad, ARNP at Western Washington Medical Group's Lake Serene Clinic. According to the CDC, just under 10 percent of children (<https://www.cdc.gov/ncbddd/adhd/data.html>), are diagnosed with ADHD. But even this number can be misleading, because ADHD is both over- and under-diagnosed, and presents differently in every person who has it.

Recognizing ADHD in kids

While people are quite familiar with the hyperactivity aspect of ADHD, it is only one of several symptoms — including issues related to attention, organization and concentration — that will affect each person differently.

"ADHD is a disorder that manifests in childhood and presents with symptoms of inattention, hyperactivity or impulsivity, and patients will lie on the spectrum of those things," says Noorishad.

"Girls are often underdiagnosed. They may present more with the inattentive type — spacing out, not concentrating well. And I feel like we overdiagnose boys a little bit, thinking that this active behavior and having a hard time sitting still is ADHD when it may be just normal behavior." On average, boys 5 percent more likely than girls to be diagnosed with ADHD, according to the CDC (<https://www.cdc.gov/nchs/products/databriefs/db499.htm#:~:text=During%202020%E2%80%932022%2C%20>

While ADHD is present from birth, it is very hard to distinguish between neurotypical toddlers and toddlers with ADHD.

"If they're younger than school age, it's very hard, because a lot of those symptoms are their normal development patterns. ADHD tends to become more prominent when they're in school, because that's when they're asked to fit into a more structured environment," says Noorishad.

Like other types of neurodivergence, there is no known cause for ADHD. Popular theories about diet, screen time and parenting strategies have not been supported by scientific research.

"It does have a significant genetic component," says Noorishad. But even that connection is not strong enough for Noorishad to recommend that children of ADHD parents automatically be screened for ADHD.

"The so-called ACES, or Adverse Childhood Experiences, can be triggering events," says Noorishad. In other words, ADHD symptoms can be exacerbated by traumatic experiences. These experiences can also cause a child who does not have ADHD to act out in ways that resemble ADHD.

ADHD symptoms

ADHD affects attention, activity levels and impulse control. A child with ADHD may exhibit symptoms in all three areas or only one of them.

On the attention deficit side of the spectrum, common symptoms include difficulty concentrating and completing tasks; zoning out in class or during conversations; forgetting things within moments of hearing them and poor organization skills.

On the hyperactivity side of the spectrum, children run around a lot, exhibit difficulty sitting still and have a hard time keeping their thoughts focused. Their minds race and bounce among topics so that they often interrupt others to blurt out comments unrelated to the conversation.

If that sounds like a typical kid to you, you're right.

"With kids it's really hard because depending on what age they're at, these things can all be really common or related to different situations," says Noorishad.

When not to screen for ADHD

"Kids go through different developmental stages and a lot of these symptoms that we might be asking about when we're doing screenings can also be part of that normal developmental process. We want to allow them to go through that process on their own," says Noorishad.

A disorganized and impulsive child who is making improvement may just be developing their executive functions a bit more slowly than their peers. If a child is having difficulty in only one specific area – at home but not at school, or vice versa – then the problem likely lies in the environment instead of with the child.

"Typically, ADHD presents in all areas of life. It may be more significant in some areas, but there will be some aspects of it that present across all areas," says Noorishad.

Similarly, a sudden onset of symptoms may reflect a change in the child's life rather than a developmental issue.

"If kids are anxious or going through something, if they're being bullied, sometimes they'll act out and that can present similarly to ADHD," says Noorishad.

When parents should screen for ADHD

Screening does make sense when a child exhibits ADHD symptoms over time and across multiple areas of life. ADHD often occurs in tandem and has overlapping symptoms with mental health conditions such as anxiety or depression.

“Parents should touch base with their primary care provider if they have any concerns with depression or anxiety, or if they have a child that’s presenting symptoms of either significant inattention or hyperactivity in multiple areas of life – meaning at home, at school, in sports or when they go to their friends’ houses,” says Noorishad.

How to screen

Federal disability law requires school districts (<https://www2.ed.gov/about/offices/list/ocr/docs/dcl-know-rights-201607-504.pdf>) to evaluate a student, at no cost to you, if there is reason to suspect ADHD. However, teachers are not necessarily trained to recognize symptoms of, nor can they diagnose ADHD, and districts may not have the resources to fulfill their requirements. If you suspect ADHD, and your school district will not screen your child or you disagree with their assessment, your child’s primary care provider can conduct ADHD screening and write a referral to a neuropsychologist for an in-depth evaluation, if needed.

Diagnosing ADHD is somewhat subjective, and each provider can approach it a bit differently. But there are tools that help guide the process. A Vanderbilt Assessment Scale should be completed by a parent of the child as well as a teacher. Having adults from different areas of a child’s life fill out the questionnaire helps the provider understand how the child behaves in different circumstances.

“It definitely takes a good conversation between parents and teachers, and the child themselves, to figure out if this is what we’re really looking at and making sure we’re not masking anything else – or if it’s just normal behavior,” says Noorishad.

Health care providers will interview the child and will test for other possible causes, such as depression, anxiety and learning disabilities, or social issues that might cause a child to act out from frustration.

“This is why my job is so important – to make sure we’re not looking at depression or anxiety, that we’ve ruled out big risk factors at home, and that they’re sleeping okay,” says Noorishad.

Diagnosing children with ADHD is more complicated than diagnosing adults because they may not be able to read the questionnaires, can’t understand complicated questions such as, “Do you struggle with impulsivity?” and can’t always express themselves very clearly. Especially when a child’s symptoms have significant crossover with other mental health symptoms, your primary care provider may refer you to a psychologist for a final diagnosis.

Outcomes after an ADHD diagnosis

If your child has been diagnosed with ADHD, it is important to communicate that to their teachers. Federal law requires schools to provide the accommodations recommended by care providers for children with ADHD.

“Some patients have a hard time sitting in a full classroom for testing – it’s just too distracting,” says Noorishad. Taking tests in a separate room or having extra time to finish work can make the difference between a frustrated (and frustrating) student and school success (https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/ADHD_A_C

“Medication works pretty well for patients with ADHD. There are a lot of different options depending on the patient’s presentation, and sometimes a little trial and error to find the right thing,” says Noorishad. In the past, there was a myth that taking ADHD medication increased a child’s risk of drug dependency in adulthood. However, research shows exactly the opposite effect.

“We have learned that by treating them and helping them do better with school and calm their thoughts down, it decreases anxiety and depression and therefore decreases the risk of illicit drug use,” says Noorishad.

However, medication is not always required for kids who have ADHD. Especially as they grow older, many children learn to manage their ADHD using coping strategies taught through cognitive behavioral therapy (CBT) focused on the areas where their symptoms are most disruptive.

“CBT can help teach the patient ways to recognize and redirect in an appropriate way,” says Noorishad. Other modalities such as occupational therapy can also help a child improve their executive functioning and attention skills.

Although a person never outgrows ADHD, the data on outcomes of early diagnosis is clear – for children with ADHD, life is better with treatment than without it. And if you find yourself identifying closely with your child’s ADHD symptoms, you might consider getting yourself screened (<https://www.wwmedgroup.com/blog/diagnosing-adhd-and-autism-in-adults/>) as well. Even if you’ve been getting by with undiagnosed ADHD your whole life, it is never too late to learn about interventions that can make your life better.

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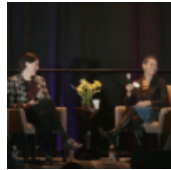
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