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ATTENTION DEFICIT HYPERACTIVITY DISORDER

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Abstract

Attention deficit hyperactivity disorder (ADHD – attention deficit hyperactivity disorder) and ADD – attention deficit disorder (ADD) are neurodevelopmental disorders characterized by symptoms of inattention, impulsivity, and hyperactivity, and in the case of ADD it is attention without hyperactivity, which contradicts the child's developmental level. With all the research that is being done and that notes scientific knowledge, the picture of ADHD is changing and there are more specific prognoses and treatments for ADHD. This syndrome includes an increased motor activity in the child that is followed by a lack of attention and unpredictable and impulsive reactions. It can appear in the second or third year, but it is usually diagnosed when the child starts school. In the case when only the symptoms of a lack of attention are observed in a child or an adult, and they are not followed by hyperactivity, then it is about ADD (attention deficit disorder) - lack of attention. These people are withdrawn and lethargic, they live in their own world, they are quite sensitive, and they are often accused of being lazy and unmotivated, so they become anxious with low self-esteem (Ristevska, 2018). But many of them are highly intelligent and thanks to their sensitivity and creativity, they can find themselves in music, sports, art, and other areas that interest them.

The aim of this thesis is to present and analyze attention deficit and hyperactivity in ADHD and ADD syndromes. These syndromes are one of the most common developmental problems that appear in childhood and continue throughout life. ADHD and ADD syndromes are and have been present in the past and continue to appear in more and more people, so there is a need for more research related to the topic of attention deficit and hyperactivity in both syndromes. Inclusion is becoming more frequent and present in people's lives, and ADHD and ADD syndromes are one of the most prevalent problems today.

In this thesis, the history will be mentioned first and will be accompanied by explanations of the terms ADHD and ADD. Then follows an explanation of the differences between the two syndromes. The daily life of children with ADHD and ADD will also be mentioned. This thesis would not be complete without explaining the different types of ADHD and ADD, but also what factors contribute to the development of these syndromes. As the main goal of this thesis, attention deficit and hyperactivity in ADHD and attention deficit in ADD will be addressed. The characteristic signs of the disorder will also be mentioned. As the last but not least important part of this thesis, a treatment will be offered on how the two syndromes are diagnosed, the possible prevention, and the treatments that follow after the diagnosis of these syndromes.

1. History of ADHD and ADD

Hippocrates - the father of medical medicine, first mentioned ADHD and noticed patients who could not focus on one thing and had quick reactions to the things that surrounded them. After Hippocrates' opinion on ADHD, this topic was not elaborated on and mentioned until 1798. Sir Alexander Crichton, a Scottish physician in his book " An Inquiry into the Nature and Origin of Mental Derangement" noted that there are people who have difficulty staying on one task or game and called it the disease of attention. Medical textbooks in the 1800s referred to children who had the symptoms now characteristic of ADHD. "At that time several different names were used for the condition such as: 'nervous child', 'hypermetamorphosis', 'mental instability, 'unstable nervous system', and 'simple hyperexcitability.'[12]Many people think that ADHD is a diagnosis of the 21st century, or at least the diagnosis of ADHD was first noticed in the 1980s and has been suspect ever since. The American Psychiatric Association (APA) defines mental health conditions to help standardize the terms and criteria used for this diagnosis. A brief timeline of the changes in the behavioral disorder now known as ADHD:

- **1968**: The year when the behavioral disorder called "hyperkinetic reaction of childhood" was introduced.
- **1980**: "ADD" replaced "hyperkinetic reaction of childhood," with changes to the classification.
- **1987**: "ADD without hyperactivity" was removed and replaced with "ADHD."
- **1994**: Three subtypes were added to the classification of ADHD.
- **2013**: "Subtypes" of ADHD were changed to "presentations" of ADHD.

The term "ADD" is not officially used, but it is often used by many people. Invariable use of the terms "ADD" and "ADHD" has also been noted. To describe the presentation of ADHD some people use the term "ADD" as a subset of "ADHD" called inattention or distractibility.

2.Terms ADHD and ADD

2.1 ADHD

ADHD (Attention Deficit Hyperactivity Disorder) is a new term used by psychiatrists for childhood disorders, which has had different names in the past. "This disorder was first termed “hyperactivity,” then “attention-deficit disorder” (ADD), and then, to differentiate between children who had ADD but did not exhibit hyperactivity, either (plain) ADD or ADD with hyperactivity.’’[13] ADHD which is a new official term called Attention Deficit Hyperactivity Disorder has been chosen by psychiatric experts and the symptoms associated with this term have been published in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by American Psychiatric Association. One of the most common problems in childhood is attention deficit hyperactivity disorder (ADHD). "In this syndrome, increased motor activity is observed in the child, followed by a lack of attention and unpredictable and impulsive reactions. It can appear in the second or third year, but it is usually diagnosed when the child starts school" (Ristevska, 2018). ADHD syndrome is more common in boys than in girls. This syndrome

[12] Children and Adults with Attention-Deficit/Hyperactivity Disorder. (2018). More Fire Than Water: A Short History of ADHD. *CHADD*, at: https://chadd.org/adhd-weekly/more-fire-than-water-a-short-history-of-adhd/

[13] Wender, P. H., & Tomb, D. A. (2017). *ADHD: A guide to understanding symptoms, causes, diagnosis, treatment, and changes over time in children, adolescents, and adults*. Oxford University Press. pp 1-3.

occurs in childhood and can last throughout life, and without treatment, it can have more serious consequences for the person himself or affect his society. It also manifests itself with other disorders, the most common of which are learning and behavioral disorders.

2.2 ADD

When the symptoms of attention deficit disorder are observed in an adult or a child and are not followed by hyperactivity, then it refers to ADD (attention deficit disorder). People with ADD live in their world, they are withdrawn and lethargic, they are often accused of being lazy and unmotivated, and because of that label, they have anxiety and low self-esteem. But except for many of them, who are of high intelligence and according to their sensitivity and creativity, they find themselves in the world of music, sports, art, and in other different areas that interest them. (Ristevska, 2018).

3. Types of ADHD

Attention deficit hyperactivity disorder (ADHD) is the medical term for the biological neurological condition once called ADD. Its symptoms fall into one of three quantitative subtypes:

- inattention
- impulsivity and hyperactivity
- a combination of inattention and hyperactivity

In the past, ADD was diagnosed by doctors or professionals when someone had persistent symptoms of inattention and distractibility and a few not-so-persistent symptoms of hyperactivity and impulsivity. Now that ADD has been renamed into today's Attention Deficit ADHD subtype.

The symptoms of inattention are:

- "Easy distractibility
- frequent forgetfulness in daily life
- trouble paying attention to details or listening when other people speak
- difficulty concentrating on tasks or activities
- trouble following instructions and completing tasks as directed
- a tendency to lose focus or get sidetracked easily
- difficulty staying organized or managing time
- a tendency to put off or avoid tasks that require long periods of mental efforts, such as homework or work projects
- a habit of losing vital things needed for daily routines and activities''[14]

These signs might show up at school, at work, at home, or in personal relationships.

This type in adults/children can cause:

[14] Kinman T. Raypole C. (2021). ADHD vs. ADD: *What's the difference?*. Healthline. Healthline Media, at: https://www.healthline.com/health/adhd/difference-between-add-and-adhd

- They have difficulty remembering important dates such as birthdays, anniversaries, deadlines for making payments on an account, or completing a task
- they procrastinate on their schoolwork, and projects, and don't complete their assignments on time
- it is difficult for them when they have to pay attention to things that interest them, such as the latest book, or their favorite series, and they often make mistakes in doing something.

3.2 Hyperactivity

This type of ADHD also called hyperactive-impulsive type includes symptoms of hyperactivity and impulsivity. For a child to be diagnosed with the type of ADHD called hyperactivity and impulsivity, they must have at least six or more of the following symptoms:

- "The child talks a lot
- swings
- does not sit still in a chair
- gets up from the stool when he is expected to sit and be quiet
- is spinning
- distracts the other children in the class
- gives answers ahead of time
- he is in a hurry when answering, so he makes mistakes
- starts tasks before listening to instructions
- easily abandons assigned tasks
- copies from other children instead of answering a test himself
- is always in trouble
- is irritable
- cannot maintain a friendship
- does not wait his turn
- interrupts when someone is speaking
- imposes itself on society
- runs
- climbs
- it just doesn't stop"[15]
- problems with playing quietly or participating in relaxing activities
- a constant feeling of restlessness that tends to run or climb in inappropriate situations
- shows problems with sitting at school, at work, or in some other circumstances
- trembles roll over, and claps his hands.

“Hyperactivity means having increased movement, impulsive actions, a shorter attention span, and being easily distracted.”[16] Hyperactivity in adults with ADHD manifests in more subtle ways, and researchers should continue to ask questions about how restlessness manifests in other ways. If during the diagnostic evaluation of a patient, where professionals and sometimes

[15] Manual for teaching assistants, LEARNING TOGETHER Manual for teaching assistants for working with children with developmental disabilities, 2015, p 31

[16] *Hyperactivity: Medlineplus medical encyclopedia*. MedlinePlus. U.S. National Library of Medicine, at :https://medlineplus.gov/ency/article/003256.htm

other patients are present, the patient being examined sits still and is attentive so that the diagnosticians can assume that he does not have ADHD, even though this is not true. Questioning should reveal how the patient is behaving and feeling. In adults, hyperactivity is expressed as inner restlessness, a feeling of constant restlessness, inability to relax, therefore there is a need for drugs or alcohol that will help the patient to relax or fall asleep (Weisfelt et al. 2001). Hyperactivity can be supplemented and improved with sports activities up to five times a week. Because hyperactivity requires constant movement, the person often gets injured. If the restlessness in these people is reduced or eliminated, the hyperactivity becomes clearer. It manifests itself in the inability to stop talking, excessive talking, or failure to complete tasks. People with ADHD never stop and always need to move.

3.3 Combined type of ADHD

A combined type of ADHD does not mean that it is more severe compared to ADHD which is only diagnosed as a hyperactive type or predominantly inattentive type. Individuals diagnosed with combined ADHD means that symptoms of this type are more likely to be evenly distributed between the two types. Some experts state that this type of ADHD is more prevalent than the other two types, especially among adults. It is supposed to be easier for parents and teachers to recognize the signs of combined ADHD. As a result, people with this syndrome have a better chance of getting the correct diagnosis.

4. Diagnosis of ADHD

Symptoms of ADHD are present before the age of 12. Children diagnosed with ADHD by age 16 had six persistent symptoms of inattention or 6 symptoms of hyperactivity-impulsivity that had been present for at least 6 months. ADHD symptoms must be present in at least two or more situations such as at school, at home, or with relatives or friends. These symptoms interfere with the quality of social or school functioning. Parents who think their child may have ADHD should consult a doctor. Family doctors may also refer children to mental health professionals such as a psychiatrist or clinical psychologist, who can do a thorough evaluation and diagnose ADHD. Stress, sleep disorders, anxiety, depression, and other physical conditions or illnesses can cause symptoms similar to those of ADHD. Therefore, a thorough evaluation is necessary to determine the cause of the symptoms. During the evaluation the mental health professional or doctor may:

- examine the child's mental health and medical history
- to communicate with parents and ask permission to communicate with teachers and other adults who know the child well and see his actions in certain situations, all to understand how children behave both at school and home
- use standardized behavioral rating scales or prepare ADHD symptom checklists to determine whether a child meets the criteria for an ADHD diagnosis
- to prepare psychological tests that will consider memory, functioning, visual, and spatial reasoning skills.

These tests can help uncover psychological or cognitive strengths and challenges, as well as identify possible learning problems.

5. What causes ADHD?

A combination of biological or hereditary factors and environmental or life experiences is responsible for ADHD. Brain imaging studies have revealed structural and connectivity differences in the brains of children with ADHD and typically developing children. This consequence is sometimes hereditary and runs in families. “ADHD is highly heritable, although

there is no single causal risk factor and non-inherited factors also contribute to its etiology. The evidence to date suggests that both rare and multiple common genetic variants likely contribute to ADHD and modify its phenotype."[17] Children born prematurely due to extremely low birth weight or those children who are exposed to various difficulties or traumas from the earliest age are subjected to exceptional early difficulties. The environment in which an individual lives also appears as a cause of ADHD syndrome. "In 2004, University of Washington researchers found that toddlers who watch lots of TV are more likely to develop attentional problems. For every hour watched per day, the risk rose by 10 percent."[18] According to Dr. Ruff's (2004) study of 800 Amish families, their children were prohibited from watching television and playing video games. As a result of this research, it was shown that none of the children developed ADHD syndrome. This research also showed that those Amish families who left the church and adopted a modern lifestyle, which mostly included technology, showed the presence of ADHD syndrome. The research shows that although the genes of both groups are the same, the environment played a major role in the development of this syndrome.

6. Treatment of ADHD

The American Academy of Pediatrics (AAP) recommends behavior management training as a treatment for children younger than 6 before prescribing or trying medication. This pediatrician advises drug therapy and behavioral training (together) for children who are older than 6 years. Schools can also be part of the treatment. Good treatment plans include monitoring the child's behavior and making changes according to the child's needs along the way. Medicines are what can help children with ADHD to function in everyday life. They can control their behavior, and control what makes them difficult with family and friends at school.

7. Types of ADD

ADD is one of the most common developmental problems in children that continues throughout their lives, but it can also occur in adults who have not been previously diagnosed. ADD is a misunderstood syndrome that is poorly treated today. There are seven types of ADD and they are:

"Type 1. Classic ADD (ADHD) – inattentive, distractible, disorganized, hyperactive, restless, and impulsive.
Type 2. Inattentive ADD – inattentive, easily distracted, disorganized, and often described as space cadets, daydreamers, and couch potatoes. Not hyperactive!
Type 3. Overfocused ADD – inattentive, trouble shifting attention, frequently getting stuck in loops of negative thoughts or behaviors, obsessive, excessive worrying, inflexible, frequent oppositional, and argumentative behavior. It may or may not be hyperactive.
Type 4. Temporal Lobe ADD – inattentive, easily distracted, disorganized, irritable, short fuse, dark thoughts, mood instability, and may struggle with learning disabilities. It may or may not be hyperactive.
Type 5. Limbic ADD – inattentive, easily distracted, disorganized, chronic low-grade sadness or negativity, "glass half empty syndrome," low energy, tends to be more isolated socially, and frequent feelings of hopelessness and worthlessness. It may or may not be hyperactive.
Type 6. Ring of Fire ADD – inattentive, easily distracted, irritable, overly sensitive, cyclic moodiness, and oppositional. It may or may not be hyperactive.

[17] Thapar, A., Cooper, M., Jefferies, R., & Stergiakouli, E. (2012). What causes attention deficit hyperactivity disorder. *Archives of disease in childhood*, *97*(3), pp.260-265.
[18] Christakis DA, Zimmerman FJ, DiGiuseppe DL, McCarty CA. (2004). "Early television exposure and subsequent attentional problems in children." Pediatrics. at: https://www.additudemag.com/what-causes-adhd-symptoms/

Type 7. Anxious ADD – inattentive, easily distracted, disorganized, anxious, tense, nervous, predicts the worst, gets anxious with timed tests, social anxiety, and often has physical stress symptoms, such as headaches, and gastrointestinal symptoms. May or may not be hyperactive."[19]

7.1 Symptoms of ADD

"ADD is the inattentive type of ADHD. Children with ADD have six or more of the following symptoms, some of which start before they reach seven years of age:

- Forgetful in daily activities
- Poor attention to detail and careless mistakes in schoolwork and homework
- Easily distracted by extraneous stimuli
- Trouble sustaining attention
- Loses things necessary for tasks or activities
- Dislikes and is reluctant to exert sustained mental effort
- Does not follow through on instructions and fails to finish chores and schoolwork
- Difficulty organizing tasks and activities
- Does not seem to listen when spoken to directly."[20]

Children with ADD until the third or fourth grade are not considered problems children with ADD because such erratic behavior is expected of them. Symptoms must be present for at least six months and occur in multiple settings. "Children's symptoms are most commonly seen at home and school, but they are also likely to show up in other settings where attention is needed such as church or temple, music lessons, and sports activities."[21]

8. Diagnosis of ADD

"Today, there is no instrument or procedure that can adequately diagnose ADD."[22] At the moment, ADD syndrome can be diagnosed with the convergence of different measures. These measures allow experienced clinicians to determine whether an individual has symptoms characteristic of ADD. The symptoms of ADD appear in all people at some point in their lives. It is the clinician's job to determine whether the symptoms an individual exhibits significantly affect and cause permanent impairment compared to most people of the same age or developmental level. The real question is whether the person with ADD suffers from severe and more intense impairment than other patients of the same age. The evaluator of the patient with ADD must see if the person has had the symptoms since early childhood, or if the person did not have any symptoms before, but now has them as a result of a previous: depression, anxiety, illicit drug use, or some other psychiatric disorder. When an individual is clinically diagnosed with ADD, it does not mean that the diagnosis process ends there. Adequate differential diagnosis is needed to screen for symptoms of other possible disorders that may cause, contribute to, or be comorbid with ADD.

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[19] Amen D. (2019). *Learn about the SYPMTOMS and 7 types of add (infographic): Brainmd.* BrainMD Blog, at: https://brainmd.com/blog/how-to-identify-attention-deficit-disorder-in-yourself-or-a-loved-one-discover-the-7-types-of-add/

[20] Ashley, S. A. (2005). *The ADD & ADHD Answer Book: Professional Answers to 275 of the Top Questions Parents Ask*. Sourcebooks, Inc. p 3.

[21] Ashley, S. A. (2005). p 3.

[22] Nadeau, K. G. (2013). *A comprehensive guide to attention deficit disorder in adults: Research, diagnosis and treatment*. Routledge. p 102.

9. Treatment of ADD

ADD treatment can take many forms and be treated in many ways. “An individualized treatment plan for a child with ADD may include medication, talk therapy, lifestyle modification therapy, changing and creating a diet plan, and introducing exercise.” [23] “Studies show that adult attention deficit disorder (ADD ADHD) is treated successfully with a combination of medication and behavior therapy.”[24] There is a type of adult with attention deficit disorder (ADD) that does not accept treatment for treatment. Also, many of them perceive the symptoms of ADD as creative symptoms and symptoms that have a large part in contributing to success in their lives.

Conclusion

ADHD and ADD are syndromes that are related to each other, yet what ADD lacks and ADHD has, is hyperactivity. Children with hyperactivity are normal in all respects and have the same thoughts, desires and needs as all humans. However, what makes them different is that they have increased movement and impulsive actions. It is important to identify this disorder, so that the individual can receive appropriate treatment and the negative symptoms can be directed in a positive direction. What both syndromes have in common is that they involve attention deficits. In these people, attention is absent when they have to perform tasks that require attention, and they are part of a daily routine or the task is dull for the individual to perform. Attention deficit and hyperactivity disorder are frequently asked questions in people with ADHD and ADD. It is important to promptly diagnose both syndromes in order to make life easier for individuals diagnosed with these syndromes. Attention deficit and hyperactivity are also associated with other symptoms that are characteristic of these disorders. To be diagnosed with these disorders, a person must have at least six of these symptoms. The different types of ADHD and ADD are also discussed in this thesis. Prevention, as well as treatments for these disorders, are also addressed to facilitate the explanation and analysis of ADHD and ADD. As part of the treatments, possible drugs are included, which are the most popular for treatment, but also psychosocial interventions and different types of psychotherapy. In the therapy of these two syndromes, the relationship of the parents with the schools that the individuals attend is also important. For individuals with these disorders, schools must be tailored to their needs and offer them individualized educational plans. As part of the therapy, and also a very important part of the life of these individuals is the awareness of the parents about these disorders. There are various strategies that parents can use at home to alleviate the syndromes. Parents and schools that attend to individuals can significantly help reduce attention deficit and hyperactivity, but also enable the individual to have a positive attitude towards the syndrome they have. Attention deficit hyperactivity disorder does not make these individuals any different from others. If professionals and family work hard and lovingly on the strengths and weaknesses of these individuals, and if appropriate help is provided, they can become aware of their full potential and lead happy, fulfilling, and successful lives. The future for individuals with these disorders does not have to be bleak. This paper offers an overview treatment of both syndromes and serves as a motive for further analysis and treatment of ADHD and ADD to facilitate the lives of these individuals.

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