

I'm not robot!

Children who have ADHD often show symptoms while they are very young. Parents may notice their child is more active, talkative, impulsive, or has more trouble listening or following directions than siblings or playmates. When should I seek help, and where do I start? A child can be evaluated for ADHD beginning at age four. Some children will have an evaluation in kindergarten or first grade. Many parents wait until symptoms are causing difficulties at home and in school before seeking an evaluation. Parents should talk with their child's healthcare provider if they have concerns. The healthcare provider can do an evaluation or send the parents to a specialist in childhood ADHD. If the child has difficulty in school, the school can also conduct an educational assessment in order to provide academic accommodations. Children who attend schools that receive federal funding have educational rights that include evaluation. There are many specialists who can evaluate a child for ADHD. When making an appointment, it is important to be a savvy consumer. Ask the professional about specific experience with and training on children who have ADHD. You may want to ask how the specialist evaluates a child for ADHD so you can be sure that a complete evaluation will be done. What is involved in a complete evaluation? An ADHD evaluation has several purposes: To find out whether a child has the kinds of symptoms that indicate ADHD To understand whether they are severe enough and cause enough problems to require a diagnosis To make sure there are no different conditions that explain the symptoms better To understand if the child has more than one condition at the same time To understand whether the child has ADHD symptoms, the healthcare provider or ADHD specialist will ask about symptoms of: inattention impulsivity hyperactivity Evaluating ADHD symptoms can be enough to get an ADHD diagnosis, but it is often not enough to help a child get the right treatment. A complete evaluation will consider all possible causes for problem behaviors. The complete evaluation will ask about the child's behavior at home, at school, and in activities like sports or scouting. It will include information from parents or guardians, childcare providers, teachers, other school personnel, or other mental health clinicians who are involved in the child's care. Sometimes a child will have ADHD symptoms in one place but not another. Information from these other adults can show where and why the child has some of the behaviors. The information can help rule in or rule out some additional reasons for the behaviors that might need different treatment. A complete evaluation may include: Interviewing the parent and child Reviewing family medical history, especially if other family members have ADHD Parent- and teacher-completed child behavior rating scales Parent self-reports of parenting style Spending time with the child to observe behavior either at home, school, or in the medical office Clinic-based psychological tests Review of earlier school and medical records Intelligence testing, educational achievement testing, or screening for learning disabilities if the child has poor grades or struggles with learning A medical, physical, or neurodevelopmental screening to rule out any other medical conditions that might produce ADHD-like symptoms Additional vision and hearing screening, as well as formal speech and language assessment Not every child receives the same evaluation; their assessment will depend upon their specific symptoms and problems. For example, children who have difficulties with learning may need a different evaluation than those who struggle with managing emotions. Health insurance often covers some of the assessments; however, testing for learning disability may not be included in insurance coverage and may need to be done by the local public school. The results from the complete evaluation can be used to develop a treatment plan that is right for the specific child, including therapy and support at home, at school, and in other activities. References: Further Reading: Preschoolers and ADHD Educational Rights and Accommodations Only a mental-health professional can tell for sure whether symptoms of distractibility, impulsivity, and hyperactivity are severe and persistent enough to suggest a positive diagnosis of attention deficit hyperactivity disorder. But if you are concerned that your child demonstrates ADHD symptoms, take this test to better measure his or her behaviors and to understand how ADHD in children is diagnosed. This questionnaire is designed to determine whether your child demonstrates symptoms similar to those of attention deficit disorder (ADHD). If you answer yes to a significant number of these questions, consult a physician and a licensed mental health practitioner. An accurate diagnosis can only be made through clinical evaluation. Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association. Can't see the self-test questions above? Click here to open this test in a new window. ADHD in Children: Next Steps 1. Take This Test: Inattentive ADHD Symptoms in Children 2. Take This Test: ADHD Symptoms in Girls 3. Take This Test: Hyperactive and Impulsive ADHD Symptoms in Children 4. Take This Test: Oppositional Defiant Disorder in Children 5. Take This Test: Sensory Processing Disorder in Children 6. Find an ADHD specialist nearby in our ADDitude Directory 7. Consult Our ADHD Treatment Guide for Children Deciding if a child has ADHD is a process with several steps. This page gives you an overview of how ADHD is diagnosed. There is no single test to diagnose ADHD, and many other problems, like sleep disorders, anxiety, depression, and certain types of learning disabilities, can have similar symptoms. If you are concerned about whether a child might have ADHD, the first step is to talk with a healthcare provider to find out if the symptoms fit the diagnosis. The diagnosis can be made by a mental health professional, like a psychologist or psychiatrist, or by a primary care provider, like a pediatrician. The American Academy of Pediatrics (AAP) recommends that healthcare providers ask parents, teachers, and other adults who care for the child about the child's behavior in different settings, like at home, school, or with peers. Read more about the recommendations. The healthcare provider should also determine whether the child has another condition that can either explain the symptoms better, or that occurs at the same time as ADHD. Read more about other concerns and conditions. Why Family Health History is Important if Your Child has Attention and Learning Problems How is ADHD diagnosed? Healthcare providers use the guidelines in the American Psychiatric Association's Diagnostic and Statistical Manual, Fifth edition (DSM-5)1, to help diagnose ADHD. This diagnostic standard helps ensure that people are appropriately diagnosed and treated for ADHD. Using the same standard across communities can also help determine how many children have ADHD, and how public health is impacted by this condition. Here are the criteria in shortened form. Please note that they are presented just for your information. Only trained healthcare providers can diagnose or treat ADHD. Get information and support from the National Resource Center on ADHD DSM-5 Criteria for ADHD People with ADHD show a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development: Inattention: Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level: Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities. Often has trouble holding attention on tasks or play activities. Often does not seem to listen when spoken to directly. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked). Often has trouble organizing tasks and activities. Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework). Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones). Is often easily distracted Is often forgetful in daily activities. Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level: Often fidgets with or taps hands or feet, or squirms in seat. Often leaves seat in situations when remaining seated is expected. Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless). Often unable to play or take part in leisure activities quietly. Is often "on the go" acting as if "driven by a motor". Often talks excessively. Often blurts out an answer before a question has been completed. Often has trouble waiting their turn. Often interrupts or intrudes on others (e.g., butts into conversations or games) In addition, the following conditions must be met: Several inattentive or hyperactive-impulsive symptoms were present before age 12 years. Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities). There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning. The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder. Based on the types of symptoms, three kinds (presentations) of ADHD can occur: Combined Presentation: if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months Predominantly Inattentive Presentation: if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months Predominantly Hyperactive-Impulsive Presentation: if enough symptoms of hyperactivity-impulsivity, but not inattention, were present for the past six months. Because symptoms can change over time, the presentation may change over time as well. Diagnosing ADHD in Adults ADHD often lasts into adulthood. To diagnose ADHD in adults and adolescents age 17 years or older, only 5 symptoms are needed instead of the 6 needed for younger children. Symptoms might look different at older ages. For example, in adults, hyperactivity may appear as extreme restlessness or wearing others out with their activity. For more information about diagnosis and treatment throughout the lifespan, please visit the websites of the National Resource Center on ADHD and the National Institutes of Mental Health. Reference American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Arlington, VA., American Psychiatric Association, 2013.







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