



Psykisk helse

ENGELSK

AD/HD

Medical treatment of children and adolescents

Attention Deficit / Hyperactivity Disorder



Information for parents, older children, and adolescents

What is AD/HD?

AD/HD stands for Attention Deficit/Hyperactivity Disorder

The most common characteristics are:

- Attention and concentration difficulties
- Impulsivity
- Hyperactivity/physical restlessness

To satisfy the requirements for an AD/HD diagnosis, the symptoms of attention and concentration difficulties, impulsiveness, and hyperactivity must have lasted for a long time, appeared in different situations, and created significant problems for the patient and/or immediate surroundings.

Similar symptoms could however be associated with other conditions as well. Many people with AD/HD have additional challenges, for example behavioral problems or learning difficulties. Some children have trouble focusing their attention without manifesting much impulsiveness or hyperactivity. They might have AD/HD of the inattentiveness type, previously called ADD.

Where children and adolescents are concerned, it is primarily parents, or personnel at the local health centre, daycare, or school that detect signs of AD/HD. Any worries should be addressed to one's family doctor/general practitioner (GP), or the Educational and Psychological Counseling Service (PPT). The child may be further referred to the Children and Adolescents' Psychiatric Polyclinic Services (BUP) or a pediatrician, who after a thorough examination can make a diagnosis.

Treatment

There are many opinions as to how AD/HD should be treated. Research has shown that a combination of structured parental training, support services at school, and treatment with medication yield the best results. It is also well documented that medication is most effective for dealing with the core symptoms of AD/HD.

Medication can contribute to significant improvements in concentration and self-control, such that one draws greater benefit from the other measures taken. Assistance given at school should often be directed towards both academic and social functioning. Needs will however vary from person to person. It is important that children and parents receive good and impartial information.

Treatment with Medication

The goal of this treatment is primarily to improve the core symptoms of AD/HD, such as difficulties in concentration, physical restlessness, and impulsivity. For many people, improvement is seen immediately or after just a few days, but sometimes it takes longer to notice effects. Many children and adolescents experience that they are better able to manage to be the way they would like to be. Parents and teachers may experience that the child carries out assignments better than before, is better able to follow instructions, and gets into fewer conflicts. However, while medication does not eliminate learning difficulties or behavioral problems, the child is often more receptive to learning and regular upbringing.

It is important to emphasize that the medications do not have any curative effect, and that most patients must take them over several years. Maturity, education, and changes in necessities and demands can, however, lead some to eventually function well without medication. To achieve the best possible effect, the dosage must be adjusted as the child grows.

When one begins to take medication, it is common to carry out a trial period. This generally means that parents, teachers and the child fill in a checklist before beginning, and during medication. Tests might also be taken to assess, among other things, the ability to concentrate both with and without medication. After such a trial period, which usually takes a few weeks, it is common for the family, school, and other involved professionals to meet and sum up their experience. The child or adolescent should be invited to participate in these meetings.

People who require lengthy and complex services have the right to have an individual plan (IP) drawn up, that clarifies areas of responsibility and ensures effective interaction between the various services. Agreements concerning the use of pharmaceuticals should be included in this plan.

Who should try medication?

An AD/HD diagnosis must first be made on the child or adolescent before medication can be tested.

It is relatively unusual for pre-school and kindergarten children to undergo medicinal treatment. There are many reasons

for this. The diagnosis can be more uncertain for this age group than with older children, and as a rule one prefers to first assess the effects of counseling and educational measures independently of medication. When a child of school age receives an AD/HD diagnosis, various helping measures have typically been tried without yielding sufficient improvement. If the professional agency responsible recommends it (as a rule, the Children and Adolescents' Psychiatric Polyclinic Services), and the child and his/her legal guardian consent, it might then be appropriate to test the use of medication.

Conditions and situations where the use of central nervous system stimulant medicines should be avoided:

- Children with serious heart disease, arrhythmia, or high blood pressure
- Metabolic illnesses, particularly high metabolism can create AD/HD-like symptoms, and these should be ruled out by a blood test
- Eating disorders or significantly low body weight
- Pregnancy

Side effects

Most people taking medication for the treatment of AD/HD have minor and temporary side effects:

- Stomachaches (short-lived)
- Headaches (short-lived)
- Sadness (short-lived)
- Decreased desire for food
- Difficulty falling asleep

Other, less common side effects can also appear.

Dependency and drug abuse

Medications acting on the central nervous system are registered as narcotics. There are therefore strict rules as to which doctors can write prescriptions for these and which patients are allowed to use them. The dosages used in treatment are not intoxicating, and do not create dependency. Many research studies have examined to what extent use of medication to treat AD/HD in children affects the risk of future drug problems. The conclusion is that the danger of future drug problems does not increase but is, to the contrary, reduced. As it is, however, possible to abuse some of these medications, it is important that parents or other responsible adults maintain control over the medications taken by children and adolescents.

Can the brain be damaged?

A primary question has been whether the brain is damaged as a result of long-term treatment with central nervous system stimulants. Many people have been using these medications since the 1950s, and often over many years. There is no indication of brain tissue or cerebral chemical processes being damaged by such treatment.

Where to find more information

- Nasjonalt Kompetansesenter for AD/HD, Tourette's Syndrom og Narkolepsi, NK (National Resource Center for AD/HD, Tourette's Syndrome and Narcolepsy)
www.nasjkomp.no Tel. 23 01 60 30
- ADHD Norge
www.adhdnorge.no Tel. 67 12 85 85
- Guide for Diagnostics and Treatment of AD/HD IS-1244
www.shdir.no/publikasjoner/veiledere
- BUP Østfold "Orientation on treatments using central nervous system stimulant medicines for AD/HD"
www.adhd-behandlingslinje.no
- Information on medication
www.legemiddelverket.no
- "De utrolige årene" (Webster Stratton)
www.deutroligearene.no
- Parent Management Training (PMT)
www.atferd.unirand.no

This brochure was created by the Norwegian Directorate for Health and Social Affairs, in cooperation with the National Resource Center for AD/HD, Tourette's Syndrome and Narcolepsy, and other central professional units, including the Neuroteam BUP Østfold.



Psyiskisk helse

IS-1468

Where to seek help

Emergency – call 113
Doctor/Casualty
Support phone: 810 30 030

Useful information

www.psyiskisk.no
www.psyiskiskhelse.no
www.mentalhelse.no
www.psykopp.no
www.nyinorge.no
www.nakmi.no

Broshures on mental health



Anxiety
IS-1465



Depression
IS-1466



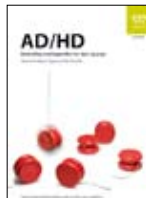
Obsessive Compulsive
Disorders IS-1469



Eating disorders
IS-1470



Psychosis
IS-1471



AD/HD
IS-1468



Legal protection
IS-1467



Mental health care in Norway
• For adults, IS-1472
• For young people, IS-1474
• About young children, IS-1473



BUP
• Children, IS-1301
• Young people, IS-1302
• Adults, IS-1303

Brochures can be downloaded at www.psyiskisk.no
under Information Material.

This brochure can be found in 'bokmål' and 'nynorsk', the two official
languages of Norway, English, Arabic, Farsi, French, Kurdish/Sorani,
Polish, Punjabi, Russian, Lappish, Serbian/Croatian, Somali, Spanish,
Turkish, Urdu, and Vietnamese.



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