

## A. D. H. D. What is it?

**Attention Deficit Hyperactivity Disorder.** :- Children with this condition have difficulty focusing their attention on an activity even for short periods, often become overexcited & seemingly unable to control themselves

Medical research now suggests that ADHD affects different people in different ways & different degrees of severity.

The following characteristics are generally accepted as the most common :-  
Children with ADHD are always on the go they :-

- 1) Often talk incessantly.
- 2) Frequently blurt out inappropriate comments.
- 3) Often act impulsively.
- 4) Rarely pause to think before they act.
- 5) Sometimes endanger themselves by taking unnecessary risks.

These children are a major cause of concern to Parents & Teachers.

**Who is to blame:-** Parents are the ones who are first to suspect that there is something different about their child's behaviour & are frequently embarrassed by that behaviour. They often feel they are to blame.

Recent research has suggested that the challenging behaviour displayed is not the fault of the parent or child but may be caused by an inactivity of the area of the brain that controls concentration & impulsive behaviour.

**When does it start:-** ADHD becomes apparent during early childhood before the age of five.

It is considered to be a lifelong condition & although 'symptoms' never go away, increasing maturity enables individuals to develop strategies to cope.

**What causes ADHD:-** Precisely what causes ADHD is not yet known, however it is generally accepted that children are born with ADHD rather than develop it. Evidence to support this comes from studies of children who have identical genetic make up ie identical twins. It has been found even if

separated at birth & brought up separately if one has ADHD the other will have it too. So it is the genetic make up not the way in which the child is brought up.

ADHD affects more boys than girls with a ratio of 4-1.

What is it like to have ADHD:-

**Overexcitement:-** Activities that for other children have relatively low levels of excitement tend to overexcite a child with ADHD eg playing a board game waiting for his turn he may grab the dice totally unaware that it will annoy everyone else.

**Disliked:-** A child with ADHD is almost inevitably a 'pain' to everyone. He will most often be shunned by others of his own age because the unpredictable impatient behaviour spoils games. However when shunned he is sorry for what he has done.

**Low Self Esteem:-** They will often describe emotional distress, low self esteem, not being liked & being persistently excluded from groups & banned from activities in which they really wanted to take part in.

Main Characteristics of a Child with ADHD:-

- 1) Often moves more quickly into a state of high agitation or excitement than other children.
- 2) Talk incessantly & loudly, are constantly moving & frequently switch from one activity to next without pause.
- 3) Cannot filter out unimportant stimuli – everything grabs his attention.
- 4) Annoys everyone & cannot help it.
- 5) Disliked by others & realises this.
- 6) Have low self esteem & often dislike themselves.
- 7) Are often remorseful after behaving badly & say I can't help it.
- 8) Demonstrate this behaviour persistently.

How is it diagnosed;- Formal diagnosis in the UK requires a specialist assessment by a paediatrician or child psychiatrist.

How frequently is it diagnosed;-

1 – 100 of school age children have the most severe symptoms.

5 – 100 are less severe but experience significant difficulties.

This means that there is likely to 1 – 2 children with ADHD in almost every school in the country.

How can the child be helped ?

If provided with appropriate treatment & sensitive skilled support a child with ADHD can develop into a successful & happy adult.

Living with a child with ADHD is not easy.

How to treat a child with ADHD is one of the most hotly contested debate in the media today & there are two major & often opposing schools of thought.

- 1) Those who believe ADHD can be controlled without medication – many of whom believe that medication is simply wrong.
- 2) Those who believe that the behaviours associated with ADHD can be effectively controlled with medication.

Non Medical management of ADHD.

Diet & ADHD.

Although there is no conclusive research evidence that controlling a child's diet can influence behaviour there is a lot of compelling anecdotal evidence how diet makes a difference.

The foods most commonly involved in possibly affecting behaviour of a child with ADHD are chocolate, drinks with high levels of colourings such as squashes & colas. A lot of processed food will contain high levels of colourings & e numbers ie what we tend to call junk food.

To try to establish if diet is contributing to challenging behaviour parents will need to keep a detailed food diary of everything the child eats & note alongside his behaviour. After a few weeks should be able to see if a pattern is emerging, if behaviour becomes worse after eating or drinking certain foods & then eliminating those foods one by one to see if it makes any difference. However if they wish to try to eliminate a major food group eg wheat or dairy they should consult their GP who may refer them to a dietician. This can all take several weeks of trial & error !

## Behaviour Programmes & ADHD

It has been suggested that children benefit from behavioural programmes, these are devised to 'control' the child's behaviour by systematic use of rewards. This involves both parents & school working together using the same system.

So if we have a child at RDA on such a programme we need to know about it so that we can follow its guidelines during the riding session

Behaviour that is rewarded is more likely to be repeated than behaviour that is ignored.

## Medical Treatment of ADHD

Guidelines issued in 2006 by National Institute for Health & Clinical Excellence (NICE) recommend 3 medications as appropriate treatment for ADHD.

- 1) Ritalin
- 2) Strattera
- 3) Dexidrine.

These will only be prescribed after a child has been thoroughly assessed by a specialist who is an expert in ADHD. Once treatment has been started it can be supervised by the family GP.

Ritalin of the 3 is the most commonly used.

It is not exactly known how it works but it is thought to activate the areas of the brain that enable us to focus on a task. So Ritalin acts as a stimulant. It does not turn children into 'zombies' as often suggested by the media!

Research indicates that 70% - 80% of children with ADHD benefit from taking it.

Ritalin has the same effect on all people not just those with ADHD. ( it is one of the most misused drugs amongst college students in the USA today )

It is not a cure for ADHD but during the time it is active it allows the child to focus & control his behaviour more effectively. Its effect lasts about 4 hours building up at the beginning & tailing off at the end so at its most effective in the 2<sup>nd</sup> & 3<sup>rd</sup> hours. It can now be taken as a slow release tablet once a day which will keep the level of drug more constant.

Treatment with Ritalin is generally considered a long term method of helping a child with ADHD so will be given over years as opposed to weeks

or months. It should be very closely monitored & reviewed occasionally, stopping it for a short period to see child's behaviour to justify continuing to prescribe it.

Once prescribed it should be accompanied by a behavioural programme to establish good strategies on how to behave, ideally devised by an educational psychologist

There is a great deal of controversy about the use of drugs such as Ritalin in the management of ADHD as it is not possible to predict how long a child may need to take the medication. ..

### Coping With a Child With ADHD in a Riding Session

- 1) Appoint a sidewalker to supervise his behaviour try to have the same person each week.
- 2) Insist on eye contact when talking to the child & get him to repeat instructions back to you.
- 3) Give clear simple instructions, if necessary break longer instructions into manageable chunks.
- 4) Ensure rewards are meaningful to the child & given as often as is practicable within your lesson.
- 5) If necessary remind the child that it is the behaviour & not the child that is unwanted.
- 6) Give a firm reminder of what is needed & ensure there is no bargaining or prolonged discussion on what is acceptable behaviour.
- 7) Be consistent & fair but also firm.
- 8) If safety is compromised take the child out of the lesson & somewhere quiet where he can calm down