

Read. Ask questions. Think. Decide.



Attention-deficit/hyperactivity disorder

ADHD

If a doctor is evaluating your child for ADHD (attention-deficit/hyperactivity disorder), this booklet is for you. It gives you information about ADHD and treatments you can choose if your child has ADHD. It also tells you what might happen with each choice. Share this booklet with your doctor and family. Talk to people you trust. Many parents have learned about ADHD and have been able to help their child.

You can too.

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About ADHD

What is attention-deficit/hyperactivity disorder (ADHD)?

ADHD is a condition that makes it hard to pay attention, sit still, and think before acting. Most kids have trouble sitting still or finishing schoolwork. For these problems to be diagnosed as ADHD, they must be out of the normal range for the child's age and development. To be diagnosed with ADHD, a child must have more symptoms than other children their age for six or more months. ADHD behavior doesn't happen in only one place, like at school. It may happen every day in the classroom, on the playground and at home. ADHD can lead to problems with learning, friendships and family life.

How do you know for sure if ADHD is the problem?

There are no specific tests for ADHD. Your child's doctor can make a diagnosis or refer you to a specialist. Your doctor may ask you questions about your child's growth and development. You and your child may be asked to complete psychological testing (like IQ tests). Part of the evaluation is to check for other problems.

Doctors need information from both home and school. Doctors often ask parents and teachers to report the behaviors that they have seen. The information that parents and teachers report is very helpful. All children have trouble paying attention sometimes. All children are hyper or act without thinking sometimes. But when school-age children behave this way often or always, it can cause problems at home and at school.

Doctors like to have parents and teachers fill out these forms at least once a year. This can help determine if a child's problems are getting better or worse.



Are there different presentations of ADHD?

There are three different presentations of ADHD. Your child's doctor will decide which diagnosis fits your child's symptoms.

Some of the symptoms for each presentation of ADHD are listed below.

ADHD—predominantly inattentive presentation:

Children who have trouble paying attention but are not very hyper and don't have problems acting without thinking first. This presentation of ADHD used to be called ADD.

ADHD—predominantly hyperactive/impulsive presentation:

Children who are very hyper and have problems acting without thinking first but have few problems paying attention.

ADHD—combined presentation:

Children who have problems paying attention, being hyper, and acting without thinking first.

Children who have problems paying attention may:

- Be distractible, miss details and forget things
- Often switch from one activity to the next
- Have a hard time focusing on one thing
- Become bored with a task after only a few minutes, unless they are doing something enjoyable
- Have a hard time planning and completing a task or learning something new
- Have trouble completing or turning in homework
- Often lose things (like pencils, toys, homework) needed to complete tasks or activities
- Seem to not listen when spoken to
- Daydream, become easily confused and move slowly
- Have a hard time thinking as quickly and precisely as others
- Struggle to follow instructions

Children who are hyper may:

- Fidget and squirm in their seats
- Talk nonstop
- Dash around, touching or playing with everything in sight
- Have trouble sitting still during dinner, school and story time
- Be constantly moving
- Have a hard time doing quiet tasks or activities

Children who act without thinking first may:

- Be very impatient
- Blurt out inappropriate comments
- Show their emotions without restraint
- Act without regard for consequences
- Have difficulty waiting for things they want or waiting their turns in games
- Often interrupt when other people are talking or doing something else

Age may play a part in the diagnosis of ADHD.

Special considerations

Preschool-aged children (ages 4 to 6)

- The same diagnostic criteria for ADHD can be applied to preschool-aged children.

Teenagers (ages 12 to 18)

- The information must come from at least two teachers, coaches or school guidance counselors.
- The teenager must agree with and participate in the evaluation.
- The teenager must have reported or documented symptoms of inattention or hyperactivity/impulsivity before age 12.

Do children “outgrow” ADHD?

Many people think ADHD is just a childhood problem, but it can continue into teen years and adulthood. ADHD symptoms change over time. Young kids often become less active as they grow, even without treatment.



Do other problems occur along with ADHD?

Some children will have more than just ADHD.

- **Learning Disabilities:** Many children with ADHD—up to 30%—also have a specific learning disability. This can cause problems with reading, writing, spelling, or math.
- **Anxiety and Depression:** About 25% of children with ADHD also are anxious or depressed. These problems can be treated. Treating ADHD may help these problems get better. Likewise, treating anxiety or depression may help ADHD get better.
- **Oppositional Defiant Disorder (ODD):** As many as 33% of children with ADHD will have this. These children are defiant and stubborn. They have temper outbursts or become loud-mouthed. They argue with adults and refuse to obey.
- **Conduct Disorder:** As many as 33% of children who have both ADHD and ODD will develop conduct disorder. This is a more severe pattern of antisocial actions. These children frequently lie or steal. They fight or bully others. They are at risk of getting into trouble at school or with the police. They are at great risk of substance abuse. They need immediate help.
- **Tic Disorders:** Children may have eye blinks or facial twitches. They may clear their throats frequently, snort, sniff, or bark out words. They cannot control these behaviors. The most severe form of tics is Tourette's disorder. Very few children have this disorder.

The evaluation process helps find out whether something besides ADHD is the problem. ADHD is very common and has the most established treatments. If your child does not respond well to treatment, other testing may be needed. If your child responds well to treatment, other problems may develop over time.

Treatment Options

There are four treatment options to consider.

Watchful waiting	Behavioral treatment
Medicine	Combined treatment <i>(behavioral treatment and medicine)</i>

Some things to consider when deciding on treatments:

Every child is different. You know your child better than anyone else.

- Balance possible benefits with side effects, cost and time.
- Discuss treatment options with your child's doctor. Gather as much information as you need to make a decision that is right for you and your child.
- Track and monitor your child's progress. Your decisions may change over time as your child's needs change.

Special considerations

Treatment for preschool-aged children (4 to 6 years old)

- If your child is between 4 and 6 years old, the first step in treating ADHD is usually behavior therapy. You will work with a counselor or therapist to learn strategies to help manage your child's behavior at home. Your child's teachers may also use behavioral strategies in the classroom to help your child succeed. If these behavioral strategies do not show enough improvement, your child's doctor may think about prescribing medication.

Treatment for teenagers (12 to 18 years old)

- For teenagers with ADHD, medication is often the first choice for treatment. Your teenager needs to agree to take the medication. Behavioral strategies, like those used with younger children, can be helpful for teens. These may include strategies to manage behavior at home and school, as well as organizational and study skills training. Educational support at school, such as accommodations or extra help, should be part of your teenager's treatment plan.

Watchful Waiting

Watchful waiting means that you do not start active treatment yet. You and your child's doctor watch your child to see how they do at home and school. If you become worried by your child's struggles, you can always start active treatment.

Pros & cons

How can this treatment help my child?

- You do not have to deal with the possible side effects from medicine.
- You can always change your mind and begin active treatment.
- It is low in time and money.

What are possible problems with this treatment?

- Your child's struggles at home and school may continue or get worse.

Here is an example of how choices about treatment can change over time:

Jane's parents first met with the doctor to discuss treatment options. Jane's father did not think they needed to take action to help manage her problems paying attention. He closely watched Jane's behavior at home and at school over the next month. Seeing that her struggles were continuing, he decided to return to Jane's doctor's office to discuss treatment options.



Behavioral Treatment

Behavioral treatment is a type of therapy that can help children with ADHD. It involves parents and teachers learning new ways to work with the child. This treatment doesn't use medicine. Instead, it focuses on changing the child's behavior.

Types of ADHD behavioral treatment

There are three main ways behavioral treatment can help children to improve performance at school and at home:

1. Strategies for parents to use at home
2. Strategies for teachers and parents to use to improve classroom performance
3. Strategies to help children get along better with others

Parents and teachers can learn these strategies by:

- Taking a class with a group of parents led by a counselor
- Working one-on-one with a clinical counselor
- Working with your child's teacher and/or school counselor
- Reading about these approaches on your own

1. Strategies for Parents to Use at Home

As a parent, there are strategies you can use at home to help your child with ADHD. One effective approach is behavior therapy, also known as behavior modification.

What is behavior therapy/behavior modification?

Behavior therapy is a strategy where you learn ways to help your child behave better. Instead of focusing on feelings, you work on changing your child's behavior. In behavior therapy, a counselor teaches you strategies you can use at home, such as:

- Giving clear directions (saying "please put your toys away" instead of "can you put your toys away?")
- Setting small, achievable goals (like "sit still for 5 minutes" instead of "sit still for the whole dinner")
- Using time-outs consistently (like "if you hit, you will have a 3-minute time-out.")
- Using rewards to encourage good behavior (like "if you brush your teeth without being told, you'll get a star on your chart.")
- Using a point system to track progress (like "every time you finish your homework, you'll get a point. When you have 10 points, you can choose a prize.")



What is usually involved?

In studies where this helped, parents learned these strategies in groups with other parents. The groups met between 8 and 16 times. In addition to learning new skills, parents often get support from being in a group with other parents of children with ADHD.

What is available nearby?

Cincinnati Children's offers parent groups to help you understand and manage your child's condition. The groups are offered at several locations, and they have 8 weekly sessions. Parents learn about ADHD, how to manage child behavior, and how to work with teachers and doctors to help their child.

For more information, call (513) 636-4336 and press the pound key (#) option or visit: www.cincinnatichildrens.org/service/c/ADHD/services/parenting-interventions.

Your child's doctor may be able to refer you to a local psychologist. They are trained to help you learn ways to manage your child's behavior.

What can I read to learn more about this on my own?

- **For parents of children 5 and under:** *ADHD In the Young Child* by Cathy Reimers, PhD, And Bruce A. Brunger.
- **For parents of elementary-aged children with ADHD:** *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents* by Russell Barkley, PhD.
- **For parents of teenagers with ADHD:** *Teenagers with ADD and ADHD: A Guide for Parents and Professionals* by Chris A. Zeigler Dendy, MS.

What other things can I do now?

Here are a few other resources that may be helpful:

- The website for children and adults with attention-deficit/hyperactivity disorder (CHADD) offers advice and support for parents. www.chadd.org
- The series “supernanny” has featured families with children who have ADHD. Families in these shows learn methods that help them manage their child better. Watching these shows or reading the episode guides may provide helpful thoughts on how to work with your child. Use your web browser to search for “supernanny ADHD” to find videos from these episodes.

2. Strategies for Teachers and Parents to Use to Improve Classroom Performance

How does this help?

Teachers can use similar strategies as parents to help children with ADHD behave better in class. These include:

- Setting small goals the child can achieve
- Using time-outs in a consistent way
- Rewarding good behavior

Daily report cards are often used to change behavior in class. They give a way for teachers and parents to better communicate about progress toward goals.

Classroom aides or tutors help children with organization and study skills.



What is usually involved?

In studies where this helped, teachers and classroom aides and tutors had formal training on strategies that are helpful for children with ADHD. This was important because many teachers receive no formal education about ADHD during their training. There are key differences in the types of strategies that work best for children with ADHD compared to those without ADHD.

What is available nearby?

There are no programs nearby that will go to your child's school and work with your child's teacher. The parent groups offered by Cincinnati Children's give advice about how to work better with your child's teacher. This includes how to use a daily report card, how to tailor classroom strategies for children with ADHD, and how to ask for help for your child.

School supports

Children and adolescents with ADHD may have access to services as part of a 504 plan or a special education IEP (depending on the severity of the symptoms).

What can I read to learn more about this on my own?

- *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents* by Russell Barkley, PhD
- *ADHD in the Young Child* by Cathy Reimers, PhD, and Bruce A. Brunger
- *The ADD/ADHD Checklist: An Easy Reference for Parents and Teachers* by Sandra Reif
- *Teaching Teens with ADD and ADHD* by Chris A. Zeigler Dendy, MS. This is a resource for parents and teachers of students with ADHD in the middle and high school years.

What other things can I do now?

Learn more about how to establish a daily report card for your child.

https://ccf.fiu.edu/research/_assets/how_to_establish_a_school_drc.pdf

3. Strategies to improve peer relations in classroom and play settings

How does this help?

Children learn how to interact more effectively and relate to their peers. This helps children make and improve friendships with their peers in classroom and play settings. Teachers and counselors use goal setting, reward systems, point systems and daily report cards. Children practice social skills in the classroom, in team sports, and in other activities. The staff works with parents to develop daily goals for each child. If the child achieves their goal, the parent provides rewards at home.

What is usually involved?

In studies where this helped, children typically attended a summer treatment program that lasted all day for 5 to 8 weeks. It is important to know that social skills programs that meet once or twice a week at a clinic are not as helpful as the summer programs that work with children in real-world settings.

What can I read to learn more about this on my own?

- *Why Don't They Like Me? Helping Your Child Make and Keep Friends* by Susan M. Sheridan, PhD. This is a great book for parents of children with peer difficulties. The methods Dr. Sheridan describes are similar to those taught in summer treatment programs for children with ADHD.

Pros & cons

How can this treatment help my child?

- Behavioral treatment alone will help about one-third of children with ADHD. These children will pay attention and control their impulses as well as the average child their age who does not have ADHD. They also will be less hyper. Other children may find behavioral treatment helpful without the same high level of success.
- You do not have to deal with the possible side effects from medicine.
- You can try medication along with behavior therapy.

Here is our best guess of what will happen to 100 children with ADHD if they get behavioral treatment alone (with all three types described before) for 14 months.



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Have self-control and focus as well as the average child their age who doesn't have ADHD

66

Don't improve to that level

What are possible problems with this treatment?

- Behavioral treatments take time for parents, teachers and children.
- Formal programs may be limited nearby. There may be a wait list to access the programs that are available.
- Behavioral treatments cost money (to you and/or your insurance plan).

If you choose behavioral treatment:

- The first step is learning strategies to help your child manage their behavior. Next, you need to use these strategies regularly.
- These strategies will become part of your parenting skills. You may need to refresh these skills through reading and/or meeting with professionals.
- Certain strategies may work for a while and then stop working. You may need to learn different strategies. It is important for you and your child's teacher to keep a close eye on how things are going. Contact your child's doctor if any problems come up.

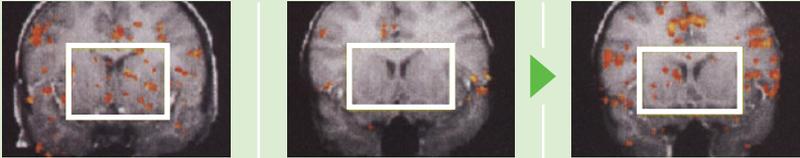
Here is an example of how choices about treatment can change over time:

Erik's mom used a reward system at home over the summer to help him complete tasks. She noticed that he struggled with task completion when he started back to school. She met with his teacher, and they developed a daily behavioral report card.

Medication

Medication is a treatment that uses medicine to help control ADHD symptoms.

How does medicine for ADHD work?



The image displays three axial brain scans of children, each with a white rectangular box highlighting a specific region of the brain. The first scan on the left shows a child without ADHD, with a white box around a region that has very little orange activity. The middle scan shows a child with ADHD but no medication, with a white box around a region that has some orange activity. The third scan on the right shows a child with ADHD who is taking medication, with a white box around a region that has significantly more orange activity than the middle scan. A green arrow points from the middle scan to the right scan, indicating the effect of medication.

Children without ADHD
Children without ADHD have more activity in parts of the brain that help them focus.

Children with ADHD with no medication

Children with ADHD with medication
With medicine, children with ADHD have more activity in the parts of the brain that help them focus.

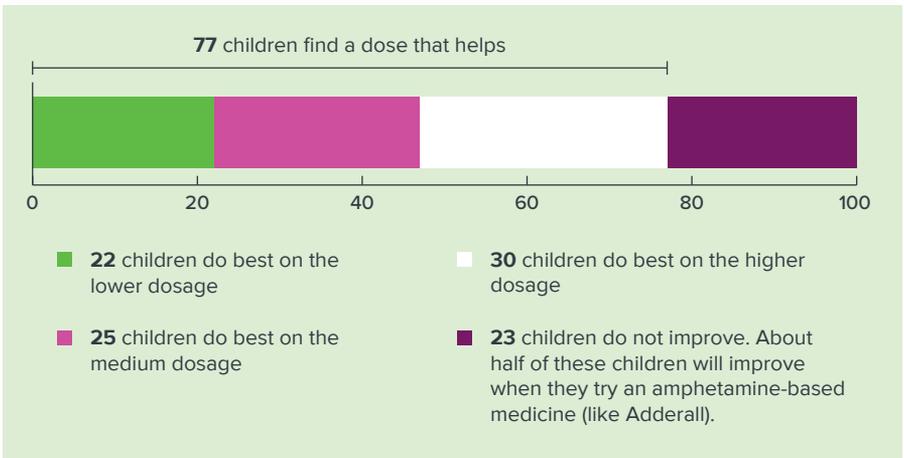
Photos by Stein, Dan & Fan, Jin & Fossella, John & Russell, Vivienne. (2007). Inattention and Hyperactivity-Impulsivity: Psychobiological and Evolutionary Underpinnings of ADHD. CNS spectrums. 12. 190, 193-6. 10.1017/S1092852900020903. Reproduced with permission of Cambridge University Press through PLSclear.

These pictures show what the brain looks like when a child pays attention. The white box shows the parts of the brain that are needed for attention. Medicine for ADHD works by helping the brain send messages to these parts of the brain. This helps children pay attention.

What happens if we try medicine?

You will work with your child's doctor to try a range of doses and see how your child responds. You and your child's teacher will watch your child closely and complete evaluation forms. You will also need to stay in close contact with the doctor's office through follow-up calls and visits.

Here is our best guess of what will happen to 100 children with ADHD who try three different amounts of methylphenidate-based medicine.



Types of ADHD medication

There are two types of medicines that can be used. They are called stimulants and non-stimulants. Doctors often try stimulants first. More children get better with stimulants than with non-stimulants. Stimulants usually work better to reduce ADHD symptoms. There are two kinds of stimulants: methylphenidate and amphetamine. Some children do better on one kind, while others do better on the other. Some children do well on both. And some don't get better with either one.

Both stimulants and non-stimulants help children focus, think before acting, and stay calmer. Stimulants might control these symptoms better, but not always. How well the medicine works depends on how your child's body reacts to it. Sometimes, doctors give both types of medicine together to help more.

Your family's thoughts also matter when choosing between stimulants and non-stimulants. If you're not ready to try a stimulant, your doctor may start with a non-stimulant. They will watch your child closely to see how it's working.

Remember, every child is different. Right now, there's no way to know which medicine will be best for your child. Your child's doctor can tell you about the differences between the medicines. They will help you choose one to start with and find the best amount for your child.

Pros & cons

How can this treatment help my child?

- Medicine alone will help about half of children with ADHD. These children will pay attention and control their impulses as well as the average child their age who does not have ADHD. They also will be less hyper. Other children may find medicine helpful without the same high level of success.
- You can try behavior therapy along with medication.

Here is our best guess of what will happen to 100 children with ADHD if they get medication treatment alone for 14 months.



What are possible problems with this treatment?

- Medicine must be taken, or it will not work.
- Medicine costs money (to you and/or your insurance plan).
- Your child may have side effects. These are usually minor. Side effects will often decrease as a child gets used to the medicine. Other side effects can persist. Taking less medicine often relieves these. Sometimes switching to a different medicine is needed.

Side Effects of Stimulant Medicines

Most common side effects:

- Decreased appetite (this is usually worst at lunchtime)
- Trouble falling asleep
- Stomach aches
- Headaches
- Increased crabbiness
- Social withdrawal (they look like a “zombie,” they are not interested in normal activities): this is a sign that the child is taking too much medicine. The amount needs to be reduced.
- Increased anxiety and/or crying over little things

- Rebound: some children are more active or get in a bad mood when the medicine is wearing off.
- Mood swings, showing strong feelings, increased irritability, or feeling uneasy (most common in preschool children)

Less common side effects:

Tics (muscle twitches, movements or unusual vocal sounds that a child can't control). Medicine does not cause tics but may make them more likely to happen.

In general, tics are more likely in children with ADHD. In children who have tics and start medicine for ADHD, tics may get better, worse or stay about the same.

Rare side effects:

- Increased heart rate and/or blood pressure
- Growth suppression/delay: on average, children with ADHD who take medicine grow less than those children with ADHD who do not take medicine.
- Hallucinations (seeing or hearing something that is not real): this happens in about 3 out of 100 children who take medicine for a year. When the medicine is stopped, the hallucination goes away. Some children can re-start a lower amount of medicine without a problem. Some children need to try a different medicine.

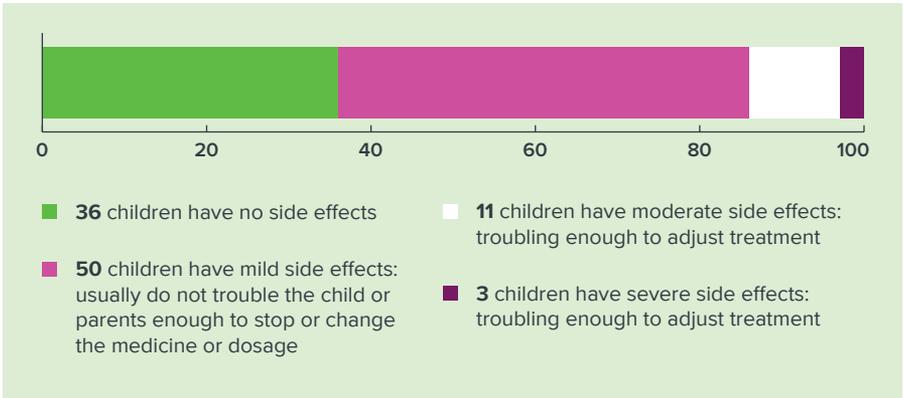
Children with pre-existing heart problems:

Children who have heart problems may need to see a heart doctor before trying medicine for ADHD. At present, there is no proof to suggest that taking medicine for ADHD raises the risk of sudden death among children with a normal heart.

- Does your child have a history of heart disease, palpitations (feeling their heart flutter), passing out or seizures?
- Does anyone in your family have a history of sudden, unexplained death in children or young adults? Hypertrophic cardiomyopathy? Heart rhythm abnormality (e.g., long QT syndrome)?

If so, be sure to mention these things to your child's doctor.

Here is our best guess of what will happen to 100 children with ADHD who take medicine for 14 months:



If you choose medication:

Continuing medication:

- The first step is working with your child’s doctor to find a medicine and dose that works. It should help your child without causing troubling side effects.
- Next, your child must continue taking medicine for it to work. If your child is taking a stimulant medicine (methylphenidate, amphetamine), you will need to come to the doctor’s office every 1–3 months to pick up a refill. Let your child’s doctor know how things are going.

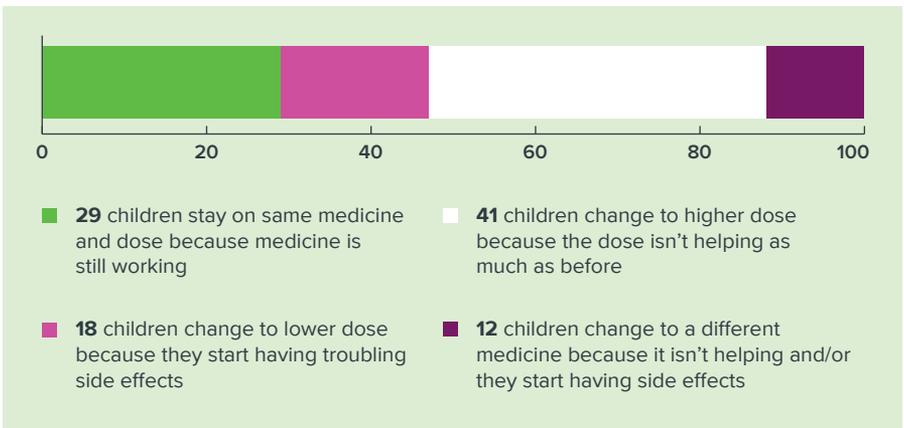


- It is important to have regular follow-up visits with your child’s doctor. They will check your child’s growth (height and weight). They will also check your child’s heart rate and blood pressure. They might make changes to the medicine.

Medication changes:

- Even if you find a medicine and amount that works for your child, things can change over time. You and your child’s teacher need to keep a close eye on how things are going. Call your child’s doctor if problems arise. Sometimes the medicine stops working as well as it did before. Sometimes children start having side effects.
- Many children change the amount or type of medicine within 14 months of treatment.

Here is our best guess of what will happen to 100 children with ADHD who have a good response to an ADHD medicine and keep taking it.



The average time to first medicine change is about five months.

The average number of medicine changes is two per child.

Here is an example of how choices about treatment can change over time:

After trying three different doses of medicine, the medium dose seemed to work best for Beth. After a few months, her mother noticed that Beth was putting off doing her homework and forgetting to turn in her homework. These were the same problems that Beth had before starting medicine. After meeting with Beth’s doctor, they decided to try a higher dose of the same medicine.

Combined Treatment

Combined treatment means the child gets both behavioral and medication treatments. See prior sections that describe behavioral treatment and medicine.

Pros & cons

How can this treatment help my child?

- Combined treatment will help about two-thirds of children with ADHD. These children will pay attention and control their impulses as well as the average child their age who does not have ADHD. They also will be less hyper. Other children may find combined treatment helpful without the same high level of success.
- Compared to children who only take medicine, children who get combined treatment need 19% less medicine to improve the same amount. As a result, side effects may be less severe on lower amounts of medicine.

Here is our best guess of what will happen to 100 children with ADHD if they get both behavioral and medication treatments for 14 months.



What are possible problems with this treatment?

- Behavioral treatments take time.
- Behavioral treatments and medicine cost money (to you and/or your insurance plan).
- Your child may have side effects from medicine.

Here is an example of how choices about treatment can change over time:

David was taking medicine for ADHD, but still had problems behaving at home. David's parents decided to try combined treatment. The doctor gave them the phone number for a parenting class that was offered in their town. The next month, David continued taking his medicine and his parents went to their first parenting class.

Comparing Treatment Choices

Here is our best guess of what will happen to 100 children with ADHD if they get the following treatments for 14 months.

Behavior Therapy



34

Have self-control and focus as well as the average child their age who doesn't have ADHD

66

Don't improve to that level

Medication



56

Have self-control and focus as well as the average child their age who doesn't have ADHD

44

Don't improve to that level

Combined Treatment



68

Have self-control and focus as well as the average child their age who doesn't have ADHD

32

Don't improve to that level

Some considerations regarding your decision

Ongoing monitoring

- No matter what treatment you try, keep a close eye on your child's progress.
- You and your child's teacher can fill out rating forms to see if symptoms are getting better.
- Think about the goals that you, your child, and your child's teacher and doctor set.
- Meet with your child's teacher and doctor to see if your goals have been completed.
- If a treatment goal is not completed by a set date, the treatment plan may need to be adjusted. This may include adjusting a current treatment (such as a behavioral approach or medicine) or adding a new approach that you haven't tried yet.

Here are examples of how choices about treatment can change over time:

Example 1: Johnny's behavior improved after his mom started using a reward system at home. He still had a very hard time paying attention at school. As a result, she decided to give medicine a try.

Example 2: Vicky's parents were pleased with the progress that she made at school since starting medicine. They were still concerned about her defiant behavior at home. As a result, they decided to attend a class designed to help parents manage their child's behavior.

Example 3: Albert started on ADHD medicine when he was 7 years old. Albert also learned study skills that helped him. Each year, Albert and his parents would meet with his doctor. They would plan a trial without medicine to see if he still benefited from it. In the first year, Albert's teacher and parents knew that medicine was still needed to help Albert achieve his goals. In later years, the trials off medicine lasted longer. Yet, Albert and his parents still found that medicine was helpful for him. During a trial off medicine when he was 15, using his study skills alone he was able to keep his good grades. He remained off medicine. Since then, his parents and teachers have continued to set goals and watch his progress closely.

Frequently Asked Questions

Will my child outgrow ADHD?

ADHD can continue into teen years and adulthood, but symptoms often change over time.

How do you know for sure if ADHD is the problem?

There are no tests for ADHD. Your child's doctor may make a diagnosis. Sometimes the doctor may refer you to an expert to assist with diagnosis.

What causes ADHD?

The exact cause is unknown. It could be due to genes, lead exposure, or smoking/drinking during pregnancy. Family stress does not cause ADHD.

Who can develop ADHD?

Children of all backgrounds can have ADHD. Teens and adults can have ADHD too.

Will medication change my child's personality?

Medication should help your child think before acting but not change their personality. If they lose interest in activities, the dose might be too high.

Will my child become addicted to the medication?

Children do not crave medicine when it is not given. Some children do notice that it is harder to focus on days that they don't take their medicine.

Are there other resources to help me make the best choice for my child?

Check the resources section on the next page.

Are there behavioral options nearby?

Cincinnati Children's offers a variety of behavioral treatment options for children with ADHD. For more information, please visit: www.cincinnatichildrens.org/ADHD

Resources

This list provides support groups and resources for ADHD. Check with your child's doctor for other resources near you.

Organizations

- Cincinnati Children's Center for ADHD 513-636-4336
www.cincinnatichildrens.org/ADHD
- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
800-233-4050 www.chadd.org
- National Resource Center for ADHD: a program of CHADD, www.help4ADHD.org
- National Attention Deficit Disorder Association, 856-439-9099, www.add.org
- Center for Parent Information and Resources, 973-648-8200,
www.parentcenterhub.org/ADHD
- National Institute of Mental Health, 866-615-6464, www.nimh.nih.gov
- Parents Helping Parents, www.php.com

Books

- *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents* by Russell Barkley, PhD
- *ADHD in the Young Child* by: Cathy Reimers, PhD & Bruce A. Brunger
- *Teenagers with ADD and ADHD: A Guide for Parents and Professionals* by Chris A. Zeigler Dendy, MS
- *The ADD/ADHD Checklist: An Easy Reference for Parents and Teachers* by Sandra Reif
- *Teaching Teens with ADD & ADHD* by Chris A. Zeigler Dendy, MS
- *Why Don't They Like Me? Helping Your Child Make and Keep Friends* by Susan M. Sheridan, PhD

Technical documentation

- For a complete list of citations to scientific evidence referenced in this booklet, please email kelly.kamimura-nishimura@cchmc.org.

Comparison of ADHD Treatment Options

Treatment	Effectiveness	Benefits	Side effects and considerations
Watchful Waiting	<ul style="list-style-type: none">• May be suitable for mild symptoms	<ul style="list-style-type: none">• No side effects• Allows monitoring before deciding on a more aggressive treatment	<ul style="list-style-type: none">• Possible worsening of symptoms• Requires close and frequent monitoring by parents and doctor
Behavioral Therapy	<ul style="list-style-type: none">• Most children show improvements in behavior	<ul style="list-style-type: none">• Long-term development of coping skills• No physical side effects	<ul style="list-style-type: none">• Requires time and effort from parents and teachers• May have waitlists for programs
Medication	<ul style="list-style-type: none">• Most children respond well to stimulants	<ul style="list-style-type: none">• Significant improvement in attention and impulse control• Rapid reduction of symptoms	<ul style="list-style-type: none">• Appetite loss• Insomnia• Stomachaches or headaches• Growth delay (1-2 cm less in 2-3 years)
Combined Treatment	<ul style="list-style-type: none">• Most children show significant improvements	<ul style="list-style-type: none">• Reduced need for medication (20% less)• Combined benefits of medication and behavioral therapy	<ul style="list-style-type: none">• Includes medication side effects• Requires coordination between doctors, parents and teachers

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