

ADHD in Early Childhood: Part 1 - Understanding ADHD in Preschoolers¹

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This EDIS publication is part one of a two-part series on ADHD in early childhood. For the next publication in the series, see FCS2317/FY1330 *ADHD in Early Childhood: Part 2 - Information for Preschool Teachers* (<http://edis.ifas.ufl.edu/fy1330>).

What is ADHD?

Attention-Deficit/Hyperactivity Disorder (ADHD) is a brain-based disorder that involves difficulty with paying attention, staying still, and thinking carefully about things ahead of time. All children have difficulties at times, but children who have ADHD experience these problems nearly all the time. Preschool children with ADHD are a lot more hyperactive, impulsive, and inattentive than children who do not have ADHD. For some children, the problem might be related to paying attention, but for others impulsivity and hyperactivity are big problems. Some children may experience all three symptoms.

Recent research has shown that there are differences in the brains of children with ADHD. The brain of a child with ADHD develops at a slower pace in certain areas than the brain of a child without ADHD. This delay affects the emotional, social, and educational development of children with the disorder. Although we don't know for sure what causes ADHD, the cause may be different for some children. Children whose parents, siblings, or other relatives have ADHD are at higher risk of developing ADHD. For a full overview of ADHD please see EDIS publication FCS2134/



Figure 1. It is difficult to spot and diagnose ADHD in young children because they are still developing in the areas of attention and focus. Credits: iStockphoto, <http://www.thinkstock.com>

FY001 *Attention-Deficit/Hyperactivity Disorder (ADHD)* at <http://edis.ifas.ufl.edu/fy001> (Evans and Radunovich, 2006).

The best estimates suggest that ADHD now affects 0.3–6.5% of all preschool-aged children. ADHD is more common in boys than it is in girls, and it is more common among non-Hispanic whites than in African-American or Hispanic children. Research also confirms that hyperactivity and impulsivity are more common than inattention in preschool children diagnosed with ADHD.

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Difficulties with Identification and Diagnosis

ADHD is a difficult disorder to spot in young children for a couple of reasons. First, many parents may not know what behaviors are considered “normal” during early childhood. This could make the signs of ADHD hard to catch. In order to identify symptoms, it is helpful to compare with other children of the same age group or receive an expert evaluation. Parents who take care of preschool-aged children at their home or who do not see a lot of other children might be more likely to miss some of the signs of ADHD.

A second reason that ADHD might be easily missed is that young children are still developing in the areas of attention and focus, and even children who are developing normally may appear very active. Children develop different skills at different rates, and a slight delay in development could easily be confused with an early sign of ADHD; conversely, early signs of ADHD could be disregarded as a developmental difference.

ADHD is even hard to diagnose within the clinical setting. No medical test can determine whether or not a preschooler has ADHD, and no standard assessment within the mental health field can determine whether or not a preschooler has ADHD. Diagnosis usually means that a doctor must observe symptoms, look at the child’s history, provide standardized measures, and interview the child and parents. No age-specific criteria for the symptoms of ADHD exist at this time. Currently, the list of symptoms used to diagnose ADHD in adults is the same list used to diagnose young children.

Signs and Symptoms

Children with ADHD who have problems with hyperactivity will often prefer to run instead of walk. They may be constantly moving around from one place to another and switching tasks often. Impulsivity in preschoolers often causes children to ignore social rules. Impulsive children have a hard time waiting and sharing. They will often speak or act out of turn. Impulsivity can also lead to unintentional injuries resulting from unnecessary climbing, unbuckling safety restraints, and consuming dangerous non-food items. Children who have problems with inattention may not focus well on the task at hand. They may have difficulty following directions and may need frequent reminders regarding the task they are working on.

Getting a Diagnosis

If you think a preschool child in your care has ADHD, you may wish to complete an online survey to help you

determine if you should consult with a mental health professional. A few ADHD assessment tools are available online for use by the public (a good one is listed in the resources section). A true diagnosis of ADHD can only be made by a certified mental health professional, and if possible one within the pediatric field. The American Psychiatric Association does not recommend providing a diagnosis until age 4 or 5 because some of the typical signs of ADHD are actually part of normal development for the preschool age group.

There are pros and cons to diagnosing ADHD in preschool children. Those who are diagnosed may be treated differently by their day care professionals because they are viewed as different. For example, caregivers might not expect children with ADHD to perform as well as others, may seek to exclude them, or might blame them for things that are not their fault. However, having the ADHD diagnosis could also lead to better help and supervision that they need in order to be successful in the day care environment. Children who are not diagnosed are usually more prone to accidents because they are not being watched as carefully. They are also at greater risk of being labeled a “bad” child and could be kicked out of day care for their unexplained misbehavior. Whenever seeking to determine whether or not a child has ADHD, always get the opinion of at least one mental health professional, if not more.

Treatment

Currently, there is no cure for ADHD, so treatment focuses on managing symptoms. Older children might benefit from medication to manage their ADHD symptoms, but medication is not generally a recommended treatment for young children. Young children can benefit from being taught strategies to help them manage their attention problems and hyperactive behavior. Parents and other caregivers should learn about these strategies so they can reinforce them at home and in the preschool classroom. Some young children with ADHD may benefit from being taught social skills strategies so that they are less likely to be rejected by their peers. Also, some nutritional supplements, such as Omega-3/Omega-6 fatty acids, might be helpful, but only limited research has been done on these. Another strategy with limited research is neurofeedback, which involves helping children to change their brain activity and patterns. Eating healthy foods and limiting sugary or junk foods will benefit all children; however, unless a food allergy has been shown to cause the ADHD symptoms, restrictive diets are not recommended and could cause nutritional deficiencies. Research studies have not shown special diets to be effective in treating ADHD.

Although you should make sure you treat a child's ADHD, remember that all children want to feel accepted and having ADHD can make a child feel different from his or her peers. Constantly focusing on a child's shortcomings could be distressing. Make sure that part of any treatment plan includes focusing on a child's strengths, rather than just the symptoms and problems. Helping children find ways in which they can achieve and making sure that they feel accepted and loved will improve relationships with their parents and others.

Resources

ADDitude: <http://www.additudemag.com/index.html>

Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/ncbddd/adhd/treatment.html>

Children and Adults with AD/HD (CHADD): <http://www.chadd.org/>

National Institute of Mental Health (NIMH): <http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder/index.shtml>

National Resource Center on AD/HD: <http://www.help4adhd.org/index.cfm?varLang=en>

Parent Rating Scale for Preschool ADHD: Child/Adolescent Psychiatry Screen (CAPS) for ages 3+ (items 17-31 for ADHD): <http://www2.massgeneral.org/schoolpsychiatry/ChildAdolescentPsychiatryScreenCAPS.pdf>

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