

Tell Tale Signs of ADHD in Children By Dr.Pramit Rastogi

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Adi is 11.

His parents are worried and frustrated. School complaints range from not paying attention in class to forgetting his homework or not copying what is written on the board.

Adi has recently developed an addiction for video games. His report card says that “Adi is a bright child but needs to focus.”

At home he is a loving brother. Adi is friendly, loves Lego and soccer but often makes excuses not to go for class. When his parents ask him “Why?” he shrugs his shoulders and says “I don’t feel like”. He has the same answer for schoolwork.

Deep inside he is scared and feels ashamed.

Unknown to his parents, Adi has *Attention Deficit Hyperactivity Disorder (ADHD)*. ADHD is a biological disorder, caused by *Dopamine* deficiency (a chemical in the brain). The deficiency affects concentration and creates the inability to focus on and complete simple tasks. It sometimes has more severe manifestations such as academic difficulties, low self-esteem, and addictions.

Globally ADHD is estimated to occur in one out every ten children. Treatment typically includes medication and/ or psychotherapy.

Here are some tell-tale signs of untreated ADHD in children.

Young children (between four and six years):

Symptoms are hard to diagnose before the age of four but can be clearly identified by the age of six.

- Difficulty in sitting at one place – at school or while watching TV.
- More than usual attraction to mobile / tablet screens (e.g. not eating till there is something they can watch or play).
- Reading and /or writing delays at schools.
- Difficulty in following instructions that other children seem to follow easily.

Pre-adolescence (six to twelve years):

Early signs of learning difficulties and addictive or oppositional behaviours.

- Learning disabilities have a high rate of co-occurrence with ADHD and become more apparent e.g. dysgraphia (difficulty writing) dyscalculia (difficulty with maths) and dyslexia (difficulty reading).
- A pronounced tendency to be careless or make more than usual mistakes as well as lying frequently to cover up for them.
- Higher than expected resistance to non-preferred tasks (e.g. brushing, bathing, homework) and an inability to regulate interest in preferred tasks (e.g. video games, surfing the internet). Leading to significant arguments with parents.

Adolescence (thirteen to eighteen years):

Academic struggles, poor time management and self-regulation. Being labelled as “immature” or “irresponsible”.

- Sudden, inexplicable academic difficulties in spite of having a reasonable track record in earlier grades.
- Low acknowledgement of the consequences of decisions and actions, in an otherwise thoughtful and insightful child. E.g. not submitting projects in school, missing classes and apathy towards areas of responsibility.
- Complete social isolation or prioritising social activities over critical tasks and commitments.
- A tendency to externalise (blame others / external events for things going wrong) - *“It’s not my fault”*. Eventually resulting in patterns of self-doubt and low self-esteem.

Parents often believe that these symptoms are excuses a child is making, without realising the underlying struggles. They may also give into a child’s demands out of sheer frustration. In both situations it is important that parents do not blame themselves, instead they should become more curious about how they can help their child.

ADHD has high rates of genetic transmission and needs to be diagnosed by a qualified professional. If you feel your child is struggling with these difficulties it will be useful to get an opinion for a deeper understanding. It could change your child’s life.