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Attention deficit-hyperactivity disorder (ADHD)
Attention deficit disorder (ADD)

The following is taken from Kaplan and Saddock (the book that the doctors use for diagnosing children).

Diagnostic criteria according to the DSMV

A. Either (1) or (2):

- (1) Inattention: six (or more) of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:
 - (a) Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
 - (b) Often has difficulty sustaining attention in tasks or play activities
 - (c) Often does not seem to listen when spoken to directly
 - (d) Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
 - (e) Often has difficulties organizing tasks and activities
 - (f) Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
 - (g) Often loses things necessary for tasks or activities (e.g. school assignments, pencils, books or tools)
 - (h) Is often easily distracted by extraneous stimuli
 - (i) Is often forgetful in daily activities
- (2) Hyperactivity-impulsivity: Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:



Hyperactivity

- (a) Often fidgets with hands or feet or squirms in seat
- (b) Often leaves seat in classroom or in other situations in which remaining seated is expected
- (c) Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feeling of restlessness)
- (d) Often has difficulty playing or engaging in leisure activities quietly
- (e) Is often 'on the go' or often acts as if 'driven by a motor'
- (f) Often talks excessively



Impulsivity

- (g) Often blurts out answers to questions before the questions have been completed
- (h) Often has difficulty awaiting turn
- (i) Often interrupts or intrudes on others (e.g. butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

- C. Some impairment from the symptoms is present in two or more settings (e.g. at school, work, and at home)
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. They symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder, and are not better accounted for by another mental disorder.

Your child may only have Attention Deficit Disorder; this is all the above symptoms except the hyperactivity-impulsivity symptoms.



Sometimes medication is necessary - this will help your child to focus his/her attention; this will improve his/her concentration and thus learning can take place.

Usually children with ADD or ADHD cannot concentrate for sufficient periods in class and thus they lose learning-time – that is why some children with ADD or ADHD fail their grade or fall behind in class.

It will not help to hit/punish your child if they suffer from ADD or ADHD because although they try their best to sit still/work/pay attention, they are incapable of doing so – that is why medication is sometimes a blessing for both the child and the parents.

Children with ADD or ADHD need a structured/disciplined environment to function optimally.

Using the same handling approach at school, therapy and at home gives the child clear guidelines of what is expected of him/her.

It is sometimes difficult for parents to admit that their child needs medication but this is an issue that the parents need to deal with – don't take valuable learning-time away from your child by not taking him/her to see a trusted pediatric neurologist.

Usually the neurologist will start on a minimum prescription of Ritalin (for attention) and Risperdal for hyperactivity/restlessness. These medications will vary according to the age of the child and the severity of symptoms.

Remember that it will take some time for your child's body to adapt to the medication – don't give up too soon.

If unacceptable side-effect persists for more than 2 – 6 weeks, please talk to your doctor.

Remember that not all medication work for all children and that the doctor may have to try a variety of medication until he/she finds the combination of medication that works for your child.

ADHD/ADD and diet

The golden rule to follow with a child with ADHD is a low GI diet.

Foods to avoid

Find out if your child is allergic to any food e.g. dairy products, yellow food (corn, squash), junk food, fruit juice, sugar, chocolate, nutrasweet/canderl/etc., processed meat, MSG's, fried food, food coloring, fish as this may cause temper outbursts!

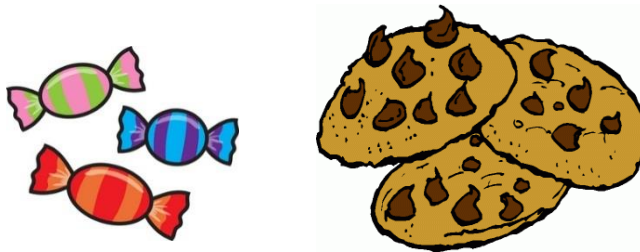
Processed foods

- o These contain additives and preservatives e.g. certain cheeses, certain cold meats
- o Avoid junk food/take-aways



High-sugar foods

- Avoid soda's/fizzy drinks
- Avoid candy
- Avoid cookies
- No energy drinks e.g. Play/Red Bull



Fried foods

- E.g. chips, crisps, KFC



Colored foods

- Avoid additives and preservatives.

Fruit

- Fruit juice should be diluted and not given daily
- Ask your doctor about citrus (oranges, grapefruit, tangerines) and the influence on ADHD medication as this has been proven scientifically.



Caffeine

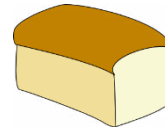
- Avoid caffeinated drinks

What to do.....

Carbohydrates

Replace simple carbohydrates with complex carbohydrates.

E.g. white rice with brown rice, white bread with brown bread, packaged cereals with bran, etc.



Organic foods

These foods are free of chemicals and pesticides.

Supplements

Kids with ADD or ADHD need extra vitamins to help them cope with the stress their bodies experiences; ask your doctor what he/she recommends.

- Omega-3
This is essential for correct brain function
Sources of omega-3: salmon, sardines, herring, tuna. If you child doesn't eat these foods, look for products enriched with omega-3 e.g. bread, milk or mix flaxseed oil into their food
- Calcium
- Magnesium
- Potassium
- Zinc
- Selenium
- Vitamin b
- Beta-carotene
- Vitamin E
- Vitamin C



Protein

- Include protein with every meal.
- Give your child protein snacks.

- Protein helps the body to maintain glucose levels.
- Children with ADHD should eat a minimum of 2 fish-meals per week.

Water

- Drink 8 small glasses of water a day



Fresh fruit and vegetables

- This should be included, daily, in your child's diet



Regular exercise

Children with ADHD should part-take 1 in hour aerobic exercise every day.

References:

Caplan & Saddock (4th edition)