**ADHD App concept**

**BACKGROUND**

Attention Deficit Hyperactivity Disorder (ADHD) is the commonest mental health condition in children and is present in most countries around the world. Approximately 1 in 20 children and 1 in 50 adults have this condition. Although there is an abundance of literature on this condition with plenty of scientific information, this condition still remains controversial and often under diagnosed. Parents often find managing their child with ADHD challenging especially as there is a strong hereditary rate and they may also have undiagnosed ADHD. There is no coordinated approach in WA and Australia for parents to find out information on ADHD and a list of services. Parents often get their information or misinformation from Mr GOOGLE.

Attention Deficit Hyperactivity Disorder (can be referred to as ADHD or ADD) is a group of symptoms, which usually present in childhood and may continue into adulthood. A number of children and adults have some level of inattention, distractibility, impulsive and/or hyperactive behaviour, however to meet the diagnostic criteria for ADHD your child has to have a minimum number of symptoms in different settings summarised in Box A which significantly impact on their day to day functioning.

In general ADHD is referred to as three sub-types, but these may change over time.

* Predominately inattentive: Your child may be described as dreamy and inattentive, with relatively good behaviour but may be an underachiever. They often have associated learning difficulties.
* Predominantly Hyperactive: Your child may be described as hyperactive and impulsive
* Mixed type: mixture of the two types above

Children (and adults) with ADHD often find it hard to sustain attention especially when doing boring tasks; they rush through tasks just to get them done (or fail to finish altogether); become easily distracted; lose or forget things; interrupt others and/or blurt things out; fidget and find it hard to relax; find it difficult to wait their turn and control their emotions. They experience these difficulties to a greater extent than their peers, and this may result in finding difficult functioning at home, school, with friends and in the work place as adults. If children are distracted, inattentive and hyperactive but functioning well at home and school they may not be diagnosed with this condition. However as the work load at school gets more challenging, and or there is reduced structure and support at home or school they may meet the criteria for ADHD and benefit from treatment which can include advice on home and school strategies, allied support (psychology, speech therapy, ADHD coach and occupational therapist), alternative therapies and social skills, with or without medication. ADHD can be a life long condition where 65% of adults will continue to have some symptoms. Very often the hyperactivity and impulsivity settles but the inattention may continue as your child grows up.

There are various stages in life where managing ADHD can be challenging, eg puberty, coping with exams, leaving home, making decisions about employment, dealing with relationships and interpersonal conflict.

**Box A: List of 18 DSM 5/ICD-10 Criteria for ADHD**

**Inattentive symptoms your child may display often or very often:**

* Not pay close attention to details, or make careless mistakes on schoolwork or during other activities
* Find it difficult to keep paying attention during tasks or activities
* Not appear to listen when spoken to directly
* Not follow through on instructions and fail to finish schoolwork or jobs
* Have difficulty organising tasks and activities
* Avoid tasks that require concentrating for long periods of time
* Lose things, like school items, books or shoes
* Be easily distracted
* Be forgetful in daily activities

**Hyperactivity and impulsivity symptoms your child may display often or very often:**

* Fidget, tap hands and/or feet or squirm in their seat
* Leave their seat in situations where staying seated is expected
* Feel restless, run around or climb in inappropriate situations
* Be unable to play or participate in activities quietly
* Be on the go, acting as if they are driven by a motor
* Talk excessively
* Blurt out an answer before a question has been finished
* Find it difficult to wait their turn
* Interrupt or intrude on others.

**DSM 5 criteria: have a minimum of six features of inattention and /or six features of hyperactivity over the past 6 months**

**ICD 10 criteria: Have a minimum of six features of inattention and hyperactivity over the past 6 months**

**Symptoms start before age 12 years**

**Symptoms are present in at least two settings eg home and school**

**Symptoms greatly interfere with school, family or social situations**

**PLANNING YOUR VISIT TO YOUR PAEDIATRICIAN OR PSYCHIATRIST:**

**WHAT INFORMATION WILL BE USEFUL?**

It is often frustrating for parents who need to advocate and negotiate the common barriers when trying to assist their child. The wait time in some areas to see a paediatrician has increased to over 6 months for assistance with a developmental, behaviour or learning difficulty. Hence it is best to be well prepared in order that you and your child get the best information at the time of your appointment.

**Box B: List of items that may be completed before seeing your paediatrician**

|  |  |
| --- | --- |
| Pregnancy and birth details  School reports  Any allied reports: speech therapy, occupational therapy, psychology, social work, language development centre  Hearing test  Vision | Parent and teacher ADHD Questionnaires may be requested prior to your appointment.  Psychology report which should include an IQ tests, literacy and numeracy assessment, class room and playground observation |
| **Think about these questions and answers**  Family history of ADHD  Behaviour at home  Behaviour at school  Behaviour with siblings  Behaviour on family outings  How does your child cope with stress and what do they do  How do you parent them when you are both angry about something  Sleep: bed time routine, falling asleep, staying asleep, snoring  Electronic use during the day, evening and night  Diet | Getting ready for school in am  Coping with school  Lunch time behaviours  After school behaviours  Home work  After school activities  Who manages to cope with your child best and what do they do differently  What does your child do when they are calm  Does your child manage to self regulate |

**Providers for ADHD (I will send a list of each of these and their contact details)**

**Paediatrician and psychiatrist**

Are able to diagnoses and treat ADHD (with medication), coordinate care of the child and family, communicate with the school and exclude or include other conditions associated with ADHD that may need to be managed.

**Allied Support**

* Speech therapy: can assist children who are struggling through school with their communication, language, reading and social skills.
* Occupational therapy: can assist younger children who have sensory issues including anxiety via a sensory diet which is not a food diet but a series of specific exercises and changes in their sensory environment. Some children may benefit from improving hand strength, hand writing and core strength using strategies provided by an occupational therapist.
* Clinical or school Psychologist: can provide invaluable support to assist with conditions like behaviour, anxiety and depression associated with ADHD including cognitive behaviour therapy for children with oppositional defiant behaviour and conduct disorder.
* Dieticians: Accredited Practising Dietitians, are trained to assess, advise and manage all nutrition and dietary concerns. It is also important to have supervision if doing Elimination Test Diet Trials for food Intolerances, which can co-exist with ADHD, to prevent nutritional inadequacies.

**ADHD Coach**

ADHD coaches work with clients to set goals, identify their strengths, increase their knowledge of ADHD, develop self-awareness and improve social skills. The coach and client work together to design and implement practical, effective strategies that enable them to manage everyday challenges, which often include time management, organisation, procrastination. Regular sessions provide accountability and support as new skills are being learned and new routines are put in place.

**APP and/or website**

**1 General info on ADHD**

**2 30 things to think about before your appointment (summary included in Box B)**

(have a space for parents to write something)

* concentration at home
* behaviour at home (before school / after school/ before bedtime/ around meal times
* concentration at school (am, afternoon)
* behaviour at school (am, afternoon)
* Family history of ADHD
* Pregnancy and birth details
* Early developmental milestones
* Literacy and numeracy ability
* friends at school
* after school activities
* support at school
* support and understanding at home
* sleep: difficulty falling asleep, staying asleep, snoring
* appetite
* exercise
* electronic use
* worried at home
* worried at school
* sad at home
* sad at school
* obsessions at home and school
* verbal / physical aggression at home and school
* anger and frustration
* ability to self regulate
* self esteem
* negative thoughts
* insight into behaviour
* psychology support
* medication used
* alternative treatments
* If on medication is it helpful and are there side effects of medication: sleep, appetite, mood swings, anxiety, headaches, tummy pain, nausea, blurred vision, depression, negative thoughts,
* sibling issue
* involuntary movements of body and involuntary noises
* mentor for your child in school and at home
* assistance in school
* tutoring

**3 MONITORING:**

weight

height

BMI and chart calculation

BP, pulse

Sleep

excersise

Outdoor activities

Electronic use

**4 WHAT I NEED TO DO (notes)**

**5 REMINDERS**

Alarm when script will expire (5 months and 2 weeks)

Reminders to give medication

Doctors appointment

other appointments

important school dates assembly, project due date, sport cloths, etc