Cheatography

The 7 Types of ADD Cheat Sheet

by David Pollack (Davidpol) via cheatography.com/2754/cs/14653/

Introduction

Attention Deficit Disorder (ADD) is a national health crisis that continues to grow—yet it remains one of the most misunderstood and incorrectly treated illnesses today.
While genetics, maternal alcohol or drug use, birth trauma, jaundice, brain infections and head trauma can play a causative role in ADD symptoms, the increase in people being diagnosed with it is likely related to influences in our world today that negatively affect brain function.

Source : https://www.amenclinics.com/conditions/adhd-add/

Type 1: Classic ADD

This first type of ADD is usually evident early in life. As babies, they tend to be colicky, active and wiggly. As children, they tend to be restless, noisy, talkative, impulsive and demanding. Their hyperactivity and conflict-driven behavior gets everyone's attention early on.Classic ADD is often called ADHD, with an emphasis on the hyperactive behavior trait. At the Amen Clinics, we do not use the term ADHD exclusively because not all of the ADD types are hyperactive.

SPECT scan findings show normal activity at rest, but during concentration there tends to be decreased activity in the underside of the prefrontal cortex, cerebellum and basal ganglia. The basal ganglia are structures deep within the brain that produce the neurotransmitter dopamine; critical to motivation, attention and setting the body's idle speed.

Type 2: Inattentive ADD

The second most common type. Those suffering with this type are usually quiet, more introverted and appear to daydream a lot. They may be labeled as unmotivated—even slow or lazy. Inattentive ADD is common but is often missed because children with this type tend to have fewer behavioral problems. They don't draw the negative attention to themselves as do those with Classic ADD.

SPECT scan findings show normal activity at rest, but during concentration there tends to be decreased activity in the underside of the prefrontal cortex, cerebellum and basal ganglia.

Type 3: Overfocused ADD

In order to focus, it is necessary to continually be able to shift your attention. People suffering with Overfocused ADD have most of the ADD features, but rather than not being able to pay attention, they have difficulty shifting their attention; they become hyper-focused on certain things while tuning everything else out. These folks tend to get stuck or locked into negative thought patterns and behaviors. This type of ADD is often found in substance abusers as well as the children and grandchildren of alcoholics..

SPECT scan findings show increased activity at rest and during concentration in the anterior cingulate gyrus, as well as decreased activity in the underside of the prefrontal cortex, cerebellum and basal ganglia.

Type 4: Temporal Lobe ADD

People with this type of ADD have the hallmark features of ADD plus symptoms associated with temporal lobe problems, such as issues with learning, memory, mood instability, aggression, temper outbursts, and sometimes, even violence. It is not unusual to see this type of ADD in people who have had head injuries.

SPECT scan findings show decreased activity (and occasionally increased) activity in the temporal lobes at rest and during concentration, as well as decreased activity in the underside of the prefrontal cortex, cerebellum and basal ganglia during concentration.

Type 5: Limbic ADD

In Limbic ADD, the prefrontal cortex is underactive during concentration while the deep limbic area—which sets your emotional tone, controlling how happy or sad you are—is overactive.Depression is also associated with overactivity in the deep limbic area, yet a person's developmental history in addition to some subtle differences on SPECT scans (between Limbic ADD and depression) helps us differentiate between the two conditions so we can choose the best course of treatment to resolve symptoms..

SPECT scan findings typically show increased deep limbic activity at rest and during concentration. There is also decreased activity in the prefrontal cortex, cerebellum and basal ganglia during concentration.

Type 6: Ring of Fire ADD

A pattern of overall high activity in the brain. Suffers tend to have difficulty "turning off" their brains and typically feel overwhelmed with thoughts and emotions. Suffers tend to do much worse on stimulant medications alone.Ring of Fire ADD can be related to some form of allergy, infection or inflammation in the brain, or it can be related to bipolar disorder. There subtle differences between Ring of Fire ADD and bipolar disorder in the scan data as well as some differences in the presentation of a person's symptoms..

SPECT Findings: Ring of Fire ADD SPECT scan findings show patchy increased activity in many areas of the brain, which looks like a "ring" of overactivity. We have found that there is some variability in Ring of Fire patterns from individual to individual. In differentiating between bipolar and Ring of Fire ADD, it is important to consider the SPECT scan data in addition to the patient's clinical history.

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Type 7: Anxious ADD

There is low activity in the prefrontal cortex while there is over-activity in the basal ganglia, which sets the body's "idle speed" and is related to anxiety. The ADD symptoms in people suffering with this type tend to be magnified by their anxiety. Treatment for people with Anxious ADD often includes both calming and stimulating the brain.

SPECT scan finding: show increased activity in the basal ganglia at rest and during concentration. Additionally, there is decreased activity in the prefrontal cortex and cerebellum during concentration.

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