

Chapter 1

AD/HD Basics

In This Chapter

- ▶ Recognizing symptoms of attention deficit/hyperactivity disorder
- ▶ Understanding the origins of AD/HD
- ▶ Viewing AD/HD diagnosis and treatment
- ▶ Coping with AD/HD in your life

In 1980, a new term entered our vocabulary: *Attention deficit disorder*. It described a condition that has been recognized since the latter part of the nineteenth century but called a variety of other names. This term — which later morphed into *attention deficit/hyperactivity disorder (AD/HD)* — often rears itself whenever someone has difficulty in school or work, can't sit still, or is unable to control his or her behaviors. The symptoms of AD/HD can affect anyone — children and adults, males and females, rich and poor. Because of this fact, and because the symptoms of AD/HD are simply extremes of everyday behavior, this condition is often misunderstood and misdiagnosed.

In this chapter, we introduce you to AD/HD. We give you a brief overview of the common symptoms, biological causes, diagnosis, treatment approaches, and life strategies for coping with AD/HD. This chapter gets you up to speed on the basics, and we deal with each of these topics in much more detail in the rest of the book.

As we point out in the Introduction, AD/HD is a complex condition that is estimated to affect between 3 and 6 percent of the people in the United States. Rest assured that there are many happy, successful people who live with AD/HD, including both of us.

Having so many people around you with AD/HD means you won't have problems finding quality information, support, treatments, and life strategies that can help minimize the negative affects and maximize the positive. (And yes, there are positive attributes to AD/HD. You can read about these in Chapter 17.)

Identifying Symptoms of AD/HD

If you have AD/HD, you may have trouble regulating yourself. This difficulty can exist in the areas of attention, behavior, and motor movements. AD/HD looks different in almost everyone. For example, one person may have no problem sitting still but gazes off into space unable to focus at all. Another person may constantly fidget but can spend seemingly endless amounts of time focusing on one thing, often to the exclusion of everything else in her life. Yet another person may not be able to stop himself from impulsive and often dangerous behaviors but may be able to sit calmly in school.

Peering into primary symptoms

In spite of all the different ways that AD/HD manifests, there are three basic symptoms:

- ✓ **Inattention/distractibility:** People with AD/HD have problems focusing. You may be able to focus sometimes but not others. This variable nature of being able to pay attention is one of the main features of AD/HD.
- ✓ **Impulsivity:** Many people with AD/HD have trouble regulating their behavior. In this case, you often act without thinking, perhaps talking out of turn or taking unnecessary risks.
- ✓ **Hyperactivity:** Someone who is hyperactive is frequently moving in some way. You may be able to sit but may need to move some part of your body when doing so. This hyperactivity is more of a problem with children than adults. This is because most AD/HD adults have less physical restlessness as they get older.



The term *attention deficit/hyperactivity disorder* (AD/HD) comes from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). The DSM-IV outlines three types of AD/HD:

- ✓ **Inattentive type:** Having this type of AD/HD means that you have difficulty focusing but are able to sit still.
- ✓ **Hyperactive/impulsive type:** If you have this type of AD/HD, you struggle to sit still and have difficulty considering consequences before doing or saying something, but focusing isn't an issue.
- ✓ **Combined type:** If you have a hard time focusing, plus you also have difficulty sitting still or doing things without thinking, you have the combined type.

Seeing a few secondary symptoms

Aside from the basic three symptoms of inattention, impulsivity, and hyperactivity (which we discuss in the previous section), AD/HD has a ton of other symptoms. These symptoms can include, but aren't limited to, the following:

- ✓ Worry
- ✓ Boredom
- ✓ Loss of motivation
- ✓ Frustration
- ✓ Low self-esteem
- ✓ Sleep disturbances
- ✓ Hopelessness

In Chapter 3, we discuss these and other symptoms in detail.



These secondary symptoms are also connected to other common disorders. The overlap of symptoms among a variety of disorders is called *co-morbidity* and is one of the reasons that diagnosing AD/HD is so difficult. (See the “Getting a Diagnosis of AD/HD” section later in this chapter, or check out Chapter 5.)

Clueing in on AD/HD's Origins

Many people used to believe that AD/HD (before it even had this name) was merely a behavioral disorder and had no biological basis. However, research over the last 20 years has shown that people with AD/HD have something different happening biologically than people without the disorder. What exactly that biological basis is no one knows for sure. Some of the discoveries that researchers have made include the following:

- ✓ **Genetic links:** There seems to be a genetic predisposition to having the disorder. AD/HD runs in families — you're more likely to see a child with AD/HD born into a family where at least one parent has the disorder.
- ✓ **Neurological activity:** Some studies show that people with AD/HD have brain irregularities. For example, some studies have shown a lower level of activity in the front of the brain — the area that controls attention. Others have discovered abnormalities in other regions deep within the brain.

- ✓ **Chemical differences:** Certain chemical activity seems to be different in people who have AD/HD. Several studies suggest that there are differences in the responses when neurochemicals are created and released by people with AD/HD compared to people who don't have the condition.



We don't know the actual cause(s) of AD/HD. But despite this lack of completely detailed understanding of the causes, we do know a lot about how to treat the disorder. We give you an introduction later in this chapter in the section "Viewing Various Treatment Approaches," and we write about treatment options in detail in Part III of this book.

Getting a Diagnosis of AD/HD

Diagnosing AD/HD can be frustrating for some people because there is no definitive way to check for it. You can't see it in a brain scan. You can't test for it with a blood sample. The only way to diagnose AD/HD is to do a detailed evaluation of your (or your loved one's) past and present behaviors. This involves finding a professional who understands the subtleties and variations of AD/HD. The following sections give you an overview of this important process.

Choosing your professional

The first step to finding out if you have AD/HD involves finding the right healthcare professional. You may start with your family doctor, but in order to get an accurate diagnosis (as accurate as possible, anyway), you need to see a professional who understands all the different ways AD/HD looks and can review your history properly. Your options can include, but aren't limited to, the following:

- ✓ **Psychiatrist:** A psychiatrist is a medical doctor who specializes in mental illness and behavioral disorders. A psychiatrist can prescribe medication and often is up-to-date on the neurological factors of AD/HD.
- ✓ **Neurologist:** A neurologist is a medical doctor whose specialty is the brain. This person often views AD/HD from a biological basis and can prescribe medication. He or she may not be up-to-date on the best AD/HD life strategies or alternative treatments.

- ✓ **Psychologist:** A psychologist is trained in matters of the mind. Most psychologists understand the criteria for diagnosing AD/HD and can offer many treatment options, but they can't prescribe medication.
- ✓ **AD/HD specialist:** An AD/HD specialist can be anyone from a teacher to a therapist who has experience and expertise in working with people with AD/HD. Specialists likely have knowledge of many treatment and coping strategies, but they aren't able to prescribe medication and are often not well versed in the neurological factors present in AD/HD.
- ✓ **AD/HD coach:** Like an AD/HD specialist, a coach has expertise in working with people with AD/HD but usually can't prescribe medication and is not a medical doctor. A coach helps you improve your functioning in the world. Coaches can come from many backgrounds — education, business, psychology — and their focus tends to be on practical, day-to-day matters, such as skills training.

Choosing the best professional for you depends partly on the values you have regarding medication and partly on how open you are to unconventional ways of approaching treatment. This is because each professional will immediately recommend the approaches that he or she is most familiar with and that fit with his or her treatment philosophy.



In Chapter 4, we help you explore your values and how they fit with each type of AD/HD professional. You also find out how to question a professional to see if his or her philosophy fits with yours. Knowing this information prevents you from feeling pressured to attempt treatments that you don't agree with and helps you find treatments that fit your style.

Preparing for the evaluation process

After you've chosen a professional to work with, you can dig in to the actual process of evaluation. This process involves answering a lot of questions and looking at your past. Chapter 5 gives you a heads up on the types of questions you have to answer, as well as the official criteria for being diagnosed with AD/HD.



Diagnosing AD/HD is not easy, and a diagnosis either way is not the final word. AD/HD is one of many similar conditions, and it is possible for even the best professional to place you or your loved one in the wrong category. We recommend that you seek a second opinion, especially if you have any doubts about the diagnosis. Chapter 6 introduces you to many conditions and symptoms that can appear to be AD/HD or that can accompany it.

Viewing Various Treatment Approaches

AD/HD can manifest itself in almost limitless ways, and there seems to be no limit to the number of ways to treat it. In fact, one of the main struggles that most people have when they are diagnosed with AD/HD is to weed through all the treatment options and choose the best ones to try.

The most conventional treatment methods for AD/HD are medication and behavior modification. Both are useful and effective approaches, but many other types of treatment can work wonders with the right person.

Treatment options break down into several broad categories, which include the following:

- ✓ Medication
- ✓ Counseling and therapy
- ✓ Coaching
- ✓ Training
- ✓ Behavior management
- ✓ Nutrition and supplements
- ✓ Herbs and homeopathics
- ✓ Repatterning therapies
- ✓ Rebalancing therapies
- ✓ Social skills training

We discuss each option in detail in Chapters 8 through 13. Each treatment approach has a place, and many of them work well together. Knowing how to choose and what to combine can be difficult. Our goal is to make this challenge more manageable, which is why we wrote Chapter 7, where we help you develop and implement a plan for treatment success.

Recognizing AD/HD's Role in Your Life

One of the best ways to deal with the symptoms of AD/HD is to have a toolbox of strategies you can dig into when you run into difficulties. The more tools you have in this box, the easier life becomes. As we explain in the following sections, we dedicate an entire section of this book (Part IV) to helping you fill your box with the best tools possible.

Dealing with daily life

Whether you are at school, at home, or at work, you can develop ways to minimize the negative impacts of your AD/HD symptoms by using some strategies that have worked well for other people, including us. In Chapters 14 through 16, we offer you insights, tools, and ideas for making daily life as successful and stress-free as possible.

For example, we suggest ways to help you develop healthy family relationships, motivate your child with AD/HD to do his or her homework, know your legal rights at school and in the workplace, keep organized on the job, develop a solid career path, and much more. We hope that the information in these chapters also spurs you on to create your own unique ways of dealing with AD/HD in your life.

Accentuating the positive

Along with the challenges that AD/HD creates, there are some areas where people with AD/HD have certain strengths. When you understand these positive attributes — such as heightened creativity, high energy, and a willingness to take risks — you can discover ways to maximize and amplify them to help you succeed in the world. For example, you can identify your style of working to keep you on task and motivated to get a job done. We wrote Chapter 17 to inspire and encourage you to find your strengths and make the most of them.

