



Approach to a Hyperactive Child ADHD: Identification and Implications

Gdr. Amit Sen, MD (NIMHANS) MRCPsych (UK) CCST (UK), Senior Consultant Child & Adolescent Psychiatrist Sitaram Bhartia Institute of Science & Research

Hyperactivity is a behaviour pattern characterised by restlessness, overactivity, difficulty sitting still and other behaviours reflecting high levels of physical and/or mental energy. Hyperactive children are described as being always on the move. They do not relax in situations that call for relative calm, for example classroom.

Hyperactivity must be differentiated from overactivity or high activity that is noticeable but not a problem. Children who are bright and temperamentally boisterous with high energy levels are usually able to control and channelise their energies in an age appropriate manner. Hyperactivity on the other hand, is chaotic overactivity often associated with inattention and impulsivity. Consequently, it can disrupt a classroom or any aspect of a child's growth and development.

Attention Deficit Hyperactivity Disorder (ADHD), termed Hyperactivity Disorder in ICD 10 is a neurodevelopmental disorder that becomes evident during early childhood and hits its peak by middle childhood. Its characterised by hyperactivity, inattention and impulsivity. Children with ADHD have little control over difficult behaviours, as a result, the typical behaviours are seen across different settings eg home as well as the classroom.

ADHD is often co morbid with conditions such as Oppositional Defiant Disorder/Conduct Disorder, Specific Learning Disabilities, Anxiety Disorder, Depressive Disorder etc. Furthermore, other conditions that have hyperactivity as a feature can mimic ADHD. For eg Autistic Spectrum Disorders (ASD), Reactive Attachment Disorder, Hypomania, Organic Brain Conditions etc.

A child with hyperactivity, therefore, warrants a thorough assessment including detailed developmental and longitudinal history, observations in different settings, medical and psychological investigations if necessary. A diagnosis of ADHD can be made only if the persistent and pervasive nature of the disorder is established and the other associated or similar looking conditions systematically excluded.

ADHD often affects a wide range of developmental, social and emotional issues in a child. In addition, frequent co morbidity results in complex presentations in a clinical setting. Management, therefore, needs to be multipronged addressing the child's and families needs at different levels.