CONDITION

ADD/ADHD

Learn how attention-deficit/hyperactivity disorder affects children and adults, including symptoms, diagnosis, treatment options, safety concerns, and follow-up care.

WHAT IT IS
Condition affecting attention, impulse control and activity level

BODY SYSTEM
Nervous system

MAIN SYMPTOMS
Inattention, disorganization, restlessness, impulsive behavior

WHAT CAUSES IT
Unknown; genes and brain development

HOW IT IS DIAGNOSED
Detailed clinical assessment

MAIN TREATMENT
Behavioral strategies, practical supports and medication

CAN IT BE CURED?
No, usually requires ongoing review

IS IT AN EMERGENCY?
Sometimes, suicidal thoughts with immediate intent

LONG-TERM OUTLOOK
Often manageable with treatment and support

Overview

Attention-deficit/hyperactivity disorder, or ADHD, is a condition that affects attention, impulse control, and activity level. It begins during childhood, although some people are not diagnosed until adolescence or adulthood.

"ADD," short for attention deficit disorder, is an older term. It is sometimes used to describe ADHD with mainly inattentive symptoms, such as losing track of tasks or becoming easily distracted. The current medical diagnosis is ADHD.

ADHD is not simply a lack of effort or discipline. People with ADHD may have difficulty directing their attention, organizing tasks, managing time, or pausing before acting. Symptoms can affect school, work, relationships, driving, finances, and daily routines. Some people also experience strengths linked with their thinking style, such as creativity, energy, or intense

focus on subjects that interest them.

Most people occasionally become distracted or restless. With ADHD, symptoms are persistent, started in childhood, occur in more than one setting, and interfere with everyday functioning. The specific difficulties may change with age. For example, visible hyperactivity in a child may become inner restlessness in an adult.

ADHD can often be managed with a combination of education, practical supports, behavioral strategies, and, when appropriate, medication.

Symptoms

ADHD symptoms are grouped into inattention and hyperactivity-impulsivity. A person may have mainly inattentive symptoms, mainly hyperactive-impulsive symptoms, or a combination of both.

Inattentive symptoms may include:

Hyperactive or impulsive symptoms may include:

Symptoms may look different depending on age and circumstances. Children may be unusually active in a classroom or have trouble waiting their turn. Teenagers may struggle with assignments, deadlines, emotional reactions, or risky decisions. Adults may report chronic disorganization, missed obligations, job difficulties, or conflict in relationships.

ADHD symptoms can overlap with anxiety, depression, sleep problems, trauma-related symptoms, learning disorders, autism, and substance use. An assessment is needed to understand the most likely explanation.

- Making frequent careless mistakes or overlooking details
- Having trouble staying focused during conversations, reading, classes, or meetings
- Appearing not to listen, even without an obvious distraction
- Starting tasks but having difficulty finishing them
- Struggling to plan, organize, estimate time, or meet deadlines
- Avoiding tasks that require sustained mental effort
- Frequently losing keys, phones, paperwork, school supplies, or other needed items
- Becoming distracted by surroundings or unrelated thoughts
- Forgetting appointments, chores, bills, or daily responsibilities
- Fidgeting, tapping, or having difficulty remaining seated

- Feeling restless or needing to stay busy
- Running or climbing when it is not appropriate, particularly in children
- Finding quiet activities difficult
- Talking excessively or speaking before thinking
- Answering questions before they are finished
- Having trouble waiting in line or taking turns
- Interrupting conversations or activities
- Making quick decisions without fully considering the consequences

Causes and risk factors

There is no single known cause of ADHD. Research indicates that genes and differences in brain development play important roles. ADHD often runs in families, but having a relative with ADHD does not mean that someone will definitely develop it.

Several factors are associated with a higher likelihood of ADHD. These include being born prematurely or at a low birth weight and certain exposures during pregnancy or early childhood. Lead exposure is one recognized environmental risk. Prenatal exposure to alcohol or tobacco has also been associated with attention and behavior problems, although an association does not prove that one factor directly caused ADHD in a particular person.

Serious brain injury can sometimes produce symptoms similar to ADHD, but this is not the usual cause.

Parenting style does not cause ADHD. Sugar, television, social media, or video games have also not been shown to be simple causes. However, sleep loss, stress, an unstructured environment, and highly distracting activities can make existing attention or impulse-control problems more noticeable.

ADHD is diagnosed more often in boys during childhood. Girls and women may be overlooked when they have fewer disruptive behaviors and more inattentive symptoms. Adults may also go undiagnosed if their childhood symptoms were attributed to personality, motivation, anxiety, or academic ability.

Diagnosis

There is no blood test, brain scan, or single questionnaire that can confirm ADHD. Diagnosis is

based on a detailed clinical assessment by a qualified health professional.

The assessment usually covers current symptoms, childhood behavior, medical and mental health history, family history, school or work performance, relationships, sleep, and substance use. With permission, information may be collected from parents, partners, teachers, or others who observe the person in different settings.

Standardized rating scales can help organize this information, but a questionnaire alone is not enough for diagnosis.

Under established diagnostic criteria, several conditions must be met. Symptoms must have lasted for at least six months, and several must have been present before age 12. They must occur in at least two settings, such as home and school or work, and must clearly interfere with social, academic, or occupational functioning. The number of symptoms required differs for children and for older adolescents and adults.

A clinician may also look for other explanations or conditions that can occur alongside ADHD. These may include:

A physical examination, hearing or vision testing, laboratory tests, or educational testing may be recommended when the history raises a specific concern. These tests are not routinely used to prove that ADHD is present.

- Hearing or vision problems
- Inadequate or irregular sleep, including sleep apnea
- Anxiety, depression, bipolar disorder, or trauma-related conditions
- Learning or language disorders
- Autism spectrum disorder
- Substance or medication effects
- Thyroid or other medical conditions when symptoms suggest them

Treatment and management

Treatment is tailored to the person's age, symptoms, daily demands, health history, and preferences. The goal is not to change someone's personality. It is to reduce impairment and make daily life safer and more manageable.

Education about ADHD is an important first step. Understanding how the condition affects planning, motivation, time awareness, and emotional control can help replace blame with practical problem-solving.

Behavioral treatment teaches specific skills and reinforces helpful routines. For young children, parent training in behavior management is often central to care. Parents learn how to set clear expectations, provide consistent feedback, and respond to behavior in a structured way.

Older children, teenagers, and adults may benefit from approaches that focus on organization, planning, problem-solving, and emotional regulation. Cognitive behavioral therapy can help adults examine unhelpful thought patterns and develop strategies for managing tasks and reactions.

Practical supports may include:

Medication may be considered when symptoms continue to cause significant difficulty. Stimulants like methylphenidate or lisdexamfetamine include medicines based on methylphenidate or amphetamine. Although the name can sound concerning, these medicines can improve attention and impulse control in many people with ADHD when prescribed and monitored appropriately.

Nonstimulant options include atomoxetine and certain extended-release medicines such as guanfacine, clonidine, or viloxazine. The medicines approved and commonly used vary by age and country. A clinician can explain expected benefits, how quickly a medicine may work, and relevant safety considerations.

Possible medication effects depend on the specific drug. They can include reduced appetite, sleep problems, headache, stomach upset, or changes in heart rate and blood pressure. Some medicines may affect mood or cause sedation. Height and weight may be monitored in growing children. Clinicians may also ask about heart conditions, fainting, mood disorders, tics, pregnancy, and other medicines before treatment.

Stimulants are controlled medicines because they can be misused. They should be taken only as directed, stored securely, and never shared or sold. The U.S. Food and Drug Administration requires warnings about misuse, addiction, overdose, and unsafe sharing for prescription stimulants.

Do not stop or change an ADHD medicine without discussing it with the prescriber. If cost, side effects, stigma, or difficulty remembering doses is interfering with treatment, raise the issue during follow-up. Other approaches may be available.

- Breaking large tasks into smaller steps
- Using visible calendars, reminders, timers, and written checklists
- Reducing distractions during focused work
- Building consistent sleep, meal, exercise, and medication routines

- Scheduling short breaks during long tasks
- Requesting appropriate school or workplace accommodations

Complications

Without effective support, ADHD can contribute to academic or work problems, low self-confidence, relationship conflict, financial difficulties, and unsafe driving. Impulsive behavior may increase the risk of injuries or substance misuse. These outcomes are not inevitable, and appropriate treatment and support can reduce functional problems.

ADHD commonly occurs with other conditions. Children may have learning disorders, language difficulties, anxiety, autism, sleep problems, or disruptive behavior disorders. Adolescents and adults may also experience depression, substance use disorders, or other mental health concerns.

Treatment can have complications as well. Medication side effects may interfere with eating, sleep, mood, or daily comfort. Misuse or sharing of stimulant medication can cause serious harm. Regular monitoring helps identify problems early and allows treatment to be adjusted.

Seek emergency help for chest pain, severe trouble breathing, fainting, a seizure, signs of a severe allergic reaction, or thoughts of suicide with immediate intent. New hallucinations, extreme agitation, or dangerous behavior also require urgent assessment. These symptoms are not typical routine effects and should not wait for a standard follow-up visit.

Follow up

ADHD usually requires ongoing review rather than a one-time visit. Early in treatment, appointments may be more frequent while strategies or medicines are adjusted. Once symptoms are stable, periodic follow-up is still important.

Routine follow-up may include reviewing attention, impulsivity, school or work performance, relationships, sleep, appetite, mood, and substance use. For people taking medication, clinicians may monitor blood pressure, pulse, weight, and, in children, growth. They may also check whether medication is being taken safely and whether benefits last through the parts of the day when support is needed.

Contact the treating clinician sooner if side effects are persistent, symptoms are getting worse, medication seems ineffective, or there are major changes in sleep, mood, appetite, or behavior. A routine appointment is appropriate for questions about organization,

accommodations, or gradual treatment changes.

Urgent help is appropriate if there are suicidal thoughts, severe mood or behavioral changes, hallucinations, signs of medication overdose, or concern that someone may harm themselves or another person. Call local emergency services or a crisis service if there is immediate danger.

Needs can change during school transitions, a new job, pregnancy, menopause, illness, or major stress. Periodic reassessment can help ensure that the diagnosis and treatment plan still fit the person's circumstances.

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