UNDERSTANDING YOUR DIAGNOSIS

ADHD

Also called Attention-Deficit/Hyperactivity Disorder

ADHD means your child's brain has a harder time steering attention, sitting still, and pausing before acting.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 10 US children	Signs show before age 12	Yes - treatment works well	Over 6 million US kids

What this is

- ADHD is a difference in how the brain manages attention, activity, and self-control. It is not laziness and not bad parenting.
- Your child is not choosing this. They often know exactly what to do but cannot make themselves do it at the moment it counts.
- Adults have ADHD too. Many parents recognize themselves while reading about their child, and they can get help as well.
- A diagnosis is not a limit on your child's future. It names a real pattern, and it opens the door to support that works.

What it can look and feel like

- Your child hears the instruction, means to follow it, and still ends up somewhere else halfway through the task.
- Homework, shoes, jackets, and permission slips go missing again and again, no matter how many reminders you give.
- They fidget, wiggle, climb, or talk almost nonstop, or they feel restless inside even when they look calm on the outside.
- Blurting out answers, interrupting, and hating to wait in line are common. For your child, waiting is physically uncomfortable.
- Careless mistakes show up on work they clearly understand, and long or boring tasks feel almost impossible to start.
- Big feelings arrive fast and fade slowly. Small frustrations can set off tears or anger that surprise everyone, including your child.
- Things go much better with something new, interesting, urgent, or one-on-one, which is why the pattern can look so inconsistent.

What is happening in your brain and body

- The parts of the brain that plan, pause, and organize develop more slowly with ADHD, often running about **3 years** behind peers.
- Dopamine and norepinephrine, two brain chemicals that help those areas stay switched on, do not signal as strongly.
- The brain's daydreaming network does not quiet down fully during work, so attention drops out for seconds at a time.
- This is why your child's performance swings minute to minute. It is a getting-it-done problem, not a knowing-what-to-do problem.
- Many brains catch up somewhat with age. Some ADHD traits often stay into adulthood, and skills keep growing the whole time.

What can make it more likely

- Genes matter most. ADHD runs strongly in families, and it is very common for a parent, aunt, or uncle to have it too.
- Many small gene differences add up. There is no single ADHD gene, and no blood test or brain scan that finds it.
- A few things before birth raise the chance a little: smoking or alcohol in pregnancy, being born very early, or lead exposure.
- Sugar, screens, and parenting do not cause ADHD. Stress and chaos can turn the volume up, but they are not the cause.

What to expect

- Symptoms usually show up before age 12 and stay fairly steady day to day, rather than coming and going in episodes.
- About half to two thirds of children still have noticeable ADHD as adults, though the outward hyperactivity usually calms down.
- Treatment does not erase ADHD. It turns the volume down so your child can use the skills and strengths they already have.
- Give it a few months. Finding the right plan usually takes several visits, and school supports take time to set up properly.

What helps

Treatment works. Most people get better.

Talking therapies

- **Behavioral parent training** teaches clear routines, specific praise, and calm follow-through. It is the first step for young children.
- Sessions are practical. A coach walks you through a skill, you try it at home for a week, and you bring back what worked.
- Classroom behavior plans, such as a daily report card that travels between home and school, let your child earn progress each day.
- Organization coaching gives school-age children real systems for backpacks, planners, and homework instead of relying on memory.
- **Cognitive behavioral therapy** helps older teens and adults with planning, time, and the discouragement that builds up over years.

Medicines

- **Stimulants** such as methylphenidate and amphetamine help the brain's attention chemicals work better. About 7 in 10 children respond.
- They work the same day you take them. If the first one does not fit, the other class often does, so do not give up after one try.
- Common side effects are lower appetite, trouble falling asleep, headache, and feeling flat. Most ease up or improve with timing changes.
- **Non-stimulants** like atomoxetine and guanfacine suit children with tics, anxiety, or side effects. Allow **4 to 6 weeks** to judge them.
- Your prescriber decides the dose and raises it slowly, checking height, weight, blood pressure, and heart rate at every visit.

Everyday things that help

- Protect sleep. A tired brain looks a lot like an ADHD brain, and short nights make every single symptom harder to manage.
- Get the body moving every day. Exercise helps focus and mood, and it burns off restlessness before homework time arrives.
- Use outside helpers: a visible timer, a checklist on the wall, alarms, one bin by the door. Do not rely on memory alone.
- Break work into short chunks with breaks between them, and ask school about a **504 plan** or **IEP** for extra time and seating.
- Notice out loud what your child does well. Years of correction wear down confidence faster than the symptoms ever do.

Get help right away if

- Your child talks about wanting to die or hurt themselves. Call or text **988**, or go to the nearest emergency room.
- Chest pain, fainting, or a racing heart on medicine. Stop the medicine and call your prescriber right away.
- New aggression, seeing or hearing things, or fast weight loss on treatment. Call your care team the same day.

Questions to ask your care team

- *Which type of ADHD does my child have, and which symptoms are causing the most trouble right now?*
- *If we try medicine, how will we know it is working, and what side effects should I watch for?*
- *What school supports should I ask for, and can you help me write the request?*
- *Should the rest of our family be checked for ADHD, including me?*

Where this information comes from

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

American Psychiatric Association. (n.d.). *What is ADHD?* https://www.psychiatry.org/patients-families/adhd/what-is-adhd

Centers for Disease Control and Prevention. (n.d.). *Attention-deficit/hyperactivity disorder (ADHD)*. U.S. Department of Health and Human Services.

Children and Adults with Attention-Deficit/Hyperactivity Disorder. (n.d.). *About ADHD*. https://chadd.org/about-adhd/

MedlinePlus. (n.d.). *Attention deficit hyperactivity disorder*. U.S. National Library of Medicine. https://medlineplus.gov/attentiondeficithyperactivitydisorder.html

National Institute of Mental Health. (n.d.). *Attention-deficit/hyperactivity disorder*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.