

# Treating ADHD: the new advice

*Annie Makoff speaks to Dr. Tim Kendall  
and Dr. Christine Merrell from the  
Guideline Development Group about the  
recommendations for the treatment of ADHD  
in children*

In September 2008, NICE published new guidelines about the treatment of children with ADHD. In particular, the guidelines recommend that children under five years old should not be placed on medication for their disorder, and depending on the severity, parents should seek out alternative methods of treatment for children over five. These suggestions have resulted in a wave of divided opinion among parents and the media, some people believing that parents should 'deal' with the child's behaviour instead of resorting to what some deem 'drastic' measures. Others believe medication - such as Ritalin - is a necessary means of dealing and managing with ADHD. But what is the answer? Should we be giving medication to children at such a young age?

The three types of medication that can be prescribed to children in the UK with ADHD, (methylphenidate (Ritalin, et al) dexamfetamine (Dexedrine) and atomoxetine (Strattera)), work by increasing the levels of two chemicals in the brain known as noradrenalin and dopamine (these are found to be low in people with ADHD). Specifically, medications for ADHD help improve attention span and reduce levels of hyperactivity in the child, making them calmer. If the child's disorder is particularly severe, the effect of the medicine will be all the more significant, and vast improvements in school work and relationships will be noticed.

However, adult consultant psychiatrist, Dr. Tim Kendall, who was a member of the Guideline Development Group for the NICE clinical guidelines for ADHD, believes that medication should only be sought after all other pathways have been thoroughly investigated: "the guidelines outline all the paths that parents should take before going down the medication route. These pathways should include psychological and family help and support and some individual therapy work, particularly for older children," he explains. "Medication should only be given in the first instance to those with a severe problem." Dr. Kendall also stresses that medication is not recommended for children under five years of age, especially for those with mild symptoms of ADHD, "unless other treatments have been tried and failed". One of the reasons for this is due to the long term effects of using ADHD medication: some children have experienced weight loss and overall growth reduction, although these effects are thought to stop soon after medication is ceased.

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greatly improve a child's concentration and attention.

Yet, to use this as the only means of management is questionable,

especially if no other treatments have been tried first.

Indeed, educating key people (teachers, SENCOs etc.) about ADHD goes a long way in improving the management of the disorder, as a longitudinal research study carried out by Durham university indicates.

The Centre for Evaluation and Monitoring department (CEM) based at Durham University uses state-of-the-art monitoring equipment to monitor and evaluate a large selection of schools across the UK. As part of this monitoring process, CEM conducted a research study to measure the progress in children with this condition. 2,000 schools were randomly assigned one of the following as intervention groups,

- Teachers were told which children had been diagnosed with ADHD
- General booklets about ADHD were given out
- Teachers were told and information booklets were provided
- No information was provided at all

Dr. Christine Merrell, who works for CEM, was also the education specialist on the Guideline Development Group for the NICE guidelines. According to Dr. Merrell, it was found that the teachers from the group which had been sent the information booklet reported improvements in learning. "The teachers were reporting feeling happier about things in general," She explains. "The teachers who reported using the booklets found that the children did better."

Perhaps one of the reasons why this intervention worked so well is because teachers were able to use the information generally and apply it to every child, rather than concentrating on a specific child who had already been diagnosed. In light of this, Dr. Merrell advises: "teachers should receive information on ADHD-related symptoms regardless of whether they have been diagnosed. Some children do not have a diagnosis but are very hyperactive." She adds, "all teachers should receive written information with general strategies on how to help."

Although this study was carried out with an educational focus, rather than a scientific one (which tend to focus on

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medical trials), it indicates – strongly – that with the right support and information, medication does not need to be the only solution

for a common behavioural disorder in children. "There are not many studies which focus on ADHD in education," Dr. Merrell says. "But at CEM, we collect data from over a million pupils a year, and we get measures of their hyperactivity in the classroom." But as Dr. Merrell stresses, although such measures of hyperactivity indicate ADHD, it does not necessarily follow that such children have the condition.

Another finding of the study was the encouraging indication that other children were not as affected by those with ADHD as previously thought. "We have looked at classrooms with two or three children with severe problems," Dr. Merrell says. "They do struggle, but actually it doesn't have an impact on the other children. So if you have a few children with severe ADHD in your class, it isn't dragging the rest of the children down."

Clearly, there is no right or wrong answer regarding the treatment of ADHD. What works for one child, won't necessarily work for another. But by following the NICE guidelines, asking advice from specialists, and trying out all possible avenues of psychological treatment, you would be able to test out all the possible avenues before making a decision for your child. Dr. Kendall recommends that any parents who are worried about the medication their child is on, should speak in the first instance to their GP or specialist or request for a referral for a specialist in secondary care.

And in terms of children with ADHD in the classroom, Dr. Christine Merrell has very few concerns about the impact this may have on others' learning. She says, "You are looking at a whole profession who are really committed to helping every one of the children." **S**

The NICE guidelines for ADHD can be downloaded at:  
[www.nice.org.uk/Guidance/CG72/NiceGuidance/doc/English](http://www.nice.org.uk/Guidance/CG72/NiceGuidance/doc/English)

**What do YOU think?** Should parents try alternative, psychological treatments or is medication the best way of managing the condition? Or maybe all treatments should be used together for the best possible result. Drop me a line on [annie@senmagazine.co.uk](mailto:annie@senmagazine.co.uk)