

ADHD: Finding Purpose in a Distracted World.
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Introduction: Perilous times for children. Avoiding help that harms.

1. Definition. Requires 6 months of the following symptoms

To meet the diagnostic criteria according to the DSM-IV (Diagnostic and statistical Manual of psychiatric disorders) a couple of aspects have to be considered to meet a diagnosis of ADHD:

A. Six (or more) of either 1) Inattention, or 2) Hyperactivity/Impulsivity Symptoms must have persisted for 6 to a degree that is maladaptive and inconsistent with developmental level:

1) Inattention

- Often fails to give close attention to details or makes careless mistakes in homework, work, or other activities
- Often has difficulties sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- Often has difficulties organizing tasks and activities
- Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental efforts
- Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books)
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

2) Hyperactivity/Impulsivity

Hyperactivity

- Often fidgets with hands or feet or squirms in seat
- Often leaves seat in classroom or in other situations in which remaining seated is expected
- Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- Often has difficulty playing or engaging in leisure activities quietly
- Is often "on the go" or often acts as if "driven by a motor"
- Often talks excessively

Impulsivity

- Often blurts out answers before questions have been completed
- Often has difficulty awaiting turn
- Often interrupt or intrudes on others (e.g. butts into conversations or games)

B) Some symptoms causing impairment were present before age 7

C) Some impairment from the symptoms is present in two or more settings (e.g. at school and at home)

D) There must be clear evidence of clinically significant impairment in social, academic or occupational functioning

E) Occurrence is not exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia or other Psychotic Disorder to meet the diagnostic criteria

2. Making the diagnosis.

A. Subjectivity is the rule.

1. There are no physical, neurological or laboratory findings diagnostic for ADHD.
2. Diagnosis made by observations of teacher, parents, healthcare system.
3. No conclusive genetic evidence.

4. Significant problem is that symptoms are also normal childhood behaviors.
- B. Scans.
1. MRI and CT scanning are NOT indicated in diagnostic process due to radiation and lack of specificity.
 2. What do the Scans tell us?
 3. An abnormal brain or a developing brain?
 4. Abnormal Scan or medication effect?
- C. Medication.
1. Right or Wrong?
 2. Wise or Unwise?
 3. Current drugs in use.
 4. Role of Drug companies in the expansion of the disease.
- D. Disease or Not?
1. Is pathology present?
 2. Is the behavior described in scripture?
 3. Are we obligated to treat this as a disease?
- E. Contributing factors.
1. Social change, television, computer gaming, vanishing nuclear family.
 2. Change in public education in discipline, exclusion of Bible, anti-boy attitude.
3. How can we help? 1Thessalonians 5:12-14.
- A. Exclude other treatable medical problems.
- B. Consider the educational model the child is facing.
- C. Hope. 1Cor.10:13 Deal with the 4 problem areas: Inattention to detail, not finishing tasks, not following instructions, not listening.
- D. Change parental goals. 2Cor.5:9, Matt.22:37-39, John 14:21, John 13:17.
- E. Free Parents from the curse of perfect children. "I want to glorify God with my life more than I want to breathe. Teach a Rom.8:28-29 view of the adversity of raising children. Teach parents and child how Christians grow and change. Parenting as a job/calling.
- F. Self-control is a fruit of the Holy Spirit. Gal.5:16-22. The noetic effect of regeneration.
- G. Make Rom.6:16 choices and Eph.4:22 "put offs." Turn off the TV, computer, and internet. Make reading the source for information.
- H. Examine the child's home structure and discipline. Make changes that help the child.
- I. Teach the use of a planner and assign listening skills as homework. Teach child/parents Christian view on humility and service. 1Peter 5:5-6.
- J. Deal with impulsivity as a function of self-control. 1Cor. 9:25. Decision making from Rom.12:1-2. Diary decisions in planner.
- K. Inattention to detail. 2 Pet.1:1-11. Faithful in a few things. Pick one area at a time.
- L. Affective lability. Deal with anger from a Biblical view.
- M. Selfishness & idolatry. Christian service.
- N. Where do we end up in life? Matt.11:28-30. Jer.29:11.

Reading List. "The War Against Boys," Somers. "Ritalin Nation," Richard Degrاندpre. "Addiction:A Banquet from the Grave," Welch. "Idols of the Heart," Fitzpatrick. "Ritalin Fact Book," Breggin.
 Good journal website. www.plosmedicine.org . Articles to find there: Medicine Goes to School, Christine Phillips. April 11, 2006.
www.knowgrace.org