



Case Study

## INCIDENCE OF ADHD: A CASE STUDY

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### ABSTRACT

The aim of this article is to demonstrate a case study on the incidence of ADHD. The objective of this research is (i) To identify the prevalence of ADHD in primary school children, (ii) To identify the gender difference in the prevalence of ADHD, (iii) To compare the distribution of ADHD among different socioeconomic status, (iv) To identify the presence of any co-morbid factors associated with ADHD. A group of children of varying age group diagnosed with ADHD were observed and a case study was done based on the observations. Everyone has bad days but when an individual is diagnosed with ADHD it sometimes feels like the universe has conspired against them and no amount of positive thinking or effort will make a difference. Basically negative thinking just leads to low self esteem which leads to bad choice and even worse reactions. Hence I decided to do a case study to create awareness on the prevalence of ADHD. The study also showed that in the majority of ADHD kids, ADHD's trademark hyper-focus is a serious advantage - if one can effectively channel all that attention and energy into work that makes a huge difference. It must not be undermined that ADHD kids cannot concentrate or lack interest in everything. The study also showed that ADHD can be cured naturally without medications with the help of behaviour therapy.

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## INTRODUCTION

Children and adolescents with developmentally discrepant neuropsychiatric functioning in the regulation of attention, impulsivity, and motor activity have been the focus of increasing scientific interest. Attention deficit hyperactivity disorder (ADHD) is one of the most common mental health disorders of childhood.<sup>8</sup> The clinical manifestation of attention-deficit hyperactivity disorder (ADHD) is impairment in age-appropriate abilities in these neuro-cognitive tasks. Increasing evidence is available on the developmental course of the disorder, demonstrating that ADHD often persists into adult life, with high rates of comorbid disorders. Accurate cost of care data on ADHD have important implications in the development of systems of care and in comparing results from these systems of care. Surprisingly, limited attention has been focused on cost of care for this common childhood condition. Three previous reports have used retrospective cohort studies to examine cost and prevalence and utilisation rates in children. Samples were composed of children in the birth cohort and also from varying adolescent age groups.<sup>1</sup> Attention Deficit Hyperactivity Disorder (ADHD) is a common neuro-

developmental disorder characterised by the symptoms of inattention, impulsivity and hyperactivity.<sup>2,4</sup>

- Inattention means a deficit of attention. The person lacks persistence, has difficulty in concentrating and focusing, and is not well organised; and these problems are not due to defiance or lack of comprehension.
- Hyperactivity means a person seems to move about constantly, including in inappropriate situations; or excessively fidgets, taps, or talks. In adults, it may be extreme restlessness or wearing others out with constant activity.
- Both major depression and bipolar disorder are associated with comorbid disorders like anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder. Anxiety disorders may well be an early manifestation of mood disorders.<sup>2</sup>

## MATERIALS AND METHODS

A detailed observation was made among a mixed population of adolescents and results were recorded based on gender difference, socioeconomic status, associated disorders etc has been recorded in a school for children with mental disorders.

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## RESULTS AND DISCUSSION

During the study period 41.2% of participants (31% of girls and 42% of boys) had at least 1 psychiatric disorder. Some disorders (social anxiety, panic, depression, and substance abuse) increased in prevalence, whereas others, including separation anxiety disorder and attention-deficit/hyperactivity disorder (ADHD), decreased. Lagged analyses showed that children with a history of psychiatric disorder were 3 times more likely than those with no previous disorder to have a diagnosis at any subsequent wave. Risk from a previous diagnosis was high among both girls and boys, but it was significantly higher among girls. Continuity of the same disorder (homotypic) was significant for all disorders except specific phobias. Continuity from one diagnosis to another (heterotypic) was significant from depression to anxiety and anxiety to depression, from ADHD to oppositional defiant disorder, and from anxiety and conduct disorder to substance abuse but then again there is little evidence that stimulant abuse or diversion is currently a major problem, particularly among those with ADHD, although recent trends suggest that this could increase with the expanding production and use of stimulants.<sup>5</sup> Almost all the heterotypic continuity was seen in girls.<sup>3,5</sup> However, compared with ADHD boys, ADHD girls displayed greater intellectual impairment, lower levels of hyperactivity, and lower rates of other externalising behaviours; it was not possible to evaluate the extent to which referral bias affected these findings. Some gender differences were clearly mediated by the effects of referral source; among children with ADHD identified from non-referred populations, girls with ADHD displayed lower levels of inattention, internalising behaviour, and peer aggression than boys with ADHD, while girls and boys with ADHD identified from clinic-referred samples displayed similar levels of impairment on these variables.<sup>6</sup> The study focused on the yearly percentages of mental health diagnostic services, psychotherapy, and mental health counselling and showed great variation among the individual study years presented. Psychiatrists were found to offer more mental health diagnostic and counselling services than primary care practitioners from paediatrics and family medicine. The above studies suggest that the prevalence of childhood and adolescent mental disorders in India may be lower than that estimated in developed countries; however, the verdict is still out.<sup>2</sup>

## CONCLUSION

The risk of having at least 1 psychiatric disorder by age 16 years is much higher than point estimates would suggest. Concurrent comorbidity and homotypic and heterotypic continuity are more marked in girls than in boys. Studies that follow the same subjects as they grow up are the best source of information about the prevalence and causes of continuity and discontinuity of psychiatric disorders. A review<sup>1</sup> of the few studies that cover both child and adolescent psychiatric disorders<sup>2-9</sup> showed that between 23% and 61% of children with a diagnosis at one wave had a diagnosis, although not necessarily the same one, at a subsequent wave. This suggests quite a high level of continuity. However, few studies have the power to distinguish between homotypic continuity (the same diagnosis at different assessments) and heterotypic continuity (continuity of disorder but a different diagnosis). Homotypic continuity is evidence for a disorder that has a

similar manifestation across the age range of the study, whereas heterotypic continuity suggests an underlying vulnerability to psychiatric illness that may expose children to different disorders at different ages or an underlying disorder that has different manifestations at different ages. The clinical and research implications of homotypic and heterotypic continuity are quite different. The presence of early mental disorder is an important risk factor for substance use and mental health problems in later life.<sup>3</sup> These results support the validity of the adult diagnosis of ADHD and suggest that the adult form of this disorder may have stronger familial etiological risk factors than its paediatric form. If these results are confirmed, families selected through adult pro-bands with ADHD might be especially useful for testing genetic hypotheses about the disorder. Predictors of persistence of ADHD include family history of the disorder, psychiatric comorbidity, and psychosocial adversity. Family studies of ADHD have consistently supported its strong familial nature.<sup>7</sup> Most children with impairing ADHD symptoms not meeting full criteria for DSM-III-R ADHD did not receive stimulant treatment. Stimulant treatment in this group was significantly related to the level of symptoms reported by parents and teachers and was much more common in individuals who met criteria for oppositional defiant disorder.<sup>9</sup>

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