

## Attention-Deficit/Hyperactivity Disorder

### Definition

Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that typically begins in childhood. Individuals with ADHD show a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development across multiple settings (e.g., school, home, work).

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR)*, a diagnosis of ADHD requires the following:

- **Six or more symptoms** of inattention and/or hyperactivity-impulsivity for children up to age 16
- **Five or more symptoms** for adolescents (age 17 and older) and adults

Symptoms must:

- Have been present **before age 12**
- Persist for **at least six months**
- Be inconsistent with developmental level
- Be present in **two or more settings**
- Cause clear evidence of **functional impairment** in social, academic, or occupational functioning

ADHD presentations are specified as:

- Predominantly Inattentive Presentation
- Predominantly Hyperactive/Impulsive Presentation
- Combined Presentation

### Prevalence

ADHD is most commonly diagnosed in childhood but often persists into adolescence and adulthood.

Globally, approximately 5–8% of children and 2.5–3% of adults meet diagnostic criteria for ADHD. The disorder is often identified early when educators observe disruptive behavior in the classroom and ongoing academic difficulties.

ADHD is diagnosed more frequently in boys than in girls, partly due to differences in symptom presentation. Boys are more likely to display hyperactive and impulsive behaviors, which are more noticeable and may result in earlier referrals. Girls more commonly present predominantly inattentive symptoms, which are often underrecognized and underdiagnosed.

### Signs and Symptoms

Hyperactivity and Impulsivity	Inattention
<ul style="list-style-type: none"> <li>● Fidgets with or taps hands or feet, or squirms in their seat</li> <li>● Leaves seat in situations when remaining seated is expected (e.g., as in the classroom, workplace).</li> </ul>	<ul style="list-style-type: none"> <li>● Fails to give close attention to details or makes careless mistakes in schoolwork or job tasks</li> <li>● Has difficulty sustaining attention in tasks or activities (e.g., lectures, conversations, reading)</li> </ul>

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<ul style="list-style-type: none"> <li>• Runs about or climbs in inappropriate situations (or, in adolescents/adults, may feel restless).</li> <li>• Unable to play or engage in leisure activities quietly.</li> <li>• Is often “on the go” or acts as if “driven by a motor”</li> <li>• Talks excessively</li> <li>• Has difficulty waiting their turn, (e.g., while waiting in line)</li> <li>• Blurts out answers before questions have been completed</li> <li>• Interrupts or intrudes on others’ (e.g., conversations or games)</li> </ul>	<ul style="list-style-type: none"> <li>• Does not seem to listen when spoken to directly</li> <li>• Does not follow through on instructions and fails to complete schoolwork, chores or workplace duties.</li> <li>• Has difficulties organizing tasks and activities</li> <li>• Avoids or dislikes tasks that require sustained mental effort ( e.g. homework, completing forms)</li> <li>• Often loses items necessary for tasks or daily activities (e.g., keys, glasses, paperwork, phone)</li> <li>• Is easily distracted by extraneous stimuli (or unrelated thoughts in adults)</li> <li>• Is forgetful in daily activities (e.g., chores, errands, returning calls, paying bills, appointments)</li> </ul>
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### Risk Factors

- Family history of ADHD
- Prenatal exposure to substances (e.g., alcohol, nicotine) or environmental toxins (e.g., lead)
- Extreme stress during pregnancy
- Premature birth or low birth weight

### Interventions

#### Therapy

Behavior therapy is the recommended first-line treatment for young children with ADHD and is most effective when initiated early. It aims to reduce disruptive behaviors, build self-regulation skills, and improve functioning at home and school.

Treatment may include:

- parent training in behavior management
- child-focused interventions
- classroom-based supports

Collaboration between parents, educators and healthcare providers can enhance outcomes. Cognitive-behavioral therapy (CBT) is often beneficial for adolescents and adults with ADHD. CBT focuses on modifying maladaptive thought patterns, strengthening executive functioning skills, improving emotional regulation, and enhancing problem-solving and social skills.

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### **Medications**

Stimulant medications (e.g., amphetamine-based medications, methylphenidate) are considered first-line pharmacological treatments for ADHD across age groups and are often used in combination with behavioural interventions.

Non-stimulant medications may be prescribed, when stimulants are ineffective, contraindicated, or not well tolerated. These may include:

- Atomoxetine (a selective norepinephrine reuptake inhibitor)
- Guanfacine
- Clonidine

### **Supportive educational programs**

Educators can support students with ADHD by:

- Breaking tasks into smaller steps
- Providing structured routines
- Modifying classroom seating
- Allowing additional time for tests and assignments
- Offering organizational supports
- Using alternative instructional strategies

Individualized education plans (IEPs) or other school accommodations may also be beneficial.

### **Sources**

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.).

American Psychiatric Association: What Is ADHD?

Centre for Addiction and Mental Health: Attention-Deficit/Hyperactivity Disorder (ADHD)