

ADHD

In Children and Young People

Digital Publication, Version 4

A Simple Guide for Parents and Carers





Children

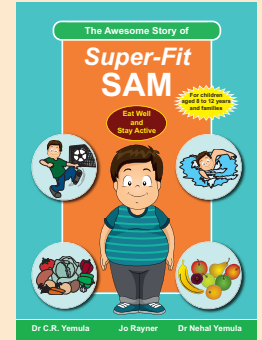
The Awesome Story of Super-Fit Sam: *Eat Well and Stay Active*, 2022

By Dr C. R. Yemula, Jo Rayner and Dr Nehal Yemula

cjyemula@gmail.com

Also available as Kindle and Apple eBooks

Written for children aged 8 to 12 years, this book explains the story of Sam, a 9-year-old boy who is very overweight and how he and his family make changes towards achieving a healthy lifestyle. The book is packed with practical ideas, colourful illustrations and loads of fun activities.



Everything a child needs to know about bedwetting **3rd edition 2026**

By Dr C. R. Yemula

cjyemula@gmail.com

This book tells the story of Ben and Daisy who are both bedwetters and how they become dry at night. The book gives lots of ideas to help you stay dry. It is full of colourful pictures, humour and fun activities! So read on and enjoy...



Parents

Bedwetting in children and young people:

A simple guide for parents 3rd Edition, 2026

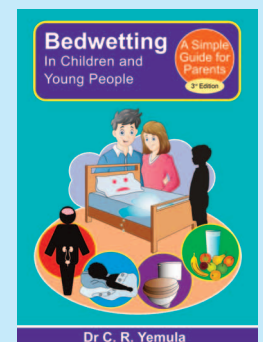
By Dr C. R. Yemula

cjyemula@gmail.com

This 3rd edition of the book provides simple and up-to-date information about bedwetting seen in children and young people.

You can try a number of simple self-help and behavioural strategies to help your child's bedwetting difficulties.

In addition, the book provides a wealth of information about common causes of bedwetting, associated conditions, how to promote a healthy bowel and bladder as well as various treatment options and also user-friendly resources.





ADHD

In Children and Young People

Digital Publication, Version 3

**A Simple Guide for
Parents and Carers**

Written by

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About the publication



This book is published by
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A note for parents and carers



Dear parent/carers,

Attention Deficit Hyperactivity Disorder, also known as ADHD, is a neurodevelopmental disorder, or 'neurodiversity' that is increasingly recognised as a common condition in children and young people all over the world. ADHD is a term that identifies how some people's brains work differently, therefore it is a life-long condition. Adults can also have ADHD, but this book will specifically explore ADHD in children and young people.

ADHD can have a significant impact for children, young people and their families on elements of their daily living, for example; school performance, family relationships, general behaviour and making and maintaining friendships.

However, whilst children and young people with ADHD may face certain challenges, it is important to recognise, celebrate and channel the many strengths and 'superpowers' these children will also have.

Understanding ADHD, as well as learning about and trying strategies to support our children and young people, will lead to better outcomes, improved self-esteem and increased positive wellbeing for all involved.

ADHD can be controversial and has attracted negative publicity, however, there is robust scientific evidence to support the medical diagnosis, which will be explored further into this book.

A note for parents and carers



This book also outlines basic information about ADHD, such as; causes of ADHD, the associated challenges associated with ADHD, and the treatment methods that may help to manage such a complex condition.

Many parents often feel helpless and unsupported whilst managing their child's challenges, for example difficult behaviour. Please remember you are not alone. This book offers some practical strategies and additional resources to help manage your child's ADHD.

You can navigate through the book easily by clicking on a particular topic on content page 3. You will also find symbols like these that you can click to access video links for more information. You can get back to the content page by clicking the home button.



We hope you find the information in this book helpful to understand and support your child, and we wish you the best of luck for your onward journey.

Best wishes

Dr C. R. Yemula
Professor Frank M C Besag
Dr Nivedita Bajaj

History of ADHD



Some people say ADHD is a modern condition. Is it true?

ADHD is not a new condition and would have always been around! However, the name 'ADHD' has been used scientifically relatively recently (1987). Prior to this, there have been several accounts of ADHD associated symptoms in people over many centuries.

Let's take a journey into the past



About 2500 yrs ago (493 BC)

Hippocrates, the Greek physician (considered to be the father of modern medicine) referred to the patient's soul moving on quickly to the next impression, meaning that they were bored and distracted easily.

In 1597

Shakespeare described King Henry IV as having 'a malady of attention'.

In 1845

Henrick Hoffman, a German doctor wrote a series of poems, including the story of 'Fidgety Philip' with interesting examples of children being hyperactive, rude and wild.



In 1902

Dr George Still, British physician reported 43 children having behavioural problems which he thought to be due to defects in moral control.

Early use of stimulant medication in 1957

Methylphenidate (Ritalin) was prescribed to children with hyperactivity and attention problems.

When did we call it ADHD?

The condition was called Minimal brain dysfunction (1966), Hyperkinetic reaction of childhood (1970s), Attention Deficit Disorder with and without hyperactivity (1980) and eventually as ADHD (1987).

What is ADHD?



What is ADHD?

ADHD, a short name for Attention Deficit Hyperactivity Disorder, is now a well-recognised neurodevelopmental condition, also commonly referred to as a neurodiversity.

How common is ADHD?

It is estimated that in the UK about 3 to 9% of school-age children and young people have ADHD. It is more commonly diagnosed in boys than girls (3 boys: 1 girl). However, girls with ADHD are less likely to be diagnosed in their early years. Often girls, or those assigned female at birth, do not display boisterous behaviour or 'stereotypical' and more widely recognised ADHD behavioural traits, so their symptoms may go undetected for longer, or be 'less recognisable' when compared with boys. ADHD is estimated to occur in about 3% of adults, but it is interesting to note that in adults, both men and women are equally diagnosed with the condition.

What are the features of ADHD?

Children with ADHD may present with the following symptoms.

	INATTENTION	HYPERACTIVITY	IMPULSIVITY
1	Careless mistakes in school work or tasks	Fidgety	Difficulty waiting for their turn
2	Short attention span	Struggles to stay in seat	Interrupts a lot
3	Doesn't seem to listen	Moves a lot	Blurts out an answer before the question is completed
4	Struggles to finish tasks	Loud and noisy	
5	Difficulty organising self	On the go	
6	Avoids tasks requiring continuous attention	Talks a lot	
7	Easily distracted		
8	Loses things		
9	Forgetful		

How is ADHD diagnosed?



How do you confirm that my child has ADHD?

It is important that your child has a detailed assessment by a specialist Paediatrician/Nurse or a Child Psychiatrist. This can include developmental, psychological, educational and physical evaluation, including cardiac examination/assessment.

Further information about your child's ADHD symptoms, school progress, behaviours, and emotional difficulties will be sought from parents/carers and school teachers by completing some medical questionnaires (also called rating scales).

The doctor can then make a diagnosis of ADHD if your child meets the diagnostic criteria, as set out in the medical manuals (DSM 5* or ICD 11**). To meet the criteria for a diagnosis of ADHD, your child must have had ADHD features before the age of 12 years, for at least 6 months, present in more than one setting (usually home and school), and with ongoing significant impairment.

Are there any tests to confirm the diagnosis?

There are no specific blood tests or brain scans to prove the diagnosis of ADHD. QbTest® is a computerised test to help in the clinical assessment of ADHD but it is not a stand-alone test for diagnosing ADHD. Your child's doctor may carry out certain tests, as required, depending on your child's clinical condition or problems.

What are the types of ADHD?

Currently doctors diagnose three kinds of ADHD:

1. **Predominantly Inattentive presentation**
(mostly attention difficulties)
2. **Predominantly Hyperactive-Impulsive presentation**
(mostly difficulties with hyperactive and impulsive behaviour)
3. **Combined presentation** (difficulties in both the above areas)

What is
ADHD?



*Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.

** International Classification of Diseases, 11th Revision

What causes ADHD?



It is not known exactly what causes ADHD. There is evidence to suggest that genetic and environmental factors may have a combined effect towards developing ADHD.

- **Genetics:** ADHD is often inherited and can run in families. The chances of getting ADHD are higher if a parent or full sibling has ADHD. This is likely due to several genes involved. There is ongoing scientific research in this area to try to find the answers.
- **Other risk factors** include: low birth weight, maternal smoking and alcohol during pregnancy, meningitis or brain injury.
- ADHD is more common in certain groups: looked-after children and young people, people with neurodevelopmental conditions such as autism and learning disability and those with epilepsy, mood disorders (anxiety and depression), oppositional defiant disorder and conduct disorder.
- In people with ADHD, there seems to be a **chemical imbalance** in the brain with a deficiency of certain chemical messengers. We need these chemicals (called neurotransmitters) to help get our messages across the brain nerve cells and to the rest of the body.
- It is important to note that ADHD is **not caused by poor diet or bad parenting**. However, **good parenting, a balanced diet and exercise** can be very helpful in the effective management of ADHD.



**ADHD In Children
Nip In The Bud**



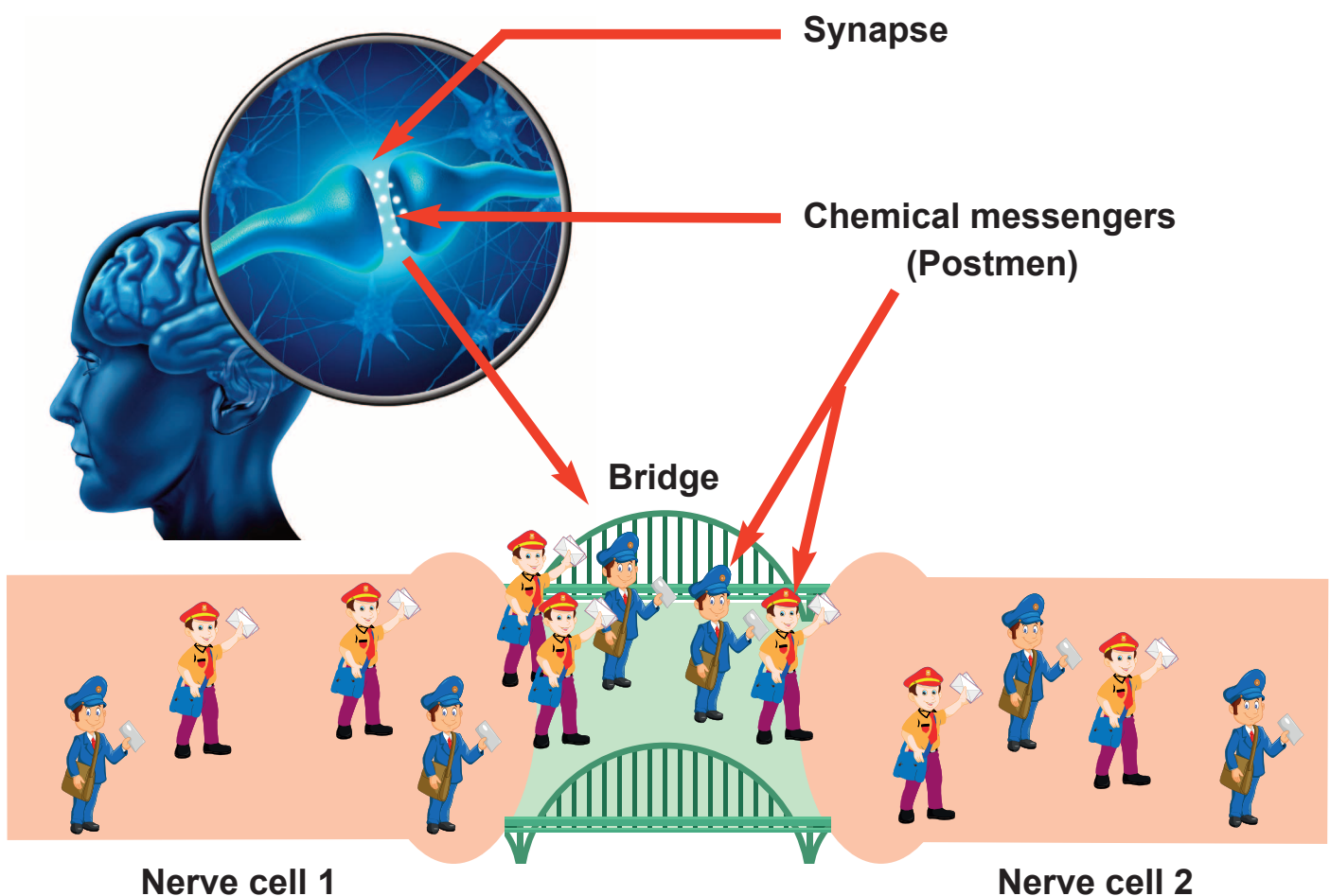
About our brain and chemical messengers



Our brain is like a powerful super computer with a complex network of chips or nerve cells. It is estimated that our brain contains about 100 billion nerve cells and this is equal to about 15 times the number of people living on Planet Earth!



There are chemical messengers called dopamine and noradrenaline that act like postmen. They are essential for transferring messages (delivering letters) from one nerve cell to another. Each nerve cell is connected with another nerve cell by a tiny space called synapse (let's call it a bridge). The chemical messengers (postmen) need to cross the synapse (bridge) to deliver messages (letters).





Chemical messengers

We need a sufficient number of chemical messengers in the synapse (postmen on the bridge) to continue to transmit/deliver messages/letters. There are a number of different messages and some examples are - stop, wait, think and reflect. A steady transfer of these messages helps the process of the 'executive functions' of the brain.

Executive functions	➡	This means:
• Sustained attention • Reflection • Temporary immobilisation • Compliance • Self-organisation		• Focusing • Weighing the pros and cons of a situation • Planning • Thinking ahead • Waiting and not rushing • Organising self

What happens in ADHD?

In people with ADHD, there is an increase of reuptake of chemical messengers from the synapse into the nerve cell. This means lots of postmen on the bridge get back into the nerve cell and do not work. As a result, there are not enough postmen on duty on the bridge to deliver letters (messages), leading to a breakdown in communication and failure of the executive functions of the brain.

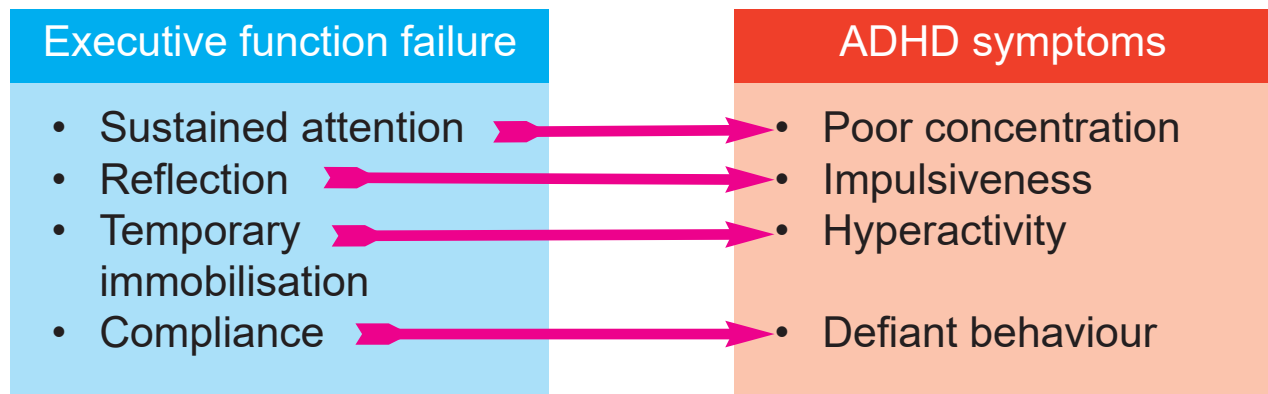


How do ADHD symptoms develop?



Executive function failure

This means people with ADHD are unable to carry out certain functions due to not having enough chemical messengers (postmen) in parts of their brain.



What is Executive Function -
How it relates to ADHD



It is not your fault

Having ADHD is neither the fault of the child/teenager nor the fault of the parent. The chemical imbalance in the brain is likely the result of genetic factors.

What can you do?

It is helpful to have a better understanding of ADHD, the problems that the condition can cause and to seek help from a health professional for strategies and treatment options.

Let's meet Buzz



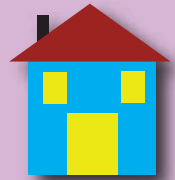
What kind of problems might you see at home and school?

Buzz
9-year-old boy with ADHD



Home life

- Defiance
- Arguments
- Sibling fights
- Tantrums/aggression
- Stress
- Sleep problems

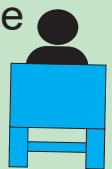


Homework

- Fidgety
- Untidy
- Poor concentration
- Can't get started
- Rushes work
- Careless mistakes

School life

- Can't focus
- Fidgety, disruptive
- Loud and noisy
- Calling out
- Easily distracted
- Detentions/exclusions



Social life

- Difficulty making friends
- Bully/bullied
- Fights

let's take
a look at
the positives
seen in
Buzz

Very creative

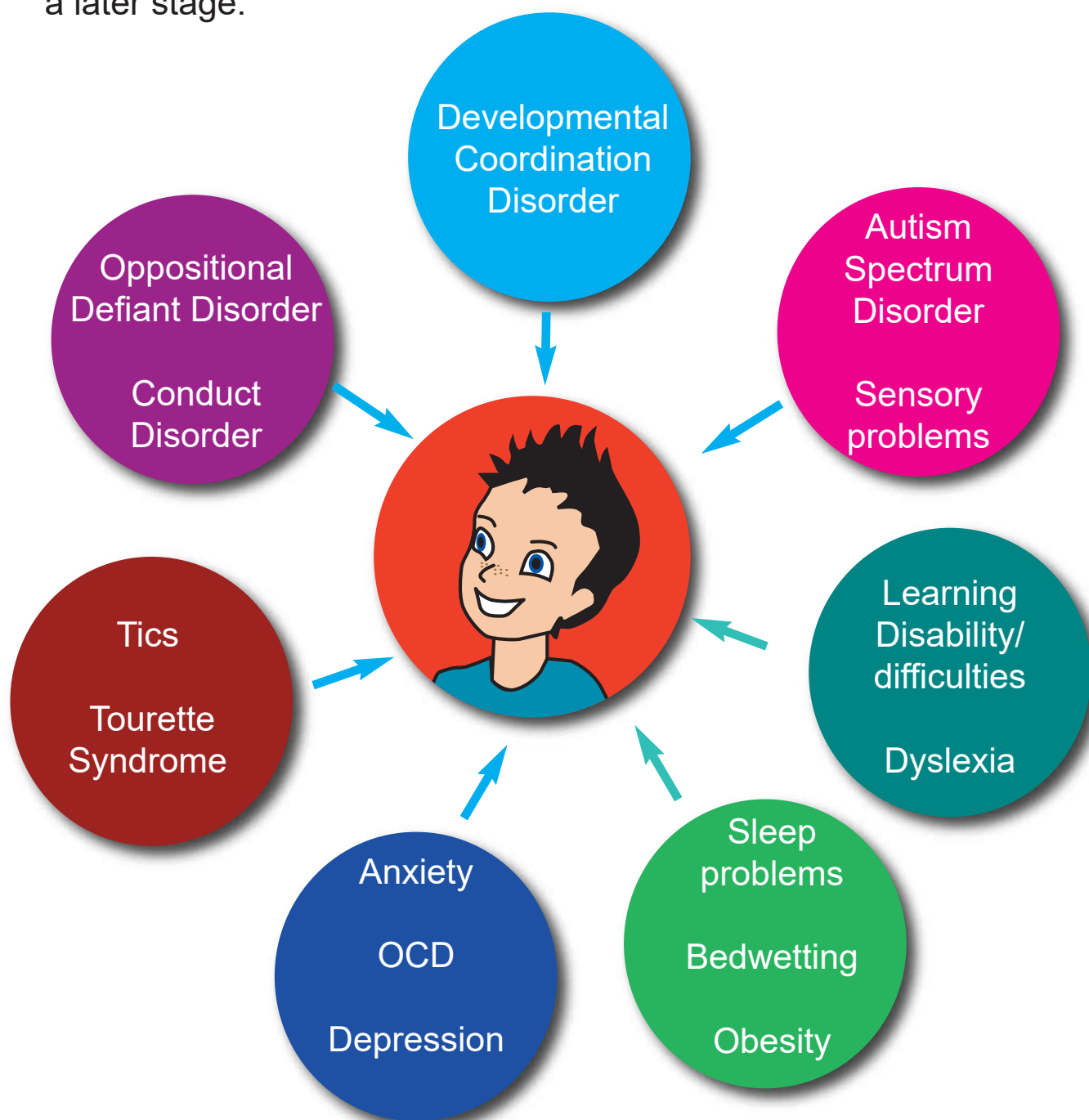
Great at sports

Good sense of humour



Does ADHD occur with other conditions?

According to research, and also our clinical experience, children and young people with ADHD often have one or more of these medical conditions. However, sometimes they are noticed only at a later stage.





Oppositional Defiant Disorder (ODD)

ODD is a condition that is commonly seen in up to 60% of children and young people with ADHD.

The child is stubborn, hostile and often:

- loses their temper, argues with adults
- defies or refuses to comply with instructions
- annoys people, blames others for his/her mistakes
- easily annoyed with themselves
- angry and resentful
- spiteful or vindictive



Management includes a behavioural approach by parents/carers who can learn additional strategies by attending group-based parenting programmes.

8 Discipline Rules
for Parents of Defiant Kids



Conduct Disorder (CD)

CD is a condition in which the child displays a persistent pattern of breaking social norms, rules and others' rights.

The clinical features can include:

- stealing
- setting fires
- destroying property
- aggression towards people
- cruel to people or animals

Management may involve parent education and training to provide various strategies to deal with the child's challenging behaviour, Cognitive Behavioural Therapy (CBT) and/or Family Therapy.



Developmental Coordination Disorder (DCD)

Many children with ADHD also tend to have DCD, a condition with significant co-ordination difficulties affecting daily activities.

The clinical features of DCD include:

- Poor handwriting
- Difficulty with dressing skills (doing up buttons/zips, shoe laces)
- Poor eating skills, struggling to use a knife and fork
- Problems with balance - late at riding a bike, bumping into things or people, poor performance in sports

These children are often said to be clumsy and can be helped by an Occupational Therapist or a Physiotherapist.

Autism Spectrum Disorder (ASD) or Autism Spectrum Condition (ASC)

ASD/ASC is a developmental disorder or neurodiversity seen in children who may present with two main areas of challenge in:

- Social communication and social interaction
- Repetitive, restrictive and ritualistic behaviours

Children with ASD/ASC may be perceived as having difficulties socialising with their peer group, perhaps being more content in playing alone, and may struggle to understand others' body language, jokes or sarcasm which may create a barrier to communication and making friends. Children with ASD/ASC may struggle to play pretend games due to preferring non-fiction or more factual scenarios. They may feel very comfortable following routines, and dislike any changes or diversion from that routine, and they may engage in repetitive or ritualistic activities.

Children with ASD/ASC can have amazing strengths and wonderful personalities, and can fulfil their potential with the right understanding and support from the people around them.

What is
Autism?





Tics and Tourette Syndrome

There are two types of tics. Motor tics include repeated body movements such as abnormal eye-blinking, facial twitching and shrugging of the shoulders etc. Vocal tics are repeated sounds, for example coughing, throat clearing or grunting. Some people may experience a strange sensation (premonitory urge) such as feeling tense prior to having a tic. Tics come and go and are often brought on by stress or anxiety. Managing any underlying anxiety can be very helpful.

Tourette syndrome is a relatively rare condition (about 1% of the population) with a combination of motor and vocal tics occurring for more than a year. In many people, the tics are mild and do not need treatment. Medication can be tried in the case of severe tics. Other treatments include psychotherapy and behavioural therapy (Cognitive Behavioural Therapy, such as habit reversal training). Please visit the website www.tourettes-action.org.uk for more information.

Tics and Touretts



Learning Disability (Intellectual Disability) and Specific Learning Disorders (Specific Learning Difficulties SPLDs)

Children with learning disability may also develop ADHD. There are also specific learning disorders/difficulties such as dyslexia, dysgraphia (writing difficulty), dyscalculia (maths difficulty) and developmental language disorder present in some children with ADHD.

A person with dyslexia has difficulties with reading, writing and spelling, often despite having normal intelligence. At school, appropriate help and support should be provided to children, which will depend on the severity of the dyslexia.



Anxiety

Anxiety is the general term given to fears, worries and panicky feelings people get when faced with situations that may or may not be threatening. Sometimes there are physical symptoms such as awareness of heartbeat (palpitations), feeling hot and sweaty, shaky and dizzy. Treatment includes simple reassurance or, if the anxiety persists and is troubling, Cognitive Behavioural Therapy (CBT) can be helpful.

8 techniques to help
an anxious child



Obsessive and Compulsive Disorder/Behaviour

A person with OCD has trouble with frequent obsessions and/or compulsions that cause marked distress. Cognitive Behavioural Therapy (CBT) can be effective. Medication may be needed in cases with severe OCD symptoms.

Obsessions - some examples	Compulsions - some examples
• worries about dirt, germs/disease • fears of harming others or loss of control	• repeated washing of hands • frequent cleaning of clothes • repeated checking - e.g. door locked • counting/putting things in order • repeating words or phrases

Depression

Depression is more than just feeling sad or having a bad day. It occurs if the child is sad for a long period in all situations. Your child may cry a lot for no apparent reason, have sleep problems, lose interest in activities that he or she previously enjoyed, have low energy, poor appetite and sometimes have thoughts of self-harm.

It is important to talk to someone. Your child's doctor may ask you to see a counsellor or therapist to talk about the problems. Occasionally, medication such as antidepressants may be prescribed by a specialist.



Sleep problems

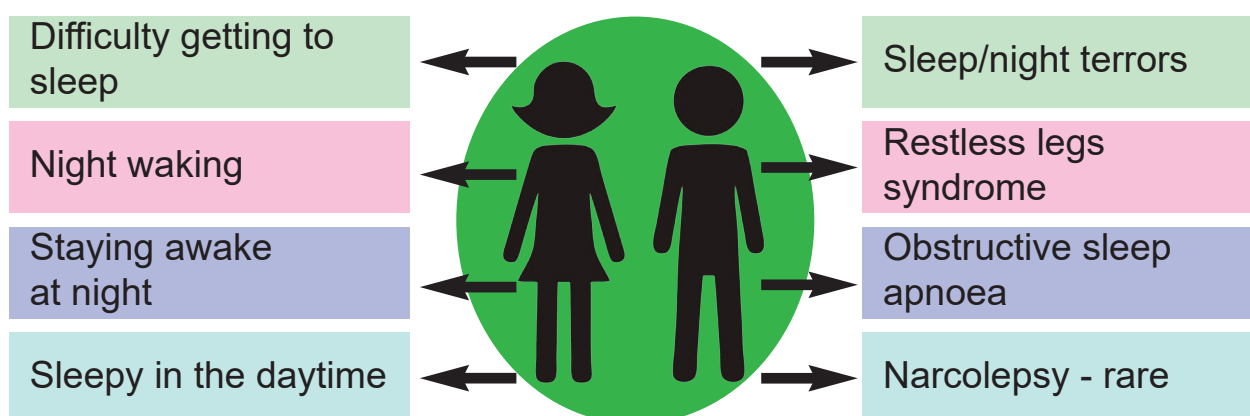
A large majority of children and young people with ADHD also experience sleep problems/disorders that negatively affect the ADHD features and may impair the benefits of treatments such as ADHD medication.

How much sleep is ideal?

This varies with age and experts recommend as below:

Age	3 to 5 years	6 to 13 years	14 to 17 years	18 to 25 years
Sleep hours/day	10 to 13 hours	9 to 11 hours	8 to 10 hours	7 to 9 hours

What are the sleep difficulties/disorders?



How do you manage sleep problems?

There are several strategies that can help your child to have a good night's sleep. Some examples are:

- avoid caffeinated drinks (tea, coffee, hot chocolate) before bedtime, plenty of exercise but not in the 3 hours before bedtime, sleep routine at bedtime and wake up time, keep bedroom clutter free, comfortable, quiet and safe, avoid electronics and bright light in the bedroom
- seek medical help and advice if sleep problems persist
- a trial of melatonin can be helpful in certain situations

Why do we need sleep?





Sensory difficulties/differences are commonly observed in people with ADHD and other neurodevelopmental conditions.

What is sensory processing?

This refers to how we receive and interpret information about different sensations inside and outside of our body.

How many senses do we have?

There are 8 senses that we all experience.

1. Vision	2. Hearing	3. Smell	4. Taste/texture	5. Touch
6. Balance and movement (vestibular , related to inner ear)	7. Muscle and joint sense (Proprioception , sense of body position in space)		8. Sense of internal body feelings such as hot/cold, hunger, thirst etc. (Interoception)	

What are sensory processing difficulties/differences?

Some children experience difficulties/differences making sense of various sensations. As a result, day-to-day activities can be significantly affected, including behaviour, mood, coordination and learning.

Sometimes the condition is described as 'Sensory Processing Disorder' (SPD). However, currently SPD is not a recognised medical diagnosis due to lack of international diagnostic criteria.

There are 3 kinds of difficulties.

- **Sensory modulation problems**: over-responsive, under-responsive and sensory seeking
- **Sensory discrimination problems**: not able to distinguish between sensations
- **Sensory motor problems**: postural and coordination (e.g. Developmental Coordination Disorder)

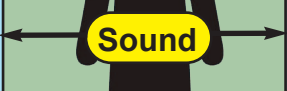
What is sensory processing?





Some examples of sensory difficulties/differences

Children can be hypersensitive and/or hyposensitive to different sensations and may also experience fluctuating symptoms over a period of time.

Oversensitive or Avoiding sensations		Undersensitive or Sensory seeking
I don't like bright lights e.g. Sunlight or fluorescent lights		I stare at bright lights/flickering strobe lights, I fixate on shiny things
I don't like loud sounds e.g. Hoover, hand/hair dryer, fire alarm, parties, motor bike/train I cover my ears/walk away/hide when it gets noisy		I like loud music I like to have TV/music on high volume
I don't like some smells, I gag at certain smells e.g. perfumes, cooking/toilets I am oversensitive to smells others don't notice		I smell people/clothes/hair I am not bothered by strong smells
I am a fussy eater: I avoid certain types of foods e.g. soft foods (mashed potatoes), wet foods (gravy). My diet is limited. I prefer foods separate on the plate		I lick things/people I chew my sleeves I mouth/eat non-food items
I don't like the feel of my hair being washed/cut/brushed or my teeth brushed, clothing labels/rough clothes/socks/shoes I don't like to be touched/tickled		I touch things/people frequently e.g. stroking other's hair, I mouth objects I don't recognise when my hands/face get messy
I don't like PE, jumping/hopping, lifts/escalators I am afraid of falling e.g. walking down curbs or stairs		I move constantly, I like to spin/bounce a lot, hang upside down I don't feel dizzy after spinning
I don't like rough and tumble play		I jump/bump/crash a lot, I stand too close to others, I like bear hugs/tight clothes
I feel too hot or too cold, I am sensitive to pain, I can be quite emotional		I can't tell too hot or too cold, I don't sense pain well, I don't know when I need to go to the toilet

How to support a child with sensory difficulties/differences?

- Self-help strategies
- School support
- Advice and support from Occupational Therapist/Physiotherapist (Services may vary depending on your local area/practice)

Some helpful resources:

- **Sensory differences - online learning.** Click [HERE](#)
- **Virtual Therapy Area (CDC, Sheffield).** Click [HERE](#)
- **An introduction to the understanding of Sensory Issues** when caring for a child or young person with SEND. Click [HERE](#)
- **Making Sense of Sensory Behaviour.** Click [HERE](#)
- **Raising a Sensory Smart Child: The Definitive Guide to Helping Your Child with Sensory Processing Disorder,** by Lindsey Biel

- Keep a diary of your child's behaviour
- Avoid sensory triggers
- Consider
Ear defenders
Noise cancelling headphones
Sunglasses
Blackout curtains
Dimmable lights etc.
- Seek school support

ADHD in specific groups



Preschool ADHD

Some children can present with ADHD features even prior to school age with difficult temperament, stubborn or defiant behaviour. Sometimes they also have other special needs such as speech and language delay, features of autism, learning difficulties or sensory problems.



Although diagnosis may be difficult, ADHD can often be diagnosed in preschool children and many will continue to show the features into school age. The first steps of management (even without diagnosis) include behavioural strategies with parent training and classroom interventions. Medication is generally not recommended in this age group.

ADHD in teenagers

Teenagers with persistent ADHD features may experience a number of difficulties, under '**HEADSSS**', such as:

- **Home**: difficulties with support and struggles with siblings, parents/carers
- **Education/Employment**: academic underachievement and difficulties in getting or holding jobs
- **Activities** and **ADHD treatments**: lack of activities and exercise, not following ADHD treatment plan/missing medication
- **Drugs**: smoking/alcohol/illegal drugs
- **Sexuality**: relationship problems/risk-taking behaviour
- **Self-harm/suicidal thoughts**, anxiety/depression
- **Safety**: risk-taking behaviour, criminality, cyber bullying



It is important for teenagers to be encouraged and to engage in their treatment plan at every stage. They should be given plenty of opportunity to discuss their personal views/concerns with their doctor/nurse at every clinic visit.

Setting goals, partnership working and negotiating transition to adult services can all help towards better outcomes.

Transition of ADHD teenagers to adult life



Transition is a significant and at times challenging process for teenagers with ADHD. It's important that they are well equipped to live an independent life, and therefore are aware of the following:

Understanding ADHD: It's important to have a good understanding of one's own ADHD symptoms, strengths, and challenges. This self-awareness will help the adolescents to advocate for themselves.

Awareness of comorbidities and managing stress: Knowledge about the comorbidities, and having coping skills are essential for overall well-being

Developing Executive Function and Independent Living Skills: Developing skills such as time management, organizational skills etc. can be particularly important for individuals with ADHD to prepare for taking increasing responsibilities of adulthood, such as managing higher education, work, finances, and personal relationships.

Support Network: Building and maintaining a strong support network of family, friends, peers, and professionals can be invaluable during the transition to adulthood, for support and guidance.

Treatment Adherence: It's important to understand the importance of continuing the treatment as advised by the clinician to help manage symptoms.

Embracing strengths and talents: will help in career development and meeting opportunities.

Lifestyle factors: play a crucial role in managing ADHD symptoms and promoting overall well-being. It's important that the young adolescents are aware of the following;

- Healthy and balanced diet
- Regular exercise
- Adequate sleep
- Screen time
- Substance misuse: As the individuals with ADHD are at an increased risk of substance abuse, it's important to make them aware of the risks associated with alcohol, tobacco, and other drugs, and making responsible choices.



ADHD in girls

Is ADHD uncommon in girls compared to boys?

- It's not uncommon but their problems are often not recognised early on and fewer girls are referred for assessment, probably because they do not generally present with such prominent behavioural problems as those seen in boys. ADHD tends to be identified later or not at all, in girls.

How does ADHD present in girls?

- Girls often have features of attention difficulties (Inattentive presentation), which is hard to recognise
- The ADHD features may be misinterpreted due to their compensatory and coping strategies
- Their features may be less severe and less in number
- They tend to have low self-esteem and overreact emotionally
- Self-harm could be the first presentation of ADHD in teenage girls



What might happen if the ADHD is not treated?

- Problems with academic progress, social skills and family relationships
- An increased likelihood of receiving primary diagnosis of internalising disorders such as anxiety/depression or other conditions
- Vulnerability to exploitation and may develop risk-taking behaviours in an effort to belong and have peer acceptance

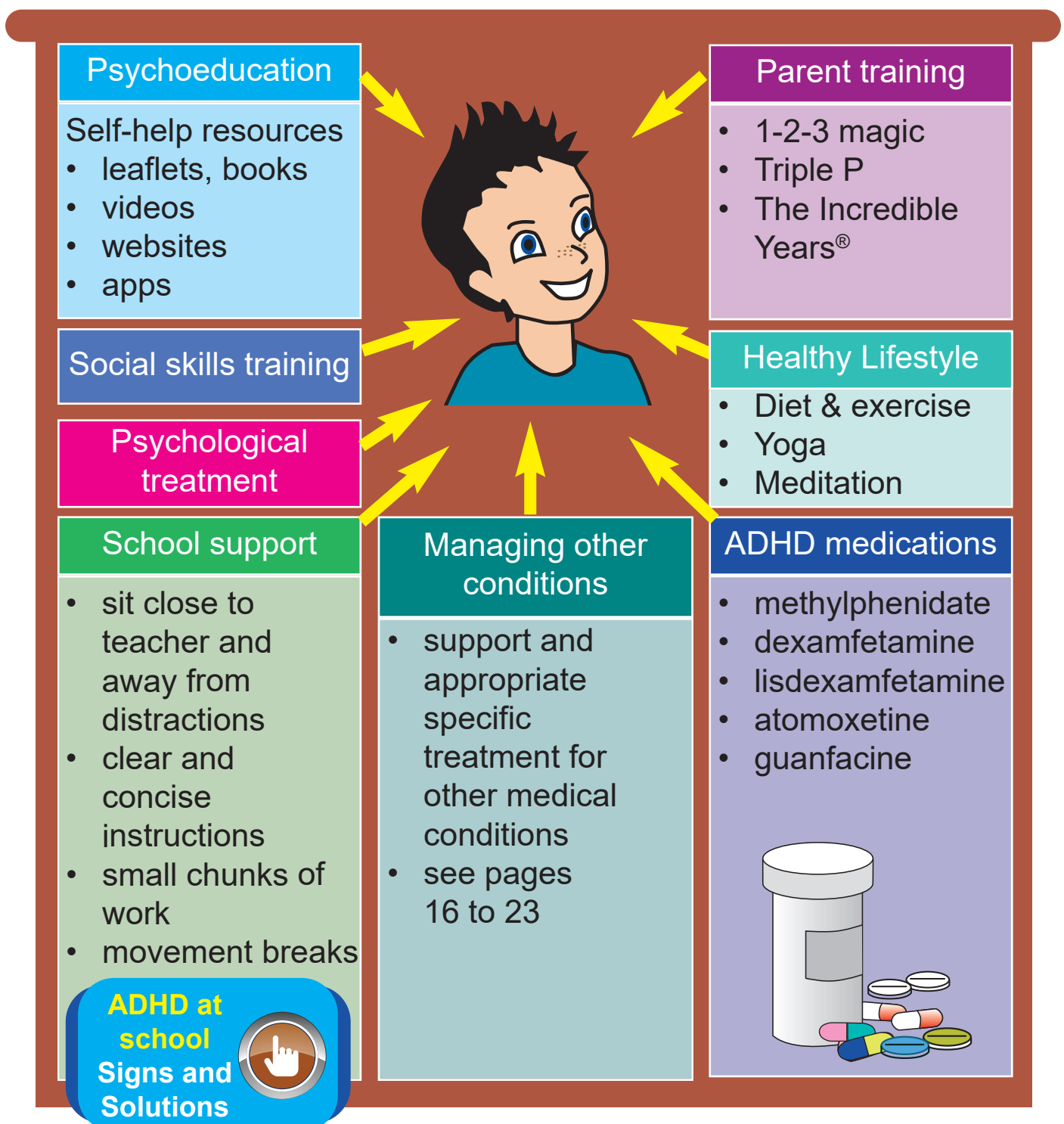
How best to manage girls with ADHD?

- Early recognition of symptoms by parents/carers and teachers
- Prompt referral for assessment
- Behavioural strategies, support and parent training
- Educational strategies
- ADHD medication if needed
- Identifying and managing associated sleep, behavioural and emotional difficulties



How is ADHD managed?

ADHD is not a simple condition and is often complex, requiring multiple methods of treatments and support. Your child's doctor or nurse will discuss various treatment options in order to manage your child/young person's ADHD and associated problems.





What are Parent training/education programmes?

Parent training/education programmes are considered the first step in managing children with ADHD. They are structured programmes which can be group based or individual based and aim to provide parents and carers with relationship enhancing strategies. Some examples are: 1-2-3 Magic, Triple P - Positive Parenting Programme® and the Webster-Stratton programme (The Incredible Years®). Please talk to your doctor/nurse to find out about the parent training programmes that might be available in your local area.

What is Cognitive Behavioural Therapy (CBT)?

This is a psychological treatment by a therapist to help people understand the thoughts and feelings affecting their behaviour.

What is Social Skills training?

This aims to teach people about social awareness and interactions with other people. Sometimes it may be helpful for your child to attend a course of group treatment, which may be psychological therapy (Cognitive Behavioural Therapy) or social skills training. This depends on the availability of resources where you live.

How can the school help?

The school can put in place support and specific classroom strategies (see page 27) to help your child do well. Other intervention may include an assessment by an Educational Psychologist to help promote your child's potential.



What to do if my child has only a mild form of ADHD?

You may wish to observe and monitor your child's progress with behaviour management and educational support.

Behavioural strategies



It is important to understand that a child with ADHD is not a 'problem child' but a 'child who needs understanding and support'.

Here are some strategies to deal with your child's behaviour

- **Understand your child's strengths and weaknesses.**

Discuss his or her feelings regularly and try to understand important issues from your child's point of view.

- **Establish clear rules** with your child and make sure they understand the rules. Support your child into knowing what they can and should do, not just what they should not. Tell your child what behaviour is acceptable and what is not. Let your child know how his/her behaviour affects others.



- **Try to foresee problem behaviour and plan consequences.**

Identify specific target behaviours and find out what triggers them. Try to prevent these incidents from happening.

- **Stay calm and try to relax.** Do not argue back. If your child has done wrong, try not to shout, even though you may want to. Remember methods like shouting, screaming or physical punishment are unlikely to work and may only upset your child. A child who feels bad inside is less likely to improve.

- **Give your child frequent and immediate feedback.** A child with ADHD is not always aware whether he or she is behaving correctly or not. Explain what behaviour will make you proud of them before telling him or her exactly what they have done wrong.

- **Praise good behaviour and do it without delay.**

Remind yourself to do this at regular intervals.



Behavioural strategies



- **Use rewards rather than punishment.** A more effective and less stressful way to manage your child is to reward desirable behaviour. A reward may be something a child enjoys doing. It is better not to use material rewards like money, sweets or new toys. Some of the rewards could be more time on the computer, play activities, cuddles or praise from mum and dad.
- **Make sure you disapprove of the bad behaviour and not the child.** Please ensure your child understands it is his or her behaviour you do not like and not the child as a person. Remind your child of the great things they do and how much you love them. When you tell your child you love them, do it in a way that makes them certain that you mean it.
- **Set up routines.** Have regular structure and routines at home.
- **Be consistent.** Consistency means managing the child, the same way every time. All the family members should use the same approach, and this should be the same at home and outside. You are the model for your child's behaviour. Don't give up too soon.
- **Allow the child to work at his or her pace** within reasonable time limits. Avoid placing unnecessary demands and reduce distractions where possible. Give one-to-one attention on a regular basis.



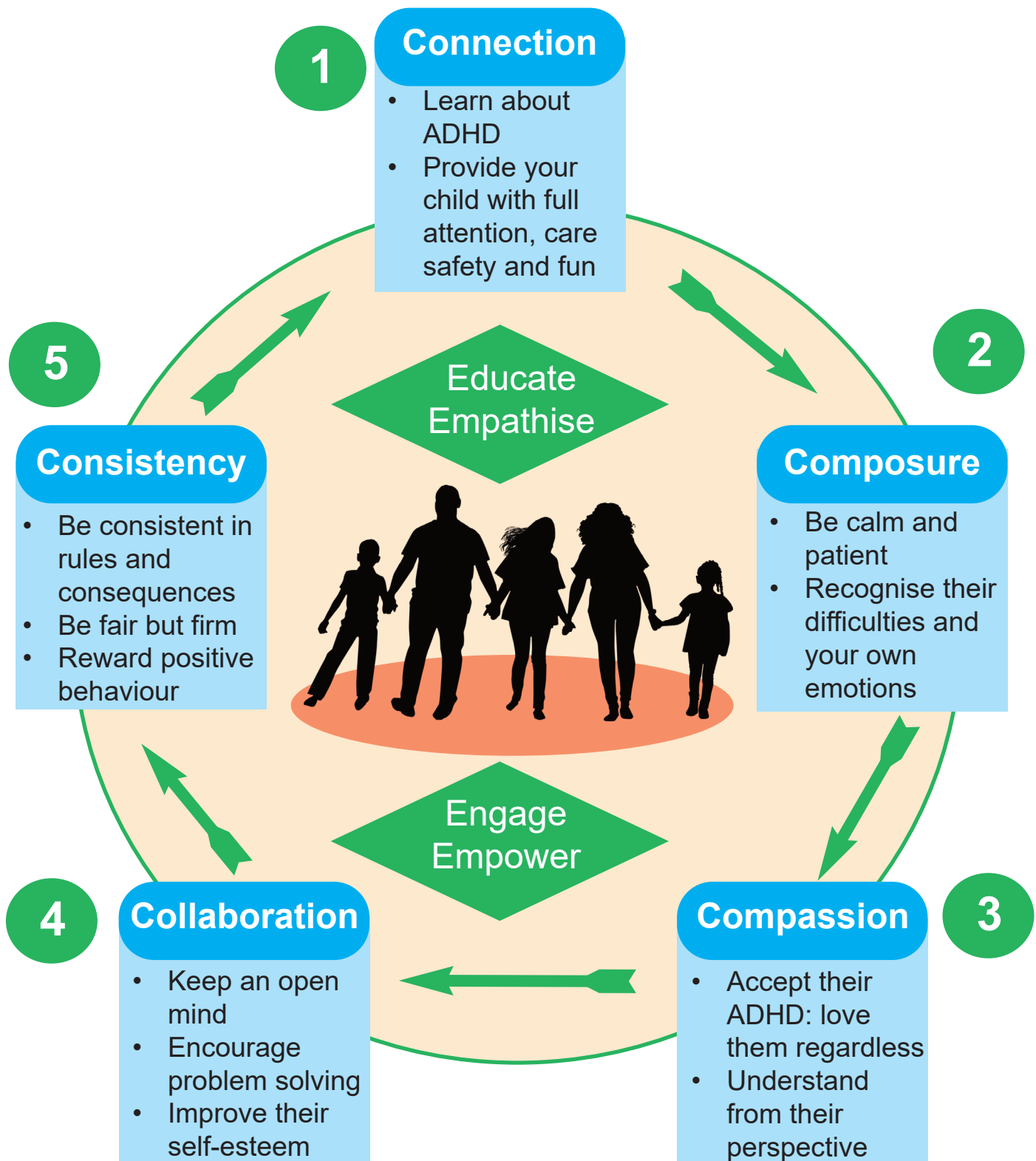
If the above measures do not work, consider the following:

- **Loss of privileges:** For example restrictions on favourite TV programmes.
- **Time out:** This means sending your child to a place to calm down, until he or she feels ready to join in again.
- **Do not try to be perfect.** You are only human! You need time and patience to practise these strategies. **Finally, look after your own health.** Your wellbeing is important, and when you feel good in yourself, you will be in a better position to deal with your child.

The 5C's of Parental Strategies



As a parent/carer, you can try the following strategies to help your child or young person with ADHD difficulties.



Adapted from 'Thriving with ADHD's 5Cs Parenting Framework'

Please visit website <https://thrivingwithadhd.com.au/5cs-parenting-framework/> for more information and resources



Other non-medication treatments

Diet

It is important to look out for any specific food and drinks that worsen your child's behaviour and ADHD features, for example, if your child becomes more hyperactive after having sugary food or certain drinks. In this case, keep a food diary and try to cut down or avoid these specific items from your child's diet if there is a clear link. In some cases your doctor or nurse may make a referral to the dietitian for further assessment and advice. Fatty acid supplements are generally not recommended as part of ADHD treatment.

Also a healthy, balanced diet can help to maintain good health and weight. Please check the [Eatwell Guide](http://www.nhs.uk/live-well/eat-well/) (www.nhs.uk/live-well/eat-well/) for additional information.

Exercise

Having regular physical activities can have several benefits, such as improving concentration, better sleep, boosting muscle and bone strength and generally feeling good. Please check the [Physical activity guidance](https://www.gov.uk/government/collections/physical-activity-guidelines) for 5 to 18 year olds for further information (<https://www.gov.uk/government/collections/physical-activity-guidelines>).

Do encourage your child to take part in physical activities. It is also helpful to organise some of these as part of family lifestyle, enjoying them as a whole family.

Yoga, mindfulness and meditation

There seems to be some benefit by practicing these to improve ADHD features. They can be used to complement other ADHD treatments. However, further research is required to establish their usefulness.



How does an ADHD medication work?

As discussed on page 9, people with ADHD are unable to stay still, find it hard to concentrate and are impulsive due to a chemical imbalance in parts of their brain. There is a lack of sufficient quantities of chemical messengers (postmen). The ADHD medication helps to improve transfer of messages between the nerve cells by increasing the chemical messengers (postmen).

ADHD Brain

Postmen go back to the nerve cell and so don't work to deliver letters



ADHD medication stops postmen going back to the nerve cell



This means there are more postmen to deliver letters (messages)



ADHD medications

Role of ADHD medication

Authored by Dr Yemula



When to consider medication?

Medication is recommended as a first-line treatment for children and young people with a severe form of ADHD. However, it should be given as part of a comprehensive treatment plan that includes psychological, behavioural and educational advice and interventions.

There are two main types of ADHD medications.

- **Stimulant medications** are controlled drugs (methylphenidate and amphetamine group) - medicines which have additional controls for supply, storage and disposal to prevent misuse or harm.
- **Non-stimulant medications**

ADHD: What parents want to know about medication



Methylphenidate - stimulant medication			
Short-acting 	Long-acting 	Long-acting 	
Tablet* - can be halved Oral solution	Capsule** - content should not be crushed but can be sprinkled on soft food	Tablet - should not be crushed	
Take 2 to 3 times a day	Take once a day in the morning	Take once a day in the morning	
Works for 2 to 4 hours	Works for 6 to 8 hours	Works for 10 to 12 hours	
Brand names UK	Brand names UK	Brand names UK	
• Medikinet® • Ritalin® • Tranquilyn® • Methylphenidate generic • <i>Methylphenidate (oral solution 2mg/ml)</i>	• Addepta XL • Ambinet XL • Equasym® XL • Focusim XL • ▼ Medikinet® XL • Metyrol® XL • Meflynate® XL • Ritalin® XL	• Tuzulby (chewable tablet) • Affenid® XL • Atenza XL • Concerta® XL • Delmosart® • Kixel XL • Matoride® XL • Xaggitin® XL • Xenidate XL	

In case of children having swallowing difficulties:

*Tablet can be halved to aid swallowing and does not provide equal doses of medicine

**Capsule - content can be sprinkled on soft foods e.g. yoghurt/apple sauce

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See <https://yellowcard.mhra.gov.uk> for how to report side effects.

ADHD medications



Amfetamine group - stimulant medication	
Short-acting 	Long-acting 
Tablet* - can be divided Also available as oral solution	Capsule - content should not be crushed but can be mixed in water/juice
Take 2 to 3 times a day	Take once a day in the morning
Works for 3 to 6 hours	Works for up to 13 hours
Brand names UK	Brand names UK
- Dexamfetamine generic - Amfexa® (Dexamfetamine) (taken once or twice a day)	- Lisdexamfetamine - Elvanse®

Non-stimulant medications: atomoxetine and guanfacine	
Long-acting 	Long-acting 
Capsule and liquid	Tablet - should not be crushed
Take once a day in the morning or 2 divided doses per day	Take once a day in the morning or evening and don't stop abruptly
Works for up to 24 hours	Works for up to 24 hours
Brand names UK	Brand names UK
- Atomaid (Atomoxetine capsule) - Atomoxetine generic	- Guanfacine - Intuniv®

*Tablet can be divided to aid swallowing and does not provide equal doses of medicine

Please note: The illustrations of tablets and capsules depicted in the tables do not represent the actual colours or size of the respective medications. The information about ADHD medications is provided to support patient education and help you to obtain a general understanding. It is not a substitute for medical advice.

Please seek specific and up-to-date medical advice from your doctor/nurse/pharmacist as required.



What are the side effects?

Like any other medication, ADHD medication has some side effects.

Frequency of side effects	Stimulant medications Please refer to brand names on pages 34 and 35		Non-stimulant medications Please refer to brand names on page 35	
	Methylphenidate	*Dexamfetamine and Lisdexamfetamine	Atomoxetine	Guanfacine
Very common At least 1 out of 10 people or more	- nervousness - headache - trouble sleeping	- less appetite - trouble sleeping	- headache - sleepiness - less appetite - stomach pain	- headache - tiredness - stomach pain - sleepiness
Common At least 1 out of 100 or more and less than 1 out of 10 people	- less appetite - weight loss - stomach pain - dizziness	- feeling sick - irritable	- tiredness - dizziness - weight loss	- dizziness - less appetite - low BP - feeling sick
Uncommon At least 1 out of 1000 or more and less than 1 out of 100 people	- chest pain - blurred vision - constipation	Lisdexamfetamine only - chest pain - blurred vision	- aggression - suicidal thoughts	- chest pain - looking pale

Please note the above list is not exhaustive and check the manufacturer's leaflet about medication and/or discuss with your child's doctor/nurse/pharmacist for more information. *Side effects between dexamfetamine and lisdexamfetamine may differ, those listed in the table are applicable to both medicines unless specified. See page 52 for additional information.

How do I know which medication to consider?

- **Stimulant medication** is generally recommended as first choice for children and young people with ADHD.
- **Non-stimulant medication** is the second choice if stimulants do not work, are unsuitable or cause significant side effects.
- Your child's doctor/nurse will discuss the medication options, including benefits and side effects. The discussion should also cover finding your preference for action over the school day or the whole day, depending on your child's individual needs.

Do set your goals before starting a medication

It is helpful to discuss and agree some goals with your child and the doctor/nurse. Some examples are:

- **Stop** running around, being loud and noisy, interrupting others
- **To be able** to focus better, complete tasks, better grades



What to do if my child can't swallow the tablet or capsule?

Do talk to your doctor/nurse to find out options (see pages 34 and 35).

How do you start the ADHD medication?

Try 'Start Low and Go Slow' approach. Start with a small dose and go up gradually to get the maximum benefit.

How long should the child take the medication?

The medication should be continued as long as it is helpful but it can be reviewed after a full assessment, at least once a year.

Can the child have drug holidays (treatment breaks)?

Your child may come off stimulant medication over weekends and school holidays if his or her ADHD features are manageable. Please discuss and agree with your child's doctor/nurse beforehand. Do not stop non-stimulant medication.

You may like to consider drug holidays:

- In case of stimulant but **NOT** with non-stimulant medication
- When your child is started on stimulant medication for school cover only
- In case of growing concerns about some side-effects such as lack of appetite/poor weight gain and growth
- To check if your child can do well without medication at home and school (do inform school beforehand)
- When the young person prefers not to take the medication

How is the child reviewed when on medication?

Your child needs a regular follow up with the doctor/nurse to check some vital signs and response to medication.

- weight, height, pulse rate and blood pressure
- progress at home and school
- response to medication and any side effects, if there is a need to change the dose or switch to a different medication
- understand the child's views, difficulties and strengths
- assess and manage any other medical conditions
- plan and agree future follow up



Are there further benefits from taking an ADHD medication?

According to research, taking an ADHD medication regularly can result in a number of benefits, in addition to reduction of hyperactivity, attention problems and impulsive behaviour.

Treatment with ADHD medication can reduce the risk of:

- accidental injuries
- traumatic brain injury
- cigarette smoking
- substance misuse (alcohol and illegal drugs)
- depression and suicide
- criminal activity
- sexually transmitted infections
- teenage pregnancy



Do medications work differently for girls with ADHD?

ADHD medications work the same for boys and girls. However, be aware of the side effects such as low appetite in girls who may be having eating difficulties/disorders. Also some teenage girls may experience worsening of ADHD features before periods: do seek advice from the doctor or nurse for this.

When do you consider stopping ADHD medication?

Once the child is stable on ADHD medication and making good progress, we can try coming off and stopping the medication for a short period to check if it is still needed. Always involve the child or young person, parent/carer, and the teacher about the timing.

Do children grow out of ADHD?

Research has shown that ADHD can persist and about 65% to 80% of children may continue to have some ADHD symptoms into adulthood. However, with holistic management involving behavioural strategies, educational support, ADHD medication when indicated as well as support for coexisting conditions, individuals can achieve their potential and lead a productive life.



What can I do if the medication doesn't work or help?

The medication for ADHD helps to control or manage ADHD features:

- Hyperactivity
- Attention problems
- Impulsive behaviour

It is important to find out what else might be causing problems. Check if your child/young person is experiencing any of the following difficulties.

- Significant sleep difficulties – taking a long time to settle to sleep, staying awake, night waking and being hard to wake up in the morning. This can affect his/her mood, concentration and behaviour.
- Significant difficulties with behaviour – oppositional and defiant
- Side effects such as loss of appetite, difficulty getting to sleep.
- Most people with ADHD respond to at least one of the medications. For those people with ADHD who do not benefit from them, other medications may be available from some specialists.

Please contact your child's doctor/nurse to discuss further.

Patient information leaflets

- You can access the leaflet from the manufacturer of the individual medication as part of the prescription package.
- You can also visit <https://www.medicines.org.uk/emc> for specific leaflets.

[Methylphenidate](#)

[Lisdexamfetamine](#)

[Dexamfetamine](#)

[Atomoxetine](#)

[Guanfacine](#)



ADHD Medication Record and Progress



It is important to keep a record about your child's ADHD medication, side effects and how well he or she is responding and making progress at home and school. This can also help to discuss your concerns with your child's doctor/nurse at each clinic review.

Date of review with doctor/nurse	ADHD medication Name and dosage	Start date and change or end date of medication	Progress/ response* Very good/good Not so good Poor	Reasons to change medication - side effects - poor response - patient choice - others	Describe side effects and action taken Any comments

*An ADHD Treatment Response Form is free to download [HERE](#).

A Father's Journey with his Son



About my son, Jack

We are a large and loving family, consisting of my wife, myself and 9 children, Jack was different to the other children and we first noticed the differences when he was around 8 to 9 years old. He was always the one to be the loud hyper child, very abrupt, abusive and out of control. At Jack's school we attended many meetings with teachers, dealing with behavioural issues. He was excluded several times and was always in detentions.

Receiving an ADHD diagnosis was a big relief!

Our GP referred him to a specialist doctor. This was painstakingly slow as we had to wait for appointments, go through assessments and eventually he received a diagnosis of ADHD. What a relief ! We found an answer to his behavioural difficulties. We took advice and tried some behavioural strategies. An ADHD medication was finally started and immediately we noticed a big change in his behaviour, I remember walking through our local supermarket when he held his mum's hand as he said he felt weird. The medications weren't the full solution but helped with his outbursts.

Jack as a teenager with escalating behaviour

As Jack got into his teenage years, we had to deal with him battling his brother over an argument with a fizzy drink, holes punched through doors, darts being thrown into his brothers legs, the police being called by Jack as he wouldn't share his school cookery. He got suspended again for imitating his teachers and uploading the videos onto YouTube™. When he couldn't get an item from the supermarket, he did a runner and disappeared for 2 hours involving the police trying to find him. He hid behind a railway station.

He was transferred to another school for 6 weeks. He was referred to CAMHS and was seen by a child psychiatrist who he swore at. At 14, he was invited to have a mentor which gave us some respite and also allowed Jack to vent his frustration with his mentor who he still keeps in touch with today.

Going forward at 16, Jack decided he wanted to stop his medications which was an absolute nightmare. He was arrested at school due to punching another child who called him names, this resulted in him receiving a youth caution. His mentor then introduced him to a local football team which helped support his hyperactivity.

A Father's Journey with his Son



Slow and steady steps towards progress

At 18, Jack was asked to become a steward at football which encouraged him to apply and train as a security industry associate. He decided himself to see a mental health doctor who prescribed him medication to help him manage his condition.

We noticed a change in behaviour and outlook towards life and by the age of 20, he was an evening door supervisor and then at 21, he successfully gained employment as a Police Community Support Officer in London. His colleagues said he has got a photographic memory with great attention to detail and that he had written very thorough reports.

Going up the ladder of success

Two years later at 23, Jack secured a role for a local borough council as a Community Liaison Officer dealing with ASBOs and housing and social issues within his allotted area. Finally Jack has just received notification that he has been successful in his application to join London's Metropolitan Police as a Police Officer. He is very chuffed with his achievement and to be able to give something back to the society.



Personal life

He has a number of hobbies, collects 'Doctor Who™' memorabilia and enjoys playing football once a week. He is now living independently in a flat and has a steady and loving relationship with his girlfriend.

Our reflection as proud parents

Jack's diagnosis consisted of ADHD, Asperger Syndrome, Oppositional Defiant Disorder and challenging mental health issues. He has managed to overcome his difficulties and although childhood for Jack was difficult for us and him, we have supported him throughout.

At 23 years, we are so proud of the change and turnaround in his life from being a troubled teenager with challenging behaviours to now a pillar of the community supporting others with problems and issues.

A Mother's Journey with her Daughter



About my daughter, Rohima

We adopted my daughter Rohima and her brother when she was at preschool. Rohima seemed happy to have a 'forever family' and called me "Mummy" from the start. Over the next few years Rohima showed great progress with her eating, growth and developmental milestones. We look back at videos and she was very energetic, confident and hilarious!

School work going downhill

Once Rohima started school her confidence and happiness seemed to melt away. She was never in too much trouble, but she did not make much progress in a large class where other children were competing for attention. Rohima quickly fell behind with reading/writing and she struggled to make friends. She was quite a loner and seemed to have retreated inside herself.

Rohima needed additional learning support at school and was diagnosed with dyslexia. Rohima really struggled to organise herself, despite many hours of trying to help with strategies and tips. She constantly lost personal items and never seemed to have the right books for the right lesson. In secondary school these issues became more problematic. Rohima's bedroom and school locker were messy and full of clutter. She was very forgetful. Rohima's teachers felt that she had potential, but she would spend too much time daydreaming and struggled to finish her school work.



Finally diagnosed with ADHD

After a long process of diagnosis Rohima was identified as having ADHD (inattentive version). Rohima's younger brother had been diagnosed with ADHD for several years before she was, because he was causing so much disruption at school.

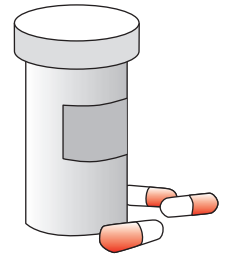




Our decision to try an ADHD medication

We had seen the huge difference that medication had made to help Rohima's younger brother and were keen to trial Rohima on ADHD medication to see if it helped. By this stage Rohima's self-esteem was rock-bottom and she did not want to go to school.

Rohima's teacher (who was initially sceptical about medication) got in touch with me after the first few days. The teacher was amazed at the difference that medication was making - for the first time Rohima could remember the spellings that she had been taught, and that she was focusing in lessons and managing to get on with her work.



Great to see her academic and personal progress

We saw Rohima's confidence gradually improve and she began getting good marks for her school work, which then also helped with her confidence. When we were travelling in the car, I used to not be able to have a conversation with Rohima, because she was distracted by everything she saw. But now she can hold a conversation and follow a train of thought. I think that Rohima's personality means that she will never be particularly neat and tidy, but she is starting to use strategies to help her remember things and become more organised.

Managing her appetite issues

The medication does affect Rohima's appetite, so she has a big breakfast (before taking her medication) and takes enticing snacks to school (rather than boring packed lunch). I make sure that dinner has plenty of nutrition and Rohima also has plenty of milkshakes to ensure she has enough calories through the day. Rohima has the option to not take her medication at weekends. Sometimes she prefers to take it because she knows that medication will help her to focus on what she wants to do.

Moving forward with hopes, aspirations and dreams

Having a diagnosis, seems to help Rohima accept how she is, and why she needs medication. It has also helped her to know about other people with ADHD who have gone on to have enjoyable and successful lives.

The 'Superpowers'



We often talk about negatives attributed to ADHD behaviours at home and outside as well as in the school setting. This has the potential of reinforcing the gloomy feelings of the child or young person and may further bring down their self-confidence and self-esteem.

In our clinical practice, we encourage parents/carers to identify three positive things their child is good at and also engage the child to talk about another 3 more things they excel in, in other words, their '**superpowers**'. Here, let's take a look at 10 positives that were reported by parents and carers at our ADHD clinics.



1

Creative, artistic and developing new ideas

2

Hardworking and they often put in extra effort to achieve their potential

3

Adventurous, fearless and ready to take on challenges

4

Doesn't feel tired at all and seem to have **boundless energy**

5

Persistent and **hyperfocused** on things they love and enjoy



6

Being **spontaneous** and willing to try new /alternative things

7

Having a photographic memory, **motivated** for success and praise

8

Fun loving with **great sense of humour**

9

Becoming **resilient**, strong and adaptable, going through life time adverse experiences

10

Being **fair and helpful** to others

An ADHD Survey



We have also carried out an ADHD survey with children and young people to let us know three things they consider as their superpowers - positives and strengths in their daily life. We have illustrated some interesting responses below:

- Happy
- Kind
- Cheerful

Boy aged 6

- Clever
- Chatty
- Funny

Boy aged 13

- Not shy
- Caring
- Very funny

Boy aged 14

- Funny
- Friendly
- Cat sounds

Girl aged 8

- Leadership
- Social skills
- Sportiness

Boy aged 16

- Acting
- Dance
- Arts

Girl aged 14

- Creative
- Intelligent
- Quick witted

Girl aged 16

- Nice
- Kind
- Thoughtful

Boy aged 10

- Creative
- Defend friends
- Nice to animals

Girl aged 10

- Handsome
- Funny
- Brilliant

Boy aged 9

- Creative
- Happy
- Good Gamer

Boy aged 12

- Enjoys being lively
- Full of fun
- Thinks differently

Boy aged 11

ADHD is my **SUPERPOWER**



Some famous people with ADHD



A child with ADHD may continue to have ADHD features into adult life. However, some adults are also being newly diagnosed with ADHD in later life. Although ADHD presents with challenges and barriers, many affected individuals have a number of positives and strengths to be able to lead a happy and successful life. We have come across a number of doctors, teachers and businessmen with ADHD.

Let's take a look at some well-known inspirational people with ADHD.

Name	Profession	What they achieved in the UK
James Watt	Entrepreneur	He is the CEO of brewery and pub chain 'Brewdog'
Robbie Williams	Musician	An English singer and song writer
John Whaite	Chef	A baker, chef, TV presenter and author
Mel B	Singer	One of the Spice Girls, who was also a judge on The X Factor
Ant McPartlin	TV presenter	Famous for shows 'Britain's Got Talent' and 'I'm a celebrity get me out of here'
Ellie Middleton	Author	Creator, writer and speaker
Lewis Hamilton	Sport Star	A very successful British racing driver

Name	Profession	What they achieved outside the UK
Michael Phelps	Professional swimmer	He became the most successful Olympian swimmer of all time
Simone Biles	Gymnast	A professional Gymnast, who has won seven Olympic Medals
Justin Timberlake	Music artist	An actor and singer who has won many awards
Britney Spears	Music artist	A Grammy winner, famous for songs such as "... Baby one more time"
Will.i.am	Music artist	A Grammy winning music artist, who is also a judge on The Voice UK

Click [HERE](#) for more information and also check this videoclip



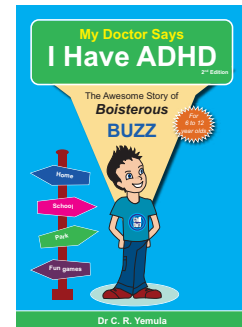
Resources



Children

My Doctor Says I have ADHD: *The Awesome Story of Boisterous Buzz*

- For 6 to 12 year olds
- By Dr C. R. Yemula
- Published by Health Insights 4U Ltd, 2023



Attention Girls:

A Guide to Learn All About Your AD/HD

- For 8 to 13 year olds
- By Patricia Quinn
- Published by American Psychological Association, 2009

Teenagers

ADHD in Teens & Young Adults: *A Mindfulness Based Workbook to Keep You ANCHORED*

- By Dr. Melissa Springstead Cahill
- Published by PESI publishing and media, 2019

Parents and carers

The Complete Guide to Raising and Empowering an ADHD Child: *From Behavioural Disorders to Emotional Control Strategies Through Positive Parenting ... Children*

- By Jennifer Mind
- Published in 2021

Support groups and websites



ADDISS - support group

Attention Deficit Hyperactivity Disorder Support Service

- www.addiss.co.uk

ADHD UK - support group

- <https://adhduk.co.uk/>

YouTube video clips on ADHD by Jessica McCabe

- www.youtube.com/c/HowtoADHD/featured
- www.additudemag.com
- www.youngminds.org.uk
- www.sendgateway.org.uk
- <https://thrivingwithadhd.com.au>

The ADHD and Neurodiversity Padlet

Understanding ADHD, Autism and other Neurodiverse conditions in Small Bites:

This Neurodiversity Hub offers a comprehensive collection of Psychoeducational Resources for Children, Young people and Parents and Carers. Topics include ADHD, Autism, other neurodiverse conditions and difficulties.

Please check to access the information and resources for bitesize learning and at your own pace. You can dip in and dip out and view or download as and when needed. These have been peer reviewed by professionals and families.

Please click [HERE](#) to access the padlet.

Positives of Neurodiversity
Coproduced with children
and families



Some free online resources



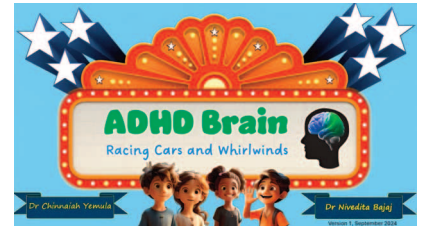
ADHD Brain: Racing cars and Whirlwinds

A story for children and families

By Dr C.R. Yemula and Dr Nivedita Bajaj

Click [HERE](#) for the video

Click [HERE](#) for interactive apple book for iPad
full of animations and sounds

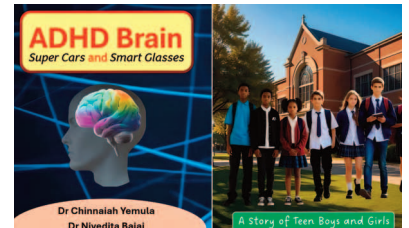


ADHD Brain: Super Cars and Smart Glasses

A Story of Teen Boys and Girls

By Dr C.R. Yemula and Dr Nivedita Bajaj

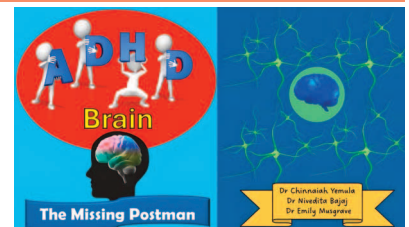
Click [HERE](#) for the video



ADHD Brain: The Missing Postman

by Dr C.R. Yemula, Dr Nivedita Bajaj and
Dr Emily Musgrave

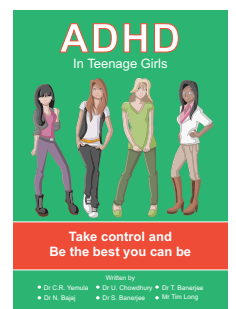
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ADHD in teenage girls

An interactive PDF guide for teenage girls

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How to sleep well: Teen sleep guide

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Also available as a free Apple book with animations and sounds

[How to sleep well and stay healthy: A guide for teenagers](#)

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How do ADHD medications work?

An interactive PDF guide for parents, explained in
simple language how each ADHD medication works

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About the authors



Dr C. R. Yemula

Dr Chinnaiah Yemula has worked as a Consultant Community Paediatrician in Bedford for over 25 years. He has a specialist interest in the field of ADHD, behaviour, sleep and bedwetting difficulties in children and young people.



He has been the Guest Editor for ADHD and ASD focus issues of the journal 'Cutting Edge Psychiatry in Practice'. He has presented his work (posters, talks, lectures, courses) within the UK and several other countries, including India, Ireland, Canada, Japan, Australia and China.

He is a strong advocate of patient education and collaborative work with children and families to achieve a holistic care with the best outcomes. He has published a number of resources (story books, parental guides, ebooks, leaflets, flip charts) for children, teenagers, parents/carers and healthcare professionals.

Professor Frank M C Besag

Professor Besag is a Consultant Neuropsychiatrist at the East London Foundation NHS Trust. He serves as visiting Professor at the Institute of Psychiatry, Kings College London (KCL) and has served as visiting Clinical Professor at the University College London School of Pharmacy. He teaches regularly at a British Association of Psychopharmacology course and at KCL. He is a fellow of four UK Royal Colleges.



His special interests include epilepsy, autism, ADHD, tic disorders, sleep, catatonia, brain-behaviour relationships and psychopharmacology. He has over 250 publications, with over 8500 citations and has lectured in more than 30 countries.

His passion is to implement evidence-based practice in a way that helps individual children and their families.

About the authors



Dr Nivedita Bajaj

Dr Bajaj is a Consultant Community Paediatrician and is employed by the East and North Herts NHS Trust.

As Neurodevelopmental Paediatrician, she specialises in complex neurodisability and neurodevelopmental conditions supporting children and young people with ADHD, autism, FASD, developmental delay, epilepsy, cerebral palsy and related conditions. She has practised paediatrics for over three decades.



She chairs the George Still Forum, the UK's national ADHD forum. A regular speaker at national and international conferences, Dr Bajaj has authored numerous psychoeducation resources for children, young people, carers and professionals.

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Further details about ADHD medications

Reporting of side effects

If you get any side effects, talk to your doctor, nurse or pharmacist. This includes any side effects not listed in the package leaflet.

You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk> or search for MHRA Yellow Card in the Google Play or Apple App Store.

By reporting side effects, you can help provide more information on the safety of this medicine.



- **ADHD**: ADHD is the short name for a medical condition called Attention Deficit Hyperactivity Disorder.
- **Assessment** in clinical practice: It is a process in which a person (for example, a doctor, nurse or therapist) takes some history/information and may also carry out a physical examination, including cardiac examination and tests as required.
- **Blood pressure**: It is the pressure at which the heart pumps blood to different parts of the body, including vital organs like the brain. It is measured with a special instrument.
- **Cardiac examination/assessment**: This basically involves listening to a person's heart for heart sounds and murmurs with a stethoscope and also checking the blood pressure, pulse rate and rhythm. However, if any abnormalities such as a heart murmur is noted, the doctor will request further assessment by a cardiac specialist. This is likely to include tests such as an ECG and ECHO (ultrasound of the heart).
- **Chemical messengers**: These are the brain chemicals (neurotransmitters) which help to transfer messages across the nerve cells in the brain.
- **Cognitive Behaviour Therapy (CBT)**: It is a treatment that helps to reduce psychological distress and problem behaviour by changing how people think, feel and behave.
- **Family Therapy**: This treatment helps to change the family's relationships so that they can learn to manage the challenges they face and take control of their lives.
- **Hyperactivity**: A hyperactive person is full of energy, fidgety, restless, on the go and doesn't seem to get tired.



- **Inattention:** This refers to a number of things like the inability to concentrate for long, making careless mistakes in work, getting easily distracted and being forgetful etc.
- **Impulsivity:** Impulsivity means acting without thinking. This includes interrupting games and conversations and blurting out answers in the middle of questions.
- **Learning disability** (Intellectual disability): Learning Disability means any aspect of development of a person that is significantly behind that expected of his/her age (an IQ of less than 70).
- **Neurodiversity:** It is a concept that everyone's brain is unique and some people's brains may work differently, which is a natural variation. Some are diagnosed with conditions like ADHD, autism, dyslexia and dyspraxia.
- **Paediatrician:** A doctor who has knowledge and experience in managing health problems of children and young people.
- **Psychiatrist:** A doctor who has knowledge and experience in managing mental health, behavioural and emotional problems of people.
- **Psychologist:** A psychologist is a person who has studied the mind, how it works and how it makes people behave.
- **Side-effects (adverse effects):** They are the unwanted effects of any medication that occur while taking it. They are often mild but can be severe. Always check with your doctor if you have any concerns.
- **Social skills training:** This is about teaching a person to understand social awareness and improve the skills needed to interact with other people.

ADHD

In Children and Young People

Version 4



A Simple Guide for Parents and Carers

Comments from readers

I found this book really interesting and informative and think that parents will find this a really helpful resource. **Rebecca, mother**

After reading through, it became apparent that my feelings of complete and utter failure as a mother were maybe not so true as I thought, it explained things perfectly and was a relief to know that every single thing in there was very typical of ADHD and not something I could change but work with to find a different strategy with challenges. It helped to have pictures to explain how their brains work and the explanation on medication was perfect as it's quite hard to find out how they work and the effects etc.

It's definitely the best form of literature I've read on ADHD. It covers all basis in ways parents, children and teenagers will understand. Sometimes the information you can receive can be extremely overwhelming and very confusing but this helped me understand the reasons behind a lot of behaviours and symptoms. **Laura, mother**

This book is a valuable and useful tool offering parents, carers and young people an insight into the many elements of ADHD. The book takes an easy to understand and positive approach to supporting and celebrating young people with ADHD - which is important and refreshing.

Lydia Rosseter, Coproduction Lead, Cambridgeshire Community Services NHS Trust

This is an amazing guide that is so user friendly and accessible to all with appropriate illustrations and useful clickable links to further information. It covers aspects not always seen in other guides, such as ADHD in children and adolescents, ADHD in girls, along with examples of real-life experiences and help with ADHD jargon. The guide explains ADHD very well and also provides useful 5c's of parenting strategies. What I really like is the emphasis on the positives, which I feel is one of the most important aspects. **Michelle Atherton, ADHD Nurse Specialist, Child Development Centre, Stevenage**

The authors of this book have presented essential information about ADHD in a simple and engaging way – a must read for parents and carers of children with ADHD. **Dr Neel Kamal, Consultant Community Paediatrician and Honorary President, George Still Forum, the National Paediatric ADHD Network Group, UK**