

Attention Deficit Hyperactivity Disorder or AD(H)D is being diagnosed with increasing frequency in both children and adults. Many of these individuals were previously labeled hyperactive or minimally brain damaged. It is estimated that 10 to 15% of school-age children presently have this disorder.

The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), published by the American Psychiatric Association, classifies three types of Attention Deficit/Hyperactivity Disorders: predominantly inattentive, predominantly hyperactive, and combined. Six of nine symptoms of inattention, and six of nine of hyperactivity and impulsivity are necessary.

In each case, the symptoms must be present for at least six months to a degree that is maladaptive and inconsistent with developmental level. In addition, some symptoms must be present prior to age seven, and in two or more settings (e.g. at school, work and home). There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning, and the impairment cannot be caused by other disorders such as anxiety, psychosis or a pervasive developmental disorder.

Even though it is generally assumed that people diagnosed as having AD(H)D present a common set of characteristics emanating from a common etiology, little agreement is found among researchers regarding these symptoms. Some symptoms seen in children diagnosed as having attention deficits include:

- Making careless mistakes in schoolwork
- Not listening to what is being said
- Difficulty organizing tasks and activities
- Losing and misplacing belongings
- Fidgeting and squirming in seat
- Talking excessively
- Interrupting or intruding on others

These symptoms are also seen in both children and adults with learning-related visual problems, sensory integration dysfunction as well as with undiagnosed allergies or sensitivities to something they eat, drink or breathe. The chart that follows illustrates this graphically.

Physicians often recommend that AD(H)D be treated symptomatically with stimulant medication, special education and counseling. Although these approaches sometimes yield positive benefits, they often (may) mask the problems rather than get to their underlying causes.

Many common drugs for AD(H)D, which have the same Class 2 classification as cocaine and morphine, can have

Symptoms	ATTENTION-DEFICIT/HYPERACTIVITY DISORDER				
	AD(H)D (DSM-IV)	Alternative Diagnoses			
		Sensory Integration Dysfunction (Kranowitz, OEP)	Learning- related Visual Problems (Berne, Getz)	Nutrition Allergies (Rapp, Sahky Zimmerman)	Normal Child Under 7 (Kranowitz)
<b>Inattention</b> ( <i>At least 6 necessary</i> )	x				
Often fails to give close attention to details or makes careless mistakes		x	x	x	
Often has difficulty sustaining attention in tasks or play activities	x	x	x	x	x
Often does not listen when spoken to directly	x	x	x	x	
Often does not follow through on instructions or fails to finish work	x	x	x	x	x
Often has difficulty organizing tasks and activities	x	x	x	x	x
Often avoids, dislikes or is reluctant to engage in tasks requiring sustained mental effort	x	x	x	x	x
Often loses things	x	x	x	x	x
Often distracted by extraneous stimuli	x	x	x	x	x
Often forgetful in daily activities	x	x	x	x	
<b>Hyperactivity and Impulsivity</b> ( <i>At least 6 necessary</i> )	x				
Often fidgets with hands or feet or squirms in seat		x	x	x	x
Often has difficulty remaining seated when required to do so	x	x	x	x	x
Often runs or climbs excessively	x	x		x	x
Often has difficulty playing quietly	x	x		x	
Often "on the go"	x	x		x	x
Often talks excessively	x	x	x	x	
Often blurts out answers to questions before they have been completed	x	x	x	x	
Often has difficulty awaiting turn	x	x	x	x	x
Often interrupts or intrudes on others			x	x	x

some negative side effects that relate to appetite, sleep and growth. These drugs must thus be withdrawn only under medical supervision. Placing a normal student who has difficulty paying attention in a special class and counseling could undermine, not boost, his self esteem.

**VISION THERAPY** improves many skills that allow a person to pay attention. Anyone diagnosed with AD(H)D should have a complete evaluation by a behavioral optometrist. Testing should be done at distance and nearpoint to assure that both eyes are working together as a team. Vision is more than clarity, and is a complex combination

of learned skills, including tracking, fixation, focus change, binocular fusion and visualization. When all of these are well developed, children and adults can sustain attention, read and write without careless errors, give meaning to what they hear and see, and rely less on movement to stay alert.

**OCCUPATIONAL THERAPY** for children with sensory integration dysfunction enhances their ability to process lower level senses related to alertness, understanding movement, body position and touch. They can then pay attention using their hearing and vision.