ADHD and School Failure

Your child isn’t doing well in school. Actually, she/he’s never done very well, but it’s getting worse as schoolwork gets more challenging every year. What do you do? Here are some thoughts on the matter which I hope you find useful.

There are many reasons for school failure or underperformance. The pediatrician’s first priority is to make sure there are no physical / medical problems with your child. Examples of these include poor nutrition, anemia, iron deficiency, high lead level, vision or hearing problems, allergies, disordered sleep / obstructive sleep apnea, undiagnosed genetic conditions, and absence seizures. An office visit to rule out physical causes and to discuss further evaluation is a good idea.

Let’s assume your child is in good general health with no obvious medical issues. The next question is she/he under stress for any reason? For example, is there family or marital discord? Is there a family member whom the child is close to with a serious illness? Have there been any traumatic events? These are all things which may cause depression or anxiety in a child and interfere with learning.

Assuming that there are no obvious psychological issues, the next question is have you been able to go spend some time in the classroom and observe your child’s interactions and behavior? Teachers are usually supportive of this, especially if you’re able to volunteer and help out. Observing your child in the classroom environment may give you valuable information and insight into the problem.

ADHD

The primary symptoms of ADHD are inattention, distractability, and impulsivity. All three of these are usually present with ADHD. The “H” stands for hyperactivity which may or may not be present. Typically, kids with ADHD take much longer to get through homework and often forget to turn it in.

Often, these kids also have social difficulties and trouble managing their emotions. Making and keeping friends is a problem and behavior at home can be challenging for parents and siblings to deal with as well. However, some ADHD kids are ok socially and their problems are restricted to the learning situation. This latter group, despite their academic struggles, may not get the attention or treatment they should because they’re not behavior problems.

With ADHD there is a discrepancy between the child’s intelligence or cognitive ability and his/her performance, so your child may be very bright but still underperforming. This is a key point in understanding and diagnosing ADHD.
Kids with ADHD may develop **depression** or **anxiety** as a result of their learning problems. However, kids may also have depression or an anxiety disorder as the **primary** problem and school failure/underperformance secondarily. Other psychological / psychiatric disorders like **oppositional-defiant disorder** (ODD) or **conduct disorder** have symptoms which can overlap with ADHD symptoms. Sometimes ADHD may co-exist with these other conditions in the same child. Children with high-functioning autism or Aspergers may also have features of ADHD.

Other causes of learning problems include auditory or visual processing problems and sensory integration disorder.

ADHD, depression, anxiety, and bipolar illness often have a strong genetic component. Tell us if any family members have been diagnosed with any of these.

**Do Kids “Outgrow” ADHD?**

About 30% (statistics vary) of individuals with ADHD continue having problems during adulthood. The hyperactivity component often recedes, leaving the inattention, distractibility, and impulsiveness. *Research shows that adults with untreated ADHD are at higher risk for continued academic problems, social difficulties (friendships and marriage), career and work failure, motor vehicle accidents (much higher), depression and anxiety, and interactions with law enforcement. They are also much more likely to self-medicate with alcohol and illegal drugs.*

**Testing for ADHD**

Unfortunately, there is no specific test for ADHD. It’s more like what’s called a “diagnosis of exclusion”. That is, we try to rule out all the other causes of school failure; and if the child has the three main symptoms (inattention, distractability, and impulsivity) then ADHD is likely.

To do this we rely heavily on parents’ and teachers’ observations of the child. Questionnaires such as the Conners Rating Scale can be helpful. And ideally, **psycho-educational testing** with a trained, experienced psychologist can rule out specific learning disabilities (“learning differences”), and clarify what the child’s strengths and weaknesses are, and help the school design an individualized educational plan (“IEP”) for the child.

Psycho-educational testing may be done by the school district for free at the recommendation of the teacher or if you request it. Testing can also be done by psychologists in the private sector. There are several experienced people locally who provide this service; however insurance does not cover this. For kids who are more “complicated” and seem to have more than just ADHD going on, a multi-disciplinary team such as the **Childrens’ Health Council** in Palo
Alto, the Child Psychiatry clinic at Packard/Stanford Childrens’ Hospital, or the Mind Institute at UC Davis would be appropriate. Kids with significant depression, anxiety, suspected OCD or bipolar illness should see a child psychiatrist.

Treatment for ADHD

Once the diagnosis of ADHD (or any learning disability) is made, by law the school must make “accommodations” for the child to facilitate learning. This may consist of things like seating him/her closer to the front of the classroom, providing written instructions, and allowing more time to complete tests and assignments. Working with the school and requesting teachers who are more experienced and patient is always worth trying. If these strategies are unsuccessful, it’s time to have a conversation with the doctor about medication.

Medication

It is possible for kids with ADHD to be successful without using medication, but usually only with intensive efforts by parents, tutors, and school personnel. However it’s hard to sustain these extra efforts, especially as the material gets more difficult in higher grades. In addition there are other reasons to consider medication. Kids with ADHD have an imbalance of brain neurotransmitters which medication helps correct. Treatment with meds allows them to function more independently, without requiring constant supervision, helps with better social functioning (in kids who have that problem), and improves their self-esteem. Of course no parent in their right mind ever “wants” to put their child on daily medication of any kind. But if your child has ADHD, is failing school, and everything else has been tried, then it’s time to consider pharmacological intervention. One way to look at this is comparing it to having a child with diabetes or severe asthma. These are diseases affecting body metabolism and immune function. Surely a parent wouldn’t withhold medication from their child in these situations, even if it meant taking it every day.

Many parents (and older kids) resist the idea of medication because it’s a “drug”, and won’t it lead to the use of other (illegal) drugs. This idea is reinforced by the school systems and overall cultural message: “Say No To Drugs”. While this is a good message and maybe even an effective one, people confuse illicit drugs with pharmaceuticals that are prescribed for a specific purpose. ADHD medications are used to help kids (and adults) be more functional and successful in school (and work). People take illicit drugs to get “high” and escape from reality. That’s a profound difference. As parents and pediatricians, we all want to help our kids be as successful as possible in life. For some kids, this may mean taking medication.

There are several types of medications. The oldest and by far most popular are the “stimulants”, Ritalin (methylphenidate) and Dexedrine (dextroamphetamine). These
medications have been around for decades, there’s a ton of experience with them, and they are very safe (Ritalin was FDA-approved in 1955; 1955!! There’s a reason it’s still on the market and prescribed so much for ADHD. It’s because it’s extremely effective and very safe.) . Calling them “stimulants” is a little misleading since they have the opposite action in kids with ADHD. These days, mostly the long-acting (slow-release) forms of Ritalin (Concerta & others) and dexedrine (Adderall) are used. There are multiple other “non-stimulant” drugs for ADHD, but they aren’t as effective and are used much less often.

What to Expect from Medication

One of the advantages of the stimulant medications is that they start working immediately, even at the lowest dose. You’ll know within 1-2 days if they’re going to help or not. Oftentimes improvement is immediate and dramatic. The non-stimulant medications can take a month or more to take effect.

I like to start medication at the lowest dose and go up as needed. This helps minimize side effects and allows us to find the lowest possible dose for your child that’s effective. The most common side effects are decreased appetite and trouble getting to sleep. These are usually mild and improve with time.

I suggest not telling the teacher that you’ve started medication. Rather, check in with the teacher after a few days to see how things are going; that way, you’ll get an “unbiased” opinion. Then tell them. If your child truly has ADHD, chances are very good the teacher will give you a great report!

Stimulant drugs affect the sympathetic nervous system (increased heart rate and blood pressure). If your child or any family members have a history of chest pain or fainting during exertion, make sure and tell us. This may indicate a cardiac abnormality and stimulant drugs shouldn’t be used.

Monitoring & Prognosis

We like to see any kids who are being treated with stimulant medication 3-4 times a year to monitor their blood pressure and growth as well as just how things are going generally. Dosage adjustments are frequently needed in the first few months.