

Health

U.S. guidelines lower age of ADHD diagnoses

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Globe and Mail Update

Published Monday, Oct. 17, 2011 11:01PM EDT

Last updated Monday, Oct. 17, 2011 11:03PM EDT



A new set of medical guidelines will allow children in the United States as young as four to be diagnosed with attention deficit hyperactivity disorder.

The influential American Academy of Pediatrics has updated its decade-old policy to expand the age range for diagnoses of ADHD to four to 18 from the previous range of six to 12. The change reflects research that suggests the disorder – characterized by problems of inattention, over-activity, distractibility and impulsiveness – can be detected both earlier and later than previously believed.

The guidelines emphasize behavioural therapy as treatment for children diagnosed under the age of six before resorting to drugs such as Ritalin. The policy won praise in Canada, where ADHD occurs in about 5 per cent of the population and doctors are more conservative than their U.S. counterparts about making an official diagnosis of ADHD.

“Treating children at a young age is important, because when we can identify them earlier and provide appropriate treatment, we can increase their chances of succeeding in school,” Mark Wolraich, the lead author of the report, said in a statement of the diagnostic and treatment guidelines released on Sunday at an AAP conference in Boston. “Because of greater awareness about ADHD and better ways of diagnosing and treating this disorder, more children are being helped.”

For elementary school children and teens, the AAP recommends both medication and behaviour therapy.

Behaviour therapy could include parenting strategies such as helping a child create a schedule and transition between activities more smoothly, and carving out enough time to run around and blow off steam, said Diane Sacks, a Toronto pediatrician and the chair of the mental health section of the Canadian Paediatric Society.

Dr. Sacks said she sees merit in discussing ADHD in younger children, many of whom can be identified as at risk if they have parents or siblings with the disorder.

Dr. Sacks said six is the youngest age at which most experts would prescribe drugs because of negative side effects on appetite, growth and sleep.

She applauded the push for behavioural interventions, which have only positive side effects.

“Guess what? If [the child] doesn’t have ADHD, so what if he knows how to transition better? This is true for kids who might have anxiety, depression. There’s no reason not to teach kids how to deal with stress.”

Developmental pediatrician Lawrence Diller said he’s happy that the guidelines champion behavioural interventions.

“My question to the AAP guideline people is: Why not for the school-aged kids too?” Dr. Diller said from Walnut Creek, Calif. “There’s no denying that the medicines work. Just because they work don’t make them the moral equivalent of non-drug interventions.”

Pediatric psychiatrist Alice Charach said she would welcome more referrals of younger children, since a host of issues often crop up early that can be addressed, including learning disabilities and eyesight problems.