

DR. NDRIO

# Chicago Tribune CHICAGOLAND HEALTH & FAMILY

## Doctors increase age range for ADHD diagnosis

New guidelines cover children ages 4 to 18

By **BONNIE MILLER RUBIN**  
Tribune reporter

Children as young as 4 can be diagnosed and treated for attention deficit hyperactivity disorder, according to new guidelines from the American Academy of Pediatrics.

The new recommendations update the decade-old guidelines, which covered children ages 6 to 12. Recent research led the organization to expand its scope to include preschoolers to age 18, said Dr. Mark Wolraich, lead author of the report released Sunday at the AAP National Conference in Boston.

"There is now enough evidence to address this broader age range," he said. "We know that identifying and treating kids at a young age is important ... because the earlier we can provide treatment, the better

chance of success."

ADHD is the most common neurological disorder in kids, affecting about 8 percent of children and teens. Symptoms include hyperactivity, impulsivity, poor social skills and inability to follow directions.

For the youngest patients, the report recommends that the first line of treatment be behavioral therapy and parental training to help increase consistency and structure, for example, around meals, bath time and bedtime.

However, when those interventions fail and moderate to severe symptoms persist, physicians can consider medications, such as low doses of Ritalin, said Wolraich, a professor of pediatrics at the University of Oklahoma Health Sciences Center, who has been studying the condition since the 1970s.

Studies have shown that those with ADHD are more at risk of dropping out of school, car accidents, substance abuse and other negative outcomes, he

**"Parents have to be their child's advocate and get them the help they need — and get it early."**

— Dr. Mark Roome, a Flossmoor-based pediatrician

said. "It is not an inconsequential disorder."

Among school-age children and adolescents, the American Academy of Pediatrics suggests a combination of medication and behavioral therapy.

Regardless of age, clinicians should treat ADHD the same way they would treat any chronic illness, including taking a team approach and educating the patient, family and teachers, Wolraich said. "You also want to see the patient frequently enough — especially as a child moved from elementary school

to junior high and junior high to high school."

Dr. Mark Roome, a Flossmoor-based pediatrician, applauded the new guidelines.

"Kids who don't get treated are at a much higher risk for everything from low self-esteem to poor grades to being socially immature," he said.

"They can go many years with daily reminders that they can't do what other kids do ... and it just wears them down," Roome said. "Parents have to be their child's advocate and get them the help they need — and get it early."

For those with the most intense behavioral health needs, primary care physicians often refer their young patients to mental health professionals. Dr. Petrit Ndrrio, a child and adolescent psychiatrist in Naperville, was glad to see the pediatricians get on board.

"The more we can educate parents, the more understanding and help we can give kids,"

Ndrrio said. "If you would take a child with a vision problem to an optometrist for glasses, why would we not treat kids who have trouble with their brain circuitry?"

Penny Williams, the author of the blog "A Mom's View of ADHD," said she was "very excited" to hear about the revisions — especially because it means coming up with treatment strategies before a child starts school.

"If my son — now in the fourth grade, but diagnosed in the first grade — had been diagnosed earlier ... it would have made a huge difference in his academic career," said Williams. "In fact, if I had know about his ADHD and learning disabilities in kindergarten, I would have held him back a year."

[brubin@tribune.com](mailto:brubin@tribune.com)