

A photograph of two young children hugging on a cobblestone path in a park. The child on the left is wearing a blue jacket and green pants, while the child on the right is wearing a pink jacket and blue pants. The background is filled with lush green trees and a bright, sunny sky.

CHILDREN AND ADOLESCENTS WITH ADHD



Children with ADHD

Around 3 to 5 percent of children and adolescents under the age of 18 are diagnosed with ADHD. Children may already exhibit symptoms of ADHD in infancy, but most cases are diagnosed at school age.

2 out of 3 children with ADHD suffer from at least one associated disorder. During childhood, more boys are diagnosed with ADHD than girls, at a ratio of 4:1.

Causes of ADHD

Genetics play a significant role in the development of ADHD. Studies have shown that complications during pregnancy and birth may increase the risk of developing ADHD, and that genetic and environmental factors both play a role.

Signs and Symptoms of ADHD

ADHD is commonly divided into three subtypes based on symptoms:

- ADHD predominantly hyperactive-impulsive type
- ADHD predominantly inattentive type
- ADHD combined type



Symptoms associated with the subtypes:

- Hyperactivity:
 - Difficulty sitting still
 - Fidgeting with hands and feet
 - Restlessness, inner turmoil/anxiety
 - Excessive energy, feelings of being driven by an internal motor
- Impulsivity:
 - Difficulty waiting their turn
 - Often interrupt or interfere
 - Act without thinking
- Inattentiveness:
 - Difficulty in completing tasks
 - Frequently switch from one activity to another
 - Difficulty in following instructions
 - Difficulty in organising tasks and activities

What should I do if I suspect my child has ADHD?

When children and adolescents show signs of ADHD, discussion between parents/guardians and preschool/school employees is crucial. An ADHD assessment is often initiated together with the parents, family doctor, the school, a public health nurse and PPT (Municipal Educational Psychological Services) For a diagnosis to be made, a doctor's referral is required to specialised mental health services – usually BUP (Child and Adolescent Psychiatry). PPT is formally responsible at municipal level for evaluations, but this is contingent on information, observations and assessments from others, including parents, healthcare services, and preschools/schools.

What can be done?

Thorough evaluation and accurate diagnostic procedures are fundamental to tailoring treatments and measures when receiving a diagnosis of ADHD.

These include:

- Information on ADHD
- Adapting teaching and/or work methods
- Information and guidance to those with ADHD as well as their families/relatives
- Medicinal treatment
- Support and assistance

Help and resources

Adaptive measures and special educational initiatives at preschool/school are some of the most common – and most important – forms of assistance for children and adolescents with ADHD. Courses for parents and other tailored treatment programmes can also mitigate the symptoms of ADHD. Treatment with pharmaceuticals may also be considered, provided it forms part of a holistic programme.

For more information about children and adolescents with ADHD, please visit the ADHD Norway website. Further reading (Norwegian only):

ADHD/Hyperkinetisk forstyrrelse – Nasjonal faglig retningslinje for utredning, behandling og oppfølging at Helsedirektoratet.no.

ADHD Norway

ADHD Norway is a nationwide, voluntary organisation for people with ADHD and their relatives.

ADHD Norway's vision is that everyone with ADHD should have the opportunity to make use of their resources and enjoy a good quality of life.