



ADHD Look-Alikes

Guidelines for Parents

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Background

There are many psychological and medical problems that look like ADHD, so children who present the typical signs of Attention Deficit Hyperactivity Disorder need to be carefully evaluated. Look-alike ADHD children may meet the diagnostic criteria for ADHD but have a completely different problem. It is important to distinguish between the conditions because their long-term course and treatment may be quite different from children with classical ADHD.

Depression

Depression is as common in children as it is in adults. While it may seem unlikely that a depressed person would be "hyper" (since many depressed people seem to talk and think slowly and move with real effort), some inattentive children with impulsive and hyperactive behavior are actually depressed. These children may have mild symptoms and just feel blue or demoralized, or have more persistent symptoms like chronic bad moods (dysthymic disorder), or have the psychiatric diagnosis of depression with its accompanying physical changes (major depression). Even though these children may show ADHD-like symptoms, treating the depression will help more than treating the ADHD symptoms.

Stress-induced Anxiety States

Anxiety caused by a stressful environment may present as ADHD. Children living in a stressful home situation or who are dealing with social or family problems or academic pressures may look like they have ADHD. Obviously, helping them cope with the stress in their lives is the answer, rather than using stimulant medications, which may increase their anxiety. Even mild stress can produce symptoms like ADHD.

Biologically-based Anxiety Disorders

Even though many of the symptoms of certain medical conditions, such as separation anxiety or obsessive compulsive disorder, may look like ADHD, they are treated quite differently. Again, stimulants given to treat ADHD often worsen the symptoms of these anxiety disorders, which are better treated with anti-anxiety and mood stabilizing medications and other approaches.

Child Abuse or Neglect

In certain cases, the victims of sexual abuse, physical abuse or neglect display the symptoms of ADHD. Even after a limited period of abuse or neglect, these children may continue to show symptoms that are difficult to distinguish from ADHD.

Bipolar Disorder

Bipolar disorders are being more frequently identified in children. This family of disorders has symptoms that may look like ADHD. The most severe form of bipolar disorders in adults is manic-depressive illness, but most common bipolar disorders are milder. Likewise, only children with the more

severe forms of bipolar disorder show amazingly energized and lengthy temper tantrums with gross destructiveness during their brief or lengthy rages. In children, the milder forms of bipolar disorders present as impulsivity, inattention, hyperactivity and also with overly strong emotions, feelings, an overbearing manner, irritability or unprovoked hostility, and often difficulty in "getting going" in the morning.

While about half of boys and perhaps a quarter of the girls with bipolar disorders also meet the diagnostic criteria for ADHD, bipolar disorders tend to appear in families with a history of depression or bipolar disorders. Although stimulants can sometimes help these children with bipolar disorders, stimulants often make the symptoms worse and can be quite risky. Mood stabilizing medications can be much more helpful.

Schizophrenia

Schizophrenia is a serious illness that can include ADHD symptoms. Schizophrenia is uncommon in children, but when seen, there is usually a family history for the disease. Again, stimulant medications can be risky for these children.

Other Medical Disorders

Certain medical disorders such as sleep or arousal problems, malfunctions of the thyroid gland and lead poisoning may also give ADHD like symptoms.

Summary: Cautions in Diagnosis and Treatment

Given the variety of disorders that can be mistaken for ADHD, or that may be present with ADHD, a comprehensive evaluation of the child is always important. Numerous problems must be considered, assessed and "ruled out" before a diagnosis of ADHD can be made. It is no longer sufficient to start treatment for ADHD based on observations of "tuning out" or misbehavior. ADHD needs a psychological and medical evaluation that matches our growing awareness of the complexity that goes by the simple name of ADHD.

If a medical or psychiatric disorder is presenting as ADHD, and the child's condition is worsening with age, it is important to consider the possibility that ADHD may not be the only, or even *the* problem. Also, if the child has bad dreams, bad moods or disturbing thoughts, or if there is a family history of psychiatric disorders, then it is important to be sure that Look-Alike disorders and additional problems are not present. If another condition is present, a treatment that only improves the ADHD symptoms will leave behavioral problems, mood abnormalities or chemical imbalances untreated. In these cases, even if stimulants are helpful or if environmental changes improve the child's self control, it is critical to make sure that the other, and perhaps more serious, problems are not left untreated.

Resources

Barkley, R. (1990). *Attention Deficit Hyperactivity Disorder: A handbook for diagnosis and treatment*. New York: The Guilford Press.

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Hallowell, E. & Ratey, J. (1994). *Driven to distraction*. New York: Pantheon Books

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