

This fact sheet is for general information only and does not replace professional medical advice. If provided to clients and their family, it must be reviewed with them to ensure understanding and address any questions or concerns.

Description	Attention Deficit Hyperactivity Disorder (ADHD) is a neurological (brain) disorder where the person has ongoing patterns of inattention and/or hyperactivity and impulsivity.
What causes ADHD	Exact cause is unknown. The following factors may contribute: <ul style="list-style-type: none"> - Genetics (mom or dad may have it as well) - Use of alcohol, tobacco or drugs during pregnancy - Low birth weight - Environmental toxins during childhood (e.g. tobacco smoke, lead) - Brain injury
Prevalence	5-9% for children and adolescents and 3-5% for adults, worldwide
What are some of the common signs/symptoms	Inattention: person wanders off, is easily distracted, does not complete school work/ tasks; and/or Hyperactivity: seems to move constantly; fidgets, talks constantly and interrupts; and/or Impulsivity: interrupts, makes decisions without thinking about long-term consequences, socially inappropriate. The person may engage in risky behaviors, such as dangerous driving, criminal activity and substance abuse.
What Disorders are related?	Other conditions common with ADHD may be: anxiety, depression, oppositional defiant disorder, conduct disorder, obsessive compulsive disorder, tic disorder, borderline personality disorder, substance abuse disorder.
How is ADHD diagnosed?	To be diagnosed, a neuropsychologist must formally assess the person. They need information from the family/caregivers and school to fully understand the situation.
Do symptoms change over time?	ADHD is a life-long condition. With ongoing support and practice, the person may learn to manage the symptoms at home, with friends, at school and at work.
How is ADHD treated?	Professional support is individualized and may include: <ul style="list-style-type: none"> o Counselling (cognitive behavioral therapy) o Training for social skills o Medication Support can be provided before getting a diagnosis. For case management, education and strategies, local health professionals may refer the client to social services, community resources, and available rehabilitation services (SNE, OT, psycho-education, etc.).
Where can clients and caregivers get more information? (click on the links)	Talk with your doctor about concerns you may have about your child, family member or yourself. attentiondeficit-info Disability Programs Specialized Services - website

Please keep in mind that a disability is only one part of a person. Identifying and fostering their strengths will be critical for supporting the person to reach their goals.

For more information on traditional practices that may apply, please refer to the Nishiiyu department of the Cree Board of Health and Social Services of James Bay.

References:

CADDRA (2018). Canadian ADHD Practice Guidelines – 4th edition. https://www.caddra.ca/wp-content/uploads/CADDRA-Guidelines-4th-Edition_-Feb2018.pdf

World Health Organization. (2012). Pharmacological and nonpharmacological interventions for children with attention-deficit hyperactivity disorder (ADHD). https://www.who.int/mental_health/mhgap/evidence/child/q7/en/

National Institute of Mental Health. (2019). Attention-deficit hyperactivity disorder. <https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>
