



Children's Medical Studies Department

***The impact of Attention Deficit
Hyperactivity Disorders on the Quality
of Life in children***

Thesis

*Submitted for Partial Fulfillment
of Master's Degree in Special Needs*

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بسم الله الرحمن الرحيم

قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْحَكِيمُ

صدق الله
العزيز

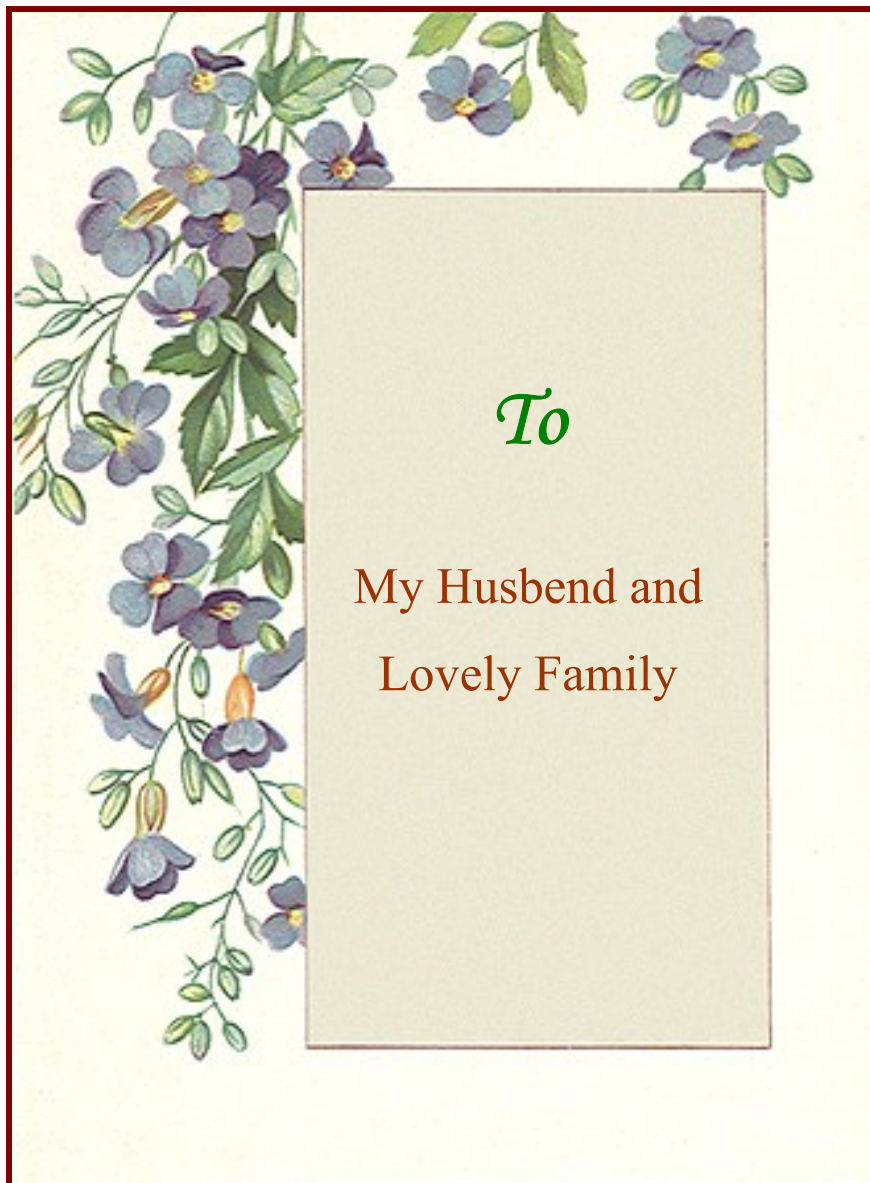
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ABSTRACT

Attention Deficit Hyperactive Disorder (ADHD) is one of the most common childhood psychiatric disorder affect between 3% and 11% and more prevalent in boys than girls.

ADHD is a condition characterized by different levels of inattention, hyperactivity and impulsivity and give ratio of significant academic, social and emotional problems at home and school.

The aim of this work was to assess the impact of ADHD on quality of life of children with significant negative effect on the quality of life for the affected child and his or her family.

Children with ADHD were found to have substantially lower HRQL compared with normative data.

Psychosocial health was related to ADHD symptoms and number of comorbid disorders.

The use of tools such as the Quality of Live Questionnaire (CHQ) shows how additional and useful information that is relevant to the life of the patient and his or her family can be obtained.

Finally, ADHD is a disorder not only affects the individual but affects his or her family and surrounding environment.

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List of Abbreviations

AACAP	American academy of child and Adolescent psychiatry
AAP	American academy of pediatrics
ADD	Attention deficit disorder
ADHD	Attention-deficit/hyperactivity disorder
AAP	American academy of pediatrics
CBT	Cognitive-behavioral therapy
CD	Conduct disorder
DCD	Developmental co ordination disorder
CAADD	Child and adults with attention deficit disorder
CPT	Continuous performance test
CRS	Conners' rating scale
DATi	Dopamine transporter
DSM	Diagnostic and statistical manual of mental disorders
HIAA	Hydroxyl indole acetic acid
HKD	Hyperkinetic disorder
HRQOL	Health-related quality of life
ICD	International classification of disease
LD	Learning disability
MAO	Monaramine-oxidase

<i>MBD</i>	Minimal brain damage
<i>MTA</i>	Multimodal treatment study
<i>OCD</i>	Obsessive compulsive disorder
<i>ODD</i>	Oppositional defiant disorder
<i>PDD</i>	Pervasive developmental disorder
<i>PTSD</i>	Post traumato stress disorder
<i>QOL</i>	Quality of life
<i>RD</i>	Reading disorder
<i>RET</i>	Recent emission tomography
<i>WD</i>	Writing disorder
<i>WISC-R</i>	Wechsler intelligent scale for children-revised

INTRODUCTION

Attention-deficit/hyperactivity disorder (ADHD), one of the most common childhood psychiatric disorders. Affects between 3% and 11% of children according to the diagnostic and statistical Manual of mental disorders, fourth Edition(DSM-IV). Boys are 3-6 times more likely to have ADHD than girls (*D Phil, 2008*).

Attention-deficit/hyperactivity disorder (ADHD) is a disorder characterized by inattention, impulsivity hyperactivity and is associated with significant impairment of cognitive and psychosocial functioning (*Barkley, 2004 and Wehmeir et al., 2008*).

In USA incidence in school age children is estimated to be 3-11%, other studies suggested that the worldwide prevalence of ADHD is between 8% and 12%.

The exact causes of ADHD remain unknown and multifactorial but can be summarized in the following:

- Neurobiological factors.
- Neurochemical factors.
- Genetics factors.
- Pscychoscial factors.
- Brain damage.

- Environmental factors.
- Substance abuse.

As many as 65% of these children will have ADHD or some residual symptoms of ADHD as adults (*Montark, 2006*).

Diagnosis of ADHD By fourth edition of Diagnosis and statistical manual of mental disorders (D.S.M. IV) are used.

A person must exhibit several characteristics to be clinically diagnosed as having ADHD.

Severity: The behavior in question must occur more frequently in the child than in other children at a developmental stage.

Early onset: At least some of the symptoms must have been present prior to age 7.

Duration: The symptoms must also have been present for at least 6 months period evaluation.

Impact: The symptoms must have a negative impact on the child's academic or social life.

Settings: The symptoms must be present in multiple settings.

The diagnosis of ADHD is based on clinical evaluation. No laboratory based medical tests are available to confirm the diagnosis (*Varni and Burunkle, 2006*).

ADHD is commonly complicated by several psychiatric conditions:

There are 3 common psychiatric co morbidities common in patients with ADHD: Aggression, Anxiety, Depression and other co-morbidities as: conduct disorder, substance abuse, learning disorder, mood disorder, eating disorder, sleep disorder and bipolar disorder.

The term QOL is often used vaguely and without clear definition. Quality of life (QOL) has become an accepted end point in clinical research trials in recent years, as interest in patients experiences and performances has grown (*Patrik et al, 1989*).

Good regulation of emotion has been argued to be important in life satisfaction, mental health, occupational effectiveness and relationship success with good quality of life (*Sareen et al., 2005*).

The evaluation of quality of life became increasingly important in children, adolescents and adults with ADHD.

ADHD is associated with broad impairment in many health related quality of life (HRQOL) parameters,