ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (DSM-V)

"ADHD is a lifelong, neurobehavioral, genetic syndrome that leads to structural, chemical, communication, and arousal differences in the brain that subsequently impact what is called "executive function" system of the brain." *A Radical Guide For Women with ADHD,* Sari Solden, p.x.

3 Types: Hyperactive-Impulsive Subtype
Inattentive Subtype
Combined Subtype (Any combination of symptoms below)

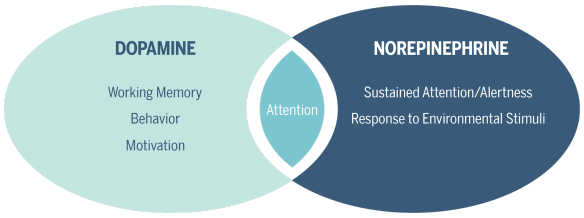
*Need 6 or more symptoms before age 12 for at least 6 months for a diagnosis.

ADHD, Hyperactive / Impulsive	ADHD, Inattentive
Fidgets or squirms	Makes careless mistakes
Can't remain seated	Difficulty sustaining attention
Runs or climbs in inappropriate situations. Feels restless	Doesn't seem to be listening
Unable to play or engage in activities quietly	Doesn't follow through on instructions or finish tasks
"On the go" or "driven by a motor"	Difficulty with organizing tasks and activities
Talks excessively	Avoids starting tasks that require sustained attention
Blurts out answers before the question is asked	Forgetful in daily activities
Hard time waiting for his/her turn	Loses important things often
Interrupts or intrudes on others	Easily distracted by extraneous stimuli

ADDitudmag.com/https://www.additudemag.com/what-are-the-symptoms-of-adhd/

Brain Differences:

- Lower amounts of the Neurotransmitters Dopamine and Norepinephrine make it harder for the neurons to communicate with each other consistently and can affect attention in the prefrontal cortex which is where the Executive Functions primarily reside.
- PET, CT scans, MRIs and EEG technology have made it "possible to see inside the brain and observe its structure and activity." and has shown differences in Neurotypical brains vs. ADHD Brains.



Typical brains reach maturity around the age of 25. There can be a lag in maturity of up to 3 years for an ADHD brain, especially in the prefrontal cortex, which is where the Executive Functions primarily reside. *What Your ADHD Child Wishes You Knew: Working Together to Empower Kids for Success in School and Life*," Dr. Sharon Saline.

Common Comorbid (co-occurring) conditions: Dyslexia, Dysgraphia, Anxiety, Depression, Bipolar, OCD, Aspergers, Oppositional Defiant Disorder, Conduct Disorder, Tourette's Disorder

Treatment: sleep, exercise, nutrition, structure, medication, therapy, coaching

Brain Motivation: interest, novelty, challenge, urgency