



Pediatric Neurology Part I: Chapter 28. Attention deficit (Handbook of Clinical Neurology)

David W. Dunn, William G. Kronenberger

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Primary attention-deficit/hyperactivity disorder (ADHD) is a familial neurodevelopmental disorder involving the frontostriatal pathways and probably connections with the cerebellum and parietal lobe. ADHD is a polygenetic disorder involving predominantly catecholaminergic receptors and transporters. Though more common in school age children, ADHD may persist into adolescence and adulthood. Comorbidity with other disruptive behavior disorders, anxiety disorders, mood disorders, and learning disability is common.

Secondary problems with attention are associated with neurological disorders that involve damage to the frontal lobes, drugs and toxins, and some genetic syndromes. Questionnaires are helpful in the diagnosis and follow-up of ADHD, and neuropsychological assessment can be useful for assessing cognitive function.

Behavioral therapies are usually combined with medication for treatment of ADHD. Problems with attention are more responsive to treatment with stimulants, but nonstimulant medications such as atomoxetine, and possibly other drugs, are also effective and may be particularly useful in children and adolescents with comorbidity. The response to pharmacotherapy is better in patients with primary ADHD compared to those with secondary problems with attention.

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