Attention Deficit Hyperactivity Disorder is the full name of the conditions of attention and/or hyperactivity commonly known as ADHD or ADD. ADHD encompasses three sub-types: combined type, inattentive type, and hyperactive-impulsive type.

**General Information**

ADHD is usually first diagnosed in childhood or adolescence; however, the symptoms were likely present from the age of 7 or younger. Symptoms typically persist into and throughout adulthood.

Persons with ADHD can be highly distractible and can even distract themselves with their own thoughts. They often have difficulty paying attention for sustained periods of time and may be hyperactive or consistently act impulsively.

**Persons with ADHD often:**
- Cannot sit still, fidgeting, tapping fingers or feet
- Cannot concentrate
- Are disorganized
- Leave projects/tasks incomplete
- Do not attend to details
- Talk excessively
- Interrupt
- Have average or above intelligence
- Are distracted by things others find easy to ignore
- Daydream or get distracted by their own thoughts
- Are artistic/creative
- Cannot shift focus once they have achieved it

**Statistics**

- Number of children 3-17 years of age ever diagnosed with ADHD: 5.9 million
- Percent of boys 3-17 years diagnosed with ADHD: 13.5%, Girls: 5.4%

**Treatment**

Most professionals will agree that the best treatment for people with ADHD is a combination of medication and behavior modification.

There are now a plethora of medications used to treat ADHD. The majority of these are stimulants which change the way the brain utilizes its own neurotransmitters. Other medications that have also been found helpful are anti-depressants, anti-hypertensive, and anti-anxiety drugs.

People may rely on behavior modification to identify troublesome habits and to develop routines to organize their lives.

**Helpful Academic Accommodations**

- Extended time on exams/quizzes
- Reduced distraction settings
- Books in alternate formats
  If a student with ADHD listens to a book or assigned reading while simultaneously reading it, they may improve both concentration and comprehension.
- Note taker
- Weekly check-ins with ESS staff
- Class Cues
  Varying tone of voice, tapping on a desk, proximity to the student, and possibly even touching the student on the shoulder can draw the student’s attention back to the class lecture/discussion. These cues should be worked out privately between the student and the professor.