

1. Introduction

They are the children who impulsively grab toys, butt in, push others and who can't wait their turn. They are the children who are full of uncontrolled activity, who throw tantrums, and who don't listen or follow instructions. They are the children who can't concentrate, who are easily distracted, and who are too disorganised and unfocused to complete tasks. Who are they? They are the children with attention deficit hyperactivity disorder (ADHD), and for many of these children, life can be difficult.

Life for the parents and families of children with ADHD can also be difficult. Parents often feel powerless and frustrated. Mothers, in particular, are more likely to experience depression and distress than mothers who do not have children with ADHD. Parents usually find that the normal methods of managing children, such as withholding attention, reasoning, and scolding, do not work with their ADHD children. Seemingly ordinary tasks, like shopping, can become highly onerous activities for the parents of children with ADHD. The time that parents have available for socialising becomes greatly restricted, especially when willing child-minders cannot be found.

The brothers and sisters of children with ADHD are challenged on several fronts. Not only do they contend with a sibling who is difficult to understand and live with, but they often enjoy far less attention in their household. This can sometimes lead to feelings of jealousy and resentment toward their sibling. Siblings also have an increased risk of having similar problems to their affected brothers or sisters, which can exacerbate the situation.

Teachers can also have difficulty dealing with children with ADHD. Such children frequently disrupt classroom routines and require individual behavioural management. This is a significant challenge for teachers who may often have neither the resources to carry out such management or the necessary knowledge, skills or training to do so.^a

Thus, the impact of childhood ADHD cannot be underestimated; it can be both serious and far-reaching. Research has shown that children with ADHD (particularly those who exhibit symptoms characterised by disruptive behaviours) have an increased risk for a range of potentially serious consequences including slow academic achievement, peer rejection, personal injury, criminal activity, and possibly substance abuse.¹⁻⁶ For a significant proportion of children diagnosed with ADHD, their impairment will persist into adulthood.^{7,8}

Australian children are diagnosed with the disorder every day. For a significant number of these children, treatment with stimulant medication will ultimately be required. In New South Wales (NSW), the prescribing of stimulant medication for the treatment of ADHD in children and adolescents is regulated and monitored by the NSW Department of Health. The regulatory and monitoring system currently in place was developed over many years, and provides important guidance for clinicians throughout Australia.^b

This study, published as a supplement of the *NSW Public Health Bulletin*, aims to present information on the prescribing of stimulant medication for the treatment of ADHD in children and adolescents. The study firstly looks at the symptoms, diagnosis,

^a In NSW in 1995, the Department of Education published the document *Talk, Time, Teamwork* to support teachers and schools in the management of students with ADHD. The document encourages a collaborative approach between teachers and doctors. It was distributed to all schools in NSW, and has been used in other regions of Australia and overseas.

aetiology and prevalence of ADHD. It examines the treatment options available for ADHD, with particular attention paid to the use of stimulant medication. The study also describes the restrictions that are in place in NSW for the prescribing of stimulant medication for the treatment of ADHD in children and adolescents. It then presents trends in the prescribing of stimulant medication in NSW over the last decade, and the characteristics of children and adolescents treated with stimulant medication in 2000. The study concludes with a discussion of these trends.

^b The system was developed in conjunction with the Stimulants Subcommittee of the Medical Committee, a statutory committee established under section 30 of the *Poisons and Therapeutic Goods Act 1966*. The Stimulants Subcommittee, formally constituted in 1989, comprises experts (paediatric psychiatry and developmental and adolescent paediatrics) in the diagnosis and management of ADHD in children and young people. The Stimulants Subcommittee advises the Department on the development and revision of the stimulant prescribing criteria, policy issues relating to ADHD, and clinical issues affecting the prescribing of stimulants for individual children and adolescents.