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# ADHD

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Accessible information about Attention  
Deficit Hyperactivity Disorder (ADHD)





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## What is ADHD

Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms which can include:

- Hyperactive and impulsive
- Unable to concentrate
- A mixture of those above

It is unknown what causes ADHD but researchers are looking at possible factors, including how nutrition might contribute to ADHD. ADHD can be managed with educational support, advice and help for the affected child and family. Medication may also be necessary.

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## Diet and ADHD

It is important to understand that there is only a small role for dietary treatment in ADHD and that treatments with your ADHD team around managing symptoms are the most reliable treatment for your child (Association for Child and Mental Health, 2015).

There are some recent recommendations that diet could affect behaviour, however this is not a definite link (Association for Child and Mental Health, 2015). Dietary treatment in ADHD may require exclusion of the problem food ingredient but the evidence is limited. If you do try a restrictive diet it is important that you do it under medical or dietetic advice and for a limited time period to ensure that growth is not affected.

It is advised that children with ADHD follow a balanced diet which is based on the principles of the Eatwell Guide shown overleaf. They should be offered good nutrition and regular exercise.

Although the idea is popular, there is no conclusive link between sugar and ADHD (Wolraich et al, 1995).

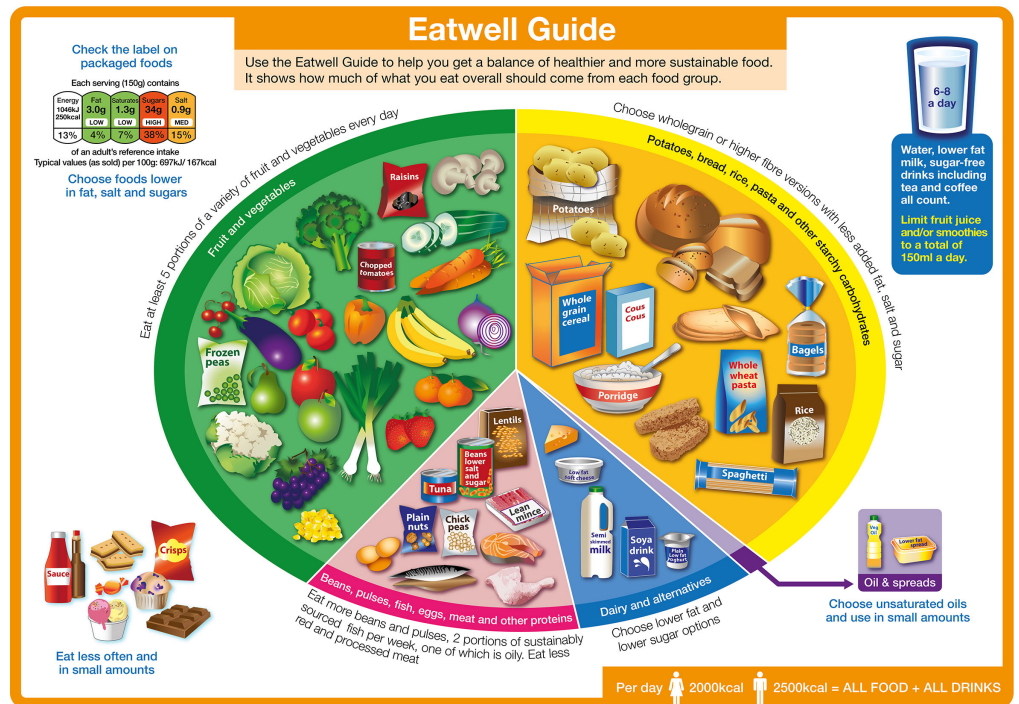


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## Should I be removing foods from my child's diet?

Recent research indicates a possible link between consumption of artificial additives and an increase in hyperactivity (EFSA, 2008), however, there is not enough strong evidence at present. It is advised that removing artificial colouring is not recommended unless there is a link between these foods and behaviour.

## What if I notice ADHD behaviours after certain foods?

If you notice a link between your child's challenging behaviour and consumption of particular foods keep a food and ADHD symptoms diary. If the diary shows a link between specific foods or drinks and behaviour you may be advised to complete a specific dietary elimination.

This should be jointly undertaken by the dietitian, mental health specialist or paediatrician, and the parent and child. There is only evidence to show short term effect of restrictive diet and there are no long term studies into the benefits.

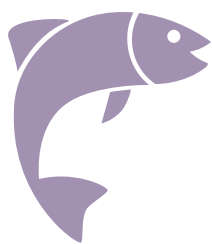


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The British Food Standards Agency advises parents to consider eliminating the following colourings if your child has hyperactive behaviour following these foods:

Artificial Additive	Description	May be found in:
Sunset Yellow (E110)	Yellow Colouring	Energy drinks, flavoured vitamin solutions.
Carmosine (E122)	Red Colouring	Flavoured medicines, marzipan, jam.
Tartrazine (E102)	Yellow Colouring	Ice-cream, ice-llollies, jellies, custard powder, energy drinks, fruit squash, flavoured corn snacks e.g. Doritos, noodles.
Ponceau 4R (E124)	Red Colouring	Dessert toppings, salami, fruit pie fillings, cake mixes, soups, trifles.
Sodium Benzoate (E211)	Preservative	Dressings, fizzy drinks, jams, fruit juices.
Also found naturally in cranberries, prunes, greengage plums, cinnamon, apples.		
Quinoline Yellow (E104)	Yellow Colouring	sauces, decorations, coatings.
Allura Red AC (E129)	Orange / Red Colouring	Energy drinks, sweets, flavoured medicines

A family based approach to healthy eating is recommended so that your child does not feel singled out. Schools can be supportive of healthy eating and it is a good idea to inform your child's teacher if your child is on an exclusion or restricted diet.



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## Should I give my child fish oil supplements?

Some evidence suggests that children with ADHD may have low levels of essential fatty acids (Stevens et al., 1996). Essential fatty acids are fatty acids that the body cannot make very well but are essential. These include different types of Omega -3 fatty acids.

There is some poor quality evidence for a role for omega-3 fatty acids, found in oily fish. There is not enough evidence to suggest this is helpful within children with ADHD. It is NOT recommended that patients with ADHD are given fatty acid supplements.

If your child is having a balanced diet they will be able to get omega 3 from 2 portions of oily fish per week (such as salmon, herring, mackerel and sardines) or seeds such as flaxseeds and linseeds.



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## Should I be giving my child vitamins and minerals supplements?

As with all children, vitamins containing A, C may be required if there is a risk of a vitamin deficiency, especially if your child eats a very limited range of foods.

It is recommended that all children take a dose of Vitamin D that contains 10mcg, particularly during autumn and winter months.

Other vitamin or mineral supplements may help children diagnosed with particular deficiencies but there is no evidence that they are helpful for all children with ADHD. Furthermore, large doses of vitamins may be toxic and must be avoided. A sensible approach is to use a balanced multivitamin rather than several individual high dose vitamins.



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## What if my child is on medication for ADHD?

The most common type of medication used for treating ADHD is called a “stimulant.” For example; Methyphenidate and Dexamfetamine. Although it may seem unusual to treat ADHD with a medication considered a stimulant, it actually has a calming effect on children with ADHD.

A common side effect of these medications is decreased appetite. Some children also report mild stomach aches or headaches. Most side effects are minor and disappear over time or if the dosage level is lowered.

However, while they are taking this medication their weight may be affected. Children need enough energy, protein and nutrients to grow. If your child’s weight is dropping it can show that they are not receiving the correct nutrients. This can lead to deficiencies, delayed growth and puberty.

Weight and height monitoring will be completed before the drug is started. Weight will be taken at month 3 and 6 then every 6 months after this. Height will be taken every 6 months. This will be plotted on a growth chart to monitor growth.

Energy and protein will help to increase weight. High energy foods are usually those that contain a lot of fat. Protein helps with growth and repair. The following tips are useful to ensure your child is adequately nourished:



→ Tips to ensure your child is adequately nourished



### Tips to ensure your child is adequately nourished:

- ✓ **Offering food when appetite is greatest.**
- ✓ **Encouraging even a small breakfast rather than nothing at all as breakfast helps improve cognitive function and behaviour (Adolphus et al 2013).**
- ✓ **Acknowledging the effect of reduced appetite during the active times of the medication, not pressuring the child to eat too much during these times.**
- ✓ **Allowing less healthy choices if appetite is severely affected.**
- ✓ **Reduce distractions at meal times.**
- ✓ **Provide finger foods and snacks when they are playing or watch the TV.**
- ✓ **Use high energy foods frequently if there is a concern about poor weight gain.**
  - Add a tablespoon of double cream to dessert and mash potatoes.
  - Swap to whole milk.
  - Add butter to potatoes, vegetables and wraps.
  - Add extra mayonnaise to sandwiches and pasta.

→ Issues that may arise for you and your child at mealtimes:



### Issues that may arise for you and your child at mealtimes:

<b>Difficulty</b>	<b>Suggestions</b>
<b>Impatient for the meal to be prepared</b>	Plan meal times with your child so they know what time the meal will be. Timers can be helpful if your child is constantly requesting treat foods. When the timer rings the treat is due.
<b>Getting your child to the table to eat</b>	Speaking to the child directly about today's events at school for example may promote engagement at meal times. Praise your child when they have eaten at the table.
<b>Sitting still during the meal time</b>	Positive reinforcement such as reward charts and praise for sitting for the entire meal may encourage your child to continue the behaviour.
<b>Becoming bored after a few minutes of sitting to eat</b>	Foods which are easily transported are a good idea so they can move with your child.
<b>Forgetting to eat his or her lunch at school / needing prompting to do so</b>	It is a good idea to speak to the teacher at school about your child's need to be supervised and perhaps encouraged at lunch time. Children often respond more willingly to a consistent and firm but compassionate approach. It is wise to have a stock of foods which are nutritious and ready to eat.
<b>Getting your child to eat within the time given</b>	Limiting the meal to a reasonable time period is important. Aiming for regular meal times will help your child when it is time to sit at the table to eat.
<b>Not seeming to listen when given instructions to eat</b>	You may need to re-direct your child several times before they complete. A visual plan of what is expected of the child at a meal time can help.



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**Resources:**

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