

Causes And Manifestation Features Of Attention Deficit Hyperactivity Disorder In Children

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Abstract: This article discusses the causes of attention deficit and hyperactivity syndrome, which is common in children, its manifestation, and behavioral characteristics.

Keywords: Artificial light, antisocial genetic stimuli, hyperactivity, impulsivity, imbalance.

Introduction: Parents often complain that it is very difficult for their child to sit still, that he moves a lot, becomes restless, fidgets, speaks very loudly, and often disturbs other children and adults. Such children are awkward in their movements; they have poor coordination and weak muscle control, so they often stumble and fall. It is very difficult for such a child to focus attention on one thing; he is easily distracted, asks many questions, but does not wait for the answer; instead, he begins to direct his attention to another activity, which he also quickly abandons. All this happens within a short period of time. Sometimes it seems that the energy of these children would be enough for several people, which is why such children are called children with hyperactive disorder.

Perhaps parents may encounter the first signs of activity when the child is very young. Of course, any excited child full of energy should not be classified as a child with nervous system disorders or diseases. If children are sometimes stubborn or disobedient, this is normal. It is also normal for a child, even though it is time to sleep, to stay awake until dawn, to be capricious or to play in a shop, and sometimes to "roll around" in bed. However, if it is not possible to overcome this condition on one's own, if the child is excessively excitable, impulsive, and so on, he should be taken to a specialist. Attention deficit hyperactivity syndrome is observed in

a large number of children; according to various studies, about 10 percent of children suffer from it, and it greatly interferes with their social adaptation. This syndrome occurs 4–5 times more often in boys than in girls.

The early manifestations of attention deficit hyperactivity syndrome can sometimes be observed in the first year of life. Such children are excessively sensitive to various stimuli, for example, artificial light, sounds, various actions of the mother related to caring for the baby, and so on; loud crying, sleep disorders, difficulty falling asleep, little sleep, excessive wakefulness are observed. They may lag slightly behind in motor development, beginning to turn over, crawl, and walk 1–2 months later than others, as well as in speech; they are inert, passive, and not very emotional. In the first years of a child's life, the main concern of parents is the baby's excessive movements and their nature, that is, restlessness. When observing such children, doctors notice a slight delay in speech development; later, children begin to express themselves in phrases. Motor awkwardness and later mastery of complex movements, such as jumping and others, are observed in children.

The age of three, even with normal development, is considered special for a child: on the one hand, attention and memory actively develop during this period; on the other hand, the first developmental crisis

is observed. The main problems of this period are the following: along with increased independence and activity, negativism and stubbornness increase. The child actively defends the boundaries of influence on himself as a person, and his "I" becomes stronger.

Therefore, when the child is often 3–4 years old, parents consider his behavior normal and do not consult a doctor; and when teachers begin to complain that the child is uncontrollable and cannot sit and complete a task during lessons, such a situation becomes surprising for parents. All these unexpected manifestations are explained by the fact that the nervous system of a hyperactive child cannot cope with the new demands placed on him against the background of increased physical and mental stress.

It should be remembered that the child cannot fully foresee the consequences of his behavior and does not recognize situations that, during adolescence, may lead to actions that come to the forefront together with aggressiveness.

Parents who suspect such disorders in their children, regardless of the age at which this occurs, should consult a neurologist or psychiatrist and have the child examined, because sometimes other, more serious diseases may be hidden under the mask of attention deficit hyperactivity syndrome.

Genetic mechanisms play an important role in the origin of attention deficit hyperactivity syndrome. If there are close relatives in the family who had similar problems in childhood, the risk of developing hyperactivity is approximately 30 percent. Unfavorable factors during pregnancy and childbirth play a leading role in the occurrence of attention deficit hyperactivity syndrome:

intrauterine hypoxia of the fetus, that is, oxygen deficiency;

threat of miscarriage;

smoking and poor nutrition of the mother during pregnancy;

stress during pregnancy;

premature birth, that is, the birth of a baby weighing less than 2500 g;

early, transient, or prolonged labor.

Tension in the family and the frequent occurrence of conflicts, intolerance toward children, and excessive strictness also contribute to the development of this

syndrome.

Manifestations of attention deficit hyperactivity syndrome:

1. Inattention:

the child cannot pay attention to details, so he makes mistakes when performing any task in a preschool educational institution or at school;

he cannot listen carefully to the speech addressed to him, creating the impression that he usually ignores the words and remarks of others;

he does not complete what he is doing, as if he is expressing his objection in this way because he does not like the work. But the child simply cannot learn the rules of the work and cannot follow them;

he experiences great difficulties in organizing his activity;

he avoids tasks that require long-term mental effort;

he often loses his things and objects needed at school and at home: in a preschool educational institution he can never find his hat, in class he cannot find his pencil or diary, even though his mother gathered and placed everything in one place the first time;

he is easily distracted by external stimuli;

he always forgets everything.

2. Hyperactivity:

the child is restless and uneasy, moves his hands and feet for no reason, crawls on the chair, and constantly turns around;

inability to sit in one place for a long time, jumping up without permission, walking around the classroom, and so on;

the child's activity, as a rule, has no clear purpose. He simply runs, turns around, climbs, tries to climb somewhere, although sometimes this is not safe;

he cannot play quiet games, rest, sit quietly and calmly, or do some things;

he often talks.

3. Impulsivity:

the child often answers questions without thinking and without listening to them to the end; sometimes, instead of answering, he simply shouts;

he has difficulty waiting for his turn regardless of the situation and environment;

he usually interferes with others, interferes in conversations and games, and disturbs others;

he shows impatience and demands that his wishes be satisfied immediately;

impairment of fine movements, such as tying shoelaces, using scissors, coloring, writing, and drawing;

imbalance, as children have difficulty learning to ride a bicycle or skate;

impairment of visual-spatial coordination, inability to engage in sports, especially with a ball;

difficulties in relationships with peers and adults: hyperactive behavior may disturb both parents and teachers and may lead to rejection by others, which makes the child angry and he becomes uncontrollable.

4. Behavioral characteristics:

the child is lively, mobile, active — what is wrong with that?

In addition, he is smarter than his age; at least he has mastered the computer faster and better than his grandmother and knows how to make a complex toy move. Doctors do not indicate developmental delay. Nevertheless, you are constantly irritated by his restlessness, running around, excitability, impatience, and incomprehensible answers.

Do not rush to classify every active child as hyperactive. If your child is full of energy, overflowing with it, and sometimes becomes stubborn and disobedient, this does not mean that he is hyperactive. If you are talking with your friend and the child begins to become irritated and cannot stand still or sit at the table, this is normal. Long trips, holidays, guests, and other events also tire children.

Conclusion

In conclusion, it should be noted that attention deficit hyperactivity syndrome is one of the most controversial and debated mental disorders. Attention deficit hyperactivity syndrome and issues related to its treatment have been studied since the 1970s. The existence of this syndrome is viewed with skepticism by many doctors, teachers, parents, and mass media. The range of opinions about attention deficit hyperactivity syndrome is very broad — from those who do not believe in the existence of this syndrome to those who believe that there are genetic or physiological prerequisites for this condition. Some researchers even

emphasize the influence of climatic factors on the development of attention deficit hyperactivity syndrome in children. The lack of clarity about what attention deficit hyperactivity syndrome consists of and changes in diagnostic criteria lead to confusion. Parents should be taught methods of properly raising the child. To support children in the education system, practical developments based on behavioral methods, such as an intervention system and support for desired behavior, provide for the functional assessment of students' difficult behavior and the redesign of the learning environment to solve problems.

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