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**ANALYSIS OF FACTORS CAUSING ATTENTION AND HYPERACTIVITY
SYNDROME IN CHILDREN**

Khasanova Mashkhura Makhammadsidiqovna

NamSU Freelancer,

Shodmanov Kodirjon Odilkhanovich

NamSU, Ph.D., associate professor.

Abstract: *This article discusses in detail the analysis of the factors that cause attention deficit and hyperactivity syndrome in children, as well as the development of the syndrome.*

Keywords: *attention deficit and hyperactivity syndrome, reticular formation of the brain, genetic factors, prenatal factors, postnatal factors, psychological factors, socio-psychological factors, gestational, anamnesis, toxicoses, gestoses, sugar and synthetic dyes, etiological hypothesis, neurological disorders, mental deprivation.*

INTRODUCTION

The socio-economic and geopolitical processes taking place in the 21st century are changing the ideological and economy image of the world and require the formation of a new way of thinking and outlook.

In recent years, information about the increasing number of appeals of parents to psychologists, psychiatrists and neuropathologists regarding attention deficit and hyperactivity syndrome (ADHD) in children and the high level of social maladjustment caused by it has been recorded in some scientific researches

ADHD is a disease characterized by persistent inattention, hyperactivity and impulsivity. ADHD causes executive deficits associated with off-task behavior and disorganization, while hyperactivity is characterized by agitation, excessive and loud talking, and an inability to regulate stimuli. Students with ADHD experience difficulties in academic and social functioning, such as peer rejection, bullying, failure to complete homework, and poor interactions with adults.

Students with ADHD may exhibit academic failures and difficulties in social functioning that begin in elementary school and may continue throughout their education.

LITERATURE ANALYSIS AND METHODS

Attention deficit and hyperactivity syndrome is a dysfunction of the central nervous system (mainly the reticular formation of the brain), manifested by difficulties in concentrating and maintaining attention, learning and memory, as well as difficulties in processing exogenous and endogenous information and stimuli.

Factors causing attention deficit and hyperactivity syndrome are diverse, and their course and development depend on those factors.

In particular, if the child's attention deficit is caused by genetic factors, in our opinion, it may be a bit difficult to correct it.

Factors causing attention deficit and hyperactivity syndrome can be explained by various reasons. Here are some of these reasons.

Factors causing attention deficit syndrome:

- Genetic factors;
- Prenatal factors;
- Post-natal factors
- Psychological factors
- socio-psychological factors.

Genetic factors:

- Identification of genes associated with the development of attention deficit syndrome;
- In 70 percent of cases, attention deficit syndrome is hereditary;

Attention deficit syndrome is based on structural changes in genetic material, and its development cannot be explained only by deficiencies in the process of raising and teaching children;

- Attention deficit syndrome is a multifactorial disease, and its causes and severity cannot be attributed to a single gene;

- A significant role of interconnections in the central nervous system has been revealed in the development of the syndrome.

In addition to genetic factors, there are familial, pre- and perinatal risk factors for the development of attention deficit hyperactivity disorder. Family factors include the low social status of the family, the existence of a criminal environment, serious disagreements between parents, alcoholism, and deviations in the mother's sexual behavior. Pre- and perinatal risk factors for the development of attention deficit hyperactivity disorder include maternal alcohol and certain drug use and smoking during pregnancy.

Prenatal factors:

- Gestational (severe obstetric-gynecological anamnesis, toxicosis, gestosis, risk of miscarriage);
- Premature birth of the child, morpho functional immaturity, retardation of development in the mother's womb;
- Obstetric injury during childbirth;
- Effects of infectious factors on the fetus: viruses, bacteria, neuro infections;
- Effects of toxic substances on the fetus (intoxicants from plant and synthetic substances, maternal smoking, etc.);
- Hypoxia of the fetus in the womb (acute or chronic);
- Disorders in the neurochemical or neurophysiological dimensions of the central nervous system.

Postnatal factors:

- Intranatal or postnatal anoxia/axia/hypoxia.
- Morphometric characteristics of the central nervous system (cerebrum, basal ganglia and other structures).
- Artificial feeding, elemental deficiencies (vitamins, minerals, other nutrients).
- Disorders of thyroid function.
- Toxic factors.

Psychological and socio-psychological factors:

- Emotional complications between parents;
- Disagreements between older and younger generations in the family;
- Severity of financial conditions in the family;
- Imbalances in interpersonal relationships;
- Cases of not being accepted into the peer group;
- Inability to master the school program;
- Mental deprivation;
- Imitative behavior in children.

RESULTS

A diagnosis of attention deficit hyperactivity disorder can be made when at least 6 of the following symptoms are present. A child has attention deficit disorder if:

- does not pay attention to details and makes mistakes in work;
- it is difficult to maintain attention at work and at play;
- does not listen to what is said to him;
- cannot follow instructions;

- cannot organize games or activities;
- it is difficult to perform tasks that require long-term concentration; often loses things;
- often and easily distracted;
- can be forgetful.

To diagnose hyperactivity, at least 5 of the following signs must be present. If a child is hyperactive, he:

- makes restless movements with hands and feet;
- often jumps up and stands up;
- hypermobile in cases where hypermobility is unacceptable;
- cannot play "quiet" games;
- always in motion;
- talks a lot.

A child is impulsive (that is, unable to stop and think before speaking or acting) if he:

- answers the question without listening;
- cannot wait for his turn;
- interferes with other people's conversations and games.

Long-term studies of attention deficit hyperactivity disorder admit that environmental influences, parent-child relationships account for only 10-15 percent of the development of this pathology.

Diagnosis is relatively good, as most children have symptoms that disappear by adolescence. Gradually, as the child grows, the disturbances in the neurotransmitter system of the brain are compensated and some symptoms return. At the same time, in 30-70% of cases, clinical manifestations of attention deficit and hyperactivity syndrome (excessive impulsivity, anger, inattention, forgetfulness, restlessness, impatience, unpredictable, rapid and frequent mood swings) also occur in adults. can be observed. Unfavorable prognostic factors for the syndrome are its compatibility with mental illness, the presence of psychopathology in the mother, as well as signs of impulsivity in the patient himself. social adaptation of children with attention deficit and hyperactivity syndrome can be achieved only with the interest and cooperation of family, school and society.

DISCUSSION

As we mentioned above, the parent-child relationship plays an important role in the course of attention deficit hyperactivity disorder and in the process of treatment and correction.

In the formation of attention deficit and hyperactivity syndrome, socio-psychological factors, i.e. family relationships or the severity of material conditions in the family where the child lives, are of particular importance.

Donald Thomas Campbell (1916-1996) is an American psychologist, sociologist and philosopher. Doctor of Science. A member of the US National Academy of Sciences (1973) and the president of the American Psychological Association (1975) answered in 1992: "Normal development in the first six

months of a person's life changes imperceptibly towards the syndrome of attention deficit and hyperactivity."

For example, when a child begins to walk, he begins to be everywhere and touch everything, tries to do what he wants. This behavior is appropriate for his age, it is not yet a disorder. But due to the transitory nature of early development, it is difficult to predict whether a child will overcome this behavior or not" (<https://www.ncbi.nlm.nih.gov>).

Many researchers recognize the organic context in the etiology and pathogenesis of attention deficit disorder.

Many researchers recognize the organic context in the etiology and pathogenesis of attention deficit disorder. In the 40th of the 20th century, there was an etiological hypothesis that attention deficit and hyperactivity syndrome is caused by the brain damage. Modern studies that have studied the brain in depth have noted that neurological disorders in the occurrence of this syndrome make up only 5 percent.

A number of studies have suggested that diet and neurotoxins play a role in the development of attention deficit hyperactivity disorder. Some researchers have even created special diet programs, admitting that sugar and synthetic dyes are the cause of attention disorders. However, subsequent objective studies have found that this diet has no effect on attention deficit disorder (<https://www.ncbi.nlm.nih.gov>).

The different classifications of attention deficit disorder and hyperactivity recognized that there are different changes in the brain. These changes include early onset and persistence of symptoms, susceptibility to drug-induced treatment, and poor performance on neurological tests such as working memory and motor coordination. These factors suggest the brain failure, but they have not yet been established. Direct examinations of the brain have yielded confirmed but incomplete results.

CONCLUSION.

Attention deficit hyperactivity disorder - the phenomenon of impulsivity causes a school-age child with normal or high intelligence to have weak reading and writing skills, to be unable to complete school assignments, to make many mistakes in the work done, and to be disinclined to listen.

As we noted above, there is no evidence of brain damage in children with attention deficit hyperactivity disorder. In addition, computer tomography of the brain showed that there was no difference in the general structure of the brain between normal children and children with attention deficit hyperactivity disorder. But tomographic studies have shown that children with attention deficit and hyperactivity syndrome have a narrower frontal part of the brain. The frontal and fronto-limbic parts are of particular interest, since one of the functions of these structures is the inhibition of motor reactions (<https://www.ncbi.nlm.nih.gov>).

In general, we believe that attention deficit hyperactivity disorder is a multifactorial disorder, and the complexity of the development and progression of this syndrome cannot be explained by a single factor. It is necessary to take into account many endogenous and exogenous factors in the pathogenesis, treatment and correction of this syndrome.

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