

**MANIFESTATION OF ADHD IN PRIMARY SCHOOL AND PRESCHOOL CHILDREN**

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Abstract

This article discusses the manifestations of symptoms of ADHD in preschoolers and primary school children, their characteristics and age-related variables.

Keywords: attention deficit hyperactivity disorder (ADHD), preschool children, ADHD in primary schoolchildren, hyperactivity, impulsivity, inattention.

Introduction

Children are active, naughty and cheerful. So how do you know if your child has ADHD? What are the signs of ADHD in preschool children? Usually their uncontrollable behavior is extreme. Such children “run, jump, touch everything, they can't sit still, they're constantly on guard and they're different from healthy kids,” says Dr. Steven Cuff of Florida University of Public Health in Jacksonville. “They are often referred to as “active” or “motorized.” Russell A. Barkley of the Medical University of South Carolina describes such children as grumpy and restless: “They can't concentrate on anything for long periods of time” and ignore even bedtime stories. But some children with ADHD focus on things that interest them, such as certain toys or video games. Parents may notice warning signs early, but diagnosis is usually made a little later. Doctors should help parents develop parenting strategies in this regard.

How do the characteristics of ADHD symptoms manifest themselves in primary schoolchildren? Hyperactivity may not be observed in all children with ADHD of primary school age. And if there is, it will manifest itself during school years. They may have other symptoms. They cannot concentrate and have difficulty making good decisions or planning things. “As these symptoms become more complex, the severity of the disorder may become more severe” says Barkley. They are also more likely than other children their age to have the following problems:

- Sharing
- Taking turns
- Letting others talk
- Finishing homework or chores
- Keeping track of things like homework and books



“Additionally, a child with ADHD is more emotional” says Barkley. If something upsets them, “we need to carefully observe how this dissatisfaction manifests itself.” If you say that you will go to the cinema with them, they will ask about it non-stop. There are no specific tests to diagnose ADHD. Most children have some symptoms, but “to be diagnosed with ADHD, symptoms must be present for at least 6 months and affect the child’s social life and academic performance” says Cuffe. Parents regularly turn to doctors for treatment of their children. Treatment often includes medication and behavioral therapy.

When does ADHD peak? An earlier study found that ADHD symptoms often increase in children between 6 and 8 years of age and gradually decrease by age 11. Symptoms of hyperactivity and impulsivity are likely to decrease with age, while symptoms of inattention remain relatively unchanged. This is especially true for those with predominant symptoms of inattention, which are less disruptive and severe than impulsive/hyperactive symptoms. Girls and women in particular are more likely to have the inattentive type of ADHD. This often means they are diagnosed later in life. Research shows that because these symptoms are less visible, girls develop coping strategies to help hide their symptoms. Although children can manage symptoms successfully, the teenage and adult years place increased demands on ongoing attention, planning, organization, and self-control, which can make managing ADHD increasingly difficult. People who are diagnosed as teenagers or adults may feel relief from the diagnosis, which explains a wide range of problems throughout life. It is especially helpful to know that there are both medical treatments and strategies that can have a positive impact. Additionally, having a diagnosis can open the door to helpful conversations with parents, friends, and partners.

Does a person diagnosed with ADHD get worse with age? Symptoms may affect adults differently, but they usually do not get worse with age. Adults also have more skills and resources to manage their age-related symptoms. Although ADHD symptoms often change with age and may become less severe in adulthood, the condition does not go away completely. Although researchers know little about why ADHD persists in so many people, evidence suggests that early diagnosis and treatment can improve outcomes.

ADHD is often a lifelong disorder and its manifestations change as it develops. Fortunately, by adulthood, 1/3 of children no longer have symptoms of disability and their functioning remains relatively unaffected. Research has identified predictors of functional outcomes across the stable and developmental stages of ADHD. In addition to genetics, there are early developmental factors that increase the risk of ADHD. Preschool symptom severity, cognitive functioning, and family problems appear to be important predictors of school-age outcomes. They continue to predict long-term outcomes in school-age children, with comorbidities emerging as another important predictor of long-term outcomes at this stage. Clinical practice for the treatment of ADHD should be developmentally sensitive and may include:

- optimal antenatal practice;
- trainings for parents of preschool and school-age children; pharmacological or multimodal treatment during school years;
- and a combination of medication and cognitive behavioral therapy in adulthood. ADHD is a lifelong condition and requires ongoing treatment for optimal long-term outcome.



References

1. Barkley RA. Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment 3rd ed. ed. New York, NY: Guildford Press; 2006
2. Barkley RA., Murphy KR, Firscher M. ADHD in adults: What the Science Says. New York, NY: Guildford Press; 2008
3. Beck SJ, Hanson CA, Puffenberger SS, Benninger KL, Benninger WB. A Controlled trial of working memory training for children and adolescents with ADHD. *Journal of Clinical Child & Adolescent Psychology*. 2010;39(6):825-836
4. Berlin L, Bohlin G, Rydell A M. Relations between inhibition, executive functioning, and ADHD symptoms: A longitudinal study from age 5 to 8(1/2)years. *Child Neuropsychology*. 2003; 9(4):255-266
5. Biederman J, Faraone S, Milberger S, Curtis S, Chen L, Marris A, Spencer T. Predictors of persistence and remission of ADHD into adolescence: Results from a four - year prospective follow-up study. *Journal of the American Academy of child and Adolescent Psychiatry*. 1996; 35(3):343-351
6. Biederman J, Faraone S, Milberger S, Guite J, Mick E, Chen L, Perrin J, A prospective 4 year follow-up study of attention -deficit hyperactivity and related disorders. *Archives of General Psychiatry*. 1996; 53(5):437-446.