

## C. ADD Look-Alikes: Same Symptoms but Different Problems

From an article by Servio Carroll, National Association of School Psychologists Communique  
Special Edition, March 1997 (volume 25, no. 6; insert)

### Guidelines for Educators

#### Background

Due to the wide variety of psychomedical and biomedical problems that can be mistaken for Attention Deficit Disorder (ADD), or that may coexist with ADD, it is always essential for a child to be carefully evaluated. Medical specialists are working to develop a more precise idea of which hyperactive children and adolescents really have ADD and which have look-alike problems that only resemble this disorder. Look-alike ADD children may fulfill the diagnostic criteria for ADD but have a completely different problem and, therefore, should receive a different diagnosis. These ADD look-alikes are important to distinguish because their long-term course and treatment may be quite different from children with classical ADD. There are several psychomedical problems or medical disorders that can mimic ADD, resulting in an ADD look-alike child.

#### Depression

Depression is certainly common in adolescents and children, just as it is in adults. While it may seem unlikely that a depressed person would be "hyper" (since many depressed people seem to talk and think slowly and move with great effort), some inattentive children with impulsive and hyperactive behavior are actually depressed. These children may just have passing symptoms of depressed mood (e.g., feeling blue or demoralized) or more persistent or even chronically bad moods (dysthymic disorder), or have the psychiatric diagnosis of depression with its accompanying physical changes (major depression). Even though these children may have prominent ADD-like symptoms, treating their depression is more successful than treating the ADD symptoms.

#### Stress-induced

Anxiety states caused by environmental stress may present as ADD. Certain children living in a stressful home situation or adolescents dealing with social or academic pressures may look like they have ADD. Obviously, helping them cope with the stress in their lives is preferable to the use of stimulant medications. Even mild stress can produce symptoms that mimic ADD.

#### Biologically-based Anxiety Disorders

Certain medical disorders such as separation anxiety disorder or obsessive compulsive disorder are treated quite differently from ADD--even though many of the symptoms of these disorders may look the same as ADD symptoms. However, stimulants often worsen the symptoms of these anxiety disorders, which are better treated with different medications and approaches.

#### Child Abuse or Neglect

In certain circumstances, the victims of sexual abuse, physical abuse or neglect can present with symptoms of ADD. Even after a limited period of abuse or neglect, these children may continue to show symptoms that are difficult to distinguish from ADD.

#### Bipolar Disorders

Another biomedical condition that may mimic ADD is the family of bipolar disorders. The most severe version of bipolar disorder in adults is manic-depressive illness, but most common bipolar disorders are more mild. Bipolar disorders in children and adolescents can present with impulsivity, inattention and hyper-activity, along with overly strong feelings or an overbearing manner, irritability or unprovoked hostility, and often difficulty in "getting going" in the morning. It is only the more severe

forms of bipolar disorder in adolescents and children that show amazingly energized and lengthy temper tantrums with gross destructiveness during their brief or lengthy rages. About half of boys (and perhaps a quarter of the girls) with bipolar disorders fulfill diagnostic criteria for ADD, but bipolar disorder tends to appear in families in which depression or bipolar disorder has emerged before. Although stimulants can sometimes help these children with bipolar disorder, stimulants often make the symptoms worse and can be quite risky. Lithium and other medications can be much more helpful.

### **Schizophrenia**

Schizophrenia is a serious biomedical disorder that can include ADD symptoms. Children with schizophrenia are relatively uncommon, typically come from families in which schizophrenia has emerged before, and represent an extremely small fraction of the children with ADD symptoms. Again, stimulant medications can be risky for these children, and other medications and treatments are strongly preferable.

### **Other Medical Disorders**

Certain medical disorders of sleep (or arousal), malfunctions of the thyroid gland and excessive lead ingestion may also present with symptoms that are typically seen in children with ADD.

### **Summary: Cautions in Diagnosis and Treatment**

Look-alike ADD children may fulfill the diagnostic criteria for ADD but have a completely different problem and, therefore, should receive a different diagnosis. All of the above conditions may cause a child to behave impulsively and show difficulties in attention and hyperactivity that are hard (and perhaps impossible in some instances) to distinguish from ADD. Particularly if a child's situation is

worsening with age, it is important to consider the possibility that ADD may not be the sole or even primary problem. Also, if the ADD is associated with bad dreams, bad moods or disturbing thoughts, or if there is a family medical history of psychiatric disorders, then it is important to be sure that mimicking disorders and additional problems are not present.

If a medical or other psychiatric disorder is presenting as ADD, a treatment that merely improves the ADD symptoms may leave a residue of untreated behavioral problems, mood abnormalities or disorders of physiology. In these cases, even if stimulants are helpful or if environmental changes improve the child's self control, it is critical to make sure that the other (and perhaps more serious) problems are not left to smolder. Given the variety of disorders that can be mistaken for ADD, or that may co-exist with ADD, a comprehensive evaluation of the child is always important. Numerous problems must be contemplated, assessed and "ruled out" before a diagnosis of ADD can be made. It is no longer sufficient to start treatment for ADD based on observations of "tuning out" or misbehavior. This disorder needs a psycho-medical evaluation that matches our growing awareness of the complexity that goes by the simple name of ADD.

### **Resources**

- Barkley, R. (1990). *Attention Deficit Hyperactivity Disorder: A handbook for diagnosis and treatment*. New York: The Guilford Press.
- DuPaul, G.J., & Stoner, G. (1994). *ADHD in the schools: Assessment and intervention strategies*. New York: Guilford Press.
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