National Resource Center on AD|HD
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WHAT WE KNOW

AD/HD and Teens: Information for Teens

"I have AD/HD…..so what??" In many ways, "so what" is right: mostly, you are just a regular teen, with all the ups and downs that come with being a teenager. In other ways, growing up and heading towards adulthood with AD/HD (attention-deficit/hyperactivity disorder) presents some unique challenges and obstacles. People used to think that just young kids had AD/HD, something that you grew out of as you got older. Now we know differently. Today's research has shown that most kids do not outgrow AD/HD when they reach adolescence,[1] and most teens don't outgrow AD/HD when they become young adults. So what does being a teen with AD/HD really mean?

First, you should know that having AD/HD doesn't have to get in the way of living the life you want. Countless teens just like you have grown up to pursue their passions, live happy lives, and be successful in their work. They've found this success because they've taken the time to learn how AD/HD affects them and taken charge of a treatment plan that works for them and their unique situation.

"I'M NOT A KID ANYMORE" - AD/HD IN THE TEEN YEARS

The main symptoms required for a diagnosis of AD/HD—inattention, hyperactivity, and impulsivity—remain the same during your teens as they were earlier in your childhood. However, you may notice some differences. For example, you may struggle less with symptoms of hyperactivity (such as fidgeting

or staying seated) now than you did when you were younger. On the other hand, you may notice greater challenges with staying on top of your schoolwork and other responsibilities. This is because there are more demands on your time and higher expectations for you to function independently now that you are a teen.[2] This can all feel overwhelming, but don't worry - these challenges are not that different from what your friends are going through whether they have AD/HD or not. In your case, it may be more pronounced, but proper treatment can help you adjust as you grow into yourself and adjust to the changes in your life.

Another characteristic associated with AD/HD in adolescence is difficulty with "executive functioning." This term refers to the functions within the brain that "activate, organize, integrate, and manage other functions."[3] In other words, executive function allows you to think about goals and consequences for your actions, plan accordingly, evaluate your progress, and shift plans as necessary. Sound familiar? This may be exactly what your parents and teachers have been trying to help you with over the years. However, in adolescence, your parents and teachers expect you to start doing these things more independently, and sometimes that transition can be tough on you and those around you.

"WHY ME?" – CAUSES OF AD/HD

You may wonder why you have AD/HD. Some teens feel guilty for having AD/HD. Others feel that it is something that they should be able to control on their own or be cured of. Having AD/HD is not your fault! Research has clearly shown that AD/HD runs in families and is highly genetic. AD/HD is a brain-based disorder, and the symptoms shown in AD/HD are linked to many specific brain areas.[4] There is no known "cure" for AD/HD, but we know many things that can minimize the impact AD/HD has on your everyday life.

"IS IT JUST AD/HD?" – OTHER CONDITIONS IN THE TEEN YEARS

Some teens with AD/HD also have the challenge of other conditions that are common with AD/HD.[5,6] These conditions may have been present since you were much younger, or may emerge with the additional stress of adolescence. The fact is that up to 60% of children and teens with AD/HD have been found to have at least one other condition,[7,8] so don't think you're alone.

- Some of the other conditions commonly experienced by teens with AD/HD may affect how you act and have names that may sound pretty heavy. Specific ones include Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). ODD is a term that means you may have difficulty accepting and following the rules and limits set by authority figures. CD is more severe and includes having difficulty with following rules set by authority figures but also includes difficulty following rules and laws set by society.

- Other conditions that affect how you feel (called mood disorders), including depression and dysthymia (a type of negative mood similar to depression but that lasts longer), can also be common in teens with AD/HD. Bipolar disorder is another type of mood disorder. However, a diagnosis of bipolar disorder in teens is controversial[9] and a diagnosis of AD/HD does not appear to increase the risk for bipolar disorder.[10]

- Anxiety disorders may be present in as many as 10 – 40% of teens with AD/HD. Anxiety disorders are characterized by excessive worry, difficulty controlling your worries, and physical symptoms including headaches or upset stomach. They can also include "anxiety attacks" and make you want to avoid situations that make you anxious.

- Substance use and abuse is a significant concern of many parents and teens. The risk for later substance use among children with AD/HD ranges from 12 – 24%. Some substances (like alcohol) may be illegal for you based on your age. Other substances (like marijuana or other drugs) may be illegal, period! For these reasons alone you should avoid using them. If you choose to use such substances and find you have difficulty controlling yourself, if others have expressed concerns to you about your use, if you need the substance to "get going" or "slow down," or if you feel guilty about your use, you may have a substance problem. You should get professional help from a licensed mental health professional or addiction specialist.

- Learning and communication problems can also be common[11] and may become apparent with the added demands of middle school and high school. If you are concerned about your ability to learn in the classroom, your ability to understand what others say to you, or your ability to express yourself the way you want to, then you should tell your parent(s). You may

need an evaluation by a professional to determine how you learn, think, or communicate.

- Sleep disturbance is also common in teens with AD/HD. Changes in sleep cycles are normal for all teens and you may have noticed that you prefer to stay up later at night, sleep later in the morning, and need more sleep overall. As a teen with AD/HD, you may have difficulty sleeping well and this may not necessarily be a side effect of medications.

At this time, it is not possible to predict who will experience these additional difficulties. It is likely that genetics play a role. The additional stresses experienced by some teens with AD/HD, such as social criticism or internal frustration, may also make you more vulnerable to these difficulties. For more information on these conditions (which are called "co-existing" or "co-occurring"), please see *What We Know #5: AD/HD and Co-existing Conditions*.

What should you do if you suspect that you may suffer from any of these additional disorders? Talk to your parent(s) about getting an evaluation by a psychologist, psychiatrist, or other trained mental health professional.

"...somewhere between 1.4 million and 2.3 million youths have AD/HD, so you are far from alone in facing the challenges that come with it."

"MY LIFE WITH AD/HD"

What does it feel like to have AD/HD? You may experience stigma or embarrassment related to your diagnosis. You may also wish to deny that you have AD/HD. Having AD/HD may make you feel different from your friends and you may want to believe that your symptoms have lessened or even disappeared. It is important for you to understand that you are not responsible for having AD/HD. Having AD/HD is not due to any mistake you made and is not a punishment. AD/HD is just like other medical conditions, such as asthma or poor eyesight. You can't control the fact that you have AD/HD, but you can control the way you manage it. Following your treatment plan is a key to meeting your goals and achieving success.

You may have difficulty feeling good about yourself or you may feel that you are not as good as your friends or other students. Research shows that teens with AD/HD and learning disabilities report feeling severely stressed when going to school and sitting in class, feeling tired, having frequent arguments with close friends, feeling different from other classmates, having low self-esteem, and feeling that their parents didn't understand them.[12] If you feel this way, remember, you are not alone and you can feel better. Talk with a parent, another trusted adult, or health professional about how you feel. Participate in activities you enjoy and recognize that everyone has different strengths and weaknesses.

Many teens are concerned about talking with their friends about their AD/HD. You may feel that your friends don't understand your difficulties or may make fun of you. You can choose the friends with whom to discuss your AD/HD and what details you want to share. However, explaining AD/HD to your trusted friends may surprise you—they may be a great source of support, or even have AD/HD themselves! Although the exact number of children and adolescents with AD/HD is unclear, somewhere between 1.4 million and 2.3 million youths have AD/HD, so you are far from alone in facing the challenges that come with it.

AD/HD CAN AFFECT...

- **Academic Performance:** High school students' lives are more hectic, with more demands to juggle, and less supervision. Academically, the workload and difficulty of the material increases, and long-term projects rather than daily homework assignments are the norm. These factors all present challenges to teens with AD/HD. You may benefit from assistance with note-taking, study skills, and organization/time management. As you develop these skills, you will come to rely less on parents or teachers and be more confident about your own ability to structure your time and perform at your potential. Students who have a diagnosis of AD/HD and whose AD/HD symptoms impair their academic functioning may qualify for classroom accommodations. These accommodations are based on your particular needs, but can include extra time on tests, taking tests in a separate location where distractions are minimized, or additional organizational support. Work with your

parents and your school if you think you might need and want this kind of help.

- **Social Functioning:** In adolescence, your relationships with others your age become increasingly important to you. But these relationships are not always easy to navigate! During these years, your friendships are changing, you become interested in dating, and you encounter more significant peer pressure. You may notice that you tend to be more easily frustrated or more emotionally sensitive than others your age—this is common for teens with AD/HD.[13] Some teens with AD/HD have no difficulty establishing and maintaining relationships, while others find negotiating different personalities, expectations, and desires quite challenging. Participating in structured social activities, such as sports, clubs, or youth groups, can help provide you with a built in social group and shared positive experiences.

- **Home Functioning:** Nearly every teenager has conflict with his or her parents over rules, privileges, household chores, friends…you name it! However, on average, households of adolescents with AD/HD have higher levels of parent-teen conflict than households with adolescents who do not have AD/HD.[14] Why is this the case? One source of conflict in the home is that teens want more freedom and independence. However, the difficulties with organization, forgetfulness, and thinking before acting that commonly go along with AD/HD may make your parent(s) reluctant to give you the freedom you desire. In addition, many teens with AD/HD have more difficulty completing homework and chores on time or following other rules due to inattention, distractibility, lack of interest, or lack of organization. This can be frustrating for both you and your parent(s), and may lead to a cycle of negative interaction. In such a cycle, your parent(s) may lecture, yell, or punish and you may respond with anger, or other ways that aren't very helpful. As this occurs repeatedly, more minor demands on the part of your parent(s) and more minor lack of compliance with rules or requests on your part can trigger the escalation of negativity. **What can be done to interrupt this cycle?** Clear communication is always important, and discussing issues when you are angry is never effective. Instead, set aside a time when all parties are calm to discuss any areas of disagreement or conflict. If family conflict is taking a large toll on the family, you and your parents may consider seeking help from qualified mental health professional.

"SO WHAT CAN I DO ABOUT IT?" – TREATMENT OF AD/HD

You already know that no cure currently exists for AD/HD. This doesn't mean that there's nothing you can do about it! While there is no cure, many people just like you have had great success with the current treatments available. The focus of these treatments is symptom management. Although the symptoms of AD/HD may change with age, you may still require treatment to target these symptoms and even may need such treatment into adulthood.[15]

Education is a necessary component to any effective treatment plan and provides you with the tools to understand your disorder and how to manage it. If you were diagnosed with AD/HD when you were very young, it is likely that this education was directed to your parent(s). It is important that you receive this education as well, ask your doctors and treatment providers questions, and express concerns if you have them. However, education is only one component of a successful plan to treat AD/HD, and medication and behavioral therapy can be used as well.

It is a myth that medication becomes less effective in the teen years. In fact, medications should be as effective, but patterns of co-occurring conditions may require changes to the treatment regimen.[16] You and your parent(s) may also consider a change to a long acting medication to provide you with better symptom management throughout the day, as you may have activities after the school day has ended and into the evening hours. A thorough discussion of these medications is beyond the scope of this *What We Know* sheet, but see *What We Know #3: Managing Medication for Children and Adolescents with AD/HD* for more information.

Behavioral treatment is another common treatment approach for teens with AD/HD. Proven psychosocial treatments include parent-teen training in problem-solving and communication skills, parent training in behavioral management methods, and teacher training in classroom management.[17] Please see *What We Know #7: Psychosocial Treatment for Children and Adolescents with AD/HD* for more information.

Little or no research currently exists to support the use of dietary treatments, traditional psychotherapy, play

therapy, cognitive behavioral therapy, or social skills training. However, these interventions may be effective in treating co-occurring conditions if present. You can refer to *What We Know #6: Complementary and Alternative Treatments* for more information.

The most common treatment for teens with AD/HD likely combines medication and psychosocial treatment. This is known as multi-modal treatment.

"WHAT ELSE DO I NEED TO KNOW?" – ADDITIONAL ISSUES FOR TEENS WITH AD/HD

As a teen with AD/HD, you are facing the same issues that prove challenging for your peers: developing your identity, establishing your independence, understanding your emerging sexuality, making choices regarding drugs and alcohol, and setting goals for your future. However, you may also face some unique difficulties, as described below.

- **Driving:** Getting your driver's license is an exciting event, and one that indicates increased freedom and independence. However, inattention and impulsivity can lead to difficulties with driving. Drivers with AD/HD have more tickets, are involved in more accidents, make more impulsive errors, and have slower and more variable reaction times.[18] The use of stimulant medications has been found to have positive effects on driving performance.[19] Always follow safe driving habits, such as using a seat-belt, observing the speed limit, and minimizing distractions such as the use of mobile phones and eating while driving.

- **Adherence to medication regimen:** Nearly half of children don't take their medications as prescribed,[20] and the use of AD/HD medications decreases over the teenage years.[21] This occurs for a multitude of reasons: you may have negative attitudes towards medication use, you may feel that your AD/HD symptoms are not impairing your functioning, you may dislike the side effects of the medication, or you may simply want to "take a vacation" from your medications to see what happens. If you and your parents decide to discontinue your use of medication, you should consult with your physician and designate a "trial period" for doing so. During this period, you should specify your goals and develop a plan to achieve those goals. Your plan may include tutors or frequent check-ins with a teacher or counselor. Make sure to specify what indicators might illustrate the need for re-starting the medication (such as declining grades or increases in conflict at home). After a time, evaluate your progress with your parent(s) and your physician and determine whether or not medication is effective for you.

- **Diversion of medications:** Use or abuse of AD/HD medicines among individuals for whom these medications are not prescribed is an increasing problem.[22] Individuals who use non-prescription stimulants may do so for either academic reasons (improving their ability to study or succeed on tests) or for recreational reasons (to get a high or a buzz[23]). At some point in your life, friends or acquaintances may ask you to give or sell your medications to them for these purposes. The use of medications by individuals for whom they were not prescribed is illegal and could have serious legal consequences. In addition, your AD/HD medications are safe and effective when taken as directed, but can be dangerous if used without medical supervision. You should never give or sell medications that are prescribed to you to anyone else. Take some time to think about how you might respond if someone asks you for these medications. Would you … change the subject? … simply refuse and walk away? …explain the dangers of non-prescription medication use? … tell them that your parents monitor your pills and would notice if some were missing? It is likely that you will face this situation and being prepared with your response is important.

"It is a myth that medication becomes less effective in the teen years."

- **Building your self-esteem:** Living with AD/HD can be challenging. Many teens with AD/HD find that the school environment does not suit their personality or maximize their natural talents. It is important for you to find your niche and identify your strengths: Are you athletic? A good artist? Do you have musical talent? Are you good with computers? Find environments and activities that remind you of your strengths and allow you to experience success. Remind yourself that everyone has strengths and weakness. The important thing is to do your best to

work through difficulties and spend plenty of time on activities in which you shine.

"WHAT ABOUT MY FUTURE?"

The answer is, only you can determine what lies in store for you and your future. The fact that you are taking the time to read this information sheet and educate yourself about your diagnosis shows that you are reflecting on your strengths and weaknesses and taking steps to prepare yourself for your future. We know that teens with AD/HD are at risk for potentially serious problems as they transition into adulthood. We also know that as many as two-thirds of teens with AD/HD continue to experience significant symptoms of AD/HD in adulthood.[24] In addition, as they become adults, teens with AD/HD are at higher risk for difficulties in education, occupation, and social relationships. However, these are only risks, they are not guarantees. Most teens with AD/HD become successful, productive adults -- and so can you! Continued awareness and treatment is crucial so that you can avoid the risks and meet the goals you set for yourself – whatever they are!

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