

# Parent Empowerment Newsletter

## When Active Is Too Active: *Bleeding Disorders and Attention Deficit Disorder*

BY ZIVA MANN

Keeler family



**Rider Keeler:**  
hyperactive in the HTC

*When Rider was about five years old, we would go to the HTC [hemophilia treatment center] and he would bang off of the walls. He would run from office to office. It was very hard for me to talk to the doctor and keep Rider from getting in the needles, or running wild. I would feel as if I couldn't control my kid. Our hemophilia doctor suggested we have Rider tested for ADHD.*

– Sis Keeler, Pennsylvania

effects that mimic each other, and leading to accurate – and inaccurate – diagnoses.

### What Is ADHD?

Attention deficit hyperactivity disorder, or ADHD, is a neurochemical disorder in which the brain has difficulty controlling certain types of behavior. Children with ADHD have trouble focusing, organizing mentally, and controlling behavior; their inattentiveness, impulsivity and hyperactivity may be intense or long-lasting enough to disrupt home, school and other environments.

Rider's actions were probably caused by his ADHD, which affects 5% to 8% of all children, and often runs in families.<sup>2</sup> This means, suggest the experts, that one family in four is affected by this condition.<sup>3</sup> And not only are *überwiggly*, daredevil kids being diagnosed with attention deficit issues, but doctors are increasingly aware of a quieter version of the condition in the daydreamer. Both daredevils and daydreamers can have any of three different types of ADHD: (1) inattentive type, (2) hyperactive/impulsive type, or (3) combined. An inattentive type might be easily distracted, forgetful, and have difficulty organizing, following instructions, and paying attention. A hyperactive-impulsive type may be full of restless energy, unable to sit still, interrupting endlessly. A combined type will exhibit a range of the inattentive and hyperactive-impulsive symptoms. Unlike other children, who exhibit these behaviors periodically and to an age-appropriate degree, a child with ADHD has a long, more intense track record prior to the diagnosis. These behaviors must have been present from before age seven; be noted in different settings, such as home and school; and impair the child's ability to function. So no, the two-year-old who sometimes makes his mother crazy probably doesn't have ADHD. Most likely, he just has the terrible twos, and his energy and lack of focus are normal for his age and stage of development. By contrast, an eight-

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Looking at Rider, Sis had to ask herself, What happens when I am unable to teach the skills that my child needs to manage his bleeding disorder? How can my child be safe if I can't help him make good decisions or choose reasonable risks? For Sis, the problem was not in her parenting – it was in her son's neurobiology. Rider was diagnosed with a neurochemical imbalance called ADHD,<sup>1</sup> an attention deficit disorder that kept him from learning the skills that Sis needed to teach him. As a child diagnosed with both ADHD and a bleeding disorder, Rider is far from alone. When *PEN* invited 400 readers to tell their stories about ADHD, we were flooded with responses.

Parent after parent asked, Is there some link between hemophilia and ADHD? Could the two possibly be related? The short answer is no. But the longer answer reveals the

places where bleeding disorders and ADHD overlap, creating

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1. Variously called ADD and ADHD, attention deficit disorders are now simply called ADHD, despite differences in types of attention deficits. 2. National Resource Center for AD/HD (accessed July 3, 2008): [www.help4adhd.org/en/about/what](http://www.help4adhd.org/en/about/what) 3. Martin Kutscher, *ADHD: Living Without Brakes* (London: Jessica Kingsley, 2008) 30.