

From the ADHD Information Library

<http://newideas.net>

A Pretty Good
ADHD Screening Tool

Information on
The Different Types of ADHD

With Specific and Targeted
Alternative Treatment Recommendations
For Each of the Types

How Can I Know if my Child has ADHD?

This is a serious question that parents only ask if their child is having some significant problems either at home or at school. In order to receive an “official medical diagnosis” one would need to be assessed and diagnosed by qualified mental health or medical professionals such as your physician.

See our article on what we think makes a [good ADHD diagnostic evaluation](#).

Here is our brief ADHD test – really just an ADHD screening tool – that you can use to see if you ought to consider pursuing a professional diagnostic evaluation. The test is not an official medical evaluation for ADHD, but will give you a lot of insight. The results are weighted toward our [different types of ADHD](#).

Here is how to use this ADHD screening tool:

1. **Print this out.**
2. There are seven sections, with about ten questions in each section, so you will need to use the scorecard page.
3. Answer the questions in each section and place your total score on the scorecard for each section.
4. Look at the profile that most closely matches.
5. Visit the [ADHD Information Library](#) and go to the [Different Types of ADHD](#) section. Learn more about your specific profile.
6. Begin the specific treatment strategy targeted for your profile, or schedule an appointment with your doctor to begin an evaluation process.



Answer every statement below by rating the behavior on a scale from one (1) to five (5).

- (1) You have **not noticed** this behavior before.
- (2) You have noticed this behavior a little, but it is **not a significant problem**.
- (3) You have noticed this behavior, and **see it fairly often**.
- (4) You have noticed this behavior, and **see it almost daily or everyday**.
- (5) You have noticed this behavior, and **it is really a big problem**.

Section One:

- _____ My child **does not complete tasks** or jobs that I give him to do.
- _____ My child **does not listen** to me, or **does not pay attention** to me when I'm talking.
- _____ My child **daydreams a lot**.
- _____ It seems that we are **always looking for things that my child has misplaced or lost**.
- _____ My child has **poor concentration** on tasks that are difficult, hard, or boring.
- _____ My child **changes from one play activity to another** a lot, more than most kids his age.
- _____ My child is **easily distracted**.
- _____ My child **often makes us late**.
- _____ Most of the time I am **doing my child's homework for him**.
- _____ After taking two hours to complete what should have been a 20 minute homework assignment, the next day **my child loses his homework or fails to turn it in** to his teacher.

_____ **Add these scores up and write down your child's total for Section One.**

Section Two:

- _____ My child often **acts before thinking**, or before considering the consequences.
- _____ My child **changes from one activity to another** a lot, more than other kids his age.
- _____ My child has **trouble organizing his school work**, doing homework, or turning it in.
- _____ My child **needs a lot of supervision**.
- _____ My child seems to be **in trouble at school, or at home, a lot**.
- _____ My child **interrupts** others impulsively, or **blurts out** answers in class.
- _____ My child **has trouble waiting his turn** in games, or trouble just waiting in a line.
- _____ My child has **a lot of energy** for a child his age.
- _____ My child **runs or climbs on things a lot**, more than other children his age.
- _____ My child has **difficulty staying seated** in school or at the dinner table.
- _____ My child has "happy hands and happy feet" and **fidgets a lot**.
- _____ My child **moves excessively** during the day, or at night when asleep.
- _____ My child is **always "on the go"** and at times seems to be "driven by a motor."

_____ **Add these scores up and write down your child's total for Section Two.**

Section Three:

_____ My child **gets mad** when I ask him, or tell him, to do something different than what he is doing at that moment. **Can get mad at change.**

_____ My child is **easily frustrated.**

_____ My child is **inflexible.**

_____ My child **cannot deal with last minute changes** in plans.

_____ My child can be like a “bull dog” and **won’t stop asking until I say “yes”.**

_____ My child **cannot take teasing** from other children, or from me.

_____ My child **will argue with me**, even over small things.

_____ My child **always has to have his way.**

_____ **Add these scores up and write down your child’s total for Section Three.**

Section Four:

_____ My child **does not read very well** for a child his age.

_____ My child **does not spell very well** for a child his age.

_____ My child **does not follow verbal directions** very well for a child his age.

_____ My child **has poor handwriting** for a child his age.

_____ My child takes a long, **long time to do his homework.**

_____ Most of the time **I am doing my child’s homework** for him just to get it done.

_____ **Add these scores up and write down your child’s total for Section Four.**

Section Five:

- _____ My child seems to be **afraid of a lot of things. Fearful.**
- _____ My child **worries** about a lot of things. Worried.
- _____ My child seems to **startle easily. Jumpy.**
- _____ My child is **easily embarrassed** by things that happen.
- _____ My child seems to have to **touch everything.**
- _____ My child my child **talks a lot.**
- _____ My child is **nervous.**
- _____ My child is often **tense, uptight.**
- _____ My child has **trouble shifting from one activity to another. Not flexible.**

_____ **Add these scores up and write down your child's total for Section Five.**

Section Six:

- _____ My child puts himself down a lot, **speaks poorly about himself.**
- _____ My child is often **negative** about himself, or about his life.
- _____ My child seems **satisfied with poor performance**, or with poor grades.
- _____ My child **does not like to compete** with others, because he fears losing or doing poorly.
- _____ My child gets **frustrated easily**, and **gives up quickly.**
- _____ My child does not seem to have much confidence. **Low self-confidence.**
- _____ My child seems to be **apathetic**. He just **does not care** about things.
- _____ My child **seems sad.**
- _____ My child **cries easily or has tantrums easily.**

_____ **Add these scores up and write down your child's total for Section Six.**

Section Seven:

- _____ My child is very **stubborn**. Wants his way, and wants it now.
 - _____ My child **will not take “no” for an answer**.
 - _____ My child **will not be disciplined**, but will fight me or run away.
 - _____ My child **always blames others** for things that he did. Does not take responsibility.
 - _____ My child will **tell a lie** rather than confessing to the truth.
 - _____ My child will not take suggestions but **must do things his own way**.
 - _____ My child is **likely to cheat** at a game so that he will win.
 - _____ My child does not keep his word. **Breaks promises**.
 - _____ My child **steals** and has **no remorse**.
 - _____ My child **does not respect authority**.
 - _____ My child is very **sneaky**.
 - _____ My child **does not seem to have a conscience**.
- _____ **Add these scores up and write down your child’s total for Section Seven.**

Screening Tool Score Card

	Enter Score	Common Scores	“At Risk”	“High Risk”
Section One: Inattention		10 to 24	25 to 34	35 or higher
Section Two: Impulsivity, Hyperactivity		14 to 34	35 to 49	50 or higher
Section Three: Rigid Thinking		8 to 19	20 to 28	29 or higher
Section Four: Academic Performance		6 to 14	15 to 21	22 or higher
Section Five: Anxiety or Worry		9 to 22	23 to 30	31 or higher
Section Six: Depressive or Sad		8 to 20	21 to 28	29 or higher
Section Seven: Oppositional or Defiant		12 to 22	23 to 33	34 or higher
Totals:				

What it all means.

Section One: Inattention, or Winnie the Pooh type ADHD.

- Section One scores of 10 to 25 – pretty common scores. Not big worries here, unless there were a few “5” scores. If so, check out what might be causing those “5’s” besides ADHD.
- Section One scores of 25 to 34 – in the “at risk” areas. A possible ADHD problem here.
- Section One scores of 35 and higher – a “high risk” score for ADHD. This is likely a problem that needs to be addressed now, and further assessed in the near future.

Section One is a series of questions regarding neurological inattention.

It is, by and large, the “building block” or “foundation” of a diagnosis of ADHD.

When a child scores in the “at risk” or “high risk” areas for Inattention, and no other category, then he may have [Inattentive, or Winnie the Pooh type ADHD](#).

Learn more about [Inattentive ADHD](#), including specific targeted treatment strategies to begin using now.



Commonly someone with ADHD will score in the “at risk” or “high risk” areas for Inattention, and they will also score in the “at risk” or “high risk” areas for another category too.

Section Two: Impulsivity and Hyperactivity, or Classic “Tigger” type ADHD.

- Section Two scores of 14 to 34 – pretty common scores. Not big worries here, unless there were a few “5” scores. If so, check out what might be causing those “5’s” besides ADHD.
- Section Two scores of 35 to 49 – in the “at risk” areas. A possible “Classic” ADHD problem here.
- Section Two scores of 50 and higher – a “high risk” score for “Classic” or Tigger type ADHD. This is likely a problem that needs to be addressed now, and further assessed in the near future.



Section Two is a series of questions linked to neurological impulsivity and/or hyperactivity. When linked with an “at risk” or “high risk” score in Section One this is the profile for [“Classic” or Tigger type ADHD](#).

Learn more about [Tigger type ADHD](#), including specific targeted treatment strategies that you can begin using today.

Section Three: Rigid Thinking or “Rabbit” type ADHD

- Section Three scores of 8 to 19 – pretty common scores. Not big worries here, unless there were a few “5” scores. If so, check out what might be causing those “5’s” besides ADHD.
- Section Three scores of 20 to 28 – in the “at risk” areas. A possible “Rabbit” ADHD problem here.
- Section Three scores of 29 and higher – a “high risk” score for “Over-Focused” or “Rabbit” type ADHD when combined with a “at risk” or “high risk” score in section one. This is likely a problem that needs to be addressed now, and further assessed in the near future.

Section Three is a series of questions linked to [“Over-Focused” or “Rabbit” type ADHD](#).



The cause of this type of ADHD is an over-active Anterior Cingulate Gyrus. This part of the brain is over-active all of the time.

And, to make things worse, when a "work load" is put on the brain, such as school work or a chore to be completed, there is the common ADHD symptom of decreased activity level in the Pre-Frontal Cortex.

In this type of ADHD some stimulants, and too much use of L-Tyrosine to increase dopamine production, can actually make the problem of over-focus worse. So be careful.

Learn more about [Rabbit type ADHD](#), including specific targeted treatment strategies that you can begin using today.

Section Four: Academic Performance

- Section Three scores of 6 to 14 – pretty common scores. Not big worries here, unless there were a few “5” scores. If so, check out what might be causing those “5’s” besides ADHD, such as a specific learning disability.
- Section Three scores of 15 to 21 – in the “at risk” for a problem in the area of academic performance, or a possible learning disability. About one out of three children with ADHD also have some type of specific learning disability.
- Section Three scores of 22 and higher – in the “high risk” for a problem in the area of academic performance, or a possible learning disability.

About one out of three children with ADHD also have some type of specific learning disability.

Check the score for Section One: Inattention, and see if that section was in the “at risk” or “high risk” scores. If so, the academic problems may be due to “Winnie the Pooh” type inattentive ADHD.

Section Five: Worried or Anxious ADHD, “Piglet” type ADHD

- Section Five scores of 9 to 22 – pretty common scores. Not big worries here, unless there were a few “5” scores. If so, check out what might be causing those “5’s” besides ADHD.
- Section Five scores of 23 to 30 – in the “at risk” areas. A possible “Piglet” type ADHD problem here, if combined with an “at risk” or “high risk” score in Section One: Inattentive ADHD.
- Section Five scores of 31 and higher – a “high risk” score for ADHD with Anxiety, or “Piglet” type ADHD when combined with a “at risk” or “high risk” score in section one. This is likely a problem that needs to be addressed now, and further assessed in the near future.

Section Five is a series of questions linked to [ADHD with Anxiety](#), or “Piglet” type ADHD.

This style of ADHD is very similar to the Rabbit style, except that with "Piglet style" the child's mid-brain is so over-aroused that the child is hypervigilant and very easily startled.



A child like this may be talking all of the time, and is probably touching everything in the room. This child is often nervous or worried, or anxious. He may have trouble shifting attention from one activity to another, and he frequently "gets stuck" in loops of negative thoughts. He can be obsessive, and very inflexible.

In this type of ADHD some stimulants, or too much use of L-Tyrosine to increase dopamine production, can actually make the problem of over-focus worse. So be careful.

Learn more about [Piglet type ADHD](#), including specific targeted treatment strategies that you can begin using today.

Section Six: ADHD and Depression, “Eeyore” type ADHD

- Section Six scores of 9 to 22 – pretty common scores. Not big worries here, unless there were a few “5” scores. If so, check out what might be causing those “5’s” besides ADHD.
- Section Six scores of 23 to 32 – in the “at risk” areas. A possible “Eeyore” type ADHD problem here, if combined with an “at risk” or “high risk” score in Section One: Inattentive ADHD.
- Section Six scores of 33 and higher – a “high risk” for “Eeyore” type ADHD problem here, if combined with an “at risk” or “high risk” score in Section One: Inattentive ADHD.

If the Section ONE score was NOT in the “at risk” or “high risk” areas, then consider the possibility of childhood depression, or a very stressful situation that is impacting your child at this time. A professional counselor, or your pediatrician, should be consulted.

Section Six is a series of questions regarding [ADHD and depression](#).



About 25% of all children and teens with ADHD also have a mild to moderate level of depression.

This is caused by an over-active limbic system, combined with other neurological problems that cause ADHD.

SPECT scans show that when the brain is at rest, there is increased activity deep in the limbic system, in parts of the brain called the thalamus and hypothalamus. There is also decreased activity in the underside of the pre-frontal cortex.

When the brain is placed under a work load, as during a homework assignment, nothing changes. The over-active limbic system remains over-active, and the under-active pre-frontal cortex remains under-active.

This type of ADHD looks very much like a combination of ADHD and Depression.

Learn more about [Eeyore type ADHD](#), including specific targeted treatment strategies that you can begin using today.

Section Seven: Oppositional or Defiant Behaviors

Oppositional Defiant Disorder is not ADHD, but it often occurs along with ADHD in children and teenagers.

ODD can be a “stand alone” diagnosis, which is typically treated by counseling, parenting training classes, and perhaps some types of medications (though this is controversial). ODD may or may not have neurological roots, but it typically shows itself through moral, rather than academic, problems.

Section Seven scores of 12 to 24 – pretty common scores.

Not big worries here, unless there were a few “5” scores. If so, check out what might be causing those “5’s” besides ADHD.

Section Seven scores of 25 to 36 – in the “at risk” areas for Oppositional Defiant Disorder.

This can be combined with ADHD, or a “stand alone” problem. Check your Section One and Section Two scores to see if there is a co-existing ADHD problem.

If so, you want to begin treating the ADHD problem today, and you will want to begin consulting with a therapist or counselor very soon to address the ODD through counseling, and through parenting classes that will help you and your family.

Section Seven scores of 37 and higher – a “high risk” score for Oppositional Defiant Disorder.

This can be combined with ADHD, or a “stand alone” problem. Check your Section One and Section Two scores to see if there is a co-existing ADHD problem.

If so, you want to begin treating the ADHD problem today, and you will want to begin consulting with a therapist or counselor very soon to address the ODD through counseling, and through parenting classes that will help you and your family.

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Tiggers Like to Bounce... Bouncin' is What Tiggers Do Best!

We call this type of ADHD "Tigger Type." Classic ADHD is characterized by **Inattention**, **Impulsivity**, **Hyperactivity**, **Restlessness**, and **Disorganization**. This type of ADHD reminds us of Tigger from the Winnie the Pooh stories. Dr. Daniel Amen refers to this type of ADHD as "Classic ADHD" for good reasons. When you think about someone who has Attention Deficit Hyperactivity Disorder, this is the "classic" picture that you think of.



This type of ADHD is most often seen in males. Those with this type of ADHD are often seen as:

- Being easily distracted
- Has a LOT of energy, and is perhaps Hyperactive
- Can't sit still very long
- Is fidgety
- Talks a LOT, and can be LOUD
- Is very impulsive, does not think before he acts
- Has trouble waiting his turn in line, or in games
- and more...

Tigger Type ADHD results from UNDERACTIVITY in the Prefrontal Cortex (in the front of the brain), both when at rest, and when performing concentration tasks. This results in a lack of self-control.

Treatment Strategies for "Classic ADHD"

We recommend our Eating Program to start with. We believe that it is important to use the eating program even if you are using other interventions, such as medications, biofeedback training, or a combination of the nutraceuticals ATTEND, EXTRESS, and MEMORIN.

We also recommend at least a 30 to 60 day trial with these nutraceuticals...

- **ATTEND** for ADHD symptoms; 4 capsules per day in divided doses. The ATTEND contains L-Tyrosine, which increases dopamine production. ATTEND also contains GABA, DL-Phenylalanylne, Ginkgo, Pycnogenol and Grape Seed Extracts, 5-HTP, pregnenolone, DMAE, and more.
- **EXTRESS** for symptoms of impulsivity, temper, restlessness; 4 capsules per day in divided doses. The EXTRESS contains GABA, DL-PA, 5-HTP, and St. John's Wort.
- **MEMORIN** for increased focus and concentration to task. 2 capsules per day in divided doses. The MEMORIN contains more ginkgo, plus lots of Phosphatidyl Serine and other phosphatidyls, and more pregnenolone.

An adult would take these in divided doses. A child could take half of these recommended doses. Consult your health care professional.

To last for 30 days, YOUR FIRST ORDER for this Specific Treatment Strategy would be:

- **2 bottles of ATTEND; 2 bottles of EXTRESS; and 1 bottle of MEMORIN**

Inattentive ADD: Just Like Winnie the Pooh

Winnie the Pooh is the classic picture of Inattentive ADHD. In other works we have called this "Space Cadet" style ADHD. Dr. Daniel Amen refers to this as "Inattentive ADD". These are people that suffer from "**brain fog**" as they go through their day. Although Pooh is very lovable and kind, he is also **inattentive, sluggish, slow-moving, unmotivated**. He is a classic **daydreamer**.



Winnie the Pooh style inattention is seen mostly in girls. People with this type of ADHD are often seen as:

- Easily distracted
- Having short attention spans to a task that is not interesting, or is hard
- Daydreams when others are talking to him/her
- A person who cannot find anything that they have just put down somewhere...
- A person who is always late
- Is easily bored

This type of ADHD is caused by the prefrontal cortex of the brain actually slowing down (instead of activity speeding up) when placed under a work load, such as reading or doing homework. This part of the brain looks normal when "at rest" but actually looks like it is starting to fall asleep when asked to "go to work." This makes it very hard to pay attention to school work, get homework done, listen to the teacher, clean your room, and so on.

We have actually observed this hundreds of times with subjects on an EEG. When at rest, the brainwave activity is pretty normal. But once the subject is asked to read, or to do a math worksheet, the subject's brainwave activity begins to look like the subject is falling asleep. This sure makes school hard for these students! Inattentive ADHD responds well to stimulants, such as Ritalin and Adderall, but other interventions, like our Specific Treatment Strategies, work well also.

Treatment Strategies for "Inattentive" or Winnie the Pooh style ADHD

We recommend our Eating Program to start with. In addition, we recommend for Inattentive, or Winnie the Pooh style ADHD the following:

- ATTEND for ADHD symptoms, 4 capsules per day. The ATTEND contains L-Tyrosine, as Dr. Amen recommends in his protocols. It also contains GABA, DL-Phenylalanylne, Ginko, Pycnogenol and Grape Seed Extracts, 5-HTP, pregnenolone, DMAE, and more. See the ATTEND ingredients list at www.add101.com/attend.htm.
- MEMORIN for increased focus and concentration to task, 2 capsules per day. The MEMORIN contains more Ginko, plus lots of Phosphatidyl Serine and other phosphatidyls, and more pregnenolone.

A child could take half of this recommended dosage, although many children will take up to four Attend per day. Consult your health care professional. For more information call 1.800.248.8292 during east coast business hours.

To last for 30 days, YOUR FIRST ORDER for this Specific Treatment Strategy would be:

- **2 bottles of ATTEND, and 1 bottle of MEMORIN**

Over-Focused ADHD: Rabbit Tends to His Garden... and don't bother him.

The least flexible character in all of the stories of Winnie the Pooh and Christopher Robin has got to be Rabbit. Oh, he can get a lot of things done, and he's the one character who will be prepared when winter comes, but he has a very hard time shifting from one activity to another. He is absolutely "task oriented" and is focused to whatever that task might be.

The person with "Over-Focused ADHD" is much the same. He has trouble shifting attention from one activity to another, and he frequently "**gets stuck**" in loops of negative thoughts. He can be **obsessive**, and very **inflexible**. He can also be **oppositional** and **argumentative** to parents. He may be like a "bull dog" and not give up until he gets his way, or until his worn-out parents finally say, "yes," to his 100th request for something. His parents are often worn-out, worn-down, fed-up, and ready to break. Parenting a child like this is hard.

Someone with "Over-Focused ADHD" is like Rabbit, in that he:

- May worry a LOT, even over things that don't really matter much
- Can be very oppositional to parents
- May like to argue
- May be somewhat compulsive about the way things ought to be done
- Will have a very hard time shifting from one activity to another
- Always wants to have his way



The cause of this type of ADHD is an over-active Anterior Cingulate Gyrus. This part of the brain is over-active all of the time. And, to make things worse, when a "work load" is put on the brain, such as school work or a chore to be completed, there is the common ADHD symptom of decreased activity level in the Pre-Frontal Cortex.

In this type of ADHD some stimulants, and too much use of L-Tyrosine to increase dopamine production can actually make the problem of over-focus worse. So be careful.

Treatment Strategies for Over-Focused ADHD

For best results, try our Eating Program to start with. In addition, some experts recommend 300 mg of St. John's Wort per day for children, or 600 mg per day for adults, 5-HTP, and B Vitamins.

We recommend for Over-Focused, or Rabbit style ADHD the following for adults. Children can take less.

- **ATTEND** for ADHD symptoms, take 2 capsules per day. The ATTEND contains GABA, DL-Phenylalanylne, Ginko, Pycnogenol and Grape Seed Extracts, 5-HTP, pregnenolone, DMAE, and more. The EXTRESS contains GABA, DL-PA, 5-HTP, and St. John's Wort.
- **EXTRESS** for symptoms of impulsivity, temper, restlessness, and anxiety take 4 capsules per day
- **DEPREX** for symptoms of worry, take 2 capsules per day. The DEPREX contains more GABA, as well as lots more DL-Phenylalanylne, 5-HTP, and just 2 capsules of DEPREX contain 320 mg of St. John's Wort.

To last for 30 days, YOUR FIRST ORDER for this Specific Treatment Strategy would be:

- **1 bottle of ATTEND, 2 bottles of EXTRESS, and 1 bottle of DEPREX.**

Piglet is a great friend, but sure scares easily...

Piglet is that small, almost frail character from the Hundred Acre Wood. He is a great friend, and very loyal. But he is always worried, nervous, and startles easily. Sometimes he is so nervous that he stutters. So it is with some kids with ADHD.

This style of ADHD is very similar to the Rabbit style, except that with "Piglet style" the child's mid-brain is so over-aroused that the child is **hyper-vigilant** and very **easily startled**. He may be **talking** all of the time, and is probably **touching** everything in the room. And, this child is **nervous** or **worried**, or **anxious**. He has **trouble shifting attention** from one activity to another, and he frequently "gets stuck" in loops of **negative thoughts**. He can be **obsessive**, and very **inflexible**.

In this type of ADHD some stimulants, and too much use of L-Tyrosine to increase dopamine production can actually make the problem of over-focus worse. So be careful.

Treatment Strategies for Piglet style ADHD

For best results, try our Eating Program to start with.

In addition, we recommend for Anxious, Piglet style ADHD the following for adults. Children can take less.

- **ATTEND** for ADHD symptoms, take 2 capsules per day. The ATTEND contains GABA, DL-Phenylalanylne, Ginko, Pycnogenol and Grape Seed Extracts, 5-HTP, pregnenolone, DMAE, and more.
- **EXTRESS** for symptoms of impulsivity, temper, restlessness, and anxiety take 4 or more capsules per day. The EXTRESS contains GABA, DL-PA, 5-HTP, and St. John's Wort, and is great for helping with the these symptoms.



To last for 30 days, YOUR FIRST ORDER for this Specific Treatment Strategy would be:

- **1 bottle of ATTEND, and 2 bottles of EXTRESS.**

ADHD with Mild Depression

"Thanks for Noticin' Me" says Eeyore... He walks slowly. He looks sad. He doesn't accomplish much. He's just glad to be noticed. This is Eeyore, the stuffed donkey who is so often in need of his tail being pinned back on.

This type of ADHD is called "Limbic System ADHD" by Daniel Amen. And for good reason. SPECT scans show that when the brain is at rest, there is increased activity deep in the limbic system, in parts of the brain called the thalamus and hypothalamus. There is also a decreased level of activity in the underside of the pre-frontal cortex. When the brain is placed under a work load, as during a homework assignment, nothing changes. The over-active limbic system remains over-active, and the under-active pre-frontal cortex remains under-active.

This type of ADHD looks very much **like a combination of ADHD and Depression**. Some have suggested that up to 25% of children with ADHD are also depressed or suffer from a mild depression called Dysthymic disorder.

Those with this type, or style of ADHD are often:

- Inattentive;
- Have a chronic sadness or low-grade depression;
- They seem to be negative, or apathetic;
- They have low energy levels;
- They just do not seem to care. They often feel worthless, or helpless, or hopeless.



Treatment Strategies for Limbic System, or Eeyore style ADHD

For best results, try our Eating Program to start with (see www.add101.com/adddiet.htm). In addition, experts recommend DL-Phenylalanyne (up to 600 mg per day for adults), 5-HTP, and B Vitamins and St. John's Wort (up to 600 mg per day for adults). We recommend for Limbic System, or Eeyore style ADHD the following for adults. Children can take less.

- **ATTEND** for ADHD symptoms, take 2 capsules per day. The ATTEND contains GABA, DL-Phenylalanyne, Ginko, Pycnogenol and Grape Seed Extracts, 5-HTP, pregnenolone, DMAE, and more.
- **EXTRESS** for symptoms of impulsivity, temper, restlessness, and anxiety take 2 capsules per day. The EXTRESS contains GABA, DL-PA, 5-HTP, and St. John's Wort.
- **DEPREX** for symptoms of worry and depression, take 2 capsules per day. The DEPREX contains more GABA, and just 2 capsules of DEPREX contain 320 mg of St. John's Wort and 420 mg of DL-Phenylalanyne.

To last for 30 days, YOUR FIRST ORDER for this Specific Treatment Strategy would be:

- **1 bottle of ATTEND, 1 bottle of EXTRESS, and 1 bottle of DEPREX.**

Other, More Difficult Kinds of ADHD: The Temporal Lobes and ADHD

There are other kinds, or types, of ADHD that you should be aware of. There are no Winnie the Pooh characters for these types, as the creator of these children's stories would never have created a character with these challenging, difficult traits. These distinct types of ADHD can be very severe. They require significant treatment, and great patience on the part of the parents.

Some people with ADHD can be very hard to live with. They can have gigantic mood swings, get very angry for almost no reason, and be nearly impossible to live with on a daily basis. The key to look for with this type of ADHD is anger outbursts for little or no reason. People with decreased activity in the left temporal lobes can especially have problems with temper outbursts, aggressive behaviors, and even violence toward animals or other people.

Temporal Lobe ADHD is characterized by:

- Inattention, just like in other kinds of ADHD because during concentration there is a decrease in activity in the pre-frontal cortex;
- Being easily irritated or frustrated, and Aggressive behaviors;
- Dark moods, big mood swings;
- Impulsivity;
- Breaking rules, in trouble a lot, in fights a lot. Defiant toward authority, disobedient toward parents and others. Can't get along with others, can be anti-social or just in trouble a lot;
- Often has terrible handwriting and problems learning;
- You expect him to be arrested at any time...



Individuals with this type of ADHD are often treated with a combination of stimulants, like Ritalin, and anti-convulsants. For someone who wanted to try an alternative treatment approach, or an additional treatment approach, we would recommend

- GABA (an inhibitory neurotransmitter) to act as an anticonvulsant and anti-anxiety agent,
- Phosphatidyl Serine (and other phosphatidyls), DMAE, Pregnenolone, and Ginko as memory enhancers to help with the learning problems, and these people sometimes are helped by Ibuprofen in small doses.
- **no** St. John's Wort or Hypericum, as it could make things worse.

Using the VAXA nutraceutical product line, our recommended protocol would look like this:

- **ATTEND**, 2 capsules per day. Two capsules of the ATTEND contain GABA (33mg), and DL-PA (16mg) for mood stabilization, plus L-Tyrosine (67mg), Ginko (33mg), Phosphatidyl Serine (0.5mg) and other phosphatidyls (200mg) and DMAE (33mg) and Pregnenolone (8mg) for learning enhancement. There are over 70 total ingredients in ATTEND to help with learning, performance, and mood.
- **NEURAN**, 4 capsules per day. Four capsules of NEURAN contain GABA (240mg), and DL-PA (32mg) for mood stabilization. Children might take less. Consult your healthcare professional.

As you can see, using the Neuran along with the Attend can enhance the mood stabilization components without adding either St. John's Wort or Hypericum, which can make the problem worse. These two products together can also enhance learning and memory, and therefore school performance or work performance.

To last for 30 days, YOUR FIRST ORDER for this Specific Treatment Strategy would be:

- **1 bottle of ATTEND, 2 bottles of NEURAN.**

Ordering Information:

To begin our recommended targeted treatment strategies for your particular ADHD type you will need to do the following:

1. Order the particular and specific products from VAXA.

Order online <http://www.vaxa.com/26462/index.cfm?page=636.cfm> or phone them at **1-800-248-8292**. They are in Tampa, Florida and keep east coast business hours.

By ordering directly from the manufacturer you are assured of:

- a. Receiving product that is freshly manufactured with the highest possible potency;
 - b. A one-year product satisfaction guarantee.
2. Use our recommended ADHD Eating Program. Begin today. It can be found at <http://newideas.net/adhd/adhd-diet>
 3. Get some flax seed oils, or fish oil supplements, for extra supplementation of Essential Fatty Acids (EFAs). Your local health food store will have these products.



Resources Online:

- **ADHD Information Library** – Each year over 400,000 parents and teachers visit the ADHD Information Library at <http://newideas.net> for our 350 pages of information on ADHD. This is the most complete source for ADHD information on the web.
- **ADD in School** – With hundreds of classroom interventions for teachers helping children with ADHD. Written by teachers for teachers. <http://www.addinschool.com>