Could Your Child Have Both ADHD and ODD?
by BRENDA VANTA

ADHD and ODD

If you have a child diagnosed with ADHD, you may want to ask your doctor to evaluate if he or she might have any other conditions that are likely to co-exist with ADHD. Oppositional Defiant Disorder (ODD) is one of these. ODD often goes unrecognized because it can be confused with normal changes that occur during a child’s development, and can also be masked by ADHD symptoms.

What is ODD?

It’s not always easy to recognize ODD, as oppositional behavior can occur naturally during a child’s development. It can be especially difficult to recognize if you have a strong willed or emotional child. The symptoms of ODD are usually seen first around the age of eight, and continue into the teen years; they are usually mild and get worse gradually over the years. Instead of short, temporary moodiness (which is normal), children with ODD will have persistent behavior changes that may last more than six months and significantly interfere with school, home or family activities. Children with ODD may:

- Express negativity, defiance, disobedience, and hostility towards teachers or parents.
- Argue often and have temper tantrums
- Refuse to comply with rules
- Be annoying on purpose
- Blame others mistakes
- Display anger and resentment
- Have trouble with schoolwork
- Have problems making friends and maintaining relationships
- Lack self esteem
- Experience anxiety and depression.

As ADHD is also associated with a number of these problems, like poor academic performance and not paying attention, it can be even harder to diagnose ODD in ADHD children.

What’s The Difference Between ADHD and ODD?

There are a few key difference between children who have ADHD and children who have ODD, or have both ADHD and ODD:

- ODD involves aggressive behavior, whereas impulsiveness and hyperactivity suggest ADHD.
- While a child with ODD may try to annoy someone, a child with ADHD alone usually does not annoy or cause trouble on purpose.
- If your child has ADHD alone he may knock another child to the ground, but will likely feel sorry about it. If he has ADHD and ODD, he may try to knock the other child harder, then say he didn’t do it, and later
A child with ODD can stay still in class, but would rather not, and will choose to be disruptive. A child with ADHD on the other hand will have trouble staying still because of lack of attention, and may not be able to sit quietly and listen despite trying.

Prevalence

Based on a 2004 study involving over 1400 children aged 6-15, the prevalence of ADHD was 8.1%, and the prevalence of ODD was 11.5%. More boys than girls were diagnosed with both ADHD and ODD, and over half (52.2%) of the children diagnosed with ADHD also had co-existing ODD. ADHD symptoms may fade away over time – particularly hyperactivity – but ODD symptoms tend to last much longer.

Management

ODD on its own does not usually require medication, but since it is often associated with ADHD many children who have it do require medication. ODD responds favorably to a combination of psychotherapy techniques, such as individual and family counseling, parent-child interaction therapy (PCIT), cognitive problem-solving therapy, social skills training and parent training.

If you are concerned about your child’s behavior, seek advice and treatment from a doctor, child psychologist or child behavioral expert. The earlier treatment is sought, the better the outcome will be.