Is it ADHD or something else?

Mr. Rover suddenly came to the realization that every student he had ever taught had ADHD.

Does this sound familiar?

On Monday, your son Robby leaves late for the school bus because he couldn’t find his shoes, then he stopped to fiddle with a Lego model on the way out the door.

On Tuesday, his homework that took you hours to get him to complete the night before never makes it off the kitchen table.

On Wednesday, he jumps off a five-foot wall at recess “just because” and lands in the nurse’s office.

On Thursday, he comes home tantruming because other kids didn’t want to play with him during recess.

By Friday, you're sitting at a parent-teacher conference hearing words like *impulsive*, *distracted*, *underperforming*, *can't sit still*, and *needs constant redirection*. A teacher suggests testing for Attention Deficit Hyperactivity Disorder which is better known as ADHD.

If this feels familiar, please know you are not alone. As pediatricians, we've sat with many families at this exact moment. It's natural to feel relief that someone else sees the struggle, and at the same time, worry: *What if it's something else?*

That's such an important question.

What else could it be?

ADHD is common and very real. But several other conditions can look like ADHD—or make attention problems worse. Kids with ADHD are not even necessarily hyperactive. When pediatricians evaluate a child for possible ADHD, we think broadly before landing on a diagnosis.

Sleep is the first place we look. A tired brain can't focus. Kids who go to bed too late, wake too early, snore loudly, cough at night, or itch from eczema may not be getting enough restorative sleep. Many parents do not realize their kids are up in bed on their tablets or phones, thus cutting into their sleep time. Even mild sleep deprivation can lead to impulsivity and inattention during the day. A rule of thumb is that children who are difficult to wake for school are not getting enough sleep.

Then there are other basics: Can your child **see** clearly? Can they **hear** instructions well? Vision and hearing problems are surprisingly common and easily missed.

Learning differences are another piece of the puzzle. Children with dyslexia or other learning disabilities may appear distracted when they're actually frustrated or overwhelmed. If school feels too hard, it's easy to "check out."

Sometimes conditions that impair communication, such as **autism**, also play a role since difficulty with focus and social interactions can arise in both conditions.

Emotional stress matters, too. Changes at home, family conflict, or bullying can show up as trouble concentrating. Children don't always tell us they're worried—but their behavior often does.

Sometimes the "something else" is another medical problem

What looks like "spacing out" could be **absence seizures**—brief staring spells that interrupt attention. A simple test called an EEG can help rule this out.

We also consider **medication side effects**. Common antihistamines for allergies, for example, can cause fogginess in some children. And the caffeine in some kids drink at lunch, like soda and iced tea, causes bed time insomnia, which then interferes with falling sleep, which leads to sleep deprivation.

Occasionally, based on other symptoms, we obtain a simple **blood test that uncovers** something contributing to attention problems, such as anemia (low iron) or thyroid imbalance. In some communities, we also screen for **lead exposure**, which can affect focus.

And finally, we think about **maturity**. Younger children in a grade are more likely to be labeled with ADHD than their older classmates. Sometimes what we're seeing is developmental readiness, not a disorder.

Of course, many children truly do have ADHD. And sometimes they have ADHD *plus* something else—like needing glasses. We've seen children blossom once we address all the pieces of their puzzle.

So if you're sitting in that conference chair, take a deep breath. An evaluation isn't a label—it's information. Our goal isn't just to name the problem; it's to understand your child fully so they can more easily learn.

With careful assessment, the right support, and partnership between parents, teachers, and pediatricians, children like Robby will thrive.

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