Attention-Deficit/Hyperactivity Disorder (ADHD) in Children Born Preterm and With Poor Fetal Growth

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NeoReviews
April 2016, VOLUME 17 / ISSUE 4

Abstract

Attention-deficit/hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder in childhood, with a recent international pooled prevalence rate of 7.2%. It is associated with significant adverse effects on academic achievement, social competence, community participation, health, and family functioning. The etiology of ADHD is complex, and known risk factors include genetics, environmental toxins, psychosocial adversity, and pre- and perinatal risks, including low birthweight and prematurity. ADHD is the most common sequela of prematurity/very low birthweight for school-age children, with a prevalence rate of 11.5% to 31%. Recent research has focused on ADHD risks associated with being small for gestational age at birth and with late preterm birth. Clinicians working with infants born too early and too small should be able to counsel families about their infants’ prognosis, including the risk for ADHD. In addition, clinicians caring for children born prematurely or those who were small for gestational age should have an increased index of suspicion for ADHD and should be familiar with well-established ADHD screening and management guidelines.