

## HYPERACTIVE SYNDROME IN CHILDREN

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### Abstract:

The most common behavioral disorder is attention deficit hyperactivity disorder (ADHD) in children. The article presents an analysis of scientific works of both foreign and domestic researchers on the issue of ADHD in children of primary school age. The criteria for the primary assessment of the manifestations of hyperactivity and anxiety in a child are shown. Children with ADHD are characterized by irresponsible behavior, problems in relationships with peers and parents, people around them, and non-compliance with generally accepted rules. Therefore, timely diagnosis of the disorder and the development of comprehensive medical and psychological corrective measures are very important.

**Keywords:** children of primary school age, attention deficit disorder, hyperactivity.

## BOLALARDA GIPERAKTIV SINDROM

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### Annotatsiya

Eng keng tarqalgan xulq-atvor buzilishi - bu bolalarda giperaktivligi sindromidir. Maqolada boshlang'ich maktab yoshidagi bolalarda giperaktiv sindromi muammosi bo'yicha xorijiy va mahalliy tadqiqotchilarning ilmiy ishlari tahlili keltirilgan. Boladagi giperaktivlik va xavotirning namoyon bo'lishini birlamchi baholash mezonlari ko'rsatilgan. Giperaktiv sindromi bilan og'rigan bolalar xatti-harakatlar, tengdoshlar va ota-onalar, ularning atrofidagi odamlar bilan munosabatlardagi muammolar va umumiy qabul qilingan qoidalarga rioya qilmaslik bilan ajralib turadi. Shuning uchun buzilishni o'z vaqtida tashxislash va kompleks tibbiy va psixologik tuzatish choralarini ishlab chiqish juda muhimdir.

**Kalit so'zlar:** boshlang'ich maktab yoshidagi bolalar, diqqat etishmasligi buzilishi, giperaktivlik.



In the last decade in Uzbekistan, one can observe a trend of increasing the number of children with attention deficit hyperactivity disorder. The high prevalence of attention deficit hyperactivity disorder gives rise to a problem that is significant both in medicine and in psychology and pedagogy. To identify the clinical and psychological manifestations of attention deficit hyperactivity disorder in primary school age, let us turn to the research of domestic and foreign scientists. Some scientists focused on the cognitive sphere of the individual, others studied the individual properties of the child and concentrated on the factors that determine his hyperactivity.

The term “attention deficit hyperactivity disorder” belonged to medicine. In particular, in 1962, at an international conference in Oxford, this term was officially established in the medical literature. In the report Yu.F. Dombrovskaya spoke about the role of the psychogenic factor in the origin, course and treatment of somatic diseases. She identified children in the group of “difficult to educate”, causing difficulties for parents and teachers [1]. In the works of I.P. Bryazgunov and E.V. Kasatikova emphasizes that most children with ADHD are aged 5-10 years. Most parents turn to doctors and psychologists for medical and psychological help during this period of time. During schooling, the child’s difficulties intensify, since the age limit for enrollment in school falls on the crisis of 7 years, characterized by the introduction of an intellectual principle, semantic perception, and the formation of self-esteem into the child’s life [2]. At this age, the first signs of social behavior disorders may be observed. This is explained by the inability of the central nervous system of a hyperactive child to cope with school demands, as both physical and mental stress increase.

L. Mattner's research shows that teaching a child at school with behavioral disorders is the beginning of medical and psychological problems associated with behavioral characteristics and conflict with society's expectations. A characteristic phenomenon for children with ADHD is low academic performance. It is noted that during the lesson these children find it difficult to cope with tasks, as they experience difficulties in organizing and completing work, and quickly switch off from the process of completing the task.

Cycling is a characteristic feature of the intellectual activity of children with ADHD, representing productivity from 5 to 15 minutes, after which the brain rests for 3 to 7 minutes, accumulating energy for the next cycle. At this time, the child becomes abstracted and does not respond to the teacher. Later, mental activity resumes. Behavioral disorders of hyperactive children also determine the nature of their interaction with the environment. These children may have communication problems, meaning they have difficulty establishing and maintaining friendships with peers.

In the scientific works of A.M. Romanov presents evidence of the differences and features of the emotional sphere in children of primary school age with ADD and SDH. In particular, they found that children suffering from ADD are more likely to feel guilty, they are characterized by generalized anxiety and numerous fears. In children with SDH, high levels of physical and verbal aggression, increased irritability and negativism are significantly more common; anxiety in such children is associated with a certain range of situations. The sphere of social emotions in most children with SDH is characterized as undifferentiated, with the manifestation of inversion of emotions. The author describes ADHD as a polymorphic clinical syndrome, noting that the leading manifestation is a violation of the child’s ability to control and regulate his behavior, which causes motor disinhibition, impaired attention and impulsivity [5]. This syndrome is noted as one of the common forms of neurobehavioral disorders in children of primary school age.

Many experts believe that ADHD in children is one of the reasons for the formation of school



maladaptation, and in connection with this, problems arise in the behavioral sphere. In such a child one can observe self-doubt, various phobias, and temper. These difficulties determine various psychosomatic disorders and manifestations of vegetative-vascular dystonia. There are groups of etiological factors of school maladaptation:

- biological (organic disorders of the central nervous system, ADHD, mental retardation);
- psychological (types of improper family education);
- social (rigidity of social standards of behavior, overload and complexity of the school curriculum).

The lack of psychological and pedagogical influences to overcome school difficulties gradually leads to problems with academic performance in children. At the same time, low performance is caused by the cumulative effect of missing important blocks of information and difficulties in forming educational actions, which accumulate from lesson to lesson. Children are not able to fully meet school requirements, despite their often good general level of intellectual development. During lessons, it is difficult for such children to cope with the assigned tasks, since they cannot organize and complete the work themselves.

One of the studies carried out within the framework of a clinical approach and devoted to this problem is called: "Hyperdynamic syndrome in children of primary school age" (V.A. Krasov). In this work, hyperactive behavior in children of primary school age is represented by a combination of motor disinhibition, increased distractibility, that is, impaired attention and a disorder of the emotional-volitional sphere. These violations, according to the author, are in different proportions, do not appear constantly and do not have a clear situational character. Particularly difficult for correctional work are cases of hyperactive behavior with a pronounced violation of the emotional-volitional sphere.

Proponents of the genetic concept strive to find an exact answer to the question of which gene is responsible for hyperactivity in children. There is evidence of the presence of genetic changes in ADHD, localized in the 11th and 5th chromosomes. Great importance is attached to the dopamine D4 receptor gene and the dopamine transporter gene. Experts have put forward a hypothesis about the cause of the disease, which is based on the interaction of the above genes, which, in turn, causes a decrease in the functions of the neurotransmitter system of the brain. Factors that cause ADHD include:

- maternal health (hyperactive children are often born to mothers suffering from allergic diseases, such as asthma, eczema or migraines);
- features of the course of pregnancy and childbirth (according to one theory, it is believed that ADHD is associated with organic brain damage, which can occur during pregnancy, childbirth, and also in the first days of a child's life. In this case, the danger is caused by intrauterine hypoxia (oxygen starvation of the fetus), to which the developing brain is especially sensitive

Factors that may influence the development of ADHD include nutritional deficiencies. Thus, many hyperactive children do not have enough zinc, magnesium and vitamin B12 in their bodies [8]. Excessive amounts of carbohydrates in children's bodies can also be a contributing factor to ADHD. The cause of a child's hyperactivity can also be the child's dissatisfaction with communication with parents, lack of emotional contact in the family (L.S. Alekseeva). Thus, examinations of children show that in many families, hyperactive children are under strict control of the mother, but this is precisely why their feelings of independence and independence are poorly developed [10]. The result of this is most often an immoderate tightening of the upbringing regime, sometimes pity,



apathy from a feeling of hopelessness or, conversely, a feeling of guilt for improper upbringing. It must be emphasized that no drug treatment can completely eliminate this disorder. Comprehensive medical and psychological support for children is important here. Only working in the triad “specialist-child-parent” will help cope with ADHD syndrome. At the same time, it is important to comply with a holistic system of requirements, both in the family and at school. As part of medical and psychological support, it is necessary to introduce a combination of drug treatment, psychological and pedagogical correctional measures, and the preparation of individual training programs developed jointly with parents and teachers. Thus, there is no consensus among researchers as to what determines the manifestations of hyperactivity in children of primary school age, and therefore it is necessary to consider these factors together.

There are several characteristic signs that help identify a child with ADHD. His behavioral characteristics may be superficially similar to the behavior of children with increased anxiety; Table 1 shows the differences.

Based on the table, we can identify three main criteria for hyperactivity in children: lack of active attention (when it is difficult for a child to concentrate, he constantly loses or forgets his things, does not make mental effort to solve the task, etc.); motor disinhibition (difficulty sitting in one place, restless sleep, sleeps little, very talkative); impulsiveness (interrupts, does not listen to the end of the interlocutor, performs tasks carelessly).

Based on the above material, we note: attention deficit and hyperactivity negatively affect child-parent relationships, educational activities, behavioral sphere, as well as relationships with adults and peers. School maladjustment appears.

Thus, there is a need to develop technologies for medical and psychological support for children with ADHD. The study and research of ADHD in children is interdisciplinary in nature and includes the work of various specialists: neurologists, pediatricians, psychologists, teachers, and sociologists.

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