

Psychodiagnostics and Medical-Psychological Correction of the Screening of Children with Hyperactivity and Attention Deficit Syndrom

Madirimova Latofat Ollaberganovna, Ibadullaev Bekzod Bakhramovich

Urgench Branch of Tashkent Medical Academy, Urgench, Uzbekistan

Abstract In this article, research has been conducted on the issues of conducting early screening and diagnosis of children with hyperactive and attention deficit syndrome based on new approaches, and providing effective medical and psychological assistance to children and their relatives.

Keywords Hyperactivity, Lack of attention, Psychodiagnostics, Psychocorrection

1. Introduction

According to scientific sources and WHO data, various diseases and their syndromic manifestations are increasing among young children among the world's population today. Nowadays, one of the syndromes that has become one of the urgent medical-social and medical-psychological problems for children of kindergarten and school age and their relatives is hyperactivity and attention deficit syndrome (ADHD). Foreign and local epidemiological studies show that the prevalence of ADHD in our region ranges from 4 to 28%. The American Academy of Pediatrics (AAP) estimates that the prevalence of ADHD in children ranges from 4 to 12% [4]. [1,2,3,6]. Three groups of symptoms underlie the manifestation of attention deficit hyperactivity disorder (ADHD) in children namely: attention deficit, impulsivity and hyperactivity [4,5] At the same time, this syndrome is accompanied by a number of other medical and psychological disorders, i.e. oppositional disorders in 35% of children with ADHD, antisocial behavior in 26%, anxiety disorders in 26%, and depressive disorders in 18%, according to scientific sources [7]. The development of this syndrome in children, in turn, is considered one of the medical and psychological factors that cause a number of big problems for their parents and teachers. Therefore, early screening of hyperactive and attention-deficit syndrome (ADHD) in these children and correcting it in these children at an early stage is one of the urgent problems of today, and in turn requires scientific research [6,7].

Purpose: Screening diagnosis of hyperactivity and attention deficit syndrome in children of kindergarten age and conducting medical- psychological correction in them.

2. Material and Methods

During the years 2023-2024, 54 children who were brought up in preschool educational institutions and who were approached by their relatives with complaints related to hyperactivity and attention deficit syndrome were observed. The average age of the children was 4 ± 1.5 , of which 32 (59.3%) were boys, 24 (40.7%) were girls, and 25 children with no complaints related to the syndrome were included in the control group. 14 (56%) were boys, 11 (44%) were girls. The SADHD questionnaire specially adapted for parents was used by the authors in the screening diagnosis of hyperactivity and attention deficit syndrome in patients. Correction of psychoemotional and behavioral disorders developed in patients is carried out for two months on the basis of a medical-psychological algorithm consisting of two programs specially developed for children of kindergarten age, namely "program of fairy tales and stories" and "who is both an active and a passive program". The results were analyzed based on pre-treatment and post-treatment indicators using the SADHD-express questionnaire.

3. Results

The results of anamnestic subjective and objective complaints and psychodiagnostic analyzes before correction from the parents of the children in the 1st and 2nd groups of the observed children were as follows. According to it, the results obtained from our children's questionnaires were analyzed using the SADHD express questionnaire for the diagnosis of attention deficit hyperactivity disorder (ADHD) (Fig. 1).

When the objective and subjective complaints of both groups were analyzed, it was noted that among the symptoms related to ADHD, hyperactivity, inattention, impulsivity,

thought acceleration and seizures, learning difficulties were higher in the children in the main group, while in the control group, these indicators were found to have almost no changes. The following results were obtained when the SADHD questionnaires administered to the children's parents and caregivers were analyzed (Figure 2).

The results of the SADHD-express questionnaire conducted among the relatives of $n=54$ of our children in the 1st group showed that 20% ($n=11$) of our children had normal or mild level (3 ± 1.2), 48% ($n=26$) had moderate (6 ± 1.5) level and high (9 ± 1.1) hyperactivity in 32% ($n=17$), normal or mild level (3 ± 1.2) in 28% ($n=15$), 46% ($n=25$) had moderate

(6 ± 1.3), 36% ($n=14$) had high (9 ± 1.2) level of impulsivity, 13% ($n=7$) had normal or mild level (3 ± 1.3), 70% ($n=38$) had moderate (6 ± 1.4), 17% ($n=9$) had high (9 ± 1.2) attention deficit ($p>0.05$). From the obtained results, it can be seen that in our children, the type of ADHD associated with inattention was high, while the type of hyperactivity and impulsivity of ADHD was high in children, which in turn showed the levels of hyperactivity and impulsivity, and in this place, the level of attention deficit in children. also requires correction of the processes, the analysis of the SADHD-express results, which was also conducted for the control group, was as follows (Fig. 3).

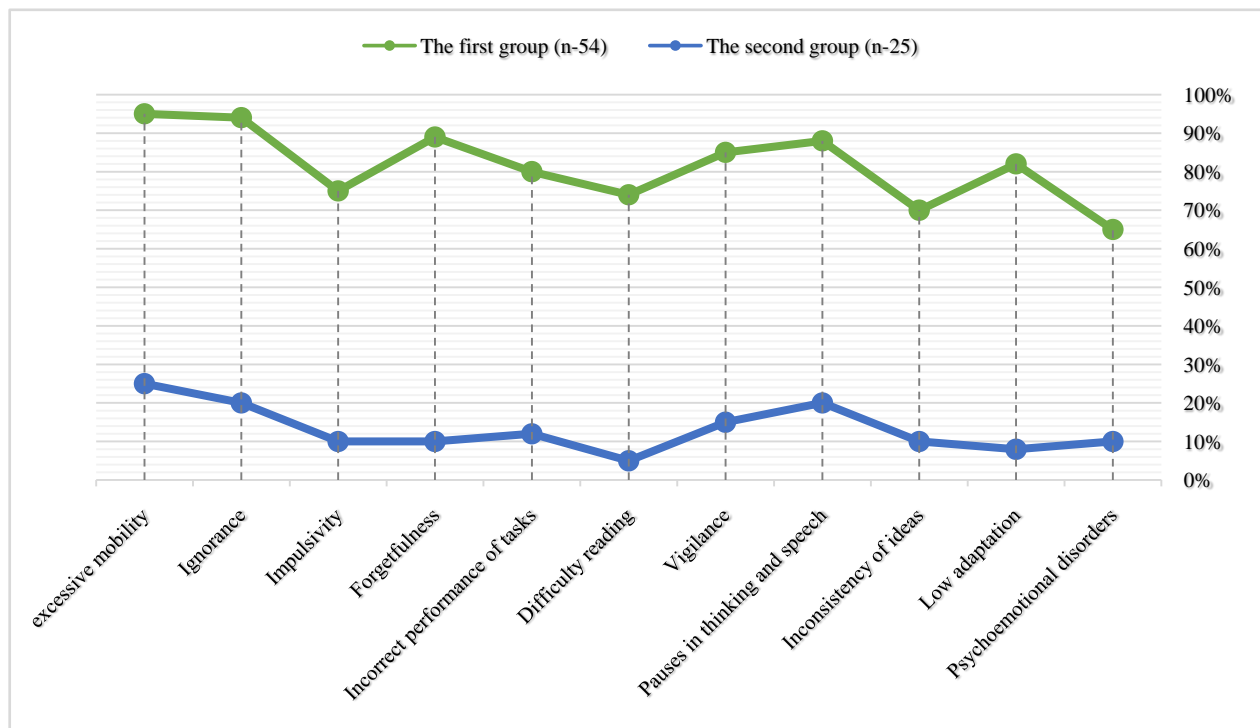


Figure 1. Subjective anamnestic symptoms obtained from relatives of children in the main and control groups

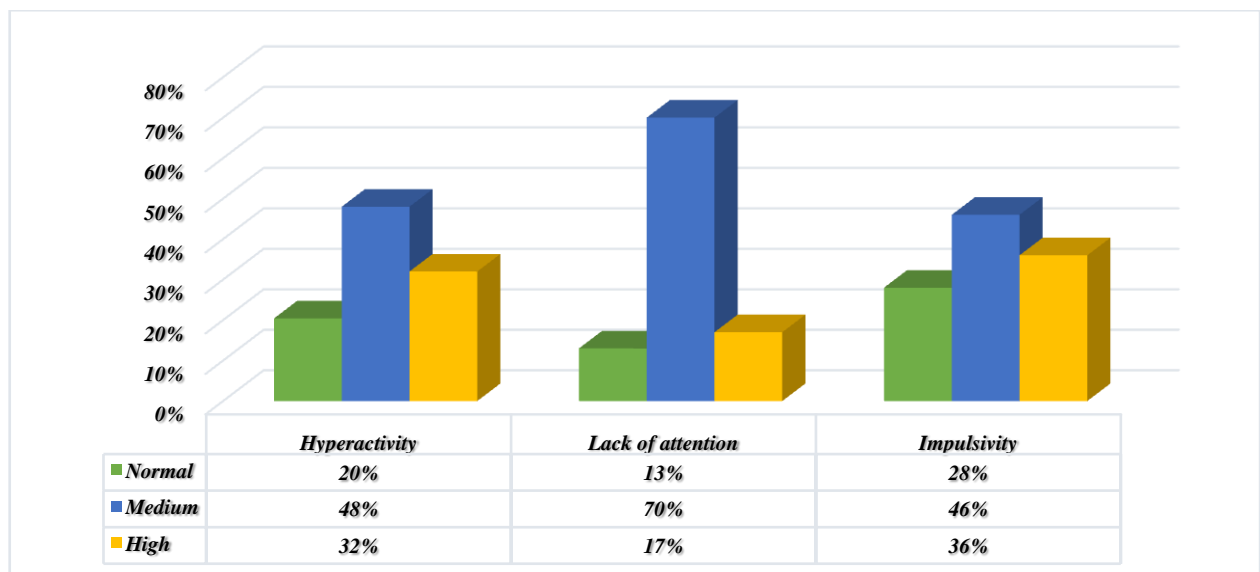


Figure 2. Results of SADHD express questionnaire in children of the first main group before treatment ($p>0.05$)

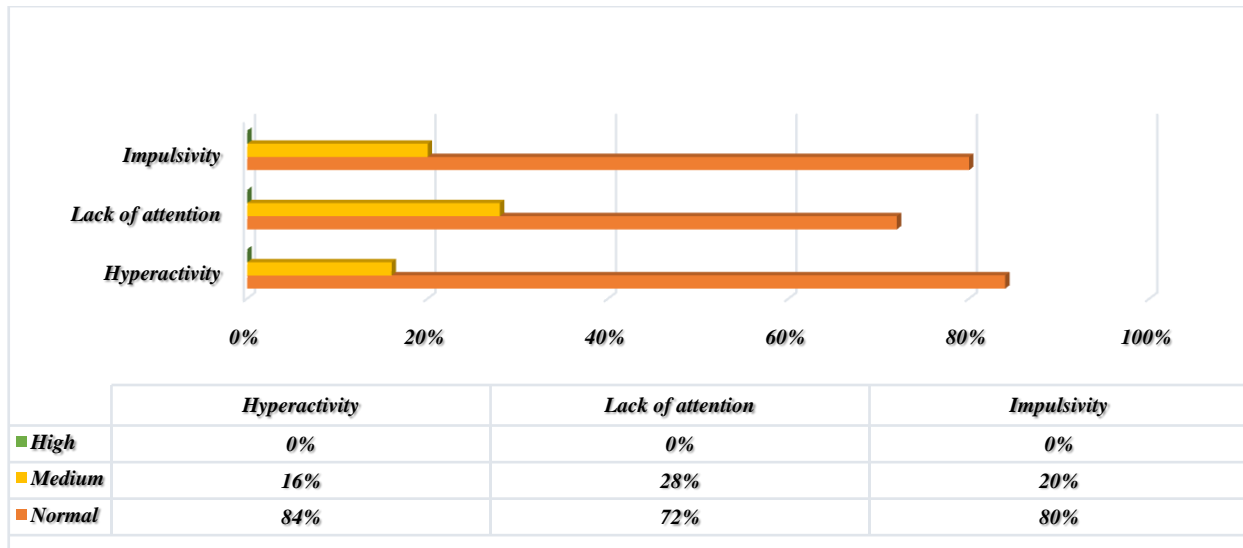


Figure 3. Results of SADHD express questionnaire in children of the second main group before treatment ($p < 0.05$)

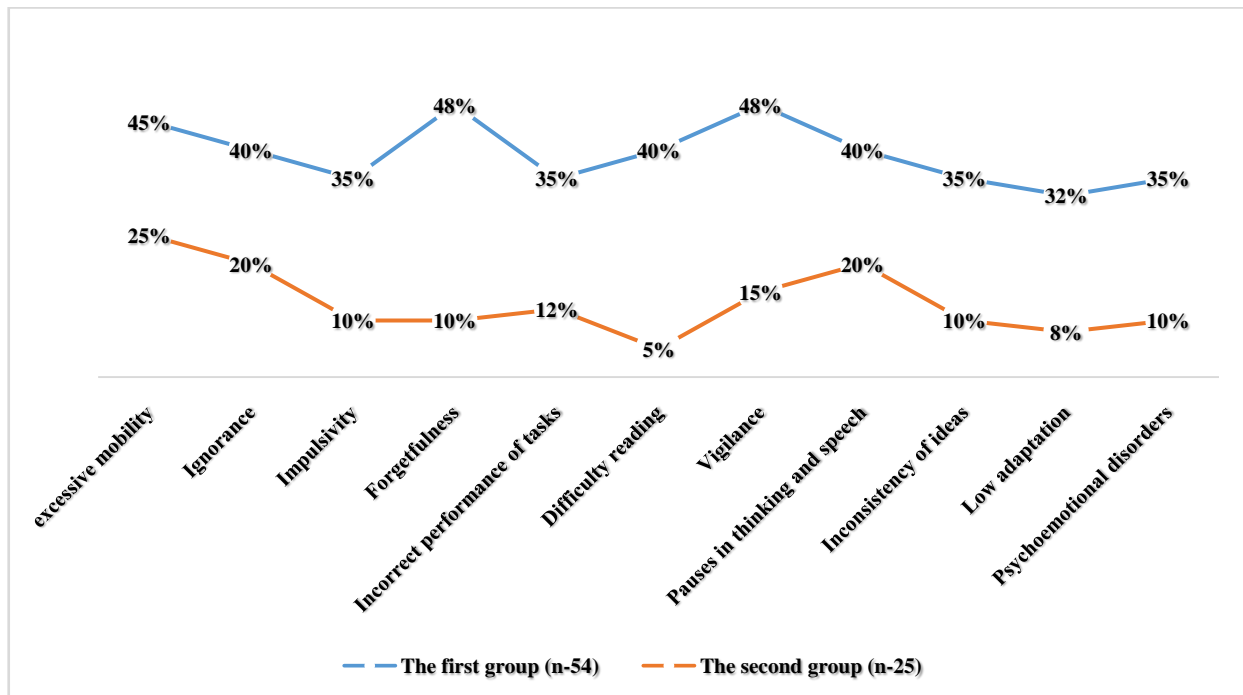


Figure 4. Subjective anamnestic symptoms obtained from relatives of children in the main and control groups post-treatment

When analyzing the indicators of the SADHD-express questionnaire obtained from relatives and caregivers of $n=25$ children of the 2nd group, 84% ($n=21$) of our children had normal or mild level (3 ± 1.1), 16% ($n=4$) had moderate (6 ± 1.2) hyperactivity, 80% ($n=20$) normal or mild (3 ± 1.2), 20% ($n=5$) moderate (6 ± 1.1) impulsivity, 72% ($n=18$) had normal or mild attention deficit (3 ± 1.3), 28% ($n=7$) had moderate (6 ± 1.2) attention deficit ($p < 0.05$). Among the children in the control group, there were only mild symptoms of ADHD, but most of these children had normal symptoms. After psychocorrection in children, the following indicators were analyzed. According to it, during the medical-

psychological correction, a significant improvement was observed in subjective and objective indicators, i.e. hyperactivity, low interest, inattention, impulsivity, maladjustment, the indicators were shaped as follows (Fig. 4).

When the above indicators are analyzed by comparison with children without symptoms of ADHD in the control group, we can see that they improved enough compared to the indicators before the correction, and the indicators close to the levels of the children in the control group were recorded. When the SADHD-express questionnaire indicators obtained after correction were analyzed, the following results were formed (Fig. 5).

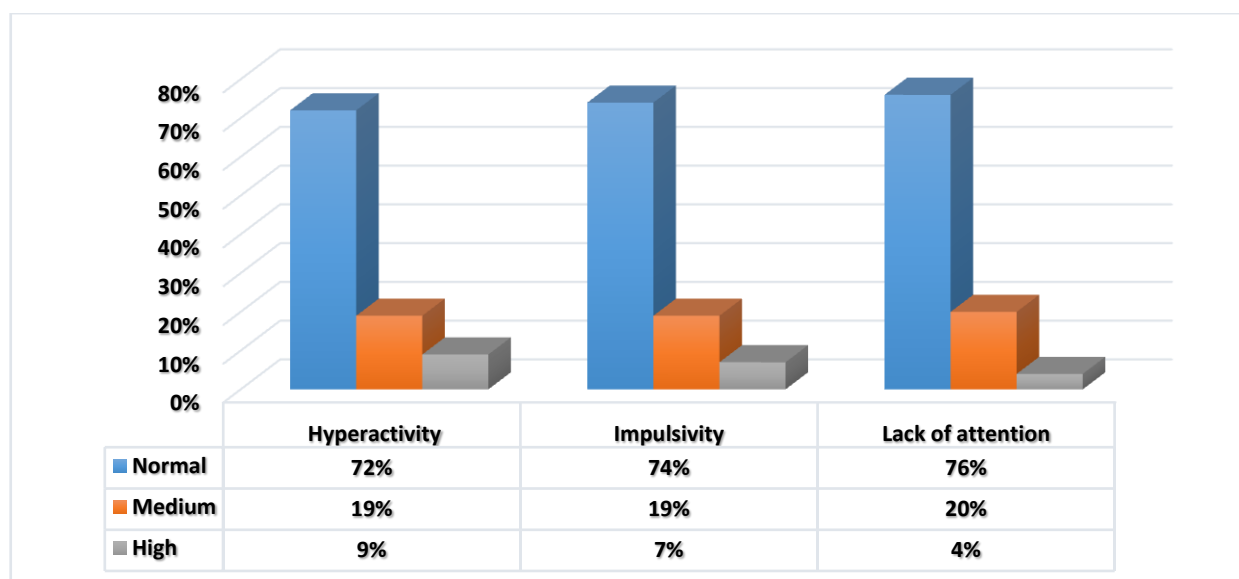


Figure 5. Post-treatment results of the SADHD express questionnaire in children in the first primary group ($p < 0.05$)

The results of the post-correction SADHD-express questionnaire, which was conducted among the relatives of $n=54$ of our children in the 1st group, showed that 72% ($n=39$) of our children had a normal or mild level (3 ± 1.0), 19% ($n=10$) moderate (6 ± 1.2) and 9% ($n=5$) high (9 ± 1.0) hyperactivity, 74% ($n=40$) normal or mild (3 ± 1.1), 19% ($n=10$) had moderate (6 ± 1.0), 7% ($n=4$) had high (9 ± 1.1) level of impulsivity, 76% ($n=41$) had normal or mild level (3 ± 1.1), 20% ($n=11$) had moderate (6 ± 1.2), 4% ($n=2$) had high (9 ± 1.1) attention deficit, the obtained post-treatment indicators compared to the pre-treatment indicators it was found to be statistically improved ($p < 0.05$). As can be seen from the above indicators, we can see that the indicators after the specially carried out medical and psychological correction had a positive effect on the processes related to the syndrome in children. Furthermore, we can see that there is no statistically significant difference when the indicators in children are compared with the indicators of children in the control group without ADHD symptoms ($p > 0.05$).

4. Conclusions

Based on the obtained results, it can be said that the SADHD-express questionnaire was the most effective method for the early psychodiagnostic screening of hyperactivity and attention deficit syndrome in children of kindergarten age, and the medical-psychological correction method consisting of special programs conducted in the second group of children and caregivers observed in our main group. we can see a decrease in complaints related to the syndrome. Thus, the

psychodiagnostic and psychocorrective methods used in this work are used and implemented in children with developed hyperactivity and attention deficit disorder, it creates the ground for the mental and physical maturity of the growing generation, and the prevention of complications related to the syndrome.

REFERENCES

- [1] Альтхерр П., Берг Л., Вельфль А., Пассольт М. Гиперактивные дети. Коррекция психомоторного развития. — М.: Издательский центр «Академия», 2004.
- [2] Брызгунов И. П., Касатикова Е. В. Непоседливый ребёнок или все о гиперактивных детях. — М.: Издательство института Психотерапии, 2002.
- [3] Брызгунов И. П., Касатикова Е. В. Дефицит внимания с гиперактивностью у детей. — М.: Медпрактика-М, 2002.
- [4] Заваденко Н. Н. Гиперактивность и дефицит внимания в детском возрасте. — М.: Издательский центр «Академия», 2005.
- [5] Заваденко Н. Н. Как понять ребёнка: дети с гиперактивностью и дефицитом внимания. — М.: Школа-Пресс, 2001.
- [6] American academy of pediatrics. Clinical practical guideline: diagnosis and evaluation of the child with attention deficit / hyperactivity disorder. Pediatrics. 2000; 105: pp. 1158-1170.
- [7] Loeber R, Green SM, Lahey BB. Developmental sequences in the age of onset of disruptive child behaviors. J. Child Family Studies. 1992; 1: pp. 21-41.