

FAMILY IMPLICATIONS OF THE DIAGNOSIS OF ATTENTION DEFICIT HYPERACTIVITY DISORDER- ADHD: AN INTEGRATIVE LITERATURE REVIEW

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FAMILY IMPLICATIONS OF THE DIAGNOSIS OF ATTENTION DEFICIT AND HYPERACTIVITY DISORDER - ADHD: an integrative literature review

FAMILY IMPLICATIONS OF THE ATTENTION DEFICIT HYPERACTIVITY DISORDER-(ADHD) DIAGNOSIS: an integrative literature review

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Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder defined by persistent patterns of inattention and/or hyperactivity and impulsivity that impair an individual's functioning and development. It is believed to be a disorder of the brain's reward system, especially with regard to delayed gratification, mainly in the school and social areas. Families of children diagnosed with ADHD can experience role overload and social problems. The aim of this study is to investigate the main implications of children diagnosed with ADHD for their family environment, based on the social and family relevance of the topic. This is a literature review, in which scientific articles published in the last 10 years were researched in the Virtual Health Library (VHL) and Scielo virtual databases, and 31 studies were collected. This study sought to investigate the implications of an ADHD diagnosis for the family, including: stress, impatience, lack of knowledge on the subject, the guilt that most parents feel about their child's ADHD diagnosis, as well as the need for appropriate treatment. Looking at this scenario of demands, it can be concluded that there are implications for the families of children with ADHD, from the moment the diagnosis is discovered to the point at which the parents and child begin to have a special understanding of the situation.

Keywords: *attention deficit hyperactivity disorder, children, diagnosis, implications, parents.*

Resumo

O Transtorno de Déficit de Atenção e Hiperatividade (TDAH) é um transtorno do neurodesenvolvimento definido por modelos persistentes de desatenção e/ou hiperatividade e impulsividade que prejudica o funcionamento e o desenvolvimento de um indivíduo. Acredita-se que seja um distúrbio do sistema da recompensa do cérebro, especialmente no que se refere à gratificação atrasada, principalmente na área escolar e social. Famílias de crianças com diagnóstico de TDAH podem passar por sobrecarga de funções e prejuízos no convívio. Esse trabalho tem como objetivo investigar quais são as principais implicações do diagnóstico de TDAH de crianças em seu ambiente familiar, tendo como justificativas a relevância social e familiar do tema. Trata-se de uma pesquisa de revisão bibliográfica, na qual foram pesquisados artigos científicos publicados nos últimos 10 anos, nas bases de dados virtuais Biblioteca Virtual de Saúde (BVS) e Scielo, sendo levantados 31 estudos. O presente trabalho buscou investigar quais as implicações do diagnóstico de TDAH no âmbito familiar, dentre as quais pode-se destacar: o estresse, a impaciência, a falta de conhecimentos sobre o assunto, a culpa que a maioria dos pais carrega pelo diagnóstico de TDAH do

filho(a), além da necessidade de tratamentos apropriados. Ao observar esse cenário de demandas, pode-se concluir que há implicações às famílias de crianças com TDAH, desde o momento da descoberta do diagnóstico até o ponto em que os pais e a criança começam a ter um entendimento especial da situação.

Palavras-chave: *transtorno de déficit de atenção e hiperatividade, crianças, diagnóstico, implicações, pais.*

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder defined by persistent patterns of inattention and/or hyperactivity and impulsivity, which impair an individual's functioning and development. It is also believed to be a disorder of the brain's reward system, especially with regard to delayed gratification, mainly in the school and social areas (OLIVEIRA *et al.*, 2019).

In ADHD, according to the Diagnostic and Statistical Manual of Mental Disorders-DSM-V (2014), inattention is related to the failure to carry out immediate tasks, that is, there is a certain difficulty and delay in not persisting in their things, there is an obstacle in maintaining focus and presenting disorganization in their routine tasks. Hyperactivity, on the other hand, is characterized by the fact that the child does things excessively, at inappropriate times, and in an exaggerated way, such as running around in inappropriate places, shouting, and not being able to sit still for long.

For ADHD to be better understood in a psychopathological sense, it needs to be analyzed neurobiologically and related to the frontal part of the cerebral cortex. People with ADHD have alterations in the frontal region and in the junctions with the rest of the brain, which is why it is studied and explored as a possible brain confusion (SILVA *et al.*, 2020).

Many concepts related to ADHD have been developed over time, such as the different ways of conceptualizing the disorder, both biologically and socially (CARVALHO *et al.*, 2022). The literature indicates that the history of ADHD began with the work of doctors and writers. In 1978, the Scotsman Alexander Crichton wrote about people's inattention in his book. In 1845, the German Henrich Hoffman published the book "Fuzzy John", in which he told children scary stories based on their daily lives and reality, using rhymes and funny language, such as "The story of Paulinha who, despite warnings of danger, ends up burnt". Despite this, the official initiative in the history of the diagnosis of ADHD was put forward in 1902 by the pediatrician

George F. Still, in his studies on the "deficiency of moral control" in children, which could be explained through the neurological and biological system (SOUZA *et al.*, 2021).

Considered a disorder with a high prevalence, affecting approximately 5.29% of the world's population, and with its symptoms noticed as early as infancy, ADHD is one of the most common reasons for referring pre-school children for a neuropsychiatric assessment. Children with ADHD have great difficulty devoting themselves to something that requires focused attention, such as homework, a lecture or a lengthy explanation. They are usually children who will not formulate an answer quickly, and they also find it difficult to keep themselves waiting for a certain reward (OLIVEIRA *et al.*, 2019).

A study by Oliveira *et al.* (2019) showed that children with ADHD performed less well at school than other children who did not have ADHD. The school performance of 20 children aged between 9 and 13 was assessed, 10 of whom had ADHD and the other half did not. In general, a greater lack of mastery was observed in the children in the group with the disorder in relation to the principles that were analyzed, motivation and performance.

The symptoms of impulsive behavior can range from restlessness to immediate, hasty responses, without even stopping to think before doing so, to a lack of self-control and difficulty in constructing longer responses with concrete justifications. The high level of impulsiveness, accompanied by the impatience of waiting for a response in the dialog, can generate a higher level of stress in the diagnosed child and, in fact, this stress can also appear in their caregivers. Most parents who receive their child's diagnosis of ADHD blame themselves for it and think they haven't played their part as parents, which ends up generating a conflict with their emotions and feelings, as well as comparisons with their way of bringing up their child in relation to other parents. This pressure is very high and can directly affect the way they bring up their children. In some cases, parents can become irritated by their child's behavior, causing stress and a lack of interest in continuing the process (BENCZIK and CASELLA, 2015).

The problematic question of this study is to investigate the main implications of a diagnosis of ADHD in children for their family environment. This research can contribute to the production of bibliography on the subject, as well as enabling future studies on interventions with family members of children with ADHD, with a view to improving their quality of life.

THEORETICAL FRAMEWORK

Attention Deficit Hyperactivity Disorder (ADHD) is often explained the same way by various professionals today. It is the history of ADHD, i.e. the investigations and observations of symptoms over the years, that have led to various changes in the symptomatic characteristic picture of the disorder. We can see that there have been changes to the diagnostic criteria, as well as the adoption of subdivisions, but not disregarding the main symptoms, which are impaired attention, the presence of hyperactivity and impulsivity (CARVALHO *et al.*, 2022).

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders - DSM-5 (2014), ADHD is a neurodevelopmental disorder, beginning in childhood, recognized by different levels of distraction, confusion and/or hyperactivity-impulsivity, and is therefore defined as one of the most common disorders in children.

Chang *et al.* (2019) show how ADHD is relatively related to certain acids, more specifically, the lack of them in the body of a person with the disorder. Among them, they mention eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), which are considered essential fatty acids for the brain and body.

ADHD contains a series of signs and symptoms that are very noticeable, especially in children, which end up impairing their social development and daily performance (TESSARO *et al.*, 2020).

Jeyanthi *et al.* (2019) describe the development of children with ADHD at school, taking into account, for example, physical activities. According to the authors, the management of activities with children with ADHD needs to be different when compared to other children who do not have ADHD, since they have difficulties participating in activities related to motor skills, behavior and attention.

According to Carvalho (2022), the series of problems arising from the diagnosis of ADHD interfere with its biography as a psychiatric disorder. Although it is not essential to present the three symptoms of inattention, hyperactivity and impulsivity in order to be diagnosed with ADHD, the narrative of this disorder can be directed by the pronounced presentation of one of these three symptoms.

There are some scientists who believe in the organic nature of ADHD and characterize it as a neurobiological problem, with a genetic signal, which promotes the manifestations mentioned above. On the other hand, there are scientists who see the diagnosis of ADHD as a

system of educational medication. Another view, which fits into a socio-historical model, recommends that attention and learning dilemmas occur as a result of educational, political and social demands, and do not consequently stem from knowledge of biological regulation (SIGNOR and SANTANA, 2015).

According to Souza *et al.* (2021), cognitive functions are abilities that control actions, planning, concentrated attention, emotions, thoughts, etc. They are related to self-control, allowing special attention to be paid to what is being done, working memory, which represents efficiency in storing information, and cognitive flexibility, which helps in the use of creativity in relation to changes in life. In a child with ADHD, these functions are impaired, and it is important to cooperate with them, as well as to understand them and help them improve, which will allow progress in behavioral direction, in achieving spaced gratification, in solving momentary difficulties and in aligning impulsivity, since these are relevant symptoms of ADHD that considerably impair its functionality.

A case study by Silva *et al.* (2020) collected data from a child diagnosed with ADHD through clinical interviews and anamnesis. Once this was done, 3 free sessions took place, stimulating the therapeutic connection with the patient and the diagnostic process related to family history, clinical and neurological analysis. The following instruments were used to carry out the study: application of a scale to investigate ADHD symptoms, the SNAP-IV, which contains 18 items to assess symptoms of the disorder, and the Wechsler Intelligence Scale for Children - 4th edition (WISC-IV), to assess intellectual capacity, as well as a clinical interview and anamnesis. After the scales were prepared and corrected, the following results were obtained: the SNAP-IV showed that the child was impatient, had difficulties with personal and hygiene tasks, and was hyperactive, remaining restless at all times. In the WISC-IV results, the child showed a satisfactory level of cognitive understanding, which is not considered harmful. She had a good level of processing, being able to store, understand and organize information as it was given. At school, the child was quite aggressive, had a low and disorganized performance, and lacked focus on her tasks. After clinical observations, the responsible family members were given suggestions for tasks to be carried out in relation to the need to continue with psychotherapeutic treatment. Afterwards, a debriefing was given to the child in order to make them aware of their situation, preparing them for how to deal with their diagnosis and how to conduct future clinical appointments after the end of the assessment.

Implications of an ADHD diagnosis for the family

According to Bertoldo *et al.* (2018), receiving a diagnosis of ADHD for their child, it is quite common for parents or caregivers to be stressed by certain behaviors of the child, since it is something new for them. In addition, behaviors such as excessive tantrums, lack of understanding of certain tasks, difficulty concentrating on something that requires more attention, and other challenges encountered by the parents, are attitudes that usually get out of hand, generating discomfort, irritation, doubts, sadness, feelings that surface throughout the process, because they don't know how to cope or also have difficulties understanding and dealing with their children. It is then that they find strategies to adapt to the situation in the best way possible, offering their children different ways of dealing with the disorder together without too many daily complications.

Regarding the unpleasant implications of an ADHD diagnosis in the family, Benczik and Casella (2015) raise points that can be detrimental to living together, promoting disharmony and certain indifferences. Parents and guardians of children with ADHD have an overload of duties, as they need to reconcile work, friendships, household chores, marriage and other duties they already had before the diagnosis in the family. Children with ADHD need help with simple tasks that they often can't do on their own, such as eating, brushing their teeth, bathing, doing chores, etc. As a result, their parents and guardians may experience mental and physical exhaustion, mood swings and excessive irritability, along with other stress factors that may occur in other areas mentioned above, and as a result, their duties towards their children may not run smoothly, interfering with their education and helping them.

It's quite common for children with ADHD to have difficulties with household chores, such as cleaning, putting toys together, organizing, removing excess clutter, etc. For them, carrying out these activities requires help from a family member or any other person they live with, making them more efficient and more engaging. It's worth pointing out that practicing assisted activities is essential for children, as they won't feel totally inferior to other children who are able to carry out these tasks more easily, calmly and independently. Patience and understanding on the part of parents in this role is essential for both parties, as this is the only way for the child's development to constantly evolve, avoiding conflicts and difficult-to-manage situations (MENDES; MANCINI; MIRANDA, 2018).

The studies by Mendes *et al.* (2018), make it clear that, in the case of children with ADHD, the demand on parents is very high, and because it is a disorder of dependence on others, this ends up causing serious problems for family members, among which we can mention anxiety, depression and even ADHD, since the child's home is the place where he is first, where he is born, grows up, lives and acquires experiences

of their guardians, in other words, it is their starting point. When a disorder such as ADHD is discovered in the family, the burden on parents is high, requiring them to be present most of the time, which is often not the case, as many of them work, study, have a social life, as well as other tasks that are also considered important. Considering this whole context, and in order to manage all these needs in a fluid and less troubled way, it is necessary, and very important, to also intervene for the parents, contributing to both parties in a treatment with positive and beneficial responses.

The treatment of ADHD in childhood and the support of family members in the process

According to Araújo *et al.* (2015), when parents discover that their child has been diagnosed with ADHD, they often don't know how to react or how to start treatment. It is a process of innovation that requires help and understanding from family members, especially so that the child is not labeled as disobedient, uneducated, lazy, clumsy or even uninformed about things. For mothers, this situation is more difficult, as they feel they have to be present, paying more attention to their child, with responsibility for the child's development and growth, especially in social terms, as they have a diagnosis that requires social support and, as a result, they demand it all the time. That's why it's important for parents to know more about the disorder, so that they don't blame themselves so much and don't allow these labels to be used, so that they can respond correctly and immediately to unnecessary and inappropriate comments about their children, as well as other demands from the environment.

A study was carried out in São Leopoldo, a municipality located in the northwest of the state of Rio Grande do Sul (RS), in which six weekly meetings were held, lasting two and a half hours, with the aim of being a time for listening and understanding, with parents of children who had ADHD. During these meetings, the importance of psychological practice was made clear, so that parents and guardians could be free to express their complaints about their children's ADHD. Throughout the process, they realized the importance of psychological

intervention and were able to better understand ADHD, finding better solutions to deal with it (BERTOLDO *et al.*, 2020).

In their article, Araújo *et al.* (2015) show a peaceful and healthy form of treatment for children with ADHD, using the massage technique called Tui Na, helping to control excessive agitation and thus promoting relaxation for the patient.

The massage technique aims to provide confidence, improve circulation, develop body perception, and also permission to be touched, slow down the child's body and mind, provide tranquillity and develop self-esteem, improve relationships and communication with those who participate in their relationship cycle, such as parents and friends, as well as meeting mothers' expectations of having something to help their children overcome the difficulties they experience on a daily basis (ARAÚJO *et al.*, 2015, p.2).

Psychotherapy can help patients and their families to reduce symptoms and solve problems that may arise during their daily lives. Through this treatment, the family will be able to see a great evolution in the development of the child with ADHD, since it helps in the regulation and expression of feelings, in reducing stress, as well as contributing greatly to the child's behavior (SOUZA *et al.*, 2021).

The treatment of ADHD, especially in childhood, does not necessarily have to be medication. There are various ways of conducting treatment in a lighter and healthier way, one of which is psychoeducation, involving not only the child, but also parents, relatives and guardians, as this multiple help facilitates and contributes even more to the process of improvement and development of the patient. Psychoeducation helps patients and their families learn about the diagnosis, so that they understand more about the subject, understand and accept the approaches that will be taken, motivating them to change and contribute to the treatment. Psychoeducation can be made up of various activities, such as conversation circles, lectures, bibliotherapy, manuals and videos, and can take place individually or in groups (OLIVEIRA; DIAS, 2018).

The treatment of ADHD involves multidisciplinary interventions, according to the needs of each person and the specifics of the condition, involving psychosocial, psychopharmacological and child therapy approaches, respecting the severity and typology of the symptoms. Once the diagnosis of ADHD has been made, it is valuable to intervene together with the family and the school, as these are the environments in which the child lives on a daily basis and in which their symptoms manifest themselves the most. The school has the role of paying special attention to children with ADHD, uncovering their difficulties and helping them in the best way possible in their school development, so that their situation is not aggravated

compared to other children. Within the family, parents and guardians must help and support the child with ADHD, participating intensely in the treatment process (MISSAWA and ROSSETTI, 2014).

The contribution of parents and guardians in the treatment of ADHD is essential, as they are the child's point of reference and the people who give them the most confidence. Parents' mutual help is a fundamental part of the development of ADHD treatment, mainly because they know more about their child's life and day-to-day life than anyone else, and can detail their child's behavior in different environments, their routine, preferences, mood, as well as other relevant details (JUSTINO and SILVA, 2022).

According to Bertoldo et al. (2020), the presence of parents in the context of treatments for ADHD brings broad and beneficial results, since they can better understand the child's situation and seek to improve their knowledge of the disorder in a lighter and more patient way, with expectations of being able to solve problems. As a result, it is more likely that there will be progress and an improvement in the quality of life in the family environment.

METHODOLOGY

This is a literature review using the integrative literature review method, with a qualitative approach. The six phases of the integrative review process were used to put the bibliographic studies into practice. The first phase consisted of drawing up a guiding question to support the study; the second, searching for bibliographies related to the topic; the third, defining the data to be studied; the fourth, carrying out a critical analysis of the data collected; the fifth, constructing the results and discussions; and finally, presenting the integrative review (SOUZA, SILVA & CARVALHO, 2010).

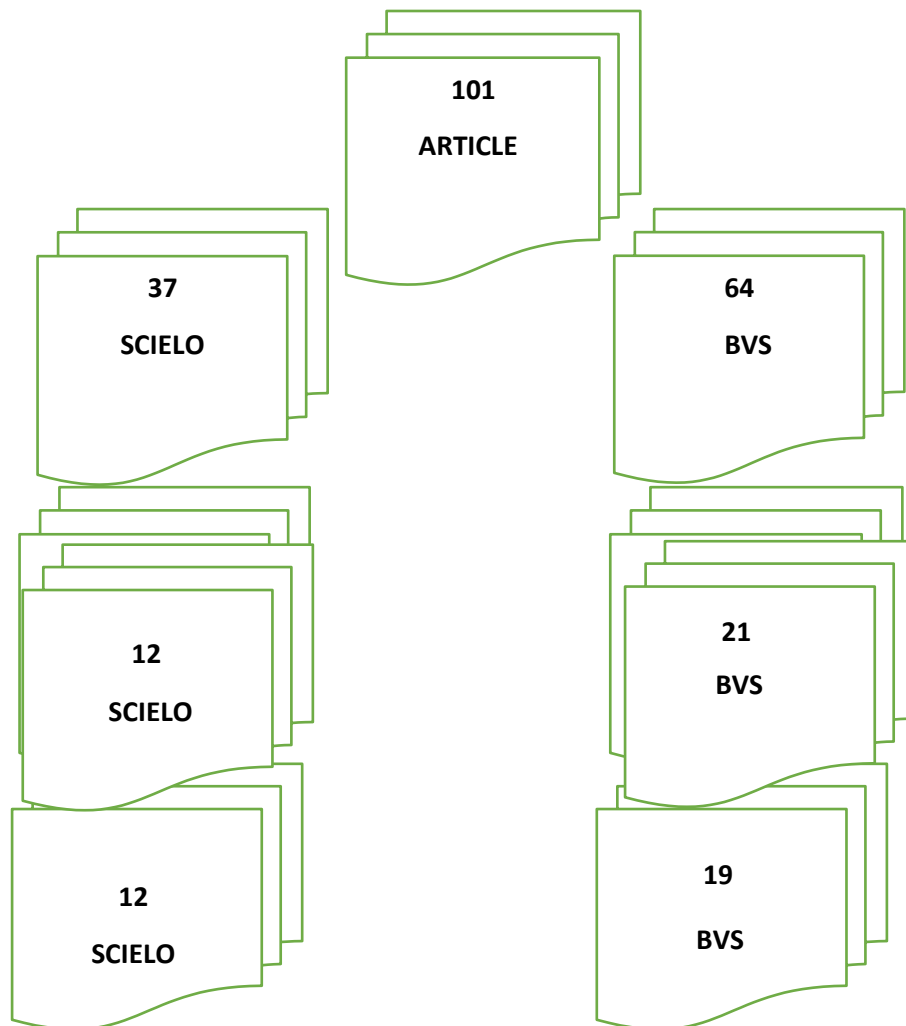
The material was selected in June 2023, using the Scielo and Virtual Health Library (VHL) databases. The descriptors were used in the following combination: ADHD and children; ADHD and implications; ADHD and family members.

The articles selected were those published between 2013 and 2023, in Portuguese. The inclusion criteria were articles with full access and studies related to the family implications of an ADHD diagnosis. Articles that, despite being within the proposed period, dealt with subjects that were disconnected from the topic and would not contribute to the proposed theme, as well as research that was not within the chosen timeframe, were discarded.

Excel software was used to describe the quantitative data from this study and to construct the tables. The following topics were considered when collecting data from the articles: title, authors, journal of publication and year of publication.

A total of 101 articles were selected, 37 of which were found on Scielo and 64 on the VHL. After reading the titles, 50 studies were selected, 18 from Scielo and 32 from the VHL. After reading the abstracts, 33 papers were selected, 12 of which were found on Scielo and 21 on the VHL. Finally, when the full text was read, 31 articles were obtained, 19 from the VHL and 12 from Scielo (Figure 1).

Figure 1 - Flowchart showing the search for studies in the databases, according to the inclusion and exclusion criteria outlined in the methodology



Source: Prepared by the author.

Table 1 shows a brief presentation of the articles with a description of the authors, journals and origin.

Chart 1 - Presentation of the articles selected for the research according to authors, journals and origin.

Author(s)	Journal	Origin
Bertoldo <i>et al.</i> (2020)	SPAGESP-Society of Group Analytical Psychotherapies of the State of São Paulo	Scielo
Zenaro <i>et al.</i> (2019)	Codas	Scielo
Hora <i>et al.</i> (2015)	Psychology	Scielo
Mendes <i>et al.</i> (2018)	Cadernos Brasileiros de Terapia Ocupacional	Scielo
Oliveira & Dias (2018)	Trends Psychol Magazine	Scielo
Oliveira <i>et al.</i> (2019)	Psychopedagogy Magazine	Scielo
Souza <i>et al.</i> (2021)	Psychopedagogy Magazine	Scielo
Souza <i>et al.</i> (2010)	Einstein	Scielo
Tessaro & Veigalima (2020)	Gestalt Approach Magazine	Scielo
Fernandes <i>et al.</i> (2014)	Psychology in study	Scielo
Dorneles <i>et al.</i> (2014)	Psychology: Reflection and Criticism	Scielo
Barbosa & Munster (2014)	Brazilian Journal of Special Education	Scielo
Beltrame <i>et al.</i> (2015)	School and Educational Psychology	BVS
Pereira <i>et al.</i> (2015)	Science, care and health journal	BVS
Faria & Cardoso (2016)	Psycho Magazine	BVS
Benczik & Cassela (2015)	Psychopedagogy magazine	BVS
Silva <i>et al.</i> (2013)	Psychology in study	BVS
Araújo <i>et al.</i> (2015)	Rev. Semina: biological and health sciences	BVS
Bertoldo <i>et al.</i> (2018)	Psychology Magazine	BVS
Carvalho <i>et al.</i> (2022)	Research, Society and Development	BVS
Chang <i>et al.</i> (2019)	Translational Psychiatry	BVS
Jeyanthi <i>et al.</i> (2019)	ADHD Atten Def Hyp Disord	BVS
Ministry of Health & Tiné (2019)	Library responsible: BR1.1	BVS
Ribeiro <i>et al.</i> (2017)	Psycho Magazine	BVS
Signor & Santana (2015)	Journal of Communication Disorders	BVS
Silva <i>et al.</i> (2020)	Psychology and Health in debate	BVS
Barbarini (2020)	Psychology and Society	BVS
Silva (2018)	Library responsible: BR6.1	BVS
Lugli (2018)	Library responsible: BR91.2	BVS
Mello (2017)	Library responsible: BR926.1	BVS

Source: Prepared by the author.

RESULTS AND DISCUSSION

Regarding to the unpleasant implications of a child's ADHD diagnosis for the family, the authors raise points that can be detrimental to living together, promoting disharmony and certain indifferences. Parents and guardians are overloaded with duties, which can sometimes be unpleasant, as their children have difficulty performing tasks that are considered socially simple, such as eating, brushing their teeth, bathing and doing chores around the house. As a result, parents and guardians may experience exhaustion, mood swings and excessive irritability (BENCZIK and CASELLA, 2015). In this sense, psychoeducation becomes very effective, because through it, patients and family members can learn more about ADHD, with the intention that they have a better understanding and acceptance, motivating them to change and contribute to treatment (OLIVEIRA and DIAS, 2018).

In relation to follow-up care for ADHD, Missawa and Rossetti (2014) and Justino and Silva (2022) state that interventions such as psychoeducation, conversation circles and lectures are valid and extremely important for the treatment process, as they are a support network that involves the whole process of improvement, including the school and the family as fundamental parts, indicating a beneficial and dynamic progression, both of which play a very important role in the emergence of better and expected results.

Bertoldo *et al.* (2020) explain the benefits of parents' participation in the life of a child diagnosed with ADHD, as they are the people who have the most affinity and knowledge of their child's life and can contribute to treatment. The patience that parents must have when guiding the situation is great, as unexpected events can happen on a daily basis, such as a disagreement at work, a dismissal, turbulence in the marriage, a bereavement, and other similar events, which can cause stress, frustration and anguish, consequently leading them to fail to provide support at all times when the child needs it.

Children with ADHD can display impulsive and hyperactive behavior, inattention in conversations directed at them, lack of mastery in completing a dialogue, or an ineffective way of expressing feelings. All these children's attitudes can lead to feelings of anger and fear in parents, as well as thoughts that they are not working on raising their children properly and that they are useless a lot of the time. These are ways of thinking that provoke unpleasant emotions and considerably impair performance in other burdens, such as work, social life, household chores, personal life and other areas in life that can be damaged (BERTOLDO *et al.*, 2018).

Some of the behaviors of children with ADHD can leave parents feeling embarrassed

and stressed, unable to react at the moment and sometimes even unable to do anything about it, as it is something new they are experiencing. Therefore, in order to prevent parents from becoming psychologically ill, it is extremely important that they receive psychological support, promoting listening, understanding and considerable understanding, since, after a child has been diagnosed with ADHD, parents may find it difficult to cope properly, and this is a process that will be managed according to the needs raised (MENDES *et al.* 2018).

Araújo *et al.* (2015) show that a child's diagnosis of ADHD has implications for the family context, either directly or indirectly. Being in a leadership position, those responsible for the child with ADHD start to prioritize the health issues of the family as a whole, i.e. in order to care for a child with ADHD, it is essential for them to be in good mental health, not letting day-to-day events affect other areas of their lives. The family that has a child with ADHD lives a different routine from a family that doesn't have a child with this diagnosis, which compromises their life, be it at work, in their social life, in their friendships, in their relationships with close relatives and even in their marital relationship. As a result, they are unable to perform well in their general commitments and failure can lead to future problems (ARAÚJO *et al.* 2015).

CONCLUSION

After analyzing the 31 selected articles, we noticed a similarity between some of the themes presented. The authors' observations in relation to ADHD are similar, as are their various statements related to the implications, symptoms, difficulties and challenges faced by parents.

Given the scenario of family implications caused by ADHD, this study looked at the main consequences of this diagnosis, making it possible to investigate the implications for the family of discovering the disorder. These include: stress, impatience, lack of knowledge on the subject, the guilt that most parents feel about their child's ADHD diagnosis, and the fact that they don't think it's possible to handle the situation in the most correct and understandable way. Looking at this scenario of demands, it can be concluded that there are implications for families and children with ADHD, from the moment the diagnosis is discovered to the point at which the parents and child begin to have a special understanding of the situation, handling the case in the best possible way.

As understanding of ADHD progresses and the relevant interventions, i.e. treatments, begin, improvement rates will increase, parents will become more hopeful about being able to deal with the disorder in a lighter and calmer way, reducing the thought that ADHD is something that can prevent their child from doing anything, incapacitating them.

However, it's worth highlighting the coping strategies that can be used to prevent some kind of mental illness for parents, since they are the ones in charge of bureaucratic and daily situations, and also for children with ADHD. These strategies will help the family to face the day-to-day routine with more ease and patience, mitigating possible negative effects on daily chores. Psychotherapy, psychoeducation and Tui Na massage have been cited as coping strategies to solve these problems, which can benefit both parents and children. Psychotherapy can help patients and their families to reduce symptoms and resolve problems that usually arise on a daily basis. Tui Na massage aims to provide confidence, calm the child's body and mind, providing tranquillity and developing self-esteem. It can also improve relationships and communication with those involved in the child's relationship cycle.

Parents often find themselves in a situation of excessive tiredness, weariness, the feeling that they are giving their all and yet still feel that it's not enough,

which results in a depressive or anxious state, making it even more difficult to improve their children's treatment (since they are responsible for their children's development), and a new setback may arise as a result of the current situation. This is where the illustrious contribution of the Tui Na massage technique comes in, where it will make great strides, favoring both the parents and the diagnosed children, as both will feel a sense of relaxation after a time of turbulence, conflicts and certain limitations, as it is valid that parents have their respective limits and end up overstepping them, generating a certain amount of friction. It is important to emphasize how significant, fruitful and necessary this technique is, because by using it thoroughly and assiduously, the result through this relaxation will be positive and very beneficial for both parties, both the parents and the children, transforming a situation that was previously difficult to understand and handle, into something more coherent to be understood and managed in a more singular, attentive, cautious and extremely relevant way.

Tui Na massage is well-suited to these treatments, but under no circumstances should psychotherapy and psychoeducation be ruled out, as the only way to achieve a good result is if both parties work together. We can say that psychotherapy will be a facilitator of understanding for parents, in other words, it will act in a lighter way, providing direct and consistent care,

making the treatment more acceptable, reaching a higher level of assimilation for families who previously had a certain confrontation in understanding the subject.

The contributions achieved in this study are of great value, including: understanding the challenges faced by families of children with ADHD, identifying the situation of parents and family members helps to provide useful information for health professionals and family support. Knowing about ADHD and its impact on families can be important in reducing the stigma associated with the disorder and promoting public understanding.

With regard to the study's limitations, we can point to the lack of studies on the subject. The study was based on articles from the last 10 years, which may limit the understanding of older trends. Suggestions include longitudinal studies that follow families of children with ADHD over time to better understand how family implications evolve and which factors are associated with positive or negative outcomes, and studies that compare the family implications of ADHD in different cultures or social contexts. This can reveal significant differences in the needs and challenges faced by families.

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