

# Acupressure for ADHD: A Pilot Program to teach an Acupressure Protocol to Parents of Children Diagnosed with ADD/ADHD for Adjunctive Symptom Management

Elizabeth Monson, M.A., M.S., C.R.N.P. Samaritan Heart and Vascular Institute, Corvallis, Oregon

Background: Previous research indicates that acupuncture may be a possible adjunctive treatment for ADD/ADHD symptoms in young children. Acupressure is a gentle non-invasive touch therapy that is based on the same principles as acupuncture.

Objective: Evaluate parental perceptions of a hospital based acupressure training program for parents with children age 4-14 diagnosed with ADD or ADHD for adjunctive management of symptoms.

Methods: Thirty parents of children who had received a diagnosis of ADD or ADHD volunteered participation to learn an acupressure protocol to promote relaxation and improve focus. Three questionnaires were administered during program evaluation. First questionnaire requested information about use and satisfaction with current and past use of ADD/ADHD therapies. Second questionnaire was administered at 1 week post training and third questionnaire was administered 4-6 weeks post training. Latter questionnaires assessed satisfaction regarding training, implementation of intervention, frequency of acupressure use, and parental perception of intervention. Parents were also asked about self-administration of acupressure and perceived effects.

Results: Twenty-eight parents completed training. Average use of acupressure protocol was approximately four times per week. Acupressure was perceived to be easy to learn and administer. Two-thirds of parents who participated and completed survey felt acupressure was a valuable tool for addressing their child's ADD/ADHD symptoms and were satisfied with use of acupressure as an adjunctive treatment modality. Most participants agreed that acupressure increased parent-child bonding, decreased parental stress, and increased confidence in participation of their child's treatment plan. Approximately 70% of parents surveyed also self-administered acupressure at least once per week and noted increase in relaxation, decreased anxiety, decreased pain, improved sleep, and better focus.

Conclusions: Acupressure may be a potential non-pharmacologic tool for adjunctive treatment of ADD/ADHD symptoms in children and addresses key areas of health care reform for better care and lower cost. Future studies are needed to design with control group and compare technique with existing standardized ADD/ADHD symptom scales.

