

Chapter 1 : Diagnosis of ADHD using DSM-5TM | ADHD Institute

For more information about diagnosis and treatment throughout the lifespan, please visit the websites of the National Resource Center on ADHD and the National Institutes of Mental Health. Reference American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th edition.

In , diagnoses for children with ADHD, a mental disorder which inhibits impulse control and attention span, in the US was 7. By , that number shot to 18 percent, nearly Then, in late , demand for ADHD drugs was so off the charts that there were nation-wide shortages , garnering national attention and prompting the question “ is ADHD over diagnosed? ADHD diagnosis is on point. Increased diagnosis is a sign of increased understanding. Today more than ever, the medical community is aware of the salience of mental health in overall health, and doctors of all specialties bring this knowledge to their practice. Indeed, diagnosis of mental disorders writ large have increased across the board: Media promotes ADHD overdiagnosis as a foregone conclusion, while scientists remain unconvinced. The media has made much of the rise in ADHD diagnoses, attributing it mainly to money hungry pharmaceutical giants and lazy parents. Journalists sometimes report and interpret ADHD data inaccurately. Stigmas against mental disorder have been well documented for centuries. While people tend to accept physical illness as an unfortunate inconvenience of life, mental disorders were first avoided altogether, and later, approached with suspicion. Studies have confirmed that people are particularly quick to stigmatize children with ADHD , even if the child is receiving treatment. Misbehavior is mistakenly perceived as a disorder. Parents, teachers, and physicians do not always link hyperactive behavior to the right cause. For example, diet namely intake of caffeine, artificial sweeteners, and preservatives , sleep deprivation, and stress contribute to hyperactivity and irritability that can masquerade as ADHD. A study which found that children in foster care are three times as likely to be diagnosed with ADHD also supports the notion that ADHD diagnosis may have more to do with environmental factors than the actual presence of the disorder. The rate of ADHD diagnosis rises with the broadening of diagnostic criteria. The latest version of this manual has a significantly expanded list of diagnostic criteria, which includes behaviors most of us engage in on a daily basis i. Unsurprisingly, a study which compared ADHD diagnoses between doctors who used an older DSM version and those who used the new edition with broader criteria showed that doctors using the new criteria diagnosed ADHD more frequently. Educational assessment standards drive ADHD diagnoses. Education policies that require schools to meet achievement benchmarks in order to receive federal funding has impacted the frequency of ADHD diagnoses in lower performing regions. Schools are motivated to have children diagnosed with ADHD because federal standards may allow them to be excluded from testing data, or may guarantee funding for those students regardless of performance. The 20 percent rise in ADHD cases since the No Child Left Behind Act signals an important correlation between pressure for student achievement and increased diagnosis of the condition. The popular but incorrect perception that medicines used to treat ADHD enhance academic performance might also lead to parents to seek these treatments, and educators to recommend them. There is some evidence to support the notion that ADHD diagnosis may be driven by factors other than the presence of the actual disease. However, growth in the number of diagnoses for any given condition does not necessarily point to undue inflation. Skepticism on the part of scientists and the public alike can only push us closer to better understanding of the statistics surrounding ADHD and what they mean for your child , medicine, and society at large.

Chapter 2 : Attention deficit hyperactivity disorder - Wikipedia

The Diagnostic and Statistical Manual of Mental Disorders - 5th edition (DSM-5 TM), used in the USA and the rest of the world for the formal diagnosis of attention-deficit hyperactivity disorder (ADHD), was released by the American Psychiatric Association in and replaces the previous version (Diagnostic and Statistical Manual of Mental.

Home Welcome and thanks for visiting my site today! I hope you find this article, and many other available here, to be helpful to you. This is a free online newsletter I write that helps over 35, subscribers learn about the latest research on ADHD. Just enter your email address in the appropriate space to the left - it will not be disclosed to anyone and you can easily unsubscribe whenever you wish. To learn more about the newsletter before subscribing visit www. Take care and I hope you enjoy my site. Sincerely, David Rabiner, Ph.

Technically, the term ADD is no longer used. These terms mean pretty much the same thing but the latter is no longer technically correct. You can find a article I wrote on the new criteria, and how they differ from those below at www. Making this diagnosis correctly requires a comprehensive evaluation, however, and should only be made by a qualified health care provider. ADHD symptoms are divided into two groups: These groups of symptoms are shown below: Some, however, display one set of symptoms but not the other. This is what people mean when they refer to ADD. Technically, this term is no longer correct. The following conditions must also be present: This means that a 10 year old who suddenly begins displaying ADHD symptoms would not be diagnosed with ADHD if there was no indication of these problems when the child was younger. This is especially likely for a bright child who catches on despite not attending very well. Instead, it is likely that some other type of problem such as a mood disorder or anxiety disorder is responsible for the symptoms. This is a very important consideration. For children, these settings would generally be home and school. For example, if the symptoms are only evident in school, but are not present at home, Sunday school, cub scouts, little league, etc. In these circumstances, one would look for factors unique to the setting where the symptoms are evident to try and understand what is causing them It is important to emphasize that the intensity of ADHD symptoms can vary considerably across settings and it is not necessary that the degree of impairment from symptoms be equivalent in different settings. When this occurs, it is often because the demands to sustain attention and inhibit activity level are greater at school than at home. Thus, in order to satisfy the dual setting criteria, there just needs to be some indication that the problems are not exclusively confined to a single context. This is another very important consideration. For children, one would generally expect that the symptoms have a negative impact on academic performance, ability to meet appropriate behavioral expectations e. If the symptoms are so mild as to not create difficulties in any of these areas, than ADHD would not be diagnosed. In the conditions listed above individuals may display symptoms that are similar to those characteristic of ADHD. In diagnosing ADHD, therefore, it is necessary to confirm that it is not one of these other disorders that is responsible for the symptoms. In reality, the first 3 disorders listed i. The remaining disorders are most likely to be the cause of ADHD symptoms when the symptoms emerged after age 7, and there was no indication of ADHD symptoms earlier on. When these detailed criteria are applied, you can be confident that the diagnostic judgment is more likely to be accurate. Rest assured that your address will not be sold or redistributed to anyone and you can easily unsubscribe whenever you decide the newsletter is not meeting your needs.

Chapter 3 : Diagnostic Criteria for ADD/ADHD

Explore information on Attention Deficit Hyperactivity Disorder (ADHD), including signs and symptoms, treatment, current science, and clinical trials.

Diagnosis is based on a pattern of the symptoms listed above. When a child is suspected to have ADHD, parents and teachers are often involved during the evaluation. Most children with ADHD have at least one other developmental or mental health problem. This may be a mood, anxiety, or substance use disorder. Or, it may be a learning problem or a tic disorder. For treatment to work, it is important to: Set specific goals that are right for the child. Follow-up regularly with the doctor to check on goals, results, and any side effects of medicines. If treatment does not seem to work, the provider will likely: Confirm the person has ADHD. Check for health problems that can cause similar symptoms. Make sure the treatment plan is being followed. Different ADHD medicines can be used alone or combined with each other. Psychostimulants also known as stimulants are the most commonly used medicines. Although these drugs are called stimulants, they actually have a calming effect on people with ADHD. The provider needs to monitor if the medicine is working and if there are any problems with it. So, be sure to keep all appointments with the provider. Some ADHD medicines have side effects. If the person has side effects, contact the provider right away. The dosage or medicine itself may need to be changed. It teaches children and parents healthy behaviors and how to manage disruptive behaviors. For mild ADHD, behavioral therapy alone without medicine may be effective. Other tips to help a child with ADHD include: Keep a daily schedule, including regular times for homework, meals, and activities. Make changes to the schedule ahead of time and not at the last moment. Make sure the child gets a healthy, varied diet, with plenty of fiber and basic nutrients. Make sure the child gets enough sleep. Praise and reward good behavior. Provide clear and consistent rules for the child. There is little proof that alternative treatments for ADHD such as herbs, supplements, and chiropractic are helpful. Centers for Disease Control and Prevention -- www.cdc.gov. ADHD may lead to: Drug and alcohol use Not doing well in school Problems keeping a job Trouble with the law One third to one half of children with ADHD have symptoms of inattention or hyperactivity-impulsivity as adults. Adults with ADHD are often able to control behavior and mask problems. You should also tell the doctor about: Diagnostic and statistical manual of mental disorders. A randomized controlled trial of cognitive behavioral therapy for ADHD in medication-treated adolescents. J Child Psychol Psychiatry. Nelson Textbook of Pediatrics.

Chapter 4 : Symptoms and Diagnosis | ADHD | NCBDDD | CDC

To diagnose ADHD, your child should receive a full physical exam, including vision and hearing screenings. Also, the FDA has approved the use of the Neuropsychiatric EEG-Based Assessment Aid (NEBA).

Autism spectrum disorder ASD: Learning disabilities can include developmental speech and language disorders and academic skills disorders. Adolescents and adults with ADHD are at increased risk of substance abuse. They can also occur as a side effect of medications used to treat ADHD. In children with ADHD, insomnia is the most common sleep disorder with behavioral therapy the preferred treatment. These children tend to fidget, yawn and stretch and appear to be hyperactive in order to remain alert and active. Boys diagnosed with the combined ADHD subtype are more likely to have a mood disorder. The DRD4 receptor is a G protein-coupled receptor that inhibits adenylyl cyclase. Diet and attention deficit hyperactivity disorder In addition to genetics, some environmental factors might play a role in causing ADHD. These infections include, among others, various viruses measles , varicella zoster encephalitis , rubella , enterovirus In children with ADHD, there is a general reduction of volume in certain brain structures, with a proportionally greater decrease in the volume in the left-sided prefrontal cortex. As imaging studies of the brain do not give consistent results between individuals, they are only used for research purposes and not diagnosis. Other conditions that should be considered are other neurodevelopmental disorders, tics , and sleep apnea. When a conduct disorder as defined by ICD [49] is present, the condition is referred to as hyperkinetic conduct disorder. Otherwise, the disorder is classified as disturbance of activity and attention, other hyperkinetic disorders or hyperkinetic disorders, unspecified. The latter is sometimes referred to as hyperkinetic syndrome. Adult attention deficit hyperactivity disorder Adults with ADHD are diagnosed under the same criteria, including that their signs must have been present by the age of six to twelve. Questioning parents or guardians as to how the person behaved and developed as a child may form part of the assessment; a family history of ADHD also adds weight to a diagnosis. While children with ADHD may climb and run about excessively, adults may experience an inability to relax, or they talk excessively in social situations. Adults with ADHD may start relationships impulsively, display sensation-seeking behavior, and be short-tempered. Addictive behavior such as substance abuse and gambling are common. The DSM-V criteria do specifically deal with adults, unlike those in DSM-IV, which were criticized for not being appropriate for adults; those who presented differently may lead to the claim that they outgrew the diagnosis.

Chapter 5 : Attention-Deficit/Hyperactivity Disorder - American Family Physician

Hyperactivity Disorder (ADHD) problematizes the assumption of an objective measure of 'normal' functioning, and points to the distinctly social task of judging normative behaviors, assigning diagnostic labels and deciding on, and responding to, medical treatments.

Either 1 or 2: Six or more of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level: Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities b. Often has difficulty sustaining attention in tasks or play activities c. Often does not seem to listen when spoken to directly d. Often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace not due to oppositional behavior or failure to understand instructions e. Often has difficulty organizing tasks and activities f. Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort such as schoolwork or homework g. Often loses things necessary for tasks or activities e. Is often easily distracted by extraneous stimuli i. Is often forgetful in daily activities 2. Six or more of the following symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level: Often fidgets with hands or feet or squirms in seat b. Often leaves seat in classroom or in other situations in which remaining seated is expected c. Often runs about or climbs excessively in situations in which it is inappropriate in adolescents or adults, may be limited to subjective feelings of restlessness d. Often has difficulty playing or engaging in leisure activities quietly e. Often talks excessively g. Often blurts out answers before questions have been completed h. Often has difficulty awaiting turn i. Often interrupts or intrudes on others e. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years. Some impairment from the symptoms is present in two or more settings e. There must be clear evidence of clinically significant impairment in social, academic or occupational functioning. Reprinted with permission from American Psychiatric Association. Diagnostic and statistical manual of mental disorders. American Psychiatric Association, The subtlety of ADHD symptoms among adults has led to several modifications of existing criteria. Rather than requiring six DSM-IV symptoms of inattention or hyperactivity, some investigators propose requiring only five such behaviors for older patients. There is growing consensus that the central feature of ADHD is disinhibition. Hyperactivity, while a common feature among children, is likely to be less overt in adults. Appointments, social commitments and deadlines are frequently forgotten. Impulsivity often takes the form of socially inappropriate behavior, such as blurting out thoughts that are rude or insulting. Important tasks are not completed while trivial distractions receive inordinate time and attention. Wender developed a set of ADHD criteria, referred to as the Utah criteria, that reflect the distinct features of the disorder in adults Table 2. In the absence of treatment, such symptoms should have been consistently present without remission. In addition, hyperactivity and poor concentration should be present in adulthood, along with two of five additional symptoms:

Chapter 6 : Guidelines | ADHD | NCBDDD | CDC

The spread of the US definition of ADHD - In the United States, psychiatrists and doctors rely on the DSM (Diagnostic and Statistical Manual). In other countries, the World Health Organization's International Classification of Diseases (ICD) is the book of choice for health professionals.

This page gives you an overview of how ADHD is diagnosed. There is no single test to diagnose ADHD, and many other problems, like sleep disorders, anxiety, depression, and certain types of learning disabilities, can have similar symptoms. If you are concerned about whether a child might have ADHD, the first step is to talk with a healthcare professional to find out if the symptoms fit the diagnosis. The diagnosis can be made by a mental health professional, like a psychologist or psychiatrist, or by a primary care provider, like a pediatrician. Read more about the recommendations. The health professional should also determine whether the child has another condition that can either explain the symptoms better, or that occurs at the same time as ADHD. Read more about other concerns and conditions. How is ADHD diagnosed? This diagnostic standard helps ensure that people are appropriately diagnosed and treated for ADHD. Using the same standard across communities can also help determine how many children have ADHD, and how public health is impacted by this condition. Here are the criteria in shortened form. Please note that they are presented just for your information. Only trained health care providers can diagnose or treat ADHD. Six or more symptoms of inattention for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level: Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities. Often has trouble holding attention on tasks or play activities. Often does not seem to listen when spoken to directly. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace e. Often has trouble organizing tasks and activities. Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time such as schoolwork or homework. Often loses things necessary for tasks and activities e. Is often easily distracted Is often forgetful in daily activities. Often fidgets with or taps hands or feet, or squirms in seat. Often leaves seat in situations when remaining seated is expected. Often runs about or climbs in situations where it is not appropriate adolescents or adults may be limited to feeling restless. Often unable to play or take part in leisure activities quietly. Often blurts out an answer before a question has been completed. Often interrupts or intrudes on others e. Several inattentive or hyperactive-impulsive symptoms were present before age 12 years. Several symptoms are present in two or more setting, such as at home, school or work; with friends or relatives; in other activities. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning. The symptoms are not better explained by another mental disorder such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder. The symptoms do not happen only during the course of schizophrenia or another psychotic disorder. Based on the types of symptoms, three kinds presentations of ADHD can occur: Because symptoms can change over time, the presentation may change over time as well. To diagnose ADHD in adults and adolescents age 17 or older, only 5 symptoms are needed instead of the 6 needed for younger children. Symptoms might look different at older ages. For example, in adults, hyperactivity may appear as extreme restlessness or wearing others out with their activity. Reference American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th edition.

Chapter 7 : Adult ADHD: Evaluation and Treatment in Family Medicine - - American Family Physician

Diagnostic standards for ADHD are laid out in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric,), which characterizes the disorder as persistent, cross-situational levels of inattentive, impulsive, and hyperactive behaviors that are both developmentally inappropriate and impairing.

Chapter 8 : Attention deficit hyperactivity disorder: MedlinePlus Medical Encyclopedia

Finally, using an ADHD framework for late effects in pediatric cancer survivors may be quite problematic as it concerns the use of clinical interventions that are based on such a model.

Chapter 9 : ADHD Diagnosis: Too Much or Just Right? | The Perspective

To make a diagnosis of ADHD, the primary care clinician should determine that diagnostic criteria have been met based on the Diagnostic and Statistical Manual of Mental Disorders - Fifth edition (DSM-5, which replaced the Fourth Edition (DSM-IV) in May).