



ADHD and the DSM 5

What is ADHD?

ADHD is a neurodevelopmental disorder affecting both children and adults. It is described as a "persistent" or on-going pattern of inattention and/or hyperactivity-impulsivity that gets in the way of daily life or typical development. Individuals with ADHD may also have difficulties with maintaining attention, executive function (or the brain's ability to begin an activity, organize itself and manage tasks) and working memory.

There are three presentations of ADHD:

- Inattentive
- Hyperactive-impulsive
- Combined inattentive & hyperactive-impulsive

What is the DSM-5?

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, (DSM-5), published by the American Psychiatric Association is the guide that lays out the criteria to be used by doctors, mental health professionals, and other qualified clinicians when making a diagnosis of ADHD. The DSM-5 was updated in 2013 and made changes to the definition of ADHD that will affect how the disorder is diagnosed in children and in adults.

What about ADHD has changed with the DSM-5?

Teens and Adult ADHD: For many years, the diagnostic criteria for ADHD focused on children as being the ones diagnosed with the disorder. This meant that many teens and adults with symptoms of ADHD might not have been diagnosed, or they weren't diagnosed because the DSM-IV required documenting symptoms before the age of 7. Adults and teens can now be diagnosed more easily because DSM-5 raises the age of when symptoms should be documented. In diagnosing ADHD in adults and teens, clinicians now look back to middle childhood (age 12) and the teen years for the onset of symptoms, not all the way back to childhood (age 7). Additionally, the new criteria describes and gives examples of how the disorder appears in adults and teens.

- In the previous edition, DSM-IV TR, the three types of ADHD were referred to as "subtypes." This has changed; subtypes are now referred to as "presentations." Because symptoms may change over time, a person can change "presentations" during their lifetime. This change better describes how the disorder affects an individual at different points of life.
- When diagnosing ADHD, clinicians now need to specify whether a person has mild, moderate or severe ADHD. This is based on how many symptoms a person has and how difficult those symptoms make daily life.
- Several symptoms of ADHD now need to be present in more than one setting rather than just some symptoms in more than one setting.

What is a significant change between DSM-IV TR and DSM-5?

A person can now be diagnosed with ADHD and Autism Spectrum Disorder.

What symptoms must a person have for a diagnosis of ADHD?

In making the diagnosis, children still should have six or more symptoms of the disorder. In people 17 and older the DSM-5 states they should have at least five symptoms.

The criteria of symptoms for a diagnosis of ADHD:

Inattentive presentation:

- Fails to give close attention to details or makes careless mistakes.
- Has difficulty sustaining attention.
- Does not appear to listen.
- Struggles to follow through on instructions.
- Has difficulty with organization.
- Avoids or dislikes tasks requiring a lot of thinking.
- Loses things.
- Is easily distracted.
- Is forgetful in daily activities.

Hyperactive-impulsive presentation:

- Fidgets with hands or feet or squirms in chair.
- Has difficulty remaining seated.
- Runs about or climbs excessively in children; extreme restlessness in adults.
- Difficulty engaging in activities quietly.
- Acts as if driven by a motor; adults will often feel inside like they were driven by a motor.
- Talks excessively.
- Blurts out answers before questions have been completed.
- Difficulty waiting or taking turns.

Interrupts or intrudes upon others.

Combined inattentive & hyperactive-impulsive presentation:

Has symptoms from both of the above presentations.

Reference: American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, Washington, D.C.: American Psychiatric Association

Prepared by the <u>National Resource Center on ADHD: A Program of CHADD (NRC)</u>. The NRC is supported through Cooperative Agreement Number CDC-RFA-DD13-1302 from the Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

© 2013 – CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) 8181 Professional Place – Suite 150 -- Landover, MD 20785 www.CHADD.org / www.Help4ADHD.org