



ADHD

Dividing and Drugging



This paper is one section of a full critique of ADHD drugging in the UK.

For the full paper please visit:

<http://thenewobserver.co.uk/features/adhd/>

Appendices

i) DSM-IV.

IA. Six or more of the following signs of inattention have been present for at least 6 months to a point that is disruptive and inappropriate for developmental level:

- Often does not give close attention to details or makes careless mistakes in school-work, work, or other activities.
- Often has trouble keeping attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow instructions and fails to finish school-work, chores, or duties in the workplace (not due to oppositional behaviour or failure to understand instructions).
- Often has trouble organizing activities.
- Often avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period of time (such as school-work or homework).
- Often loses things needed for tasks and activities (such as toys, school assignments, pencils, books, or tools).
- Is often easily distracted.
- Often forgetful in daily activities.

IB. Six or more of the following signs of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for developmental level:

- Often fidgets with hands or feet or squirms in seat.
- Often gets up from seat when remaining in seat is expected.
- Often runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless).
- Often has trouble playing or enjoying leisure activities quietly.
- Is often "on the go" or often acts as if "driven by a motor".
- Often talks excessively.
- Often blurts out answers before questions have been finished.
- Often has trouble waiting one's turn.
- Often interrupts or intrudes on others (example: butts into conversations or games).

II. Some signs that cause impairment were present before age 7 years.

III. Some impairment from the signs is present in two or more settings (such as at school/work and at home).

IV. There must be clear evidence of significant impairment in social, school, or work functioning.

V. The signs do not happen only during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder. The signs are not better accounted for by another mental disorder (such as Mood Disorder, Anxiety Disorder, Dissociative Identity Disorder, or a Personality Disorder)

NB. Depending on whether 1A or 1B applies or both, different 'types' of ADHD can be 'diagnosed'.

Source: From Wikipedia.

ii) ICD-10

Inattention

At least 6 of the following symptoms of attention have persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child:

- Often fails to give close attention to details or makes careless errors in school work, work, or other activities
- Often fails to sustain attention in tasks or play activities
- Often appears not to listen to what is being said to him or her
- Often fails to follow through on instructions or to finish school work, chores, or duties in the workplace (not because of oppositional behaviour or failure to understand instructions)
- Is often impaired in organising tasks and activities
- Often avoids or strongly dislikes tasks, such as homework, that require sustained mental effort
- Often loses things necessary for certain tasks and activities, such as school assignments, pencils, books, toys, or tools
- Is often easily distracted by external stimuli
- Is often forgetful in the course of daily activities.

Hyperactivity

At least 3 of the following symptoms of hyperactivity have persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child:

- Often fidgets with hands or feet or squirms on seat
- Leaves seat in classroom or in other situations in which remaining seated is expected
- Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, only feelings of restlessness may be present)
- Is often unduly noisy in playing or has difficulty in engaging quietly in leisure activities
- Exhibits a persistent pattern of excessive motor activity that is not substantially modified by social context or demands.

Impulsivity

- At least one of the following symptoms of impulsivity has persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child:
- Often blurts out answers before questions have been completed
- Often fails to wait in lines or await turns in games or group situations
- Often interrupts or intrudes on others (e.g., butts into others' conversations or games)
- Often talks excessively without appropriate response to social constraints
- Onset of the disorder is no later than the age of 12 years.

Pervasiveness

The criteria should be met for more than a single situation: for example, the combination of inattention and hyperactivity should be present both at home and at school, or at both school and another setting where children are observed, such as a clinic. Evidence for cross-situationality will ordinarily require information from more than one source; parental reports about classroom behaviour, for instance, are unlikely to be sufficient.

The symptoms cause clinically significant distress or impairment in social, academic, or occupational functioning.

The disorder does not meet the criteria for pervasive developmental disorders, manic episode, depressive episode, or anxiety disorders.

Source: <http://bestpractice.bmj.com/best-practice/monograph/142/diagnosis/criteria.html>