



ADHD

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THE DIFFERENCE BETWEEN CHILD AND ADULT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

For many years the diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) was reserved for children, and not adolescents or adults. This means adolescents and adults with symptoms of the disorder, who might have been struggling for many years, not exactly knowing what they're struggling with, couldn't officially be diagnosed with ADHD. This changed in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Adolescents and adults can now officially be diagnosed with ADHD. The diagnostic criteria in the DSM-5 mentions and gives examples of how the disorder presents in adolescents and adults (aged 17 and older).

When diagnosing an adult with ADHD, clinicians now look at the individual's middle childhood (age 12) and their teen years, instead of going all the way back to their childhood (age 7).

WHAT IS ADHD?

ADHD is a neurodevelopmental disorder that affects children and adults. It's an on-going pattern of inattention and/or hyperactivity-impulsivity that impacts on an individual's typical development or disrupts their daily life. People with ADHD may also have difficulties with working memory, maintaining attention and executive function (our brain's ability to begin an activity, organise itself and manage tasks).

PRESENTATIONS OF ADHD

There are three different presentations of ADHD, namely:

- Predominantly inattentive
- Predominantly hyperactive/impulsive
- Combined inattentive and hyperactive/impulsive

It's important to note that a person can change presentations during the course of their life. This speaks to

how ADHD affects a person differently at different points in their life. Based on how many symptoms of ADHD a person has and how challenging those symptoms are, a person can be diagnosed with mild, moderate or severe ADHD.

ADHD ACROSS DEVELOPMENT

There are three main components that make up ADHD, namely:

- Hyperactivity,
- Inattention,
- Impulsiveness

These three primary symptoms that define ADHD can be seen in both children and adults, but differ in how they present between these two. As an individual moves through different stages of life, you will see a difference in how the symptoms manifest. With children the symptoms appear more obvious and apparent, whereas with adults they might be more difficult to spot. As adults have had to live

with these symptoms for a much longer time, they're more likely to have found ways to cover up their symptoms or make excuses for them. So it's extremely important to be able to recognise and understand the differences in the ways symptoms of ADHD appear in children and adults.

EARLY LIFE AND SCHOOL AGE

ADHD is most typically diagnosed during school years, but recently there has been a tendency to identify symptoms in preschool children. It's quite normal for healthy preschool children to have some behavioural manifestations of ADHD, such as poor inhibitory control, high activity levels and a short attention span. However in clinical cases, these manifestations are more prominent and result in poor performance at school, higher rates of physical injury, risky behaviour and unmanageable conduct across a variety of settings.

They also often suffer from comorbid conditions, including anxiety disorders, Oppositional Defiant Disorder (ODD) and difficulty in communication. A combination of ADHD and any of these comorbid condition leads to more impairment than children only diagnosed with ADHD. Preschool children mostly suffer from the combined ADHD presentation. The hyperactive/impulsive subtype is also more common in preschool children than with older children, as hyperactivity tends to decrease with age, whereas the inattentive subtype is rarer with preschool children, as inattention becomes more apparent as children grow older.

In the school-age years, symptoms are usually picked up due to academic difficulties and/or disruptiveness in the classroom. School-aged children with ADHD tend to be impaired with regards to peer relationships, academic achievements and family interactions, as well as having elevated rates of psychiatric comorbidity. The most common comorbidities include ODD, learning disorders and anxiety disorders. The prevalence of hyperactivity symptoms tends to decrease during the school-age years and inattention symptoms tend to increase.

- **Hyperactivity** in children can present itself as a constant climbing on things, squirming in the classroom or when in a chair, running, finding it difficult to sit down or constantly fidgeting with their hands or feet. Children with ADHD are often described as 'on the go' or as being driven by a motor. Despite the child's best efforts, this constant motion does not seem to be something they have control over.
- **Inattention** in children can most easily be noticed with regards to their schoolwork, but can also be seen when doing chores or other projects. They may also lose or misplace things, have difficulty sustaining attention, avoid or dislike tasks where they have to do a lot of thinking and don't appear to listen when being spoken to. It's important to note that inattention in ADHD is not due to defiance or lack of comprehension.
- **Impulsiveness** can most often be seen at school, for example skipping lines or queues, blurting out answers, acting without thinking about the consequences of their actions, not waiting their turn and intruding on personal space or interrupting others.

ADULTHOOD

About one in three children with ADHD show remission by adulthood. Inattention symptoms have a greater persistence into adulthood and show a slower decline than hyperactivity and impulsivity symptoms. For adults, hyperactivity symptoms become felt more internally than observed outwardly. Adults with ADHD have shown to struggle with occupational rank, academic achievement, and job performance. They also engage in risky sexual behaviour, are more likely to have early unwanted pregnancies, traffic violations, car accidents and marital or relationship distress and psychiatric comorbidities. Studies have shown elevated rates of ODD, conduct disorder and Antisocial Personality Disorder with adults that suffer from ADHD. Adults having grown up with ADHD also have higher rates of criminal behaviour

- Adults experience **hyperactivity** more as a general restlessness

and feeling as if they are being driven by a motor. This can be seen in difficulty to sit still for long periods of time (through meals, meetings or movies), feeling fidgety, talking excessively, becoming easily bored once a task has been mastered. They are always on the go and generally don't respond well to frustrating situations.

- **Inattentive** symptoms in adults are more present in their work or with daily activities of living, and presents itself as making careless mistakes, losing things, not paying attention to detail, not being able to follow-through with instructions, having difficulty with organisation, being forgetful in daily life or they try to multi-task without actually completing any of the tasks.
- **Impulsiveness** can manifest itself at work, for example blurting out answers at a meeting, but can also be seen in their spending patterns, engaging in risky behaviour, interrupting other people's conversations, making inappropriate comments, intruding upon others or even monopolising a conversation.

When making a diagnosis of ADHD, it's vital to look at the person/child holistically, as a lot of the symptoms are things most people do every once in a while. For it to be considered as a symptom of ADHD, they have to have these symptoms all the time and can't help themselves from doing them. The symptoms also have to impact their ability to function in two or more areas of their life, for example at work and home, or school and home. Symptoms also worsen during times of stress.

Clinical practices for ADHD in childhood depend heavily on the developmental stage of a child and may include optimal prenatal practices, pharmacological or multimodal treatment, and parent training for parents with children that have been diagnosed with ADHD. In adulthood a combination of medication and therapy (often CBT) is recommended. ADHD is a lifelong condition and may require ongoing treatment to promote optimal long-term outcome. **MHM**

References available upon request