

Information Handout

Professional Version | US English

Recognizing Attention Deficit Hyperactivity Disorder (ADHD)



Description

Psychiatric diagnostic frameworks serve multiple purposes. Classification of mental disorders enables clinicians and researchers to speak a common language when describing patterns of experience and behavior, guides appropriate treatment interventions, and acts as a coding system for insurance purposes. The success of these classification frameworks has varied across diagnoses but in the best cases has led to improved understanding and treatment of conditions, and has helped many service users who find such classification helpful (Perkins et al, 2018).

Diagnostic frameworks are not without controversy. They have been criticized on grounds of reliability, validity, and distortions due to commercial interests (Zigler & Phillips, 1961; Frances & Widiger, 2012; Bell, 2017). Perhaps most importantly there are instances where they have had, and continue to have, extremely negative effects upon service users (Perkins et al, 2018). Diagnosis is not the only way of understanding people and their experiences. Many clinicians and their clients find that attending to our personal stories and narratives is a helpful approach, and psychological formulation is one technique for bringing together information about what has happened to an individual and the sense that they have made of it (British Psychological Society, 2018).

Notwithstanding the above caveats, the *'Recognizing...'* series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems. Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes.

Attention deficit hyperactivity disorder (ADHD) is characterized by a persistent pattern of inattention and hyperactivity-impulsivity. The ICD-10 classifies the disorder as a hyperkinetic disorder with a disturbance of activity and attention, whereas the DSM-5 classifies it as ADHD. *Recognizing Attention Deficit Hyperactivity Disorder* compares the DSM-5 and ICD-10 criteria for ADHD, and the *Attention Deficit Hyperactivity Disorder Checklist* is an assessment tool for clinicians.

Instructions

The 'Recognizing...' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems.

Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes. In particular it has been assumed that symptoms cause clinically significant distress or impairment unless otherwise stated.

Information for the 'Recognizing ...' series was drawn from:

- The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.
- The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)*. The ICD-10 is available in two versions: (1) The Clinical Descriptions and Diagnostic Guidelines (CDDG) or 'blue book' is intended for general clinical, educational and service use; (2) The Diagnostic Criteria for Research (DCR) or 'green book' was designed to facilitate research.

References

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Frances, A. J., & Widiger, T. (2012). Psychiatric diagnosis: lessons from the DSM-IV past and cautions for the DSM-5 future. *Annual Review of Clinical Psychology*, 8, 109-130.

Perkins, A., Ridler, J., Browes, D., Peryer, G., Notley, C., & Hackmann, C. (2018). Experiencing mental health diagnosis: a systematic review of service user, clinician, and carer perspectives across clinical settings. *The Lancet Psychiatry*, 5(9), 747-764.

World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Geneva, World Health Organization.

World Health Organization. (1993). *The ICD-10 classification of mental and behavioural disorders: diagnostic criteria for research*. Geneva, World Health Organization.

Zigler, E., & Phillips, L. (1961). Psychiatric diagnosis: A critique. *The Journal of Abnormal and Social Psychology*, 63(3), 607.

Recognizing Attention Deficit Hyperactivity Disorder (ADHD)

The ICD-10 and DSM-5 diverge in their nomenclature of ADHD. The ICD-10 classifies the disorder as hyperkinetic disorder with a disturbance of activity and attention, whereas the DSM-5 classifies it as ADHD. Clinicians are advised to refer to the original classification systems for exclusion criteria and differential diagnoses.

	DSM-5	ICD-10
Inattention symptoms	6 of:*	3 of:
Fails to give close attention to details or makes careless mistakes.	✓	
Difficulty in sustaining attention in tasks or play.	✓	
Does not appear to listen when spoken to directly.	✓	
Does not follow through on instructions and fails to finish tasks or play activities.	✓	✓
Difficulty organizing tasks and activities.	✓	
Avoids, dislikes, or is reluctant to engage in tasks that require sustained effort.	✓	✓
Regularly loses things necessary for tasks or activities.	✓	
Is easily distracted by extraneous stimuli.	✓	✓
Forgetful in daily activities.	✓	
Excessively short duration of activities.		✓
Over frequent changes between activities.		✓

*DSM: five or more symptoms required when the individual is aged 17 and older.

	6 of:*	4 of: †
Hyperactivity and impulsivity symptoms		
1. Excessive fidgeting, hand tapping, or squirming in seat.	✓	✓
2. Often leaves their seat when they are expected to remain seated.	✓	✓
3. Runs about or climbs in inappropriate situations.	✓	✓
4. Unable to play or engage in leisure activities quietly.	✓	✓
5. Consistent motor restlessness (e.g. often 'on the go').	✓	✓
6. Excessive 'off-task' activity.		✓
7. Excessive activity in situations requiring stillness (e.g. mealtimes).		✓
8. Talks excessively.	✓	
9. Regularly blurts out answers before the question has been completed.	✓	✓
10. Difficulty waiting their turn.	✓	✓
11. Often interrupts others or intrudes on what others are doing.	✓	✓

*DSM: five or more symptoms required when the individual is aged 17 and older.

†ICD: at least three symptoms from: 1, 2, 3, 4, 7; at least 1 symptom from: 9, 10, 11; and at least three symptoms from: 1, 2, 4, 5, 6.

	4 of:	5 of:
Attention-deficit/hyperactivity disorder		
Inattention, hyperactivity, and impulsivity symptoms have been present for at least six months and to a degree that is inconsistent with developmental level.	✓	✓
Inattention, hyperactivity, and impulsivity symptoms are present in two or more settings (e.g. at home, school, or work).	✓	✓
Several symptoms were present: prior to age 12 (DSM:5); prior to age 7 (ICD-10).	✓	✓
Clear evidence that symptoms negatively interfere with functioning or development (e.g. social, occupational, or academic).	✓	
Direct observation of symptoms not from a parent or teacher, and in a setting outside of home or school (e.g. a clinic or laboratory).		✓
Significant impairment on psychometric tests of attention.		✓

Attention Deficit Hyperactivity Disorder Checklist

	DSM-5	ICD-10
Inattention symptoms	6 of:*	3 of:
Fails to give close attention to details or makes careless mistakes.	<input type="checkbox"/>	
Difficulty in sustaining attention in tasks or play.	<input type="checkbox"/>	
Does not appear to listen when spoken to directly.	<input type="checkbox"/>	
Does not follow through on instructions and fails to finish tasks or play activities.	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty organizing tasks and activities.	<input type="checkbox"/>	
Avoids, dislikes, or is reluctant to engage in tasks that require sustained effort.	<input type="checkbox"/>	<input type="checkbox"/>
Regularly loses things necessary for tasks or activities.	<input type="checkbox"/>	
Is easily distracted by extraneous stimuli.	<input type="checkbox"/>	<input type="checkbox"/>
Forgetful in daily activities.	<input type="checkbox"/>	
Excessively short duration of activities.		<input type="checkbox"/>
Over frequent changes between activities.		<input type="checkbox"/>

*DSM: five or more symptoms required when the individual is aged 17 and older.

	6 of:*	4 of: †
Hyperactivity and impulsivity symptoms		
1. Excessive fidgeting, hand tapping, or squirming in seat.	<input type="checkbox"/>	<input type="checkbox"/>
2. Often leaves their seat when they are expected to remain seated.	<input type="checkbox"/>	<input type="checkbox"/>
3. Runs about or climbs in inappropriate situations.	<input type="checkbox"/>	<input type="checkbox"/>
4. Unable to play or engage in leisure activities quietly.	<input type="checkbox"/>	<input type="checkbox"/>
5. Consistent motor restlessness (e.g. often 'on the go').	<input type="checkbox"/>	<input type="checkbox"/>
6. Excessive 'off-task' activity.		<input type="checkbox"/>
7. Excessive activity in situations requiring stillness (e.g. mealtimes).		<input type="checkbox"/>
8. Talks excessively.	<input type="checkbox"/>	
9. Regularly blurts out answers before the question has been completed.	<input type="checkbox"/>	<input type="checkbox"/>
10. Difficulty waiting their turn.	<input type="checkbox"/>	<input type="checkbox"/>
11. Often interrupts others or intrudes on what others are doing.	<input type="checkbox"/>	<input type="checkbox"/>

*DSM: five or more symptoms required when the individual is aged 17 and older.

†ICD: at least three symptoms from: 1, 2, 3, 4, 7; at least 1 symptom from: 9, 10, 11; and at least three symptoms from: 1, 2, 4, 5, 6.

	4 of:	5 of:
Attention-deficit/hyperactivity disorder		
Inattention, hyperactivity, and impulsivity symptoms have been present for at least six months and to a degree that is inconsistent with developmental level.	<input type="checkbox"/>	<input type="checkbox"/>
Inattention, hyperactivity, and impulsivity symptoms are present in two or more settings (e.g. at home, school, or work).	<input type="checkbox"/>	<input type="checkbox"/>
Several symptoms were present: prior to age 12 (DSM:5); prior to age 7 (ICD-10).	<input type="checkbox"/>	<input type="checkbox"/>
Clear evidence that symptoms negatively interfere with functioning or development (e.g. social, occupational, or academic).	<input type="checkbox"/>	
Direct observation of symptoms not from a parent or teacher, and in a setting outside of home or school (e.g. a clinic or laboratory).		<input type="checkbox"/>
Significant impairment on psychometric tests of attention.		<input type="checkbox"/>

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