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December 8, 2023

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Psychology

### DSM-5 Psychology Paper - ADHD

Attention-Deficit/Hyperactivity Disorder (ADHD) is defined in the DSM-5 as a “persistent pattern of inattention and or hyperactivity-impulsivity that interferes with functioning or development.” Formally introduced in the second edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, in 1968, ADHD is one of the most frequently diagnosed neurological disorders in the U.S. today. Nearly 6 million children ages 5-19 and over 8 million adults have been given an ADHD diagnosis and statistics show that males are more likely to receive the diagnosis than females. There are common symptoms and conditions with the disorder but they can vary by patient and other modifying factors. Treatment and therapies can range from behavioral therapy to medication, diet and wellness training. When studying this widely recognised acronym, it becomes evident that there is much more to it than many understand.

Symptoms of Attention-Deficit/Hyperactivity Disorder were originally characterized as excessive motor activity such as constant talking, fidgeting, hyperactivity. Over the years, these initial findings evolved and were expanded to include other neurological problems with attention, impulsivity, executive function and hyperactivity. ADHD patients are often forgetful, have issues with memory loss, have trouble organizing work, thoughts and tasks and cannot follow through with instructions. They often interrupt others when they are speaking and make careless mistakes on work or in completing tasks. Another symptom ADHD patients will exhibit is frustration and easy anger over the inability to focus. For this reason, they often avoid tasks that require “sustained mental effort.” As the ADHD mind is often focused on multiple things at once, patients easily misplace personal items. It has also been said that ADHD patients are missing an edit button when it comes to speaking. In order to receive a diagnosis, children under age of 17 must exhibit six or more symptoms for a minimum of six months. Older adolescents and adults must show five of nine symptoms during that time window. The age at which a person begins exhibiting symptoms can vary. Some preschool aged children show early markers of hyperactivity and missed milestones but the age of six is usually the earliest a child is diagnosed. Adolescents often exhibit

symptoms during puberty, while adult diagnosis is quite common. Neurological disruptions, such as seizures or traumatic brain injury can onset ADHD symptoms at any age. Research shows that severity of the symptoms has no bearing on the age of diagnosis.

The cause of ADHD is not fully known. Research has shown that family genetics play a substantial role in the cause, as well as environmental factors such as low birth weight and exposure to alcohol, drugs, cigarette smoke or lead toxins during pregnancy. Studies show that children of parents with ADHD have a substantially higher rate of ADHD diagnosis. Another cause for ADHD can be a neurological disruption due to illness, seizure, traumatic brain injury or hydrocephalus. There are several conditions that mirror ADHD symptoms but are not actually diagnosed as ADHD. These other conditions like Autism Spectrum Disorder, Social Anxiety Disorder, and Intellectual Disability Disorder can elevate ADHD symptoms and often look like ADHD but they are actually stand-alone conditions.

While the cause is not fully known, the problems associated with ADHD are well documented. Educational challenges are one of the primary challenges associated with the diagnosis. Because patients cannot focus on tasks at hand and get easily angered by lack of success, their academic or work results are often lower than average. They are predisposed to poor self-esteem and impulsive

behavior, which combined with their resistance to perform mentally taxing work can be a recipe for failure. Long term problems associated with ADHD can be a higher rate of dementia and Alzheimer's disease as well as mental health issues such as depression and anxiety. Family relationships often suffer as a result of the constant correction and worry associated with these symptoms. It has also been proven that drivers with ADHD have a higher rate of traffic violations and accidents. Additional disorders like Oppositional Defiance Disorder and Intermittent Explosive Disorder can add a lot of issues when combined with the ADHD.

Treatments for ADHD are as varied as the symptoms themselves. Depending on the age of diagnosis, severity of the symptoms and the other disorders that may exist in conjunction with the ADHD, multiple therapies may be required. These therapies may also change over time. The most comprehensive approach to treatment is usually a combination of behavioral therapy, counselling, education services and medication. Newer research has found strict nutritional guidelines which eliminate sugars and often gluten, as well as adding specific vitamin supplements to be successful in helping the condition. Physical activity and regular doses of sunshine have also shown to improve ADHD symptoms.

The most common form of treatment used by most doctors for ADHD is stimulant medication. Adderall, a stimulant drug class introduced in 1996 as a treatment for ADHD is the most widely prescribed. While this can be effective for many patients, common ADHD medications come with serious short and long-term side effects. Recent studies question how effective Adderall is over extended periods of use. As a schedule-II controlled substance, Adderall can cause serious addiction risks for patients, as well as can require continual increases in dosage when a patient builds a tolerance to the drug. While the long-term effects are still in study and not completely understood yet, we know that side effects are quite common among patients treated with the drug. At what point does the risk outweigh the benefits of the drug? The other concern with ADHD medications is their link to future illegal drug use. In 1998, a study was conducted through a questionnaire given to over 13,000 students in New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador about their medical and nonmedical use of stimulant drugs. The study found that there was a link between the medical use of stimulants later turning to a non-medical use. This included students not only using the medication not as prescribed, but also included selling, and giving away medication to others. Since the COVID-19 outbreak in 2020 and the COVID-19 vaccine introduction, neurological

disorders in children and adults have been skyrocketing causing an epidemic of patients with ADHD diagnosis. Not only have providers been taxed with the increased number of ADHD patients, the spike in ADHD medications has been startling. We have only yet begun to see the effects of this form of treatment and much research needs to be done.

The study of ADHD has been interesting to me because hardly a day goes by that you do not meet someone with an ADHD diagnosis. Without truly understanding the full scope of what ADHD entails, you can easily misinterpret their behavior as lazy or disrespectful or odd. When you realize the struggle that they face daily it makes you appreciate how hard they are working to do what many take for granted. Just a word of encouragement could make all the difference in their day. I now understand the variety of therapies and patience it takes to live life with an ADHD diagnosis.

## Works Cited

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