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Perspective

Attention-Deficit/Hyperactivity Disorder

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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Attention Deficit/Hyperactivity Disorder (ADHD) is one of the most common neurobehavioral disorders in children and adolescents. ADHD is frequently chronic, with symptoms and impairment persisting into adulthood. ADHD is frequently associated with co-occurring disorders such as disruptive behaviour, mood, anxiety, and substance abuse. The clinical diagnosis of ADHD is made after a review of symptoms and impairment. The disorder's biological basis is supported by genetic, neuroimaging, neurochemistry, and neuropsychological data. The diagnosis and treatment of ADHD must take into account all aspects of an individual's life. Educational, family, and individual support are all part of multimodal treatment. Psychotherapy, both alone and in combination with medication, can help with ADHD and comorbid issues. Pharmacotherapy, which includes stimulants, noradrenergic agents, alpha agonists, and antidepressants, is critical in the long-term management of ADHD throughout the lifespan.

ADHD is associated with a high rate of comorbid psychiatric problems, including Oppositional Defiant Disorder (ODD), conduct disorder, mood and anxiety disorders, and cigarette and substance use disorders. Untreated ADHD has significant social and societal costs across the life span, including academic and occupational underachievement, delinquency, motor vehicle safety, and difficulties with personal relationships.

ADHD affects an estimated 4% to 12% of school-aged children worldwide, with survey and epidemiological data indicating that 4% to 5% of college-aged students and adults have ADHD. In recent years, there has been an increase in the recognition and diagnosis of ADHD in adults, though treatment of adults with ADHD continues to lag significantly behind that of children. In contrast to a disproportionate number of boys being diagnosed with ADHD compared to girls in childhood, an equal number of men and women with ADHD are seeking diagnosis and treatment as adults.

Over the last decade, epidemiological studies have revealed a high prevalence of concurrent psychiatric and learning disorders among people with ADHD. Studies of ADHD adults have found high rates of childhood conduct disorder as well as adult antisocial disorders in these subjects, which is consistent with childhood studies.

Anxiety frequently complicates the diagnosis and treatment of ADHD. ADHD has a high prevalence of anxiety symptoms, which can manifest as social, generalised, or panic-like symptoms. Similarly, ADHD more than doubles the likelihood of having a depressive disorder. Surprisingly, recent research suggests that long-term stimulant treatment of ADHD may reduce the ultimate risk of anxiety and depressive disorders.

A growing body of research indicates that bipolar disorder and ADHD can co-occur. Systematic studies of children and adolescents show that bipolar children have rates of ADHD ranging from 57% to 98%, and that ADHD children and adolescents have rates of bipolar disorder of 22%. The validity of the concurrent diagnoses of ADHD and severe mood instability or bipolar disorder is still being debated. Whereas ADHD is distinguished by typical cognitive and hyperactive/impulsive features, Bipolar Disorder (BPD) is distinguished by mood instability, pervasive irritability/rage, grandiosity, psychosis, cyclicity, and a lack of response to structure. Individuals who exhibit both sets of symptoms may have ADHD as well as BPD.

Data from retrospective adult accounts and prospective youth observations show that adolescents with ADHD are more likely to engage in cigarette smoking and Substance Abuse (SA) during adolescence. When compared to non-ADHD individuals, ADHD adolescents and adults become addicted to cigarette smoking at twice the rate. ADHD youth are disproportionately involved with cigarettes, increasing the risk of subsequent alcohol and drug use. Individuals with ADHD are more likely to engage in severe substance abuse and to maintain their addictions for a longer period of time than their non-ADHD peers.

Concerns have been raised about the abuse potential of stimulants and the potential for the initiation of substance abuse in ADHD children as a result of early stimulant exposure. These worries are largely based on data from animal studies. However, the preponderance of clinical data and field consensus do not appear to support such a claim. In a prospective study of ADHD girls followed into adolescence, for example, there was a significant reduction in the risk for SA in treated versus untreated ADHD youth, with no increase (or decrease) SUD risk associated with stimulant treatment into adulthood.

In summary, ADHD is a widespread, heterogeneous disorder that

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frequently persists through adolescence and into adulthood. ADHD is still diagnosed through a careful history and an understanding of the developmental presentation of normal behaviour as well as the symptoms of the disorder. ADHD has been reclassified as a chronic condition, with approximately one-half of children exhibiting symptoms and impairment from the disorder into adulthood. The majority of people with ADHD have a comorbid disorder, such as oppositional, conduct, anxiety, or mood disorders. Furthermore, ADHD causes significant impairment in academic, occupational, social, and intrapersonal domains, necessitating treatment. Converging evidence strongly supports a neurobiological and genetic basis for ADHD, with catecholaminergic dysfunction being a key finding.

In the treatment of ADHD, psychosocial interventions such as educational remediation, structure/routine, and cognitive-behavioral approaches should be considered. Recent research has demonstrated improved outcomes associated with specific cognitive therapies in adults with ADHD. A large body of research supports the efficacy of pharmacotherapy not only for the core behavioural symptoms of ADHD, but also for improvement in associated impairments. Similarities in the presentation, characteristics, neurobiology, and treatment response of ADHD between paediatric and adult groups support the disorder's continuity across the lifespan.