ADHD

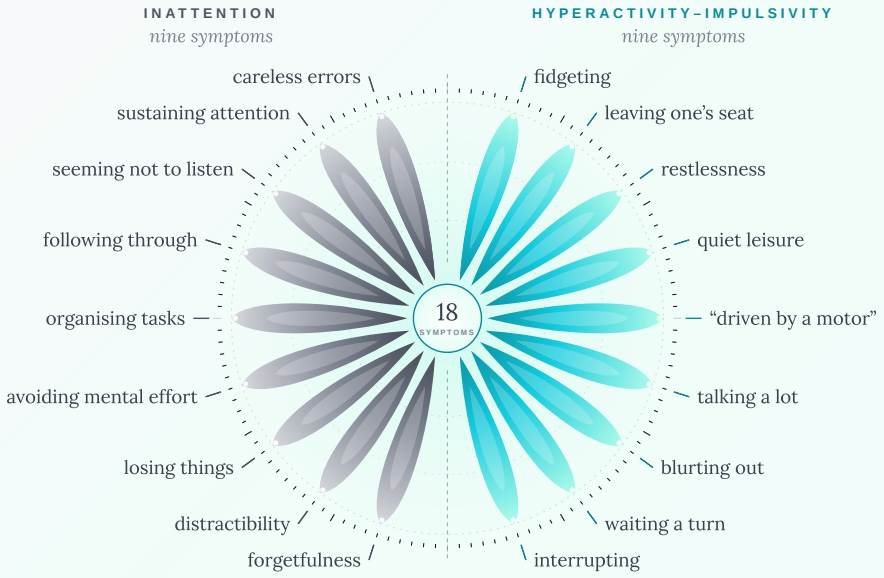
NEURODEVELOPMENT · ATTENTION & SELF-REGULATION

Attention-deficit/hyperactivity disorder, and its three presentations

A neurodevelopmental condition defined by a persistent pattern of **inattention** and/or **hyperactivity-impulsivity** that interferes with functioning or development (American Psychiatric Association [APA], 2022). Symptoms begin in childhood, although many people are not identified until adolescence or adulthood.

01 The symptom rose

two domains, eighteen symptoms, three presentations



THREE PRESENTATIONS

each filled petal is a symptom present; six or more fill a domain (five from age 17)



Predominantly inattentive | Combined | *Predominantly hyperactive-impulsive*

02 The three presentations

formerly called subtypes

PRESENTATION ONE

Predominantly inattentive

Criteria for inattention are met, but not for hyperactivity-impulsivity, over the past six months.

Drifting focus, losing track, unfinished tasks. Often quieter, and more easily overlooked.

PRESENTATION TWO

Predominantly hyperactive-impulsive

Criteria for hyperactivity-impulsivity are met, but not for inattention, over the past six months.

Restlessness, acting before thinking, difficulty waiting. In adults, often an inner restlessness.

PRESENTATION THREE

Combined

Criteria for both domains are met over the past six months.

Features of both patterns, often with impact across home, study, work and relationships.

DSM-IV called these **subtypes**. DSM-5 renamed them **presentations** because the pattern can shift across a person's life. Clinicians also specify current severity (mild, moderate or severe) and whether symptoms are in partial remission.

03 What a diagnosis requires

beyond the symptom count

6+
symptoms in a domain, or **5+** from age 17

6 mo
persisting for at least six months

<12
several symptoms present before age 12

2+
settings, such as home and school or work

impact
clear interference with functioning, and not better explained by another condition

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04 Beyond the criteria

what people often describe

Working memory
Holding instructions or plans in mind long enough to act on them.

Sense of time
Estimating how long things take, and feeling future deadlines as real.

Getting started
Initiating tasks that are important but not immediately engaging.

Emotional regulation
Strong, fast-rising emotions; common in ADHD, though not a diagnostic criterion.

05 Worth knowing

from the international consensus

Common, across the lifespan
ADHD occurs in about 5.9% of young people and 2.5% of adults worldwide (Faraone et al., 2021).

Strongly heritable
Twin studies estimate heritability at around 74%. Most cases reflect many genetic and environmental influences combined (Faraone et al., 2021).

Often under-recognised
Inattentive presentations, and ADHD in girls and women, can be less visible, and are often identified later in life.

06 Common misconceptions

and what the evidence says

THE MISCONCEPTION	WHAT THE EVIDENCE SUGGESTS
"Everyone is a bit ADHD."	Most people are sometimes distracted. A diagnosis requires symptoms that are persistent, present in several settings and clearly impairing.
"It's caused by poor parenting."	ADHD is a neurodevelopmental condition with strong genetic contributions. Parenting does not cause it, though support at home can help.
"Children grow out of it."	Symptoms often change in form, and many people continue to experience significant difficulties into adulthood.
"Medication is the only option."	Guidance recommends a tailored plan: psychoeducation, environmental adjustments, and medication or psychological support where appropriate (NICE, 2018).

07 Assessment and support

a typical pathway

1 Noticing a pattern
Long-standing difficulties, not a recent change.

→

2 Comprehensive assessment
Developmental history, rating scales and reports from others.

→

3 Ruling out and in
Considering other explanations and co-occurring conditions.

→

4 A tailored plan
Psychoeducation, adjustments, medication, therapy or coaching.

OFTEN CO-OCCURS WITH

Anxiety · Depression · Autism · Specific learning difficulties · Sleep difficulties · Substance use · Tic disorders

Co-occurring conditions are common, which is one reason a thorough assessment matters: they can mask, mimic or add to ADHD-related difficulties.

IMPORTANT NOTE

This resource is for general education only and is not a screening or diagnostic tool. ADHD can only be diagnosed through a comprehensive assessment by a qualified professional. If you recognise these patterns in yourself or someone you care for, consider speaking with your GP or a specialist service.

SOURCES

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

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National Institute for Health and Care Excellence. (2018). *Attention deficit hyperactivity disorder: Diagnosis and management* (NICE Guideline NG87). https://www.nice.org.uk/guidance/ng87

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