

THE DSM-5 AND ADULT ADHD: INTRODUCTORY REMARKS

The new Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) has a number of changes to attention deficit hyperactivity disorder (ADHD). This introduction outlines some of the major changes to this condition as they impact the clinical practice guidelines for Adult ADHD adopted by PerformCare. Following the American Psychiatric Association (APA), the publisher of the DSM-5, the working groups decided to move ADHD within the manual and the section on ADHD can now be found in the “Neurodevelopmental Disorders” chapter to reflect brain developmental correlates with ADHD. Other modifications to the DSM-IV found in the DSM-5 as related to adult ADHD include the following changes.

General Diagnostic Considerations

There was no clear provision in prior DSM versions for the explicit diagnosis of non-childhood ADHD. The DSM-5 has changed this; adults and teens can now be officially diagnosed with the disorder. The diagnostic criteria mentions and gives examples of how the disorder appears in adults and teens.

- In diagnosing ADHD in adults, clinicians now look back to middle childhood (age 12) and the teen years when making a diagnosis for the beginning of symptoms, not all the way back to childhood (age 7). See below (Age of Onset Criteria).
- In the DSM-IV the three types of ADHD were called “subtypes.” These subtypes are now referred to as “presentations.” Furthermore, a person can change “presentations” during a lifetime. This change better describes how the disorder impacts a person at different points of life.
- A person with ADHD can now have mild, moderate or severe ADHD. This is based on how many symptoms a person has and how difficult those symptoms make daily life at different life stages.

Core Symptoms

In the past, a common criticism of the ADHD diagnostic criteria was that the core symptoms reflected how the disorder presented in school age children and did not capture how it presented in older adolescents and adults. Because of this, some argued that different symptom sets should be developed for different age groups. However, the new diagnostic criteria essentially retain the same symptoms as before. The same primary 18 symptoms for ADHD that are used in the DSM-IV are used in the DSM-5 to diagnose ADHD and they continue to be divided into two major symptom domains, with at least six symptoms in one domain required for an ADHD diagnosis. Despite this fact, the DSM-5 makes several enhancements that facilitate diagnosis across the life span.

- All symptoms are followed by examples of different ways they may emerge, including ways they would appear in older adolescents and adults. Thus, although the symptom list remains the same, the inclusion of developmentally appropriate examples should help guide clinicians evaluating older adolescents and adults.

- The cross-situational requirement has been strengthened to “several” symptoms in each setting.
- A symptom threshold change has been made for adults, to reflect their substantial evidence of clinically significant ADHD impairment. For an adult diagnosis to be made, the patient only needs to meet five symptoms instead of six required for younger persons in either of the two major domains (inattention and hyperactivity/impulsivity).

This last change reflects both clinical and real-world experience, where adults with ADHD often experience it in a slightly different way than teens and children do. For example, a reduction in symptoms tends to occur with increasing age. In terms of diagnosis, the explanation for this change provided on the DSM-5 web site indicates that a slightly lower symptom threshold is sufficient to make a reliable diagnosis in adults.

Age of Onset Criteria

In DSM-IV, the age of onset criteria was "some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years." This reflected the view that ADHD emerged relatively early in development and interfered with a child's functioning at a relatively young age. Additionally, this resulted in the need to establish a childhood history of ADHD before seven years of age as a criterion for diagnosis. In DSM-5 this has been revised to "several inattentive or hyperactive-impulsive symptoms were present prior to 12 years." Thus, symptoms can now appear up to 5 years later. And, there is no longer the requirement that the symptoms create impairment by age 12, just that they are present. The rationale for the older age of onset is that research published since DSM-IV did not identify meaningful differences in functioning, response to treatment or outcomes in individuals whose symptoms were present at younger vs. older ages. Nevertheless, to the degree that it is possible it is always important to obtain a good developmental history to aid in identifying symptoms that occurred in childhood.