

# ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

## HISTORICAL AND CONTEMPORARY PERSPECTIVES ON CLASSIFICATION AND CARE

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ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IS A NEURODEVELOPMENTAL DISORDER CHARACTERISED BY:

- INATTENTION
- HYPERACTIVITY
- IMPULSIVITY

IT IS CLASSIFIED WITHIN CHAPTER 6 OF THE WORLD HEALTH ORGANIZATION'S INTERNATIONAL CLASSIFICATION OF DISEASES 11TH REVISION (ICD-11) (WHO, 2022).

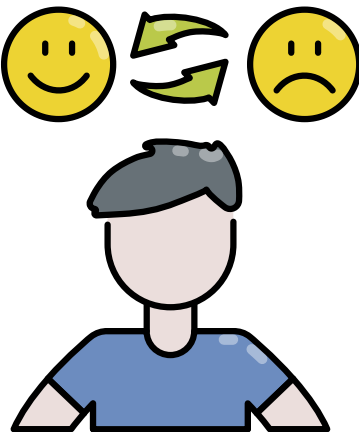
THIS POSTER CRITICALLY EXPLORES:

- HISTORICAL UNDERSTANDING OF ADHD
- CLASSIFICATION AND DIAGNOSIS
- CONTEMPORARY TREATMENT APPROACHES
- SOCIAL AND CULTURAL INFLUENCES



### HISTORICAL UNDERSTANDING

- 1902: GEORGE FREDERICK STILL DESCRIBED ATTENTION AND IMPULSE CONTROL DIFFICULTIES IN CHILDREN.
- MID-20TH CENTURY: CONDITION LABELLED MINIMAL BRAIN DYSFUNCTION.
- BEHAVIOUR OFTEN VIEWED AS DISCIPLINE PROBLEMS RATHER THAN MEDICAL CONDITIONS.
- CHILDREN FREQUENTLY EXPERIENCED STIGMA, PUNISHMENT AND EXCLUSION FROM EDUCATION



### ICD-11 CLASSIFICATION

ADHD IS CLASSIFIED AS A NEURODEVELOPMENTAL DISORDER.

#### CORE SYMPTOMS:

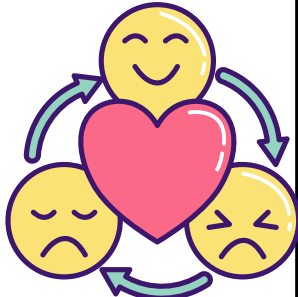
- PERSISTENT INATTENTION
- HYPERACTIVITY
- IMPULSIVITY

#### RECOGNISED PRESENTATIONS:

- INATTENTIVE
- HYPERACTIVE-IMPULSIVE
- COMBINED

#### DIAGNOSIS USUALLY INVOLVES:

- CLINICAL ASSESSMENT
- BEHAVIOURAL REPORTS
- EDUCATIONAL OBSERVATIONS



### CONTEMPORARY TREATMENT

MODERN ADHD CARE FOCUSES ON MULTIDISCIPLINARY SUPPORT.

#### BEHAVIOURAL SUPPORT

- BEHAVIOUR THERAPY
- EDUCATIONAL INTERVENTIONS

#### MEDICATION

COMMON MEDICATIONS INCLUDE:

- METHYLPHENIDATE
- ATOMOXETINE

#### SOCIAL SUPPORT

- FAMILY SUPPORT PROGRAMMES
- SCHOOL AND WORKPLACE ADJUSTMENTS



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**SOCIAL AND CULTURAL DEBATES**  
ADHD CONTINUES TO GENERATE DEBATE.  
**MEDICALISATION DEBATE**  
SOME ARGUE ADHD REFLECTS OVER-DIAGNOSIS OF NORMAL CHILDHOOD BEHAVIOUR.  
**NEURODIVERSITY**  
THE NEURODIVERSITY MOVEMENT SUGGESTS ADHD REPRESENTS A COGNITIVE DIFFERENCE RATHER THAN SOLELY A DISORDER.  
**INEQUALITY**  
DIAGNOSIS AND TREATMENT CAN VARY DUE TO:

- SOCIOECONOMIC STATUS
- CULTURAL PERCEPTIONS OF BEHAVIOUR
- ACCESS TO HEALTHCARE

**RECOMMENDATIONS**  
**TO IMPROVE ADHD CARE:**

- INCREASE EARLY SCREENING AND DIAGNOSIS
- IMPROVE TEACHER AND HEALTHCARE TRAINING
- EXPAND ADULT ADHD SERVICES
- PROMOTE NEURODIVERSITY-INFORMED PRACTICE
- REDUCE INEQUALITIES IN ACCESS TO SUPPORT

## REFERENCES

WORLD HEALTH ORGANIZATION,  
2022

BARKLEY, 2015

FARAONE ET AL., 2015

NATIONAL INSTITUTE FOR  
HEALTH AND CARE

EXCELLENCE, 2018

POLANCZYK ET AL., 2014

SHAW ET AL., 2014