



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

BMHP6029
Psychopathological Classifications and
Provisions Component

Component 1: ADHD Poster
Student name: Jade Terrelonge
Student number: 2331324
Lecturer's name: Bianca Sanfilippo

Neurodevelopmental Disorders

Attention Deficit Hyperactivity Disorder (World Health Organization, 2024)

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental condition characterised by ongoing difficulties with inattention, hyperactivity and impulsivity that persist for at least six months and have a significant impact on educational, occupational and social functioning (World Health Organization, 2024).

Introduction

- ADHD is one of the most common neurodevelopmental disorders affecting children and may persist into adulthood (Centers for Disease Control and Prevention, 2025).
- Affects approximately 5% of children and 3-4% of adults in the UK (NHS England, 2023).
- Symptoms typically begin in childhood and may persist into adulthood (National Institute of Mental Health, 2024).
- Characterised by three core symptom domains:

- ◆ **Inattention**
- ◆ **Hyperactivity**
- ◆ **Impulsivity**

Can significantly impact education, employment, relationships and quality of life (National Institute of Mental Health, 2024).

Year	Historical milestone
1902	Sir George Still described children with persistent problems in attention, self-control and behaviour (Lange <i>et al.</i> , 2010).
1937	Charles Bradley reported improvements in behaviour and school performance following stimulant medication (Lange <i>et al.</i> , 2010).
1950s–1960s	Understanding evolved from <i>minimal brain dysfunction</i> to <i>hyperkinetic disorders</i> (Lange <i>et al.</i> , 2010).
2024	ICD-11 recognises ADHD as a neurodevelopmental disorder that begins in childhood and may persist into adulthood (World Health Organization, 2024).



Conclusion

Although significant advances have been made in the diagnosis and management of ADHD, challenges such as delayed diagnosis, inequalities in access and increasing service demand remain. Future improvements should focus on early intervention, equitable access and sustainable specialist services to improve outcomes for individuals with ADHD.

Challenges & Future Directions

- Delays in accessing ADHD assessment and treatment remain a significant challenge, with barriers including limited specialist services, long waiting times and difficulties navigating healthcare pathways (McKenna *et al.*, 2023).
- Inequalities in access to mental health services remain a significant challenge in the UK, with some population groups experiencing poorer access to timely and high-quality care (Lowther-Payne *et al.*, 2023).
- Growing demand has placed considerable pressure on UK adult ADHD services, contributing to lengthy waiting times for assessment and treatment (Smith *et al.*, 2024).

Causes

- The development of ADHD is influenced by both inherited genetic factors and prenatal environmental exposures, although no single cause has been identified (Kian *et al.*, 2022).
- Genetic factors are the strongest contributor, accounting for around 70% of ADHD risk, with children who have a first-degree relative with ADHD being 2–8 times more likely to develop the condition (Kian *et al.*, 2022).
- Prenatal environmental factors, including maternal smoking, alcohol or substance use during pregnancy, maternal stress, prematurity and low birth weight, may increase the risk of ADHD, particularly when combined with genetic susceptibility (Kian *et al.*, 2022).

Diagnosis

- ADHD should only be diagnosed by a specialist healthcare professional following a comprehensive clinical and psychosocial assessment, including developmental history, mental state examination and information from different areas of the person's life (NICE, 2018).
- Diagnosis should not rely on rating scales or observations alone; these tools should be used to support, rather than replace, a full clinical assessment (NICE, 2018).
- To meet the diagnostic criteria, symptoms must satisfy ICD-11 or DSM-5 criteria, occur in two or more settings, and cause significant impairment in psychological, social, educational or occupational functioning (NICE, 2018).

Treatment

- Stimulant medication is the first-line treatment for ADHD. NICE recommends methylphenidate as the initial medication for children and young people, while methylphenidate or lisdexamfetamine are recommended as first-line options for adults (NICE, 2018).
- Treatment should be tailored to the individual's response, with alternative medications considered if the initial treatment is ineffective or not well tolerated (NICE, 2018).
- People whose symptoms remain unresponsive to treatment should be referred for specialist review before additional medications are prescribed, ensuring treatment decisions are based on individual needs and clinical judgement (NICE, 2018).

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