



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

Student name: Isabela Cosmina Tocila

Student number: 2336281

Lecturer's name: Bianca Sanfilippo

Component 2: Report

Contents

A Critical Examination of Attention Deficit Hyperactivity Disorder (ADHD): Classification, Diagnosis, Treatment, Rehabilitation and Contemporary Debates	3
1. Introduction	3
2. Classification and Diagnosis	4
2.1 Classification of ADHD	4
2.2 Diagnosis and Assessment.....	5
2.3 ADHD in Women and Girls	6
3. Treatment and Rehabilitation	6
3.1 Medication	6
3.2 Psychological and Behavioural Treatment.....	7
3.3 Rehabilitation and Everyday Support	8
4. Current Debates and Emerging Issues	8
4.1 ADHD and Neurodiversity	8
4.2 Underdiagnosis and Overdiagnosis	9
4.3 Stigma and Public Understanding	10
4.4 Access to Services	10
5. Recommendations for Practice, Policy and Research	10
6. Conclusion	11
Reference.....	13

A Critical Examination of Attention Deficit Hyperactivity Disorder (ADHD): Classification, Diagnosis, Treatment, Rehabilitation and Contemporary Debates

1. Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by persistent difficulties involving attention, hyperactivity and/or impulsivity. These difficulties can influence education, employment, relationships and everyday activities. ADHD commonly begins during childhood but can continue into adolescence and adulthood (CDC, 2026; NHS, 2025a).

Historically, ADHD was frequently associated with disruptive or highly active children. Contemporary understanding is broader and recognises that ADHD can present differently between individuals. Some people experience significant hyperactivity and impulsivity, while others experience predominantly inattentive difficulties such as poor concentration, forgetfulness and problems with organisation (ADHD Foundation, 2026).

The World Health Organization (WHO) includes ADHD within Chapter 6 of the International Classification of Diseases, Eleventh Revision (ICD-11), which covers mental, behavioural and neurodevelopmental disorders. Classification is important because it provides professionals with an internationally recognised framework for identifying the condition. However, ADHD remains associated with debates concerning diagnosis, medication, stigma, gender differences and neurodiversity.

This report critically examines the classification and diagnosis of ADHD, treatment and rehabilitation approaches, and contemporary debates surrounding the condition. It also provides recommendations for improving practice and support.

2. Classification and Diagnosis

2.1 Classification of ADHD

ADHD is classified within ICD-11 as a neurodevelopmental disorder. This classification recognises that ADHD develops during childhood and involves differences in areas such as attention, activity and impulse control.

The classification of ADHD as a neurodevelopmental condition is significant because it challenges older assumptions that ADHD behaviours are simply the result of poor parenting, lack of discipline or laziness. ADHD Foundation (2026) similarly describes ADHD as a neurodevelopmental condition and places it within a wider understanding of neurodiversity.

Classification provides several benefits. It creates a common language for healthcare professionals, supports research and can enable people to access appropriate healthcare, educational support and workplace adjustments. A diagnosis may also help an individual understand difficulties that previously appeared unexplained.

However, classification also has limitations. Human attention, impulsivity and activity exist on a continuum. Many people occasionally experience distraction, forgetfulness or restlessness without having ADHD. Therefore, professionals must distinguish between normal variations in behaviour and persistent difficulties that significantly affect everyday functioning.

The term “disorder” can also be controversial. Although medical terminology can help individuals access treatment and support, some people prefer to describe ADHD as a neurological difference. This issue has become increasingly relevant with the development of the neurodiversity movement (ADHD Foundation, 2026).

2.2 Diagnosis and Assessment

ADHD cannot be diagnosed using one simple medical test. CDC (2026b) explains that diagnosis involves several stages and that other difficulties, including anxiety, depression, sleep disorders and learning difficulties, can produce symptoms resembling ADHD.

Within the UK, NICE (2018a) recommends that ADHD diagnosis should be completed by an appropriately trained specialist. Assessment should include a detailed clinical and psychosocial assessment, developmental and psychiatric history and consideration of the person's behaviour and functioning across different settings.

This comprehensive approach is important because ADHD symptoms can overlap with other conditions. A person experiencing poor concentration, for example, may have ADHD, but concentration can also be affected by anxiety, depression, stress or sleep problems.

Information from different sources can therefore improve diagnostic accuracy. For children, information from parents and teachers may help professionals understand whether difficulties occur at home and school. CDC (2026b) similarly notes the importance of gathering information from adults who observe children in different environments.

Rating scales and questionnaires can assist assessment but should not determine diagnosis independently (NICE, 2018b). This represents an important limitation of online ADHD screening tests. Such tests may encourage someone to seek professional advice, but they cannot replace a comprehensive assessment.

Diagnosis therefore requires professional judgement. This can be considered both a strength and a limitation. Clinical judgement allows individual circumstances to be considered, but differences between professionals and services may potentially influence diagnostic outcomes.

2.3 ADHD in Women and Girls

Another important issue is the recognition of ADHD among women and girls. Historically, ADHD research and public understanding focused heavily on boys displaying obvious hyperactive behaviour. Girls who experience predominantly inattentive symptoms may therefore be less noticeable.

Quinn and Madhoo (2014) suggest that ADHD can be overlooked in girls and women because their symptoms may present differently from traditional expectations. NICE (2018b) also warns that ADHD may be under-recognised in girls and women.

Young et al. (2020) emphasise that difficulties can continue across the female lifespan and that improved professional awareness is necessary. Delayed diagnosis may affect education, employment, relationships and emotional wellbeing.

However, increasing awareness needs to be combined with careful assessment. The objective should not simply be to increase the number of diagnoses but to improve the accuracy and equality of diagnostic practice.

3. Treatment and Rehabilitation

3.1 Medication

Medication is an established treatment for ADHD and can be particularly useful when symptoms cause significant impairment. NICE (2018b) recommends medication for adults when ADHD symptoms continue to cause significant impairment after appropriate environmental modifications have been considered.

Methylphenidate is one commonly used ADHD medication. NHS (2025b) provides information for adults taking methylphenidate and explains its use in ADHD treatment.

Medication can help individuals manage symptoms such as poor concentration, hyperactivity and impulsivity. Research reviewed by Faraone et al. (2021) supports the effectiveness of recognised ADHD treatments and challenges misconceptions that ADHD lacks a meaningful evidence base.

However, medication has limitations. Not everyone experiences the same benefits, and medication can produce adverse effects. NHS (2025c), for example, provides information about possible side effects associated with methylphenidate.

Medication therefore requires appropriate prescribing and monitoring. Treatment should consider benefits, adverse effects, physical health and individual preferences. A person should also have opportunities to discuss concerns and alternatives with healthcare professionals.

Medication should not be viewed as a complete solution to every difficulty associated with ADHD. Someone may experience improved concentration while continuing to have difficulties involving organisation, relationships, education or employment. Consequently, broader psychological and social support may also be required.

3.2 Psychological and Behavioural Treatment

Non-pharmacological approaches form another important part of ADHD management. NICE (2018b) recommends considering non-pharmacological treatment for adults who choose not to take medication, cannot tolerate it or continue to experience significant impairment.

Cognitive behavioural therapy (CBT) can help adults develop strategies for managing organisation, time, emotions and patterns of thinking. Cochrane (2018) reviewed CBT for adults with ADHD and identified it as an important psychological intervention, although the strength and quality of evidence should always be considered when interpreting treatment outcomes.

Behavioural approaches are particularly important for children. CDC (2026c) identifies behavioural therapy and medication as major ADHD treatment options. For younger children, parent training in behaviour management is recommended before medication in many circumstances (CDC, 2026d).

This demonstrates why treatment should be adapted to age and individual circumstances rather than applying the same intervention to everyone.

Psychological treatment also has practical limitations. Therapy requires time, engagement and access to appropriately trained professionals. Individuals with ADHD may themselves experience difficulties remembering appointments, organising transport or completing tasks between sessions. Services therefore need to recognise these barriers rather than interpreting them simply as poor motivation.

3.3 Rehabilitation and Everyday Support

Rehabilitation should consider everyday functioning rather than concentrating only on clinical symptoms. ADHD may affect education, employment, relationships and independent living.

Barkley and Murphy (2010) found that executive-function difficulties can be associated with occupational impairment among adults with ADHD. This suggests that symptom improvement alone does not necessarily demonstrate successful rehabilitation.

Environmental modifications can therefore be valuable. Examples include written instructions, reducing unnecessary distractions, breaking larger tasks into smaller stages and providing organisational support. NICE (2018b) recognises environmental modifications as an important component of ADHD management.

Educational settings can provide appropriate support for students experiencing difficulties with attention and organisation. Employers can similarly consider reasonable adjustments where ADHD creates workplace difficulties.

Psychoeducation is also valuable. Individuals and families need clear information about ADHD, available treatments and practical management strategies. ADHD Foundation (2026) provides accessible resources designed to improve understanding of ADHD and neurodiversity.

Rehabilitation should ultimately be person-centred. Different people with ADHD experience different difficulties and have different goals. One individual may prioritise university performance, while another may require support with employment or daily organisation.

4. Current Debates and Emerging Issues

4.1 ADHD and Neurodiversity

Neurodiversity has become an important concept within discussions of ADHD. It describes neurological differences as part of natural human variation rather than viewing every difference solely as a deficit.

ADHD Foundation (2026) promotes a neurodiversity perspective that recognises strengths while acknowledging the genuine difficulties associated with neurodevelopmental conditions.

This perspective can help challenge stigma. People with ADHD should not automatically be described as lazy, irresponsible or incapable. Different ways of processing information may create difficulties in some environments while also being associated with individual strengths.

However, there are limitations to an exclusively strengths-based interpretation. Some individuals experience substantial disability because of ADHD and require medication, psychological treatment and practical support. Describing ADHD only as a difference could potentially minimise these difficulties.

A balanced approach is therefore appropriate. ADHD can be understood as a form of neurodevelopmental difference while simultaneously recognising that it can produce clinically significant impairment.

4.2 Underdiagnosis and Overdiagnosis

Another debate concerns whether ADHD is underdiagnosed or overdiagnosed. Increased awareness, particularly through social media, has encouraged more people to recognise possible symptoms and request assessment.

This can have positive consequences because individuals who were overlooked during childhood may finally receive appropriate support. This is particularly relevant to women, whose ADHD may historically have been missed (Quinn and Madhoo, 2014; Young et al., 2020).

However, increased awareness can also create challenges. Common experiences such as procrastination, occasional distraction and forgetfulness do not automatically indicate ADHD. CDC (2026b) stresses that there is no single diagnostic test and that several other conditions can produce similar symptoms.

Comprehensive assessment is therefore essential. The solution to concerns about overdiagnosis should not be restricting appropriate assessment but ensuring that diagnosis is evidence-based and based on significant functional impairment.

4.3 Stigma and Public Understanding

Stigma remains a significant concern. ADHD is sometimes incorrectly viewed as poor behaviour, inadequate parenting or an excuse for lack of effort.

Faraone et al. (2021) identify substantial scientific evidence supporting ADHD as a recognised disorder and challenge several common misconceptions. Improving public understanding can therefore reduce stigma and encourage appropriate help-seeking.

The language professionals use is also important. A diagnosis should explain a recognised pattern of difficulties rather than define the person's entire identity. Person-centred communication can recognise both strengths and areas requiring support.

4.4 Access to Services

Access to assessment and treatment represents another significant issue. Increasing demand for ADHD services can create pressure on healthcare systems. NHS England (2024) has acknowledged challenges surrounding ADHD service provision and the need to improve pathways and understanding of demand.

Long waits can have consequences for individuals experiencing difficulties at university, work or within relationships. Improving services therefore requires not only accurate diagnosis but also appropriate post-diagnostic treatment and support.

Digital resources may contribute to improved access by providing information and practical tools. However, online resources should complement rather than replace professional assessment and evidence-based care.

5. Recommendations for Practice, Policy and Research

Several recommendations can be made based on the evidence considered.

First, ADHD diagnosis should remain comprehensive and specialist-led. Professionals should consider developmental history, functioning across different settings and possible alternative explanations rather than relying exclusively on questionnaires (NICE, 2018b; CDC, 2026b).

Second, professional education should improve awareness of different ADHD presentations, particularly among girls and women. This may reduce diagnostic inequality (Quinn and Madhoo, 2014; Young et al., 2020).

Third, treatment should be individualised. Medication can be effective, but psychological interventions, behavioural strategies and environmental modifications should also be available where appropriate (NICE, 2018b; CDC, 2026c).

Fourth, rehabilitation should measure meaningful outcomes such as education, employment, relationships and quality of life rather than focusing exclusively on symptom reduction.

Fifth, healthcare and educational services should incorporate neurodiversity-informed principles. This should involve recognising individual strengths without minimising significant impairment.

Finally, further research should investigate long-term treatment outcomes and the experiences of populations historically underrepresented in ADHD research. Policy should also address access to assessment and continuity of support.

6. Conclusion

ADHD is a complex neurodevelopmental condition that can affect individuals throughout their lives. Classification provides an important framework for recognising symptoms, supporting diagnosis and providing access to treatment. However, classification alone cannot fully represent individual experiences.

Accurate diagnosis requires comprehensive assessment rather than a single test or questionnaire. Particular attention should be given to groups that have historically been under-recognised, including girls and women.

Treatment may involve medication, psychological interventions, behavioural approaches and environmental modifications. Medication can be beneficial, but it should be monitored and incorporated into a wider person-centred treatment plan when appropriate.

Rehabilitation should focus on meaningful participation in education, employment, relationships and everyday life. Environmental support is therefore as important as focusing exclusively on individual symptoms.

Contemporary debates concerning neurodiversity, stigma and diagnostic expansion demonstrate that ADHD should not be understood solely through a deficit-focused model. A balanced approach can recognise ADHD as neurodevelopmental variation while acknowledging that it can cause significant impairment.

Overall, effective ADHD practice requires accurate diagnosis, evidence-based treatment, appropriate rehabilitation and respect for individual differences. Combining clinical evidence with person-centred and neurodiversity-informed practice offers the strongest approach to improving long-term outcomes.

Reference

ADHD Foundation (2026) ADHD Foundation: The Neurodiversity Charity. Available at: <https://www.adhdfoundation.org.uk/> (Accessed: 5 June 2026).

Barkley, R.A. and Murphy, K.R. (2010) 'Impairment in occupational functioning and adult ADHD: The predictive utility of executive function ratings versus executive function tests', *Archives of Clinical Neuropsychology*, 25(3), pp. 157–173. Available at: <https://doi.org/10.1093/arclin/acq014> (Accessed: 15 June 2026).

Centers for Disease Control and Prevention (CDC) (2026) ADHD in children. Available at: <https://www.cdc.gov/adhd/about/index.html> (Accessed: 8 July 2026).

Centers for Disease Control and Prevention (CDC) (2026) Clinical care of ADHD in children. Available at: <https://www.cdc.gov/adhd/hcp/treatment-recommendations/index.html> (Accessed: 11 July 2026).

Cochrane (2018) Cognitive-behavioural therapy for attention deficit hyperactivity disorder (ADHD) in adults. Available at: https://www.cochrane.org/evidence/CD010840_cognitive-behavioural-therapy-attention-deficit-hyperactivity-disorder-adhd-adults (Accessed: 7 August 2026).

Dalrymple, R.A., Maxwell, L.M., Russell, S. and Duthie, J. (2020) 'NICE guideline review: Attention deficit hyperactivity disorder: diagnosis and management (NG87)', *Archives of Disease in Childhood – Education and Practice*, 105(5), pp. 289–293. Available at: <https://doi.org/10.1136/archdischild-2019-316928> (Accessed: 10 August 2026).

Faraone, S.V., Banaschewski, T., Coghill, D. et al. (2021) 'The World Federation of ADHD International Consensus Statement: 208 evidence-based conclusions about the disorder', *Neuroscience & Biobehavioral Reviews*, 128, pp. 789–818. Available at: <https://doi.org/10.1016/j.neubiorev.2021.01.022> (Accessed: 5 June 2026).

Leicestershire Partnership NHS Trust (2026) Adult attention deficit hyperactivity disorder (ADHD). Available at: <https://www.leicspart.nhs.uk/service/adult-attention-deficit-hyperactivity-disorder-adhd/> (Accessed: 15 June 2026).

National Health Service (NHS) (2025a) ADHD in adults. Available at: <https://www.nhs.uk/conditions/adhd-adults/> (Accessed: 8 July 2026).

National Health Service (NHS) (2025b) Methylphenidate for adults. Available at: <https://www.nhs.uk/medicines/methylphenidate-adults/> (Accessed: 11 July 2026).

National Health Service (NHS) (2025c) Side effects of methylphenidate for adults. Available at: <https://www.nhs.uk/medicines/methylphenidate-adults/side-effects-of-methylphenidate-for-adults/> (Accessed: 7 August 2026).

National Health Service (NHS) (2025d) Common questions about methylphenidate for children. Available at: <https://www.nhs.uk/medicines/methylphenidate-children/common-questions-about-methylphenidate-for-children/> (Accessed: 10 August 2026).

National Institute for Health and Care Excellence (NICE) (2018a) Attention deficit hyperactivity disorder: diagnosis and management (NG87). Available at: <https://www.nice.org.uk/guidance/ng87/> (Accessed: 5 June 2026).

National Institute for Health and Care Excellence (NICE) (2018b) Attention deficit hyperactivity disorder: diagnosis and management – Recommendations. Available at: <https://www.nice.org.uk/guidance/ng87/chapter/Recommendations> (Accessed: 15 June 2026).

National Institute for Health and Care Excellence (NICE) (2018c) Attention deficit hyperactivity disorder: diagnosis and management – Information for the public. Available at: <https://www.nice.org.uk/guidance/ng87/informationforpublic> (Accessed: 8 July 2026).

National Institute for Health and Care Excellence (NICE) (2018d) Attention deficit hyperactivity disorder: diagnosis and management – Evidence. Available at: <https://www.nice.org.uk/guidance/ng87/evidence/> (Accessed: 11 July 2026).

NHS England (2024) Attention deficit hyperactivity disorder (ADHD) Programme update. Available at: <https://www.england.nhs.uk/long-read/attention-deficit-hyperactivity-disorder-adhd-programme-update/> (Accessed: 7 August 2026).

NHS England Digital (2025) Adult Psychiatric Morbidity Survey: Chapter 9 – Attention deficit hyperactivity disorder. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24/attention-deficit-hyperactivity-disorder> (Accessed: 10 August 2026).

Quinn, P.O. and Madhoo, M. (2014) 'A review of attention-deficit/hyperactivity disorder in women and girls: Uncovering this hidden diagnosis', Primary Care Companion for CNS Disorders, 16(3). Available at: <https://doi.org/10.4088/PCC.13r01596> (Accessed: 5 June 2026).

Young, S., Adamo, N., Ásgeirsdóttir, B.B. et al. (2020) 'Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/hyperactivity disorder in girls and women', BMC Psychiatry, 20, 404. Available at: <https://doi.org/10.1186/s12888-020-02707-9> (Accessed: 15 June 2026).