

Is It Time to Revise the Definition of Attention Deficit Hyperactivity Disorder?

Dear Editor,

I read with interest the article published in the *Annals* entitled "Attention Deficit Hyperactivity Disorder: Coping or Curing?", which concluded that coping rather than curing for attention deficit hyperactivity disorder (ADHD) is taking place.¹ There are some evidence-based points that should be noted.

It seems that our thinking regarding ADHD have to be revised.² Definitions of many diseases have been changed these last few years. For example, the definitions of sugar blood level, systolic and diastolic level of blood pressure have been changed. Risk factor such as obesity is being considered for treatment indication of blood pressure.³

ADHD is a valid psychiatric disorder. However, there are many recent published findings that are not being considered in ADHD diagnosis or management. For example, there are published studies reporting co-occurrence of pervasive developmental disorders and ADHD,⁴ but according to the Diagnostic and Statistical Manual (DSM-IV-TR), a pervasive developmental disorder is an exclusive diagnostic criterion in children with ADHD.

There are many studies about sensory modulation problems in children with ADHD and its association with ADHD symptoms.⁴⁻⁷ Likewise, definitions and thresholds of hypertension and blood sugar also differ for specific patient groups depending on risk. ADHD symptoms threshold could be defined considering specific patient groups such as sensory modulation problems. Where is the threshold of pathological hyperactivity or inattentiveness in children with sensory modality problems? What is the interaction of these 2 disorders? Should temperament of children be considered in determining ADHD symptoms thresholds?

Moreover, it is suggested that the DSM-IV age of onset criterion for ADHD is dependent on retrospective reporting and it leads to under-identification of ADHD in adolescents and adults⁸ and this age-at-onset criterion is very stringent.⁹ Should ADHD remain as a clinical diagnosis? Can we use laboratory assessment measures such as neuropsychological tests and brain imaging to make diagnosis? Where is the bright line between impaired and unimpaired children with ADHD symptoms?¹⁰

Although these evidences are suggestive that our concept and definition of ADHD should be revised, there are many unanswered questions. But with increased levels of clinical research and the revision of the definition, curing rather than just coping might be more possible.

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