ATTENTION DEFICIT HYPERACTIVITY DISORDER DIAGNOSTIC – A LITERATURE REVIEW

KAROLINE BECKER PARABONI, MATHEUS TIMM AVILA, ELISABETE KONKIEWITZ

UNIVERSIDADE FEDERAL DA GRANDE DOURADOS, UFGD, DOURADOS, MS, BRASIL

Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a medical condition characterized by a triad: inattention, impulsivity, hyperactivity. It is one of the most common neurobiological disorders among children, which are the most affected, but it also manifests in adults. The etiology is still unknown, but it is believed that is a multifactorial disease with hereditary component. The diagnosis is basically clinical and the subject of this paper. The treatments include medicines, behavior training, counseling and changes at school and/or at home. Objective: to perform a systematic review about the ADHD diagnostic. Methods: a systematic review of the literature was conducted in Pubmed, Scielo and UpToDate between 2010 and 2015, using the following keywords: "ADHD", "ADHD diagnostic", “attention-deficit hyperactivity diagnostic”. Results: eight of the 51 initial articles were evaluated. There is a vast literature about the subject and our focus is on what is news. Discussion and conclusion: ADHD diagnosis is basically clinical. A review of the following criteria must be performed: - Inattention: difficulty paying attention to details or make mistakes out of carelessness in school activities and work; difficulty sustaining attention in tasks or play activities; does not seem to listen when spoken to directly; do not follow instructions and fails to finish school, domestic or professional duties tasks; difficulty organizing tasks and activities; prevent, or reluctant, to engage in tasks that require sustained mental effort; lose necessary things for tasks or activities; be easily distracted and present forgetfulness in daily activities. - Hyperactivity: shake hands or feet or fidget in his chair; leaving seat in classroom or in other situations where it is expected to remain seated; running or climbing excessively in situations in which it is inappropriate; difficulty playing or engaging in leisure activities quietly; it is often "on the go"; talk too much. -Impulsiveness: often give hasty answers before questions have been completed; often find it difficult to wait their turn and often interrupt or meddle in anothers subjects. From this assessment, must be present at least six symptoms for people under 17 years old and 5 symptoms for those with more than 17 years. The symptoms must be present before 17 years. They must occur frequently (at least per 6 months), may be triggered by psychosocial factors, do not show periods of improvement and occur in several places. In addition, they cause substantial impairment of the child's life, may blur in adolescence and can be controlled in situations which are interesting in being socially coherent. Parents, teachers and the patient itself must be evaluated. Neurological examination, imaging and psychological testing are also part of the investigation to rule out other diseases. From the diagnosis the disease can be classified into three different subtypes: with predominance of inattention, dominated by impulsiveness and hyperactivity and the mixed type. Not so far, it is a cheap diagnose that can be performed by a basic attention physician, but is underdiagnosed even being such a common disease.

References


