Adult Attention Deficit Disorder
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# DSM-5 DIAGNOSTIC CONSIDERATIONS FOR ADULT ADHD
**By David W. Goodman, MD**

Recent studies have suggested that late-onset adult ADHD is valid and that the DSM-IV's age-at-onset criterion of age 7 is too stringent. Given the lack of empirical evidence supporting the age-at-onset criteria of ADHD, combined with practical difficulties in demonstrating impairment before age 7 in older adolescents and adults, some experts have argued that the criterion should be abandoned or redefined to include the broader age period of childhood, specifically to age 12 (McGough, 2004).The DSM-IV field trial also demonstrated that all individuals with ADHD in that study developed their disorder by the more generous age at onset.

A study by Faraone and colleagues found that 83% of adults with late-onset ADHD symptoms had recall of symptoms between ages 7 and 12. Therefore, the strict age criterion for ADHD as it relates to the diagnosis in adults, or even older adolescents, is debatable. This issue is specifically relevant to clinicians interviewing adult patients for an evaluation of ADHD. Perhaps the specific age of onset is less diagnostically important than the onset in childhood and a longitudinal course of chronic, pervasive, and impairing symptoms over time. Study subjects with late-onset and full ADHD had similar patterns of psychiatric comorbidity, functional impairment, and familial transmission (Faraone, 2006a).

Faraone and his team challenged the validity of the DSM-IV's age-at-onset and symptom threshold criteria by comparing four groups of adults. The first group included 127 subjects with full ADHD who met all DSM-IV criteria for childhood-onset ADHD. The second group consisted of 79 subjects with late-onset ADHD who met all criteria except the age-at-onset criterion. The third group comprised 41 subjects with subthreshold ADHD who did not meet full symptom criteria for ADHD and who reported a chronic history of three or more inattentive symptoms or three or more hyperactive-impulsive symptoms. The final group included 123 subjects without ADHD who did not meet any criteria. The researchers noted that "because we did not place any restrictions on the age at onset for the late-onset group, the range of age at onset was wide (ages 7 to 45); 63% had an age at onset of 7, 8, or 9; and 83% had an age of onset in the 7- to-12-year range." (Faraone, 2006a). The investigators concluded that the DSM-IV requirement of onset before age 7 is too stringent for diagnosing ADHD in adults. Considering other studies with

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similar outcomes, the Faraone data suggest that DSM-IV criteria for ADHD should be modified to allow for symptom onset past age 7.

The available data do not include strong suggestions for how the cutoff point should be revised, and revision of the DSM age-at-onset criterion would mean conquering several challenges. Choosing a new cutoff point (or dropping the cutoff point altogether, as was done for schizophrenia) is not a simple task. Existing literature suggests a cutoff point of age 12, but no study has had a sufficient group size to prove that another cutoff point might not be better (Faraone, 2006a).

Future research is needed to develop a better definition of the clinical features of onset of ADHD because the current DSM-IV description of onset is vague regarding symptoms of impairment.

## DSM-5 "Considerations"

- Symptoms
  - Validated in children ages 5-17 (Lahey ref)
  - No validated symptoms for adults
  - Symptoms threshold number for children, not adults
  - Symptoms may need to be context specific for adults
  - Clinical interview needs to consider compensation
- Age
  - Before age 7 established in 1994?
  - DSM-5 committee proposes change to age ≤12

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# Impairments: Function of environmental demands

**Child**

- Symptom severity by behavioral observation
  - Parents and teachers for disruptive behavior in child (social)
  - impairing by observation
  - Inattention not noted until impairing (academic)

**Adult**

- Symptom severity by self-report
  - Adult patient description
  - Impairing by self-report
  - Variable environmental demands
  - Compensation by skill, IQ, structured environment, family oversight

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