

NATURAL COURSE OF ATTENTION DEFICIT HYPERACTIVITY DISORDER FROM CHILDHOOD TO ADULTHOOD

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Attention-deficit/hyperactivity disorder (ADHD) is “a persistent pattern of inattention and hyperactivity and impulsivity that is more frequent and severe than is typically observed in people at a comparable level of development” (DSM-IV). Inattention, hyperactivity, and impulsivity are commonly known as the core symptoms of ADHD. Symptoms must be present for at least 6 months, observed before the age of 7 years, and “clinically important impairment in social, academic, or occupational functioning” must be evident in more than one setting. DSM-IV prevalence estimates among school children range from 2–3%. Over the past ten years has becoming increasingly clear that ADHD is usually complicated by comorbidities with many other psychiatric disorders. This co-occurrence may significantly change the prognosis, course, treatment response and outcome. To address these issues we will explore the most prevalent patterns of comorbidity with ADHD, their correlates and longitudinal predictors, in order to define useful and information on longitudinal course. During adolescence and adulthood ADHD may become less evident, and to be an unrecognized part of more complex clinical entities, including mood disorders, anxiety disorders and disruptive behavior disorders. This clinical complexity may account for the challenges in the diagnostic process and the treatment strategy.

References

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