

A Brief Note on Attention Deficit Hyperactivity Disorder

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DESCRIPTION

Attention deficit hyperactivity disorder (ADHD) is a childhood ailment characterised by inattention and distractibility, as well as hyperactivity. The Diagnostic and Statistical Manual, Fifth Edition (DSM-5) of the American Psychiatric Association describes three types of ADHD: inattentive, hyperactive-impulsive, and mixed.

Criteria for diagnosing (DSM-5)

According to the DSM-5, there are three forms of attention deficit/hyperactivity disorder (ADHD): (1) inattentive, (2) hyperactive/impulsive, and (3) mixed. The following are the precise criteria for attention deficit/hyperactivity disorder.

This must include at least six of the following inattention symptoms that have lasted at least six months and are maladaptive and inconsistent with developmental level:

- In academics, job, or other activities, he or she frequently fails to pay close attention to details or makes careless blunders.
- Frequently struggles to maintain focus on chores or recreational activities.
- Frequently does not appear to be paying attention to what is being said.
- Frequently ignores directions and fails to complete schooling, chores, or workplace responsibilities (not due to oppositional behaviour or failure to understand instructions)
- Tasks that demand persistent mental effort (such as schoolwork or homework) are frequently avoided or disliked.
- Frequently misplaces items required for tasks or activities (school assignments, pencils, books, tools, or toys)
- Extraneous stimuli frequently distract him.
- In regular tasks, he is frequently forgetful.
- Hyperactivity/impulsivity

This must comprise at least six of the following hyperactivity-impulsivity symptoms, each of which must have lasted at least six months and been maladaptive and inconsistent with developmental level:

- Squirming in seat, fidgeting with or drumming hands or feet
- Leaving a seat in a school or other scenario where it is required that you stay seated
- Excessive running or climbing in settings where such behaviour is not suitable (in adolescents or adults, this may be limited to subjective feelings of restlessness)
- Playing or indulging in leisure activities discreetly is difficult.
- Unable or unable to sit still for long periods of time (others may perceive you as "on the move" or tough to keep up with)
- Talking too much
- Scribbling responses to questions before they've been fully answered
- Waiting in lines or waiting for a turn in games or group situations can be difficult.
- Interrupting or intruding on other people's conversations (for adolescents and adults, may intrude into or take over what others are doing)
- The age of onset is no later than 12 years.
- Symptoms must appear in at least two settings, such as school, job, or home.
- Clinically severe distress or impairment in social, academic, or occupational functioning is caused by the disturbance.

Disorder is not limited to schizophrenia or other psychotic disorders, and it is not better explained by mood, anxiety, dissociative identity disorder, personality disorder, or substance intoxication. In addition, the degree

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of attention-deficit/hyperactivity disorder is determined by social or occupational functional impairment: mild (minimal impairment), moderate (impairment between "mild" and "severe"), and severe (impairment between "mild" and "severe") (symptoms in excess of those required to meet diagnosis; marked impairment).

A 7-year-old boy's parents send him to the family practitioner because they are concerned about his behavior not just at school but also at home. He has been bored, disruptive, fighting with students and nasty to his teacher since first grade. He can't sit still at home, and meals have been a chore. The young man himself is perplexed as to why he is there. The parents had two elder daughters, who describe their younger brother as a "pain" and a "spoiled brat." There were no complications during pregnancy or delivery, and the infant is not on any drugs. He's had all of his immunizations that were scheduled for him.

Before any treatment is recommended, the doctor determines that more information is required. She wants to keep a close eye on the child at home and at school. She expresses an interest in speaking with his teacher and suggests that he undergo psychological testing. She also wants some alone time with the patient. Before any action, a comprehensive inquiry and observation must be carried out. Both the doctor and the parents are concerned about pharmaceutical overuse and the effectiveness of behavioral therapies.