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ADHD symptoms 'normal behaviour'

Justine Ferrari, Education writer | August 20, 2008

DRAFT guidelines for managing attention deficit hyperactivity disorder are based on "rubbery criteria" that describe normal child behaviour.

Submissions to the review of ADHD guidelines being conducted by the Royal Australasian College of Physicians argue the symptoms defining ADHD are too broad and result in many normal children being diagnosed and medicated.

A diagnosis of ADHD is based on a child younger than seven years being inattentive or hyperactive and impulsive.

Features include fidgeting or squirming in their seat, blurting out answers before questions have been completed, having difficulty awaiting their turn, butting into conversations or games, and talking excessively.

Other symptoms include making careless mistakes in schoolwork, not following through on instructions, failing to finish chores, losing things and being easily distracted and often forgetful in daily activities.

The diagnosis is based on the criteria developed by the American Psychiatric Association, known as DSM-IV. Children exhibiting either six symptoms of inattention or six symptoms of hyperactive and impulsive behaviour are said to have ADHD.

In a submission to the RACP review, child psychiatrist George Halasz cites a leading world authority on ADHD who is involved in rewriting the DSM-IV criteria as saying they have "little clinical or research merit".

Dr Halasz, a consultant child and adolescent psychiatrist and honorary senior lecturer at Monash University, said yesterday the criteria were not objective and were "purely based on people's perceptions".

Trevor Parmenter, foundation professor in developmental disability studies in the faculties of education and medicine at Sydney University, said while he believed some children genuinely had a condition that required treatment, the prevalence of ADHD was artificially inflated.

"The high proportion of young people with ADHD could be influenced by diagnostic definitions, by rubbery diagnostic criteria," he said.

Professor Parmenter is one of 14 education researchers from seven universities who have written to the federal Government expressing concern that the ADHD guidelines will cause an exponential increase in children diagnosed with the disorder by schools chasing funding.

Professor Parmenter said the proportion of children diagnosed with ADHD, about 8 per cent of 12- to 17-year-olds, was far higher than other developmental disabilities. Cerebral palsy affects 1-2 per cent of children, intellectual disability affects about 2 per cent, and autism affects two or three children in every 1000.

"Many of these diagnostic conditions for ADHD are just part of the normal spectrum of childhood behaviour," he said.

Clinical professor in pediatrics at Sydney University David Isaacs said a greater proportion of children from socially disadvantaged areas are diagnosed with ADHD. "There's a great danger of people medicating for social disadvantage," he said. "There's a great danger of overdiagnosing on pretty flimsy grounds."

Professor Isaacs questioned the ADHD criteria as being abnormal behaviour when up to 10 per cent of children are said to have the symptoms.

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