

Dsm changes (ass 2 psy 5035)



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ADHD in the “ New” DSM The DSM-IV-R and the ICD-10 do provide well-structured and criterion -based diagnoses for ADHD they do have some weaknesses. The diagnostic items are clearly defined but they are not developmentally sensitive. This leaves the diagnostician to subjectively take that into account. The diagnostician often receives data from several sources, parents, teachers, the patient, spouses and more but the DSM does not provide a way to integrate that material. Again, it is a subjective integration. This has lead to the criticism that the diagnosis of ADHD is subjective. The medical community emphasizes that a quality diagnosis comes from objective formats and is consistently reliable. The diagnosis of ADHD seems to be reliable only if done by experienced well trained diagnosticians. These very diagnosticians are calling for stabilizing criteria being added to the DSM (Biederman & Faraone 2005).

Developmental Adjustments

For many years, the idea that ADHD persists into adulthood has been met with varying degrees of skepticism. Thirty-five studies follow-up studies of children diagnosed with ADHD have shown that it does persist into adulthood. Symptoms ad described in the present DSM do show a decline in the severity of symptoms. By the age of 30-40, clients will no longer meet the full criteria for the diagnosis however clinically significant impairments are still noticeable. There is a noted risk in adults for the comorbidity of personality disorders, poor occupation performance, traffic accidents, injuries and some anti-social behavior. Additional diagnostic criteria for adults is likely to be added to the diagnostic criteria and it may be broken down at the lower end as well (Biederman & Faraone 2005). More and more very young children are being put on medications. Perhaps adding age specific criteria

for under seven should also be added.

Integrating Material

In many cases, clinicians have taken integrating material into their own hands by using the Connors Assessment System. It is likely in the future such integrating criteria will be included in the diagnostic criteria to provide a more objective outcome. There may be a new developmentally divided list of behaviors including reports from others that will be added (Rasmussen et. al 2004).

New Research

In an effort to increase diagnostic reliability the new research can be helpful. We now have insight into differences in brain function that can be seen in brain scans. As that becomes more available and more definitive we may see such scans used for diagnosis. We also have more definitive evidence about the sociological backgrounds that are more prevalent with ADHD patients. Some criteria about that may be in the DSM. We know now that male sex, low socioeconomic status, young age and head injury are associated with higher prevalence of ADHD. It may be that these factors will be added to criteria lists (Faraone, Seergeant, Gillberg, & Biederman 2003).

While this author does not think there will be many things eliminated from the diagnostic criteria it is likely that the above mentioned three areas will be acknowledge and addressed to varying degrees in the new DSM.

References

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