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Gentlepersons:

Recently while perusing the “Rationale for Changes in ADHD” on the DSM-5 website I was concerned when I read the ADHD and Disruptive Disorders Workgroup had as of this date not determined to adjust the cut point for diagnosis in adults. As a psychologist who has diagnosed and treated 100s of adults with ADHD I am fully aware of the way they manifest symptoms of ADHD is astronomically different from that of a child with ADHD. There is a plethora of scientific evidence that adults with ADHD have extremely poor driving records, yet children with ADHD typically have no driving records (Barkley, R.A. (2006). Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment, Third Edition. New York, NY: Guilford; and, Barkley, R.A., Murphy, K.R. and Fischer, M. (2008). ADHD in Adults: What the Science Says. New York, NY: Guilford.). We also know that ADHD is a, “neurodevelopmental syndrome”, to quote Ramsay (Ramsay, R. (2010). Nonmedication Treatments for Adult ADHD. Washington, DC: American Psychological Association Press, p. 3).

If one is to break down the word “neurodevelopmental” into its compounding words you come up with the words “neuro” and “developmental.” The word “neuro”, when applied to ADHD, implies ADHD is based in neurology. The word “developmental”, when applied to ADHD implies those with ADHD have a disorder that is *developmental* in nature. To paraphrase a quote by Barkley (2006) a developmental disorder is characterized by a significant delay in the rate a normal human trait develops in an individual. It takes the individual longer to develop this trait than their age peers (See above Barkley (2006) citation, p. 92-93). All preschool children have difficulty with time and task management, personal organization and planning with and without ADHD because none of them have a fully developed frontal lobe which is one of the primary areas of the brain that handles executive functions. In humans the frontal lobe is not fully developed until the early 30s.

People with ADHD are delayed in the development of their frontal lobe executive functions compared to those without ADHD by 30 to 40 percent. About 30 percent of those with ADHD appear to catch up with their non-ADHD peers in terms of their executive functions by their early 30s, hence it could be said they are in remission. But, the remaining 70 percent do not and are not in remission. An adult male age 50 with ADHD is not as hyperactive, impulsive and inattentive as a 5 year old ADHD boy because the adult developmentally has more of a frontal lobe than the child. However, the adult with

ADHD is impaired when compared to his non-ADHD age peer (For discussions of this please refer to the Barkely (2006) and (2008) citations above).

With the above in mind if the DSM-5 ADHD and Disruptive Disorders Workgroup decides to the same cut points for diagnosing ADHD in children and adults it would cause, to quote Barkley (2006), "...adults with ADHD would outgrow the diagnostic criteria while not actually outgrowing their disorder..." (p. 88). He went on to write that he witnessed this in his Milwaukee longitudinal study of ADHD (Barkley, 2006). Hence, many adults with ADHD would not be diagnosed with the disorder because childhood cut points were would be used while they were assessed.

In light of the above, I encourage the DSM-5 ADHD and Disruptive Disorders Workgroup to reconsider the cut points for adults with ADHD which they posted on the DSM-5 website in 2010 (Author (2010). Attention-Deficit/Hyperactivity Disorder. Washington, DC: American Psychiatric Association: <http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=383>). They were as follows:

- 6 of 9 inattention symptoms to age 17; 4 of 9 over age 17
- 6 of 13 hyperactivity/Impulsivity symptoms prior to age 17; 4 of 13 over age 17

In closing I thank the DSM-5 ADHD and Disruptive Disorders Workgroup for taking the time used considering my opinion and for the effort they are exerting in attempting to create a new diagnostic manual that furthers the science of mental health and the treatment of those with mental health disorders.

Sincerely,

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