What Makes Me Think I’ve Got ADHD?

Whether you are a freshman, senior or graduate student you probably have experienced academic performance difficulties at one time. This may have been isolated to one particularly hard class, or perhaps to a broader extent across several classes for a semester or series of semesters. Having Attention-Deficit Hyperactivity/Disorder (ADHD) is a common question that comes to many students’ minds. An estimated adult prevalence of ADHD in the U.S. is around 4.4% (Kessler et. al., 2006). While less than 5 out of every 100 adults has the condition a significantly larger majority mistaken their problems as ADHD-related. A variety of alternative reasons can account for focusing and academic issues such as effective study skills, adequate preparation in one’s chosen field of study, reasonable expectations for effort required to get the desired result, life style distractions, undetected or extended medical illness or mental health problems. Counseling Center data from the last four years supports these far likelier explanations. Psychological assessment can be helpful when student patterns of academic difficulty are hard to pinpoint. The following “Got Focus” questions may help you decide what next steps to take.

Check all that apply:

- Since childhood have I experienced noticeable and persistent problems with focus, controlling my behavior and/or school performance?
- Has anyone teacher(s), care taker(s), coach(es) or other adults familiar with me ever expressed concern that I should be evaluated and/or medicated for ADHD and/or a learning and/or emotional problem?
- Have I generally been a solid student through high school and my college or post-college education? Are there recent problems affecting school, such as personal difficulties, health issues or other stress?
- Aside from ADHD, are there other reasons to think of as why I am not meeting my academic expectations?
- After thinking over these guiding questions which of these next steps below might I consider to sort out what I need help with?
  - Scheduling an appointment with my advisor
  - Discussing options with my doctor or family
  - Getting advice from the Counseling Center (355-8270)
  - Contacting the Learning Resources Center (www.lrc.msu.edu)
  - Visiting the campus disability services website (www.rcpd.msu.edu)
What is Attention-Deficit /Hyperactivity Disorder?

- ADHD is among the most intensively researched childhood conditions. Studies show a strong hereditary link as ADHD runs in families. The boy: girl ratio is 4:1 but begins to equal out in young adulthood. ADHD is associated with brain-related functions which regulate attention, activity level and impulse control. Toward adolescence and young adulthood some symptoms persist for individuals with ADHD, particularly with inattentiveness, distractibility and mental staying power.

- The Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition-Text Revision (American Psychiatric Association, 2000) requires that other conditions which could better account for ADHD symptoms must be ruled out. Among these rule outs are emotional disorders such as anxiety and depression, learning disabilities such as dyslexia and medical issues such as concussion, seizures or thyroid disorders.

- The primary types of ADHD that persist into adulthood are ADHD Inattentive-Type, and ADHD Combined-Type. The frequency of symptoms is substantial and occurs on a daily to multiple times per day basis. A pattern with recent onset (i.e., not in childhood) is likelier to be accounted for by a different problem-set such as stress, adjustment issues and/or health-related concerns.

- In considering diagnostic criteria, credible evidence of symptoms must be established. The diagnosis does not typically rest on patient self-report alone. A thorough review of personal history, health, and academic patterns are just a few examples of many factors considered. This is to maximize the chance of diagnostic accuracy. There are 9 primary symptoms each for Inattentive-Type and Hyperactive/Impulsive-Type ADHD. A minimum of 6 must be met to consider the Inattentive-Type and 12 (6 from each ADHD subset) for the Combined-Type diagnosis:

**Inattentive-Type ADHD (Six or more as follows)**
1. Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
2. Often has trouble keeping attention on tasks or play activities.
3. Often does not seem to listen when spoken to directly.
4. Often does not follow instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
5. Often has trouble organizing activities.
6. Often avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework).
7. Often loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).
8. Is often easily distracted.
9. Is often forgetful in daily activities.

**Combined-Type ADHD (Six inattentive + six as follows)**
1. Often fidgets with hands or feet or squirms in seat.
2. Often gets up from seat when remaining in seat is expected.
3. Often runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless).
4. Often has trouble playing or enjoying leisure activities quietly.
5. Is often "on the go" or often acts as if "driven by a motor".
6. Often talks excessively.
7. Often blurts out answers before questions have been finished.
8. Often has trouble waiting one’s turn.
9. Often interrupts or intrudes on others (e.g., butts into conversations or games).