ADHD: ANALYSIS OF THE DSM CRITERIA EVOLUTION AND DIAGNOSIS TRENDS IN SPAIN

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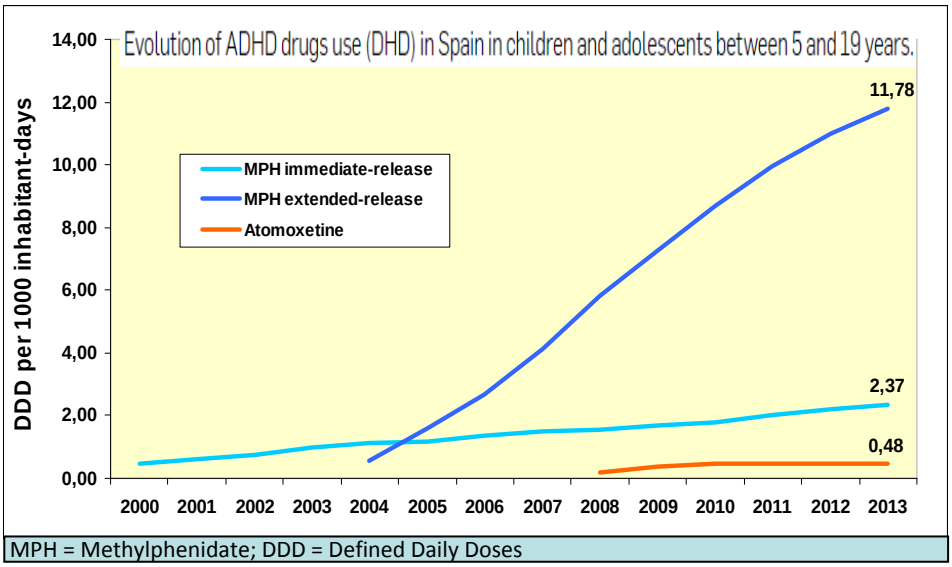
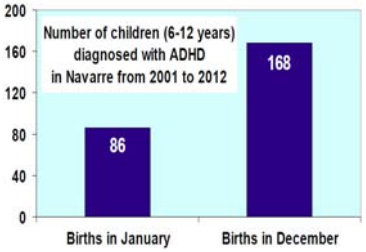
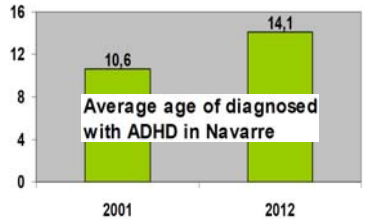
Objective: To carry out a critical analysis on the evolution of DSM criteria for Attention-Deficit-Hyperactive-Disorder (ADHD). National (Spain) and regional (Navarre) data will be reported about ADHD drug treatment and treated patient profiles.

Methods: **a)** We collected data on diagnosis and prescription from the Navarre Health Service.
b) Information on national drug consumption came from the Spanish Department of Health.
c) To establish a comparison among the different DSM versions, a bibliographical research was carried out.

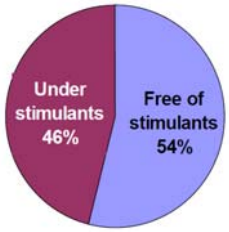


MPH = Methylphenidate; DDD = Defined Daily Doses

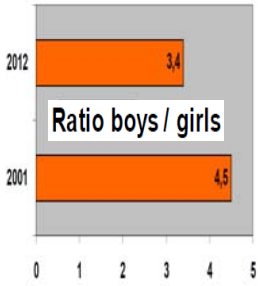




DSM-I	1952	No mention of the syndrome. 106 diagnostic categories. Predominance of psychoanalytic approach. In the USA, there was 1 mentally ill person /480 people.[32]
DSM-II	1968	The oficial nomenclature includes hyperkinetic reaction in children, similar to ICD-8. The notion of "minimum brain damage" persists. A typical childhood disorder that declines in adolescents.[33]
DSM-III	1980	Emphasis is made on lack of attention that is accompanied or not by hyperactivity, while the ICD-9 places priority on hyperactivity. For the first time, a cut off point is established, the need for the onset of symtoms before 7 years of age and the exclusion of other psychiatric disorders. Psychoanalysis gives way to a categorically biomedical approach.[32,33]
DSM-III-R	1987	Renamed ADHD, encompassing two sub-types in one (with or without hyperactivity). Symptoms are evaluated from scores and field trials.
DSM-IV **DSM-IV-TR**	1994 2000	357 diagnostic categories. ADHD is now divided into three subtypes (combined, hyperactive-impulsive and inattentive). The ICD-10 presents a list of similar symptoms, but with more requirements:[1] • ICD requires a minimum of symptoms in 3 dimensions and dysfunction in at least 2 contexts. DSM only requires one dimension and "some alterations" in two contexts. • ICD requires a minimum of symptoms of 3 dimensions and dysfunction in at least 2 contexts. DSM only requires one dimension and "some alterations" in two contexts. • ICD considers humour, anxiety and development disorders as exclusion criteria. The DSM allows their inclusion in diagnosis classifying them as comorbidities.
DSM-5	2013	In the USA, 1 mentally ill person/50 people. Changes are introduced that facilitate the expansion of the prevalence of the disorder:[35] • Relaxation of the need for significant clinical dysfunction associated with symptoms. • A reduction in adolescents (> 16 years) the number of symptoms needed per dimension from 6 to 5. • Raising from 7 to 12 years the age limit allowed for the onset of symptoms. • Considering autism as a comorbidity instead of an exclusion criteria. • Reducing the entity of subtypes. ADHD is understood as a disorder related to neurodevelopment.



Newly diagnosed with ADHD in Navarre 2012-13



Conclusions: ADHD is a phenomenon of increasing prevalence.
Its diagnostic criteria have fluctuated enormously over time. Trends in Spain are constantly growing up, patient profile is changing and a relevant percentage of diagnosed are under drug treatment.