

Differential Diagnostic Tips for Distinguishing Other Mental Disorders from ADHD (R. A. Barkley)

ADHD, Predominantly Inattentive Type

- Lethargy, staring, and daydreaming more likely than in ADHD, Combined Type
- Sluggish cognitive tempo/slow information processing
- Lacks impulsive, disinhibited, or aggressive behavior
- Possibly greater family history of anxiety disorders and learning disabilities
- Makes significantly more errors in academic work
- No elevated risk for Oppositional Defiant or Conduct Disorder

Oppositional Defiant Disorder and Conduct Disorder

- Lacks impulsive, disinhibited behavior
- Defiance primarily directed toward mother initially
- Able to cooperate and complete tasks requested by others
- Lacks poor sustained attention and marked restlessness
- Resists initiating demands, whereas ADHD children may initiate but cannot stay on task
- Often associated with parental child management deficits or family dysfunction
- Lacks neuromaturational delays in motor abilities

Learning Disabilities

- Has a significant IQ/achievement discrepancy (+1 standard deviation)
- Places below the 7th percentile in an academic achievement skill
- Lacks an early childhood history of hyperactivity
- Attention problems arise in middle childhood and appear to be task or subject specific
- Not socially aggressive or disruptive
- Not impulsive or disinhibited

Anxiety/Affective Disorders

- Likely to have a focused not sustained attention deficit
- Not impulsive or aggressive; often overinhibited
- Has a strong family history of anxiety disorders
- Restlessness is more like fretful, worrisome behavior not the “driven,” inquisitive, or overstimulated type

- Lacks preschool history of hyperactive, impulsive behavior
- Not socially disruptive; typically socially reticent

Asperger’s Syndrome, Schizotypal Personality Disorder

- Show oddities/atypical patterns of thinking not seen in ADHD
- Peculiar sensory reactions
- Odd fascinations and strange aversions
- Socially aloof, schizoid, disinterested
- Lacks concern for personal hygiene/dress in adolescence
- Atypical motor mannerisms, stereotypies, and postures
- Labile, capricious, unpredictable moods not tied to reality
- Poor empathy, cause–effect perception,
- Poor perception of meaningfulness of events

Juvenile-Onset Mania or Bipolar I Disorder

- Characterized by severe and persistent irritability
- Depressed mood exists more days than not
- Irritable/depressed mood typically punctuated by rage outbursts
- Mood swings often unpredictable or related to minimal events
- Severe temper outbursts and aggression with minimal provocation (thus, ODD is often present and severe)
- Later onset of symptoms than ADHD (but comorbid early ADHD is commonplace)
- Press of speech and flight of ideas often present
- Psychotic-like symptoms often present during manic episodes
- Family history of Bipolar I Disorder more common
- Expansive mood, grandiosity of ideas, inflated self-esteem, hypersexuality often seen in adults with Bipolar Disorder are sometimes present though not as well formed; children may have the dysphoric type of disorder however
- Requires that sufficient symptoms of Bipolar Disorder be present after excluding distractibility and hyperactivity (motor agitation) from Bipolar symptom list in DSM-IV before granting Bipolar I diagnosis to a child with symptoms of ADHD
- Suicidal ideation is more common in child (and suicide attempts more common in family history)