دكتر پريسا پاكدل فوق تخصص روانپزشکی کودک و نوجوان آذر ۹۹

ADHD

Differential diagnosis and

Comorbidity

- *Developmentally appropriate levels
- * Medical conditions
- *Oppositional defiant disorder
- * Conduct disorder
- * Anxiety disorder

*Mood disorder

- *Learning disorder
- *Intellectual disability
- *Autism spectrum disorder

*Psychosis

Medical condition

*Endocrine disorders

* Neurological disorders

Soft neurologic signs(Non focal motor deficits)

- *balance and maintaining gait
- *motor planning and control
- *sensory integration
- *reflex asymmetries

ADHD

distractibility careless mistakes hyperactivity easy frustration irritability restless sleep

Depression

distractibility preoccupation with mood agitation easy frustration irritability insomnia depressed mood guilt feeling suicidal ideas anorexia

ADHD

distractibility careless mistakes hyperactivity easy frustration irritability impulsiveness restless sleep Bipolar flight of ideas thought racing distraction by grandiosity hyperactivity irritability impulsiveness insomnia, decreased need for sleep hyper sexuality risk taking behavior sometimes episodic F.H of mood disorders

*High rate of comorbid psychiatric disorders.
*%66 child and adolescents with ADHD:1-2 comorbidity

*More common:%33-50

*Oppositional defiant disorder

* Conduct disorder

*Anxiety

disorder

*Learning and language disorder:20 %

*Tic disorder

*Mood disorder

depression:11% bipolar:4-16%

*Autism spectrum disorder

- *Intellectual disability
- *Elimination disorders
- *Sleep disorder
- *Substance use disorder

*Epilepsy: 24% comorbid ADHD associated with younger age/early first onset age/high frequently seizure/multiple drugs no difference in seizure type and abnormal EEG

*Migraine :ADHD significantly increased in migraine but not in tension type headache .

Micronutrient deficiencies

*serum iron

Iron deficiency anemia :3/82 more in ADHD

**serum ferritin

*manganese level

*vitamin D

*zinc

GAD 16% ADHD combined72% higher psychiatry comorbidity depressive disorder maternal depression ADHD in fathers bipolar disorders in second degree relatives

Socioeconomic challenges in

comorbidity

*parental education level

*employment

*family income

Sex differences in comorbidity patterns * in girls ASD ODD ID suicidal behavior substance use disorder *cognitive deficit in boys: more difficulties in motor response inhibition and cognitive flexibility

Sleep disorders

insomnia

sleep onset delay

motor restlessness:50%

sleep walking:;47%

night terrors:38%

Sleep disorders

snoring:21% excessive day time sleepiness sleep disorder breathing confusion arousal RLS:11% PLMD narcolepsy: 25-33% have ADHD

Sex role in ADHD sleep disorders *60% sleep disorders (75%girls,53%boys) *anxiety symptoms increased bed time resistance *ADHD-C associated night waking * ODD and depression associated shorter sleep duration *depression associated daytime sleepiness *sex did not moderate association between comorbid and sleep problem.

Out come in school age

*comorbidity increased low academic performance

- *ADHD+CD/ODD associated with school discipline
- *ADHD+ANX/DEP associated with poor academic

performance

Adult ADHD *mood disorders dep:18-53% in ADHD bipolar:5-47% in ADHD bipolar I more bipolar II *anxiety disorders :50% social phobia more than panic disorder

Adult ADHD

- *substance use disorders
- *personality disorders
- 50% ADHD :cluster B,C
- have 2 or more PD

25%