

Adult Attention-Deficit Hyperactivity Disorder is Being Overdiagnosed

The Canadian Journal of Psychiatry /
La Revue Canadienne de Psychiatrie
2016, Vol. 61(1) 62
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DOI: 10.1177/0706743715619938
TheCJP.ca | LaRCP.ca



Dear Editor:

In commenting on our paper,¹ Dr Jerome's letter addresses the problem of making more careful diagnoses, but not the questions we raised about the validity of adult attention-deficit hyperactivity disorder (ADHD) as currently defined. A recent paper by Moffitt et al² using longitudinal data suggests that childhood ADHD and adult ADHD could be entirely different syndromes. In the absence of an etiology or biomarkers, ADHD in adults is a rough approximation that defines a heterogeneous syndrome. In this context, the rapid increase that we have seen in the prescription of stimulant medications for adult ADHD raises concerns about overdiagnosis and overtreatment.

The letter by Katzman et al³ raises the question as to whether greater caution in diagnosing adult ADHD could deny patients the benefits of effective therapy. But there is no evidence that treatment with stimulants benefits patients whose diagnosis is doubtful. Another point raised by Katzman et al is that other diagnoses (bipolar II, autism spectrum disorders, and social anxiety disorder) have also dramatically increased in prevalence in recent years. There is reason for concern that these disorders are also being overdiagnosed. These changes in diagnostic habits derive

in part from the overinclusiveness of current criteria, as well as the wish to reduce complex psychopathology to a single diagnostic construct. There is no clear evidence that these increased diagnoses have benefited patients.

Yours truly,

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References

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