



## A Brief History of ADHD

ADHD has probably been around as long as there have been people! The exact causes of ADHD have not yet been uncovered, but it is clear from observation and from extensive research, that there is a genetic component to the condition.

Studies have shown that there is a significant difference in the function of neurotransmitters in the brains of individuals with ADHD, which is partly due to reduced levels of norepinephrine or its constituents, including dopamine. This has an impact on the way the brain functions and can affect sleep, movement, mood and attention.

In a minority of cases a link has also been shown between significantly low birth weight and other pre-natal complications and ADHD.

ADHD was noted by Sir Alexander Crichton, a Scottish-born doctor, as early as 1798 – he called it ‘mental restlessness’ in children.

Restlessness and inattention was noticed and studied in children over the years, with ADHD characteristics initially being treated as bad behaviour and ‘attention-seeking’, or the result of poor parenting. Our knowledge of what lies behind these characteristics has progressed, and ADHD is now understood a neurodevelopmental condition that can be supported and effectively managed.

The condition went through various name-changes, including ‘**hyperkinetic syndrome**’ in the 1950’s, and appeared in the second version of the DSM manual (the handbook used by health care professionals in the United States and much of the world as the authoritative guide to diagnosis) as ‘**hyperkinetic reaction of childhood**’ in 1968.

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Supporting you to find the answers

Throughout the 60's and 70's (and beyond) there was a lot of controversy about the condition with some saying it was only due to poor parenting, and that medication was a way of keeping excited or badly behaved children under a 'chemical cosh'. However, it has remained in the diagnostic manuals; in 1890 as **ADD** (either hyperactive or non-hyperactive) in the DSM-3, then as **Attention Deficit Hyperactivity Disorder (ADHD)** in the revised manual in 1987.

In 1994 ADHD appeared in the DSM-4 manual split into three different types: **Combined, Predominantly Inattentive and Predominantly Hyperactive ADHD.**

ADHD is listed in the new category of 'Neurodevelopmental Disorders', acknowledging the growing body of scientific evidence supporting the diagnosis. This is in the most recent version of the DSM diagnostic manual (the 2013 DSM-5) which includes diagnosis of the **three types of ADHD** in both **children and adults** for the first time. It also allows for a person to be diagnosed with ASD and ADHD, acknowledging that it can co-occur with Autism, as with most other neurodevelopmental disorders.

ADHD is no longer considered to be bad behaviour caused by poor parenting, but as a neurodevelopmental condition that can be managed with a combination of appropriate strategies in the home, classroom and beyond.

These strategies can include the appropriate and managed use of medication. For further information see our information sheets on strategies for managing ADHD and ADHD and medication; we also have information sheets written for children and young people in the CYP area of our website.

**[www.advancedsolutions.co.uk](http://www.advancedsolutions.co.uk)**

See also: [www.additudemag.com](http://www.additudemag.com)

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