

**Deficiencies of the current classification systems of mental disorders: The case of
Attention Deficit / Hyperactivity Disorder (AD/HD)**

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Abstract

Diagnosis of behavioural disorders has been essentially relied for many years on the diagnostic criteria established by the World Health Organization and the American Psychiatric Association. These criteria are included in the current widely used diagnostic systems ICD-10 and DSM-IV, which in turn are based on multi-axial classification, use almost the same terminology and adopt a categorical perspective.

These international classification systems of mental disorders have largely facilitated research as well as communication between specialists in the field of psychopathology. However, their contribution to the understanding of the etiology of psychiatric disorders and their treatment is strongly questioned. These systems do not rely on a specific theoretical framework and the suggested classification is based on the symptoms rather than the causes of a disorder. However, it is often the case that several symptoms may be common in different disorders. For this reason, comorbidity tends to be a rule in psychopathology, rather than exception, and specialists often focus on differential diagnosis. Using the example of Attention Deficit / Hyperactivity Disorder (AD/HD), this symposium presents the deficiencies of the current classification systems and suggests that, instead of following the categorical classification, one should investigate mental problems as spectrum disorders, where the limits of the distinction between symptoms are not any more absolute. This endeavor should adopt a developmental approach and focus on the origins and causal factors of mental disorders.

Case study: a six-year-old boy with AD/HD

Evangelos Zournatzis

According to the current diagnostic criteria of mental disorders, Dimitris is a typical case of a boy presenting Attention Deficit / Hyperactivity Disorder (AD/HD). Dimitris was referred to our Center by his teacher a few months after entering primary school because of the serious behaviour and learning problems he was facing. Regardless his teacher's and parents' important efforts to help him, Dimitris hadn't managed to learn how to read and write at a period when almost all his classmates had mastered the basic academic skills. Furthermore, he presented particularly aggressive behaviour at the school setting which had led his own parents to despair and had made the other parents to consider him as a threat for their children.

Dimitris' parents had sought advice from a speech therapist when Dimitris was four-years-old because he was presenting delay in speech development and articulation problems. Moreover, his hyperactive and impulsive behaviour had been causing him problems with the other children since he was attending kindergarten.

Through the case of Dimitris, we will attempt to reveal usual parental concerns about the nature of AD/HD and our thoughts regarding diagnosis and therapeutic intervention from a clinical point of view.

Current diagnostic criteria and considerations regarding the diagnosis of AD/HD

Rania Karaba

The diagnosis of Attention Deficit / Hyperactivity Disorder (AD/HD) is largely based on the use of ICD-10 and DSM-IV diagnostic criteria. The diagnostic procedure usually centers upon the collection of information regarding the child's developmental course and his / her strengths and difficulties. The clinical interview, the direct clinical observation of the child and a number of standardized behaviour rating scales or checklists are the main assessment methods usually employed in clinical practice. Currently, the use of the aforementioned diagnostic criteria and the assessment methods which are based on them is effortlessly considered by a great number of mental health specialists as the essential guide for diagnosis. Nevertheless, clinical practice often reveals that the contemporary classification systems, which provide the basis for the development of the most commonly used standardized measures, usually pose several caveats during both the diagnostic and the therapeutic procedure and complicate the specialist's task instead of facilitating it.

In the first part of this presentation, the current diagnostic criteria of AD/HD are briefly mentioned. In the second part, we attempt to address the difficulties encountered in clinical practice during the diagnostic procedure, due to the fact that the current classification systems fail to take into account a number of important factors for diagnosis, like the etiology of the disorders and the effects of gender and socio-economic environment on the development of psychopathology.

Comorbidity in AD/HD

Christina F. Papaeliou

Comorbidity is generally defined as the co-existence of two or more different disorders in the individual. Relevant studies have demonstrated that comorbidity between disorders occurred much more frequently than could be accounted for by the rate of occurrence of individual disorders in the general population. AD/HD has been shown to co-exist with other disorders at a rate of 50 – 80%. The most common of these are oppositional defiant disorder (35 – 60% in clinical samples), conduct disorder (30 – 50%) and emotional disorders such as anxiety (25 – 40%) and depression (11 – 22%). Comorbidity might be attributed to a variety of causes regarding the nature of the disorders: A particular disorder might cause another disorder, different disorders might share common causal factors, a disorder might be the primary symptom of another disorder which will appear later as a result of the developmental course, the co-existence of different symptoms might reflect different aspects of the same disorder. Nevertheless, rather than being a real psychopathological phenomenon, comorbidity might be an artifact of the current widely used diagnostic systems DSM-IV and ICD10, which are shown to include diagnostic categories of restricted validity. Taking into account the above considerations, this paper attempts an exploration of comorbidity in AD/HD and its possible causes on the basis of research and clinical data. Moreover, it discusses the importance of comorbidity in understanding the etiology, course and treatment of mental disorders.

The procedure of “epigenesis” of problems in the case of AD/HD

Katerina Maniadaki

It is commonly supported in the case of developmental psychology that gradual changes occurring during several developmental stages follow the principle of ‘epigenesis’. According to this principle, new knowledge and behaviours are built upon previous cognitive and behavioural acquisitions and influence future developmental goals. Developmental psychopathology, which constitutes a branch of developmental psychology, is based on the suggestion that the manifestation of abnormal behaviour changes during lifetime as a result of the transactional nature of the relationship between biological and environmental factors. Therefore, the principle of ‘epigenesis’ may explain phenomena that concern the development of psychopathology as well. The aim of this paper is to explain and substantiate a perspective, according to which, comorbidity of mental disorders is a concept that may be better understood through the procedure of ‘epigenesis’ of problems. Based on a plethora of research and clinical data, we suggest that symptoms of different disorders do not simply coexist but are different manifestations of the same primary disorder and gradually differentiate as a result of the relationship between the symptoms of this primary disorder with the person’s experiences during development. This perspective is presented through the case of Attention Deficit / Hyperactivity Disorder (AD/HD), which usually coexists with speech and language disorders, conduct disorders, anxiety disorders, etc. The mechanism through which the symptoms of these theoretically different disorders are built upon each other is explained. To conclude, the importance of the understanding of ‘epigenesis’ for the diagnosis and the effective treatment of developmental disorders is highlighted.