



# ADULTS' PERCEPTIONS OF AD/HD AND POSSIBLE EFFECTS ON PREVALENCE RATES IN BOYS AND GIRLS

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## INTRODUCTION

### THE ISSUE

- Children with Attention Deficit / Hyperactivity Disorder (AD/HD) display chronic, pervasive and developmentally inappropriate patterns of **distraction, impulsivity** and/or **hyperactivity**.
- 3-5% of the general child population meets the criteria for the AD/HD diagnosis (American Psychiatric Association, 1994).
- AD/HD constitutes one of the **most common reasons of referral** to child mental health services (Brown, Madan-Swain, & Baldwin, 1991).
- Male-to-female ratios** for AD/HD: **9:1 to 6:1** in *clinically based samples* **3:1** in *community based samples* (American Psychiatric Association, 1994)

### THEORIES PROPOSED TO EXPLAIN

#### SEX DIFFERENCES IN THE PREVALENCE OF AD/HD

- Boys with AD/HD** usually display more **disruptive and aggressive behaviours**, which might lead to higher referral rates. On the other hand, **girls with AD/HD** often present more **cognitive impairments and poorer self-esteem**, which may lead only the most severely affected to be referred (Berry, Shaywitz, & Shaywitz, 1985).
- Boys** are more vulnerable than girls to **neuropsychological deficits** (Earls, 1987).
- Differential socialization practices** are used for **boys and girls** (Block, 1973).

## AIM

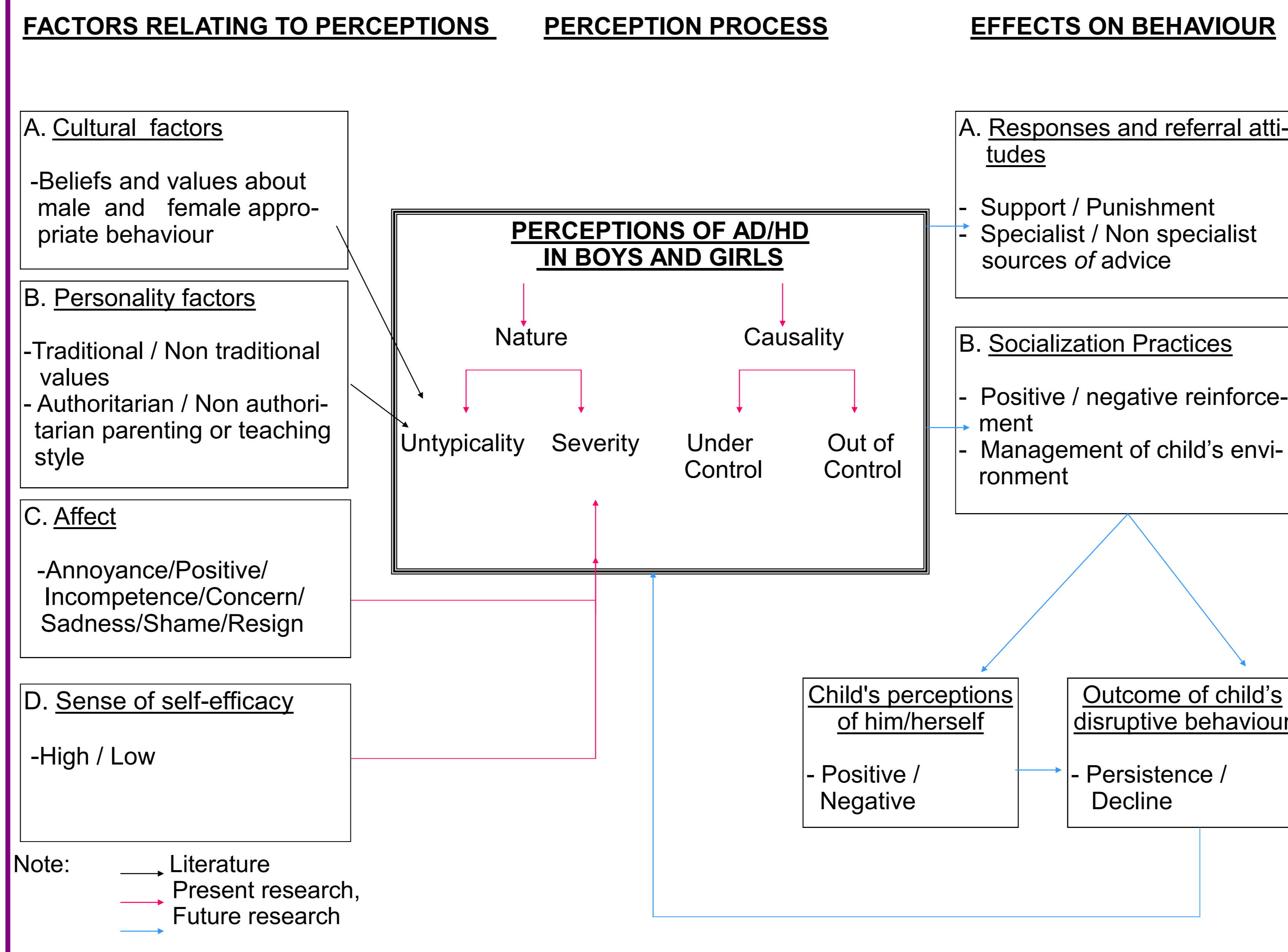
- The present study aims to propose an **integrative model** of the **social and cultural** factors that *interact* and might *contribute* to the reported **differences in the prevalence of AD/HD in the two sexes**.

## METHOD

- Sample:** 118 mothers of boys and girls aged 4-6, enrolled in kindergartens and nursery schools in Athens.
- Measures:** The "Scale for Assessment of Attributions about the Severity of Problem Behaviour"  
The "Emotional Response to AD/HD Behaviour Scale"

## THE CURRENT MODEL

### The effect of adult perceptions of AD/HD on sex differences in the prevalence of the disorder



### 1. First Stage

- Adult perceptions of AD/HD are shaped by the way adults perceive the **nature** (*untypicality, severity*) of the disorder and the **causal attributions** (*under or out of the child's control*) they make.
- According to the literature, adult perceptions about a child's **'typical'** behaviour are influenced by **cultural and personality factors**.
- Emotions and personal sense of self-efficacy** towards the child's behaviour are considered to relate to perceived **'severity'** of AD/HD.
- The above perceptions are thought to **differ for boys and girls** with AD/HD.

### 2. Second Stage

- Since adult perceptions might be different according to the child's sex, **adult responses, referral attitudes, and socialization practices** may also **differ for boys and girls** with AD/HD.

### 3. Third Stage

- Sex differences in responses, referral attitudes, and socialization practices towards boys and girls with AD/HD might ultimately influence the **child's perceptions of him/herself** and the **outcome of AD/HD symptoms** in the two sexes.

## RESULTS

- AD/HD behaviours in **girls** are considered to be **no more severe** than AD/HD behaviours in **boys** ( $t=1.01, p>.05$ ).
- AD/HD behaviours are regarded as **less typical** for **girls** than boys ( $t=-2.07, p<.05$ ).
- Adults attribute **girls'** AD/HD behaviour to **biological causes** more often than they do for boys [ $F(1, 118)=5.00, p<.05$ ].
- Adults regard **boys'** AD/HD behaviour as being more often **the parents' fault** than they do for girls [ $F(1, 118)=10.43, p<.01$ ].
- Mothers consider that it is much **easier to control girls' AD/HD behaviour** than boys' ( $t=-3.00, p<.01$ ).
- The **more severe** mothers consider the behaviour in **boys** the more likely they are to report feelings of **incompetence** towards them ( $r=.39, p<.01$ ).
- The **more severe** mothers consider the behaviour in **girls** the more likely they are to report feelings of **annoyance** ( $r=.32, p<.05$ ), **concern** ( $r=.37, p<.01$ ) and **sadness** ( $r=.37, p<.01$ ) towards them.

## DISCUSSION

- Adult perceptions** about children's behaviour not only regulate **adult reactions** to children and **socialization practices** to which children are exposed, but they also influence **children's conceptions of themselves** and of **how adults want them to act**.
- Females:** Since behaviours of AD/HD are considered by adults as more **untypical** in **females**, girls may be socialized in a way that leads them to **control** these behaviours and **attain the desirable gender identity**.
- Males:** AD/HD behaviours seem to be **more tolerated**— and even reinforced— in **boys** (Maniadaki, Kakouros & Sonuga-Barke, 2003).
- Therefore, aspects of male roles** can contribute to the **development of disruptive behaviour** and **persistence of AD/HD symptoms** in **boys** at risk for the manifestation of the disorder, whereas **aspects of female roles** can contribute to **early decline of AD/HD symptoms**.
- As a result**, referral agents may **fail to identify AD/HD symptoms in girls** and to refer them to mental health specialists. This attitude may partially explain the reported **sex differences in the prevalence of AD/HD**.

## REFERENCES

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