Factors related to diagnostic persistence of attention deficit/hyperactivity disorder in Turkish children and adolescents.

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Abstract

OBJECTIVE:
Attention-deficit/hyperactivity disorder (ADHD) is one of the most frequently occurring mental disorders in children and adolescents. The purpose of this study was to determine diagnostic persistence three years after the first clinical evaluation and to investigate the factors relating to diagnostic persistence in children and adolescents with ADHD.

METHODS:
The study included 183 children and adolescents who were evaluated in the first admission. Of 183 children and adolescents, 142 children and adolescents were evaluated in the second admission and only the data of 142 children and adolescents were analysed in the study. Diagnostic persistence was defined as having met the full criteria for ADHD on second evaluation. Symptom severity of ADHD was determined using the Turgay DSM-IV-based Child and Adolescent Behavior Disorders Screening and Rating Scale-Parents Form (T-DSM-IV-S). Intelligence level was assessed through the Wechsler Intelligence Scale for Children-Revised.

RESULTS:
Of the children included in the study, 77.5% (n = 110) were determined to have ADHD diagnostic persistence. Low intelligence levels, younger age and higher T-DSM-IV-S inattention and conduct disorder scores were associated with diagnostic persistence. ADHD diagnosis in children and adolescents tends to continue at high rates.

CONCLUSIONS:
Determination of the risks related to ADHD diagnostic persistence may contribute to improved treatment planning and interventions.