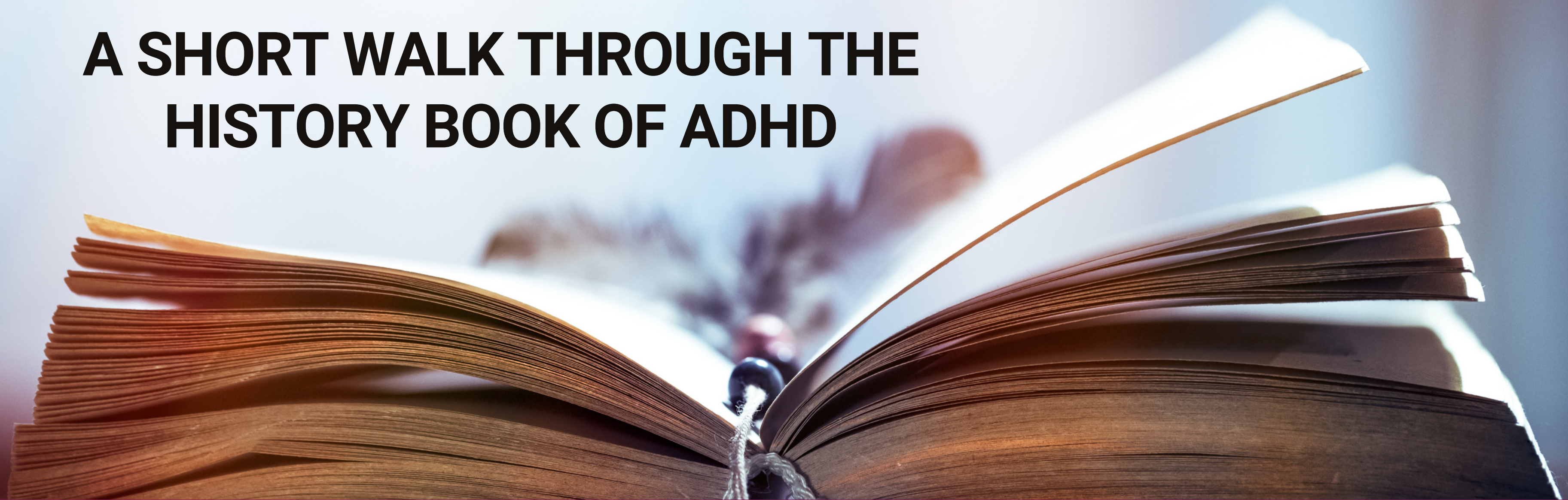


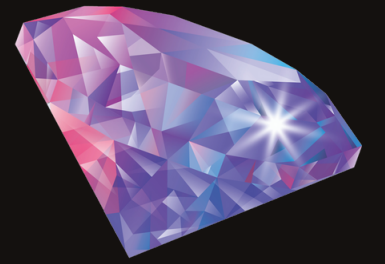


# **A SHORT WALK THROUGH THE HISTORY BOOK OF ADHD**





# ADHD through the ages



ADHD  
*Foundation*

Behaviours and characteristics resembling the modern understanding of ADHD have been described in medical literature for over 200 years. Early explorations of abnormal behaviour identified the influence of ill-health on a person's mind, similarly to the medical understanding of ill-health influencing the physical functions of a body.

This led to observations in differences paying attention, regulating emotions and movement, delaying gratification, and with impulse control compared to other children. Importantly, pioneers exploring these differences began identifying that these differences in behaviour were from other underlying causes, such as the nervous system and differences in the brain's structure and were not intellectual deficits. At the same time, the child's will, and morals were also considered as explanations for their behaviour – this stigma still exists today.

# ADHD through the ages





# 1930's



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In the 1930's German physicians Franz Kramer and Hans Pollnow gave the name “hyperkinetic disorder” to the symptoms most similar to the diagnostic criteria for ADHD. Reports describe children who were unable to sit still, who were constantly climbing and interacting with objects in their environment for no obvious purpose apart from their own amusement. Children were observed to switch their attention between objects often, and to have difficulty completing tasks. At the same time, it was noted that activities of interest could maintain their attention for hours. The impact of these behaviours on a child's ability to learn and participate in education was also identified.



## ADHD through the ages



# 1937



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In 1937, American Charles Bradley inadvertently discovered that stimulant medication improved behaviour, reduced motor activity and increased interest and performance in schoolwork in children who otherwise had short attention spans, emotional instability, poor memory, hyperactivity, impulsiveness, and other learning difficulties. There was still widespread belief that the cause of “hyperkinetic disorder” was brain damage and was best treated in the same way as other psychological illnesses.

STIMULANT

## ADHD through the ages



# 1950's and 1960's



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In the 1950s and 1960s particular structures of the brain were identified as being related to the symptoms of “hyperkinetic disorder,” leading researchers to distinguish the disorder as causing a disturbance to the usual function of the brain, rather than resulting from brain damage. In 1966, “minimal brain dysfunction” was defined as “children of near average, average or above average general intelligence with certain learning or behavioural disabilities ranging from mild to severe, which are associated with deviations of function of the central nervous system. These deviations may manifest themselves by various combinations of impairment in perception, conceptualisation, language, memory and control of attention, impulse or motor function.” Thus, identifying the three primary symptoms of ADHD: impaired control of attention, impulse, and motor function.



## ADHD through the ages

# 1950's and 1960's



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The name “minimal brain dysfunction” was thought to be too broad, several alternate names were suggested, generally focussing on observations of deficits rather than un-observable neurological causes. The term “hyperkinetic impulse disorder” was used throughout the 1960s, when hyperactivity was considered the dominant symptom. It was thought that hyperactivity resolved as children grew older, and so the condition of “hyperkinetic reaction of childhood” was added to the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II).

## ADHD through the ages



# 1980's



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Increased understanding about the perseverance of attention deficits and poor impulse control, and their specific responsiveness to stimulant medication, led to increased interest in understanding “hyperkinetic reaction of childhood.” In 1980, the DSM-III re-named the condition, creating two sub-types: “Attention Deficit Disorder (ADD) (with or without hyperactivity).” The DSM-III also introduced the requirement for assessment using objective measurements and guidelines, with diagnosis if the child scored above a pre-determined cut-off. In the revised edition, the DSM-III-R the two sub-types were removed, creating “Attention Deficit-Hyperactivity Disorder (ADHD)” which included symptoms of inattention, impulsivity, and hyperactivity.



## ADHD through the ages

# 1980's



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Throughout the 1980s further research and discussion on the concept of subtypes continued, with increasing confidence of observable differences between children with ADD with and without hyperactivity. The development of neuroimaging technology provided confirmation of historical beliefs that there are structural differences in the brains of people with ADHD. Evolution in genetic research also led to the discovery of hereditary factors in ADHD, and the acknowledgment, in the 1990s, that ADHD is not limited to childhood.

## ADHD through the ages





# 1994



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Following the increase of research into ADHD, in 1994 the DSM-IV clearly identified three sub-types of ADHD: predominantly inattentive, predominantly hyperactive-impulsive, and a combined type. This distinguishment provided diagnosis for people with the purely inattentive type, who were recognised as being daydreamers, academic underachievers, less active (possibly lethargic), less aggressive, and more socially connected.



## ADHD through the ages



# 2013



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With the 2013 release of the DSM-V, the term “neurodevelopmental disorder” was created. This category of disorders includes ADHD and was created to reflect the way disorders like ADHD and Autism Spectrum Disorder (ASD) are present in early development and throughout the lifespan. With increased understanding of people experiencing milder symptoms and/or compensating for their difficulties, being diagnosed with both ADHD and ASD, and new understanding of neuroplasticity, assessment criteria was adjusted to provide opportunities to detect these individuals and promote earlier diagnosis and treatment.

## ADHD through the ages





# 2013

The DSM-V now distinguishes predominantly inattentive or predominantly hyperactive/impulsive symptoms. Of the 18 criteria, diagnosis requires a minimum of 6 symptoms in younger people and 5 symptoms in adults, with evidence of symptoms being present before age 12. Diagnosis can also be made using the World Health Organisation's International Classification of Diseases (ICD). The current ICD-11, published in 2018 similarly requires evidence of symptoms being present before age 12, with evidence that symptoms are evident in multiple places and situations.

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# ADHD through the ages



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## ADHD through the ages

