



WHAT WE KNOW

## AD/HD Predominantly Inattentive Type

**F**or more than 100 years, extremely hyperactive children have been recognized as having behavioral problems. In the 1970s, doctors recognized that those hyperactive children also had serious problems with

“paying attention.” Researchers in the 1980s found that some children had severe problems in paying attention, but little or no problem with hyperactivity at all. That’s when they started talking about two types of Attention Deficit Disorder: with or without hyperactivity.<sup>1</sup>

### CONFUSING LABELS FOR AD/HD

In 1994 the name of the disorder got changed in a way that is confusing for many people. Since that time all forms of attention deficit disorder are officially called “Attention-Deficit/Hyperactivity Disorder” after which a comma appears. After the comma, a subtype is specified:

- “Predominantly Inattentive Type” for someone with serious inattention problems, but not much problem with hyperactivity/impulsive symptoms;
- “Combined Type” for someone with serious inattention problems **and** serious problems with hyperactivity and impulsivity; or,
- “Predominantly Hyperactive/Impulsive Type for someone with serious problems with hyperactivity/impulsivity, but not much problem with inattention.

Even though these are the official labels, a lot of professionals and lay people use both terms: “ADD” and “AD/HD.” Some use those terms to designate the old subtypes; others use ADD just as a shorter way to refer to any subtype.

## INATTENTION SYMPTOMS

In the DSM-IV, the diagnostic manual of the American Psychiatric Association, there is a list of nine symptoms of “inattention” problems.<sup>2</sup> Almost everybody has some difficulty with some of these sometimes. Persons who qualify for a diagnosis of AD/HD have at least six of these nine symptoms and suffer significant impairment as a result. This means that daily functioning in two or more of the following areas is significantly disrupted: school, work, family or social interaction.

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

Because the DSM-IV diagnostic criteria were originally designed for children, the following questions have been developed from those criteria by the World Health Organization<sup>3</sup> to ask adults about whether they suffer from AD/HD inattention symptoms:

1. Do you often make careless mistakes when you have to work on a boring and difficult project?
2. Do you often have difficulty keeping your attention when you are doing boring or repetitive work?
3. Do you often have difficulty concentrating on what people say to you, even when they are speaking to you directly?
4. Do you often have trouble wrapping up the final details of a project, once the challenging parts have been done?
5. Do you often have difficulty getting things in order when you have to do a task that requires organization?
6. When you have a task that requires a lot of thought, do you often avoid or delay getting started?

7. Do you often misplace or have difficulty finding things at home or at work?
8. Are you often distracted by activity or noise around you?
9. Do you often have problems remembering appointments or obligations?

Individuals who have significant chronic impairment from six or more of these symptoms are likely to have AD/HD if they also meet certain other criteria for diagnosis that are specified in the DSM-IV.

### **Doesn't everybody have problems with these inattention symptoms sometimes?**

Yes, these symptoms of inattention are characteristic of everyone sometimes. Only persons who have significant impairment most of the time from these symptoms warrant a diagnosis of AD/HD. If someone currently has significant impairment from at least six of these inattention symptoms and little or no hyperactive or

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impulsive symptoms of AD/HD, they are likely to qualify for diagnosis as having AD/HD, predominantly inattentive type. An individual can have little or no impairment from any hyperactive or impulsive symptoms and still fully meet DSM-IV diagnostic criteria for AD/HD.<sup>4</sup>

### **What if someone was hyperactive in childhood, but has only attentional symptoms now?**

If someone is currently impaired by at least six of these inattention symptoms and at least six of the hyperactive/impulsive symptoms, they are likely to qualify for the diagnosis of AD/HD, combined type. If they experienced sufficient impairment from hyperactive and/or impulsive symptoms when they were younger, but now are impaired by inattention symptoms of AD/HD with little or no problem with hyperactivity, the current diagnosis would be AD/HD, predominantly inattentive type. It is common for hyperactive children to become less hyperactive as they get older; for those with AD/HD, the

inattentive symptoms tend to persist and may become more impairing as the person encounters the challenges of adolescence and adulthood.<sup>5,6</sup>

**Are the inattention symptoms of AD/HD constant? Are these persons inattentive in everything they do?**

No, though the inattention symptoms must be chronically impairing for a diagnosis of AD/HD, this does not mean that they are constant in everything the person does. Everyone with AD/HD has a few types of activity in which they are able to function quite well without much trouble from their usual inattention symptoms. They might be able to concentrate very well when playing a favorite sport or video game. They might be good at maintaining focus for a long time when watching TV shows they like, doing art or building Lego models.

When asked why they can pay attention so well for these favored activities and not for other important activities, such as school or work, they often explain that they can pay attention easily on activities that are interesting to them, but cannot make themselves pay attention to

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tasks that do not really interest them, even when they know it is important. This makes it look like AD/HD is a willpower problem, but that is not the case.<sup>4</sup>

**Can a person be smart and still have AD/HD?**

Yes, AD/HD has nothing to do with how smart a person is. Some individuals with AD/HD have very high IQ scores, others score in the average range, and others score much lower. Often individuals with AD/HD who are very bright are not recognized as being impaired with AD/HD symptoms. Teachers and parents and clinicians often think they are just being lazy or unmotivated or bored.<sup>7</sup>

**When can a person with predominantly inattentive type AD/HD be recognized and diagnosed?**

Children who have AD/HD with hyperactivity are usually recognized and diagnosed in preschool or early elementary school grades, especially if they are disruptive and difficult to manage. Most individuals with AD/HD, predominantly inattentive type are not recognized until later when parents or teachers notice that they are having a lot of difficulty staying focused on tasks, or remembering what they have read, or in keeping up with their work in school, homework or tasks at home. Sometimes these inattention symptoms are not noticed until a student gets into middle school or high school where they must deal with multiple teachers and many different classes and assignments daily.<sup>8,4</sup>

**Can a person have AD/HD, predominantly inattentive type and never be diagnosed until they are older adolescents or adults in college or at work or raising a family?**

Yes, sometimes a person's AD/HD impairments have been blamed on laziness or lack of motivation for many years. Until recently, very few teachers, psychologists or other doctors had been taught to recognize symptoms of AD/HD, predominantly inattentive type. Often parents recognize their own AD/HD impairments only after they become more familiar with the disorder as their child has been diagnosed with AD/HD. To qualify for AD/HD diagnosis, at least some of the AD/HD symptoms should have been present sometime in childhood or adolescence, even though they may not have been recognized at the time.<sup>9,5</sup>

**Can girls and women have AD/HD, or is it just a problem for males?**

Studies show that for every three boys diagnosed with AD/HD there is at least one girl who has the disorder. In adult samples the ratio of males to females is almost one to one. It appears that girls are often overlooked because they tend to have AD/HD, predominantly inattentive type more often than the combined type. This means that girls with AD/HD are less likely to be recognized as having AD/HD because often they are not being disruptive enough to call attention to themselves.<sup>10,11</sup>

**How is AD/HD, predominantly inattentive type diagnosed?**

There is no one blood test, psychological test, computer test nor brain imaging test that can make the diagnosis of AD/HD of any type. Adequate evaluation requires a comprehensive clinical assessment done

by a psychologist, psychiatrist, pediatrician or other professional trained to recognize AD/HD and other learning or psychiatric disorders that may mimic or accompany AD/HD. The evaluation should include an intensive clinical interview with the child or adult suspected of having AD/HD. For children or adolescents, parents should be included in the interview and information from past and present teachers should be reviewed. In addition, for all ages, a medical examination is important to rule out possible medical causes for AD/HD symptoms.<sup>7,12,13</sup>

For adults, it is usually helpful to include a spouse, friend or someone else who knows the individual well. In addition to the interviews, standardized rating scales for AD/HD and DSM-IV diagnostic criteria for AD/HD should be utilized; there should also be careful screening for other possible disorders, especially learning disorders, anxiety and depression. As with children, there should be a medical examination to rule out possible medical causes for AD/HD symptoms. This is especially important for adults who may have more medical problems and may be taking more prescriptions that might cause AD/HD-like symptoms.<sup>7,5</sup>

### **What treatments are usually helpful for children or adults with predominantly inattentive type AD/HD?**

Until recently, most of the research on AD/HD treatments was done only on children or adults with combined type AD/HD. More recent studies that included predominantly inattentive type indicate that medications approved by the U.S. Federal Drug Administration (FDA) for treatment of AD/HD tend to work well for a substantial majority of those with predominantly inattentive type.<sup>14,15</sup> Details about these medications and the careful medical management they require are included in the What We Know #3, “Managing Medication for Children and Adolescents with AD/HD” and What We Know #10, “Managing Medication for Adults with AD/HD.”

In addition to medication, anyone with AD/HD also needs education for themselves and their family about AD/HD and its treatment. Some individuals with predominantly inattentive type also benefit from accommodations in school such as extended time for tests or more frequent feedback from teachers. Behavioral interventions to improve organizational skills, study techniques or social functioning are also helpful for some. For others, carefully managed medication and education about AD/HD may be sufficient. Most

individuals with AD/HD, predominantly inattentive type function quite well when they are receiving appropriate treatment.<sup>16,17,18</sup>

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For further information about AD/HD or CHADD, please contact:

**National Resource Center on AD/HD  
Children and Adults with  
Attention-Deficit/Hyperactivity Disorder**

8181 Professional Place, Suite 150  
Landover, MD 20785  
800-233-4050

[www.help4adhd.org](http://www.help4adhd.org)

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