

# Age-dependent presentation in children with attention deficit hyperactivity disorder

## Letter to the Editor

Inattention, hyperactivity and impulsivity characterize attention deficit hyperactivity disorder, the most frequently encountered behavioral abnormality in childhood.<sup>[1]</sup> The symptoms of the disorder, which is differentiated into a predominantly inattentive, a predominantly hyperactive-impulsive, and a combined subtype, often persist across adolescence into adulthood.<sup>[1]</sup>

Between 2004 and 2006 we used the criteria provided by *The Year 2000 Diagnostic & Statistical Manual for Mental Disorders* to make the new diagnosis of attention deficit hyperactivity disorder in 97 Swiss children (89 boys and 8 girls aged between 3 and 14 years) with neurobehavioral abnormalities referred to us.<sup>[1,2]</sup> We made the diagnosis of predominantly combined subtype in 41 (42%), that of predominantly inattentive subtype in 38 (39%), and that of predominantly hyperactive-impulsive subtype in the

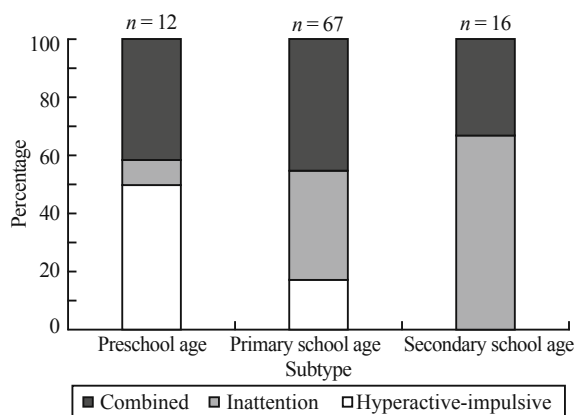
remaining 18 (19%) children.<sup>[1,2]</sup>

Preschool age children (6 years of age or less) mostly presented with symptoms of the predominantly hyperactive-impulsive subtype (50%), primary school age children (7-10 years of age) with symptoms of the combined subtype (45%), and secondary school age children (10 years of age or more) with symptoms of the predominantly inattentive subtype (67%) (Fig.). The difference was statistically significant ( $P<0.05$ ).

To our knowledge, this is the first report to show an age-dependent presentation in children with attention deficit hyperactivity disorder. The observation likely reflects the quality of life of untreated children. The predominantly hyperactive-impulsive subtype of the disorder generates a major burden for the patient and especially his family earlier in life than the predominantly inattentive subtype. As a consequence, children with the predominantly hyperactive-impulsive subtype disorder are referred to specialist services relatively soon.

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**Fig.** Age distribution in 97 Swiss children (89 boys and 8 girls) with newly diagnosed attention deficit hyperactivity disorder. Preschool age children mostly presented with symptoms of the predominantly hyperactive-impulsive subtype, primary school age children mostly presented with symptoms of the combined subtype, and secondary school age children mostly presented with symptoms of the predominantly inattentive subtype. The difference was statistically significant ( $P<0.05$ ).

## References

- 1 Dreyer BP. The diagnosis and management of attention-deficit/hyperactivity disorder in preschool children: the state of our knowledge and practice. *Curr Probl Pediatr Adolesc Health Care* 2006;36:6-30.
- 2 Stein MT, Perrin JM. Diagnosis and treatment of ADHD in school-age children in primary care settings: a synopsis of the AAP Practice Guidelines. *American Academy of Pediatrics. Pediatr Rev* 2003;24:92-98.

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