

Combined type versus attention deficit hyperactivity disorder predominantly hyperactive-impulsive type : Is there a difference in the clinical presentation and comorbid psychiatric disorders?

Awwad, M. El-Shaikh, M. Hatata, H.

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Attention deficit hyperactivity disorder (ADHD) is a common, heterogeneous disorder, conservatively estimated to affect 3-5% of school age children. Multiple investigations have demonstrated that children with ADHD-C and children with ADHD-IA differ in terms of associated functional impairments, comorbidities and some

demographic factors ; however, ADHD-HI relation with ADHD-C is less well developed.

To investigate this issue, 53 ADHD children (13 children with ADHD-HI and 40 children with ADHD-C) were assessed regarding their age of onset, duration of ADHD, cognitive abilities using the Stanford-Binet test of intelligence. The presenting symptoms and type of comorbidity were compared using the K-SADS-PL, clinical profile of ADHD at home and school using the Conners' rating scales revised long version, and presence of internalizing and externalizing symptoms were also compared using the child behavior checklist. The results showed few differences between ADHD-HI group and ADHD-C group ; the ADHD-HI group was younger in the mean age and in age of onset and the duration of the disease was shorter, the ADHD-HI had significantly more complaints of hyperactivity and aggression, while the ADHD-C had significant co morbidity with oppositional defiant disorder, higher symptoms of inattention, and higher prevalence of abnormal internalizing symptoms compared to the ADHD-HI group ($p=0.031$). In conclusion, ADHD-HI had the youngest age of onset and there were few differences found between ADHD-HI and ADHD-C, and both groups demonstrated nearly similar levels of impaired functioning.