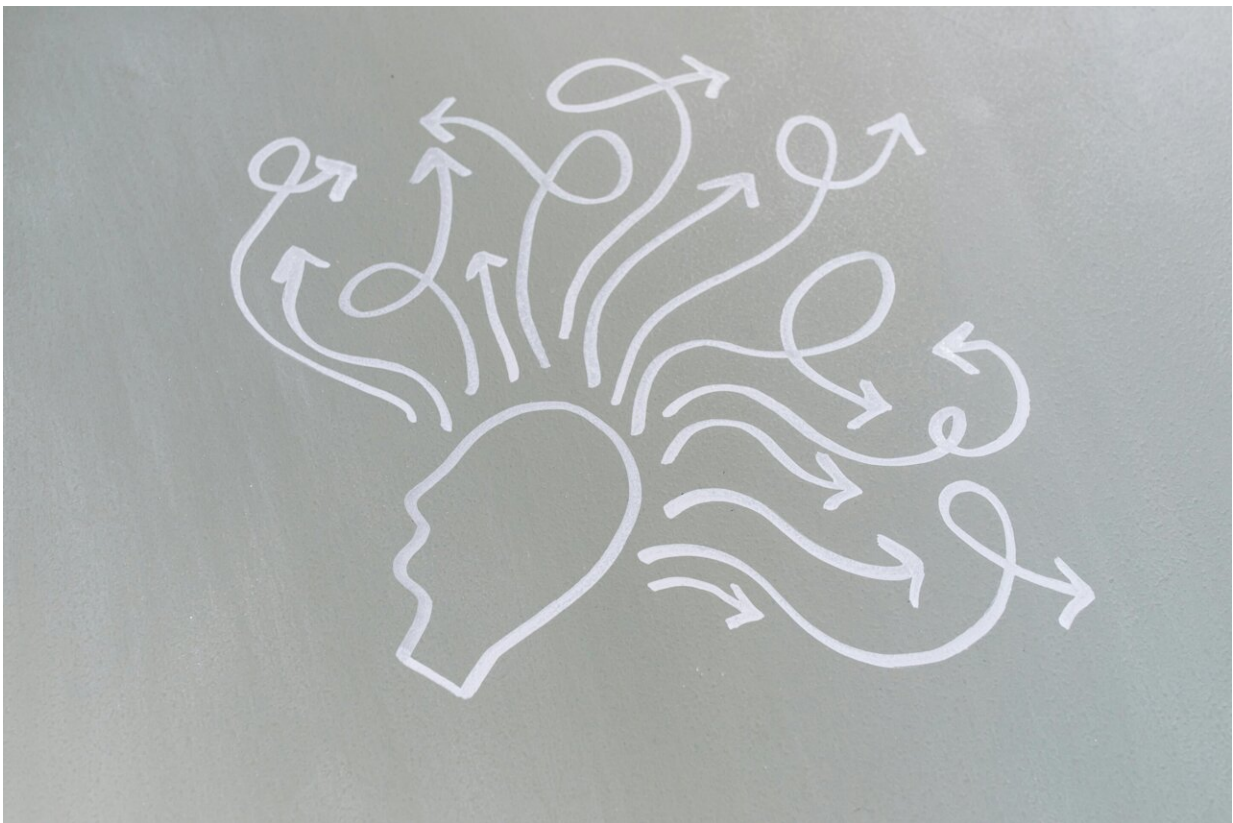


What's the difference between ADD and ADHD?

April 24 2024, by Kathy Gibbs



Credit: Tara Winstead from Pexels

Around [1 in 20 people](#) has attention-deficit hyperactivity disorder (ADHD). It's one of the most common neurodevelopmental disorders in childhood and often continues into adulthood.

ADHD is [diagnosed](#) when people experience problems with inattention and/or hyperactivity and impulsivity that negatively impacts them at school or work, in [social settings](#) and at home.

Some people call the condition attention-deficit disorder, or ADD. So what's the difference?

In short, what was previously called ADD is now known as ADHD. So how did we get here?

Let's start with some history

The [first clinical description](#) of children with inattention, hyperactivity and impulsivity was in 1902. British pediatrician Professor George Still [presented](#) a series of lectures about his observations of 43 children who were defiant, aggressive, undisciplined and extremely emotional or passionate.

Since then, our understanding of the condition evolved and made its way into the Diagnostic and Statistical Manual of Mental Disorders, known as the DSM. Clinicians use the DSM to diagnose mental health and neurodevelopmental conditions.

The first DSM, published in 1952, did not include a specific related child or adolescent category. But the [second edition](#), published in 1968, [included a section](#) on behavior disorders in young people. It referred to ADHD-type characteristics as "hyperkinetic reaction of childhood or

adolescence." This described the excessive, involuntary movement of children with the disorder.

In the [early 1980s](#), the [third DSM](#) added a condition it called "attention deficit disorder," listing two types: attention deficit disorder *with* hyperactivity (ADHD) and attention deficit disorder as the subtype *without* the hyperactivity.

However, seven years later, a revised DSM (DSM-III-R) replaced ADD (and its two sub-types) with ADHD and three sub-types we have today:

- predominantly inattentive
- predominantly hyperactive-impulsive
- combined.

Why change ADD to ADHD?

ADHD replaced ADD in the DSM-III-R in 1987 for a number of reasons.

First was the controversy and debate over the presence or absence of hyperactivity: the "H" in ADHD. When ADD was [initially named](#), little research had been done to determine the similarities and differences between the two sub-types.

The next issue was around the term "attention-deficit" and whether these deficits were similar or different across both sub-types. Questions also arose about the extent of these differences: if these sub-types were so different, were they actually different conditions?

Meanwhile, a new focus on inattention (an "attention deficit") recognized that children with inattentive behaviors [may not necessarily be](#) disruptive and challenging but are more likely to be forgetful and

daydreamers.

Why do some people use the term ADD?

There was a [surge of diagnoses](#) in the 1980s. So it's understandable that some people still hold onto the term ADD.

Some may identify as having ADD because out of habit, because this is what they were originally diagnosed with or because they don't have hyperactivity/impulsivity traits.

Others who don't have ADHD may use the term they came across in the 80s or 90s, not knowing the terminology has changed.

How is ADHD currently diagnosed?

The three sub-types of ADHD, outlined in the DSM-5 are:

- predominantly inattentive. People with the inattentive sub-type have difficulty sustaining concentration, are easily distracted and forgetful, lose things frequently, and are unable to follow detailed instructions
- predominantly hyperactive-impulsive. Those with this sub-type find it hard to be still, need to move constantly in structured situations, frequently interrupt others, talk non-stop and struggle with self control
- combined. Those with the combined sub-type experience the characteristics of those who are inattentive and hyperactive-impulsive.

ADHD diagnoses [continue to rise](#) among children and adults. And while ADHD was commonly diagnosed in boys, more recently we have seen

growing numbers of girls and women seeking diagnoses.

However, some international experts [contest](#) the expanded definition of ADHD, driven by clinical practice in the United States. They argue the challenges of unwanted behaviors and [educational outcomes](#) for [young people](#) with the condition are uniquely shaped by each country's cultural, political and local factors.

Regardless of the name change to reflect what we know about the condition, ADHD continues to impact educational, social and life situations of many children, adolescents and adults.

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