Color Mapping

ISO Definitions – Black -> This is an example.
Authors Definition/Literature Reference - Green (italics) -> *This is an example.*
Equivalent Concept provided by ISO - Purple (underlined) -> This is an example.

Dictionary

ADHD

1.*Attention Deficit Hyperactivity Disorder (ADHD) is a syndrome characterized by inattention, hyperactivity, and impulsivity. There are three types of ADHD: predominantly inattentive, predominantly hyperactive/impulsive, and combined presentations. Clinical criteria are used to establish the diagnosis. Treatment typically includes pharmacotherapy with stimulants or other medications, behavioral therapy, and educational interventions. (Manual MSD) 2. Attention abnormalities (excessive focus or easy distraction) are common in individuals with autism spectrum disorder, as is hyperactivity. A diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) should be considered when attentional difficulties or hyperactivity exceed what is typically observed in individuals of comparable mental age. (DSM-5, 2013)*

Patient

1.Synonym for a subject of care. 2. Living being (person or animal) undergoing a medical, surgical or dental procedure.

Doctor

1.In the healthcare context, a doctor, or physician, is a licensed medical practitioner who diagnoses, treats, and helps prevent illnesses and injuries. Medical doctors (MDs) and doctors of osteopathic medicine (DOs) have specialized training in patient care and are certified through medical licensing boards to practice medicine. Both general practitioners and specialists fall under this definition. (The American Medical Association (AMA), 1883)

Diagnostic assessment

1**.** Assessment which identifies what the learner already knows, the nature of any difficulties that the learner has, or both. *2.The diagnosis of ADHD is clinical and is*

based on comprehensive medical, developmental, educational, and psychological assessments (MSD Manual).

Medical evaluation

1.*Refers to a medical assessment conducted to understand an individual's condition, especially in cases like ADHD. This process includes a comprehensive analysis of physical and mental health, medical history, and symptoms presented. In cases of ADHD, a medical evaluation is crucial to rule out other conditions that may cause similar symptoms, such as* ***Sleep respiration****,* ***Prenatal exposure****,* ***Central nervous system infection****,* ***Heart disease, Loss of appetite, Selective eating, Perinatal complication, Traumatic brain injury*** *or side effects of medications. The evaluation may involve physical exams, interviews, and questionnaires, allowing the healthcare professional to accurately identify the diagnosis and provide appropriate treatment recommendations. (DSM-5, 2013)*

Sleep respiration

1.*Sleep-related issues, particularly sleep-disordered breathing (SDB) like obstructive sleep apnea (OSA), are increasingly recognized for their impact on ADHD-like behaviors. Children with SDB, which includes conditions like OSA and primary snoring, can exhibit neurobehavioral symptoms such as inattention and hyperactivity. In fact, some studies suggest a higher prevalence of sleep apnea in children with ADHD, with about 25-30% of children with ADHD showing signs of OSA compared to approximately 3% in the general population. (DSM-5, 2013)*

Prenatal exposure

1.*Prenatal exposure to various substances is associated with increased risk factors for ADHD, as noted in the DSM-5. Specifically, exposure to alcohol, tobacco, and certain drugs during pregnancy has been linked to neurodevelopmental issues that can manifest as attention deficits, impulsivity, and hyperactivity in children, symptoms characteristic of ADHD. (DSM-5, 2013)*

Central nervous system infection

1.(infection) invasion of bodily tissue by pathogenic microorganisms that proliferate, resulting in tissue injury that can progress to disease. *2. central nervous system (CNS) infections, particularly those occurring early in life, may increase the risk of developing ADHD. Conditions like meningitis, encephalitis, and viral infections can affect brain development, leading to cognitive, behavioral, and attention-related challenges. These infections can cause inflammation or damage to areas of the brain involved in attention regulation, impulse control, and executive functioning—processes commonly impaired in individuals with ADHD. (DSM-5, 2013)*

Heart disease

1. (disease) illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans. *2. The DSM-5 doesn't explicitly link heart disease to ADHD but acknowledges that certain stimulant medications commonly used to treat ADHD (such as amphetamines and methylphenidate) can have cardiovascular effects. People with ADHD who have heart conditions or a family history of cardiovascular disease require careful assessment and monitoring when prescribed stimulant medications. (DSM-5, 2013)*

Loss of appetite

1.(appetite) physiological and psychological state expressed by the desire to eat and/or to drink *2. Loss of appetite is a commonly reported side effect of stimulant medications used to treat ADHD, such as methylphenidate and amphetamines. These medications work by increasing dopamine and norepinephrine activity in the brain, which can suppress appetite. The DSM-5 doesn't specifically address appetite issues in the ADHD diagnostic criteria, but healthcare providers often consider appetite changes when evaluating medication tolerance. (DSM-5, 2013)*

Selective eating

1.Selective eating, often described as "picky eating," can be common in individuals with ADHD, particularly in children. This can be influenced by various factors, such as sensory sensitivities, impulsivity, or routines that impact food preferences. ADHD is often associated with sensory processing issues, which may cause an aversion to certain textures, smells, or flavors, contributing to selective eating behaviors. Additionally, stimulant medications used to treat ADHD can cause appetite suppression, potentially limiting interest in certain foods or meals. (DSM-5, 2013)

Perinatal complication

1. (complication) adverse event affecting the expected progress of treatment *2. Perinatal complications refer to medical issues or adverse events that occur around the time of birth, typically including the later stages of pregnancy, labor, and immediately after birth. Research suggests that such complications may be associated with an increased risk of ADHD and other neurodevelopmental disorders. These complications can include preterm birth, low birth weight, birth asphyxia, and maternal health issues during pregnancy. (DSM-5, 2013)*

Traumatic brain injury

1.Traumatic brain injury (TBI) is a risk factor that may lead to symptoms similar to those of ADHD, especially when the injury impacts areas of the brain associated with attention, impulse control, and emotional regulation. The DSM-5 mentions that TBI, particularly when it occurs in early childhood, can contribute to the development of attention and behavioral issues, complicating the differential diagnosis with ADHD. (DSM-5, 2013)

Developmental assessment

1. Is a comprehensive evaluation that examines a child's physical, cognitive, emotional, and social growth to identify any developmental delays or challenges. Conducted by healthcare or educational professionals, these assessments are essential for understanding a child's developmental milestones relative to typical age expectations. They encompass evaluations of skills such as language, motor abilities, social interactions, and cognitive functions. In the context of ADHD or similar disorders, a developmental assessment helps differentiate between typical developmental variations and clinical symptoms, aiding in accurate diagnosis and intervention planning. Key components may include parent interviews, direct observation, standardized tests, and sometimes consultations with other specialists. (DSM-5, 2013)

Behavior since the start of the school year

1.Refers to the changes or patterns in a student's conduct observed from the beginning of the academic year. This timeframe is crucial for identifying difficulties in adjusting to new routines, social dynamics, and academic pressures. In students with behavioral concerns, such as ADHD, monitoring behaviors like attention, social interaction, and adaptability can highlight areas needing support. Documenting these behaviors provides a baseline for comparison and helps educators and caregivers assess the impact of interventions over time. (DSM-5, 2013)

Behavior over the last 6 months

1.Involves tracking significant changes or consistent patterns in a student's conduct, providing valuable insights into their social, emotional, and academic development. Observations during this timeframe can reveal how the student interacts with peers, follows instructions, manages tasks, and copes with challenges. (DSM-5, 2013)

Behavior since the last evaluation

1.involves a review of a student's conduct and performance after the most recent assessment, helping to determine any changes or progress made. This period is essential for identifying ongoing challenges, the effectiveness of interventions, and areas needing further support. (DSM-5, 2013)

Educational assessment

1. Refers to the systematic evaluation of a student's learning progress, abilities, and needs within an educational context. This process aims to identify the strengths and weaknesses of the student, guiding instructional decisions and interventions to support learning. (DSM-5, 2013)

Poor School record

1. Generally refers to a student's academic performance that reflects inadequate progress, failing grades, or frequent disciplinary issues. This can manifest as low grades, high absenteeism, incomplete assignments, and lack of engagement in school activities. (DSM-5, 2013)

Poor Grade history

1. Refers to a student's record of consistently low academic performance, which can impact their educational opportunities and self-esteem. This history may include multiple failing grades, low grade point averages (GPAs), and a pattern of underachievement in various subjects over time. (DSM-5, 2013)

Symptom

1. untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product that does not necessarily have a causal relationship with this treatment
2. assessment of the something out of the ordinary that is experienced by an individual or reported by a patient
3. indicator for the condition of a structure or structural member, based on one or more characteristics
4. *Something that a person feels or experiences that may indicate that they have a disease or condition. Symptoms can only be reported by the person experiencing them. They cannot be observed by a health care provider or other person and do not show up on medical tests. Some examples of symptoms are pain, nausea, fatigue, and anxiety. (national cancer institute, 2024)*

5. *In ADHD, we have symptoms of inattention, hyperactivity/impulsivity, as well as combined presentations. (DSM-5, 2013)*

Symptom of inattention

1. *A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning and development. Six (or more) of the following symptoms that persist for at least six months at a level that is inconsistent with the developmental level and negatively impacts social and academic/professional activities:* ***difficulty with sustained mental effort, inattention to details, difficulty organizing tasks, forgetfulness in daily activities, difficulty completing tasks, loss of objects, easily distracted, inattentiveness when spoken to directly, and difficulty maintaining attention on tasks.*** *(DSM-5, 2013)*

Symptom of hyperactivity/impulsivity

1. *Six (or more) of the following symptoms persist for at least six months at a level that is inconsistent with the developmental level and have a negative direct impact on social and academic/professional activities. The symptoms are not merely manifestations of oppositional behavior, defiance, hostility, or difficulties in understanding tasks or instructions. For older adolescents and adults (17 years or older), at least five of these symptoms are required:* ***frequently interrupts others, talks excessively, moves around the classroom or other locations, has difficulty playing quietly, responds to questions abruptly, runs and climbs frequently, acts as if always on the move, has difficulty waiting for their turn, and frequently fidgets with hands or feet.*** *(DSM-5, 2013)*

Combined Presentation

1. *Combined Presentation: If both Criterion A1 (inattention) and Criterion A2 (hyperactivity-impulsivity) are met in the last 6 months. Predominantly Inattentive Presentation: If Criterion A1 (inattention) is met, but Criterion A2 (hyperactivity-impulsivity) is not met in the last 6 months. Predominantly Hyperactive/Impulsive Presentation: If Criterion A2 (hyperactivity-impulsivity) is met, and Criterion A1 (inattention) is not met in the last 6 months***.** *(DSM-5, 2013)*

Frequently interrupts others

1. *Often interrupts or intrudes (e.g., butts into conversations, games, or activities; may start using others' belongings without asking or receiving permission; for adolescents and adults, may intrude on or take control over what others are doing). (Manual MSD)*

Talks excessively

1. *This behavior is characterized by difficulty in controlling speech, with a tendency to talk excessively, sometimes interrupting or dominating conversations, which can lead to difficulties in social interactions and performance in structured environments, such as schools and workplaces. (DSM-5, 2013).*

Moving around

1. *Often gets up from their seat in situations where remaining seated is expected (e.g., leaves their place in the classroom, office, or other workplace, or in other situations that require staying in one place). (DSM-5, 2013).*

Difficulty playing quietly

1.*Is often unable to play or engage in leisure activities quietly. (DSM-5, 2013).* ***2****. Has difficulty playing quietly. (Manual MSD)*

Responds abruptly

1. *Often blurts out an answer before a question has been completed (e.g., finishes others' sentences, cannot wait for their turn to speak). (DSM-5, 2013)*

Running and climbing frequently

1.*Often runs or climbs in situations where it is inappropriate. (Note: In adolescents or adults, this may be limited to feelings of restlessness.) (DSM-5, 2013)*

Acts as if always on the move

1. *Often 'on the go,' acting as if they are 'powered by a motor' (e.g., unable or uncomfortable staying still for long periods, such as in restaurants or meetings; others may see the individual as restless or difficult to keep up with). (DSM-5, 2013)*

Difficulty waiting for one's turn

1. *Often has difficulty waiting their turn (e.g., waiting in line). (DSM-5, 2013)*

Difficulty with sustained mental effort

1. *Often avoids, dislikes, or is reluctant to engage in tasks that require prolonged mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy documents). (Manual MSD)*

Inattention to details

1. Often fails to pay attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).*(DSM-5, 2013)*

Difficulty organizing tasks

1. *Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; trouble keeping materials and personal belongings in order; disorganized and careless work; poor time management; difficulty meeting deadlines). (DSM-5, 2013)*

Forgetting daily activities

1.*Often forgetful in daily activities (e.g., completing tasks, obligations; for older adolescents and adults, returning calls, paying bills, keeping scheduled appointments). (DSM-5, 2013)*

Difficulty completing tasks

1.*Often does not follow through on instructions and fails to finish schoolwork, tasks, or duties in the workplace (e.g., starts tasks but quickly loses focus and easily gets off track). (DSM-5, 2013)*

Loss of objects

1.*Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, instruments, wallets, keys, documents, glasses, cell phone). (DSM-5, 2013)*

Easily distracted

1.*Often easily distracted by external stimuli (for older adolescents and adults, this may include unrelated thoughts). (DSM-5, 2013)*

Inattention when spoken to directly

1.*Often seems not to listen when spoken to directly (e.g., appears to be elsewhere, even in the absence of any obvious distraction). (DSM-5, 2013)*

Difficulty maintaining attention on tasks

1.*Often has difficulty sustaining attention in tasks or play activities (e.g., difficulty maintaining focus during lessons, conversations, or extended readings). (DSM-5, 2013)*

Differential diagnosis

1. *It refers to the process of distinguishing ADHD from other disorders that present similar symptoms but have different causes or characteristics. Differential diagnosis helps healthcare professionals correctly identify ADHD, differentiating it from conditions such as anxiety disorders, depression, learning disorders, autism spectrum disorders, and other issues that may also cause symptoms of inattention, hyperactivity, or impulsivity. (DSM-5, 2013)*

Comorbidity

1.Concurrent condition or co-infection described as part of the indication *2. In clinical settings, comorbid disorders are common in individuals whose symptoms meet the criteria for ADHD. In the general population, oppositional defiant disorder is comorbid with ADHD in about half of children with the combined presentation and in about a quarter of those with the predominantly inattentive presentation. Conduct disorder is comorbid with ADHD in approximately a quarter of children and adolescents with the combined presentation, depending on age and setting. Most children and adolescents with disruptive mood dysregulation disorder have symptoms that also meet criteria for ADHD; a smaller percentage of children with ADHD have symptoms that meet criteria for disruptive mood dysregulation disorder. Specific learning disorder is commonly comorbid with ADHD. (DSM-5, 2013)*

Conduct disorder

1.Conduct Disorder involves a pattern of behavior where an individual violates the rights of others or societal norms. This includes aggression, destruction of property, deceitfulness, or serious violations of rules. Children with ADHD are at a higher risk for developing Conduct Disorder. The DSM-5 notes that symptoms of impulsivity and poor self-regulation in ADHD can lead to behaviors associated with CD. The impulsivity seen in ADHD can manifest as aggressive behaviors in children with CD. (DSM-5, 2013)

Oppositional Defiant Disorder

1.Individuals with Oppositional Defiant Disorder may resist professional or school tasks that require self-determination because they resist conforming to the demands of others. Their behavior is characterized by negativity, hostility, and defiance. Such symptoms must be differentiated from school aversion or high-demand tasks caused by difficulties in maintaining prolonged mental effort, forgetfulness of instructions, and impulsivity that characterizes individuals with ADHD. A complicating factor in the differential diagnosis is that some individuals with ADHD may develop secondary oppositional attitudes toward such tasks, thus devaluing their importance. (DSM-5, 2013)

Mood disorder

1.Characterized by pervasive irritability and intolerance to frustration. However, impulsivity and disorganized attention are not essential features of this disorder. Most children and adolescents diagnosed with DMDD exhibit symptoms that also meet the criteria for Attention-Deficit/Hyperactivity Disorder (ADHD), and it is crucial that ADHD is diagnosed separately. (DSM-5, 2013)

Anxiety disorder

1. (anxiety) State of being uneasy, apprehensive, or worried about what might happen, misgiving *2. ADHD shares symptoms of inattention with anxiety disorders. Individuals with ADHD are inattentive due to their attraction to external stimuli, new activities, or a preference for pleasurable activities. This is different from the inattention due to worry and rumination found in anxiety disorders. Restlessness can be found in anxiety disorders; however, in ADHD, the symptom is not associated with worry and rumination. (DSM-5, 2013)*

Autism Spectrum Disorder

1.Individuals with ADHD and those with autism spectrum disorder (ASD) exhibit inattention, social dysfunction, and challenging behavior. However, the social dysfunction and peer rejection seen in people with ADHD should be distinguished from the lack of social engagement, isolation, and indifference to facial and tonal communication cues found in individuals with ASD. Children with ASD may experience tantrums due to an inability to tolerate changes in expected events. In contrast, children with ADHD might misbehave or have a tantrum during significant transitions due to impulsivity or poor self-control. (DSM-5, 2013)

Learning disorder

1.Children with a specific learning disorder may appear inattentive due to frustration, lack of interest, or limited ability. However, in individuals with a specific learning disorder who do not have ADHD, inattention does not lead to difficulties beyond

academic work. Symptoms of ADHD are common among children placed in academic environments that do not match their intellectual abilities; in these cases, symptoms may not be evident during non-academic tasks. A diagnosis of ADHD in individuals with intellectual disabilities requires that inattention or hyperactivity be excessive for their mental age. (DSM-5, 2013)

Depressive disorder

1.Individuals with depressive disorders may exhibit an inability to concentrate. However, concentration difficulties in mood disorders become prominent only during a depressive episode. This distinction is important as it helps differentiate between the symptoms of ADHD and those of depressive disorders, where concentration issues may not persist outside of depressive states. (DSM-5, 2013)

Associated factor

1.Refer to various influences and conditions that may correlate with or contribute to the development and manifestation of ADHD. (DSM-5, 2013)

Environmental factor

1.Very low birth weight (less than 1,500 grams) is associated with a 2 to 3 times higher risk of developing Attention-Deficit/Hyperactivity Disorder (ADHD), although most children with low birth weight do not go on to develop the disorder. Additionally, while ADHD correlates with maternal smoking during pregnancy, part of this association may reflect a shared genetic risk. A minority of cases could be linked to reactions to dietary factors. Other risk factors for ADHD include a history of child abuse, neglect, multiple foster homes, exposure to neurotoxins (such as lead), infections (like encephalitis), or prenatal alcohol exposure. Environmental toxin exposure has been correlated with subsequent ADHD, although the nature of these associations remains unclear regarding causality. (DSM-5, 2013)

Genetic factor

1.ADHD is frequently observed in first-degree biological relatives of affected individuals, indicating a substantial heritability of the disorder. While specific genes have been correlated with ADHD, they are neither necessary nor sufficient causal factors on their own. (DSM-5, 2013)

Neurobiological factor

1.Several conditions may influence ADHD symptoms, including visual and auditory impairments, metabolic abnormalities, sleep disorders, nutritional deficiencies, and epilepsy. Importantly, ADHD is not associated with any specific physical characteristics; however, there may be slightly elevated rates of minor physical anomalies (e.g., hypertelorism, high-arched palate, low-set ears). Subtle motor

delays and other mild neurological signs can occur, but it is essential to note that clumsiness and comorbid motor delays should be diagnosed separately, such as with developmental coordination disorder. (DSM-5, 2013)