Pattern Identifications of ADHD in Traditional Medicine and Three Presentations of ADHD Defined in DSM-5

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Backgrounds and Objectives

○ Attention-deficit hyperactivity disorder (ADHD) is a chronic neurodevelopmental disorder that begins in childhood and is characterised by a persistent pattern of inattention and/or hyperactivity-impulsivity beyond the range of developmental norms, which may impact on personal, academic, familial and societal functioning.

○ In Traditional Korean and Chinese Medicine (TKM and TCM), ADHD patients are diagnosed and treated with the pattern identification diagnosis : kidney yin deficiency and liver yang ascendant hyperactivity 腎虛肝亢, dual deficiency of the heart and spleen 心脾兩虛, phlegm-fire harassing the heart 痰火擾心, spleen weakness and liver energy preponderance 脾虛肝旺.

○ Three presentations of ADHD are defined in DSM-5 based on the predominant symptom pattern for the past 6 months : Combined presentation, Predominantly inattentive presentation, Predominantly hyperactive/impulsive presentation.

○ The purpose of this study was to investigate the relationship between pattern identifications in TKM and TCM and three presentations of ADHD defined in DSM-5.

Methods

○ The pattern identifications and symptoms for each pattern were extracted from 13 Korean and Chinese literatures and analysed.ADH D Symptoms of each pattern were classified into symptoms of hyperactivity/impulsivity, inattention and others.

○ The characteristics of patterns for ADHD in Traditional Medicine were compared with Three presentations of ADHD are defined in DSM-5 based on the predominant symptom pattern.

Results

1. In th pattern of spleen weakness and liver energy preponderance 脾虛肝旺, both symptoms of hyperactivity and those of inattention were frequently showed, and those of impulsivity were rarely showed.

2. In the pattern of dual deficiency of the heart and spleen 心脾兩虛, symptoms of inattention were predominant and those of severe hyperactivity and impulsivity were rarely showed.

3. In the pattern of kidney yin deficiency and liver yang ascendant hyperactivity 腎虛肝亢, both symptoms of hyperactivity/impulsivity and those of inattention were frequently showed.

4. In the pattern of phlegm-fire harassing the heart 痰火擾心, symptoms of hyperactivity/impulsivity were frequently showed while those of inattention were not severe and the forgetfulness in daily activities was seldom showed

Conclusions

○ The pattern of dual deficiency of the heart and spleen 心脾兩虛 is related to Predominantly inattentive presentation, and the pattern of phlegm-fire harassing the heart 痰火擾心 is related to Predominantly hyperactive/impulsive presentation.

The pattern of kidney yin deficiency and liver yang ascendant hyperactivity 腎虛肝亢 and the pattern of spleen weakness and liver energy preponderance 脾虛肝旺 is related to Combined presentation defined in DSM-5.

○ This study showed a significant relationship between three presentations of ADHD defined in DSM-5 and the pattern identifications of ADHD in TKM and TCM.

		Symptoms of ADHD in DSM-5	
		Symptoms of Inattention	Symptoms of Hyperactivity/Impulsivity
Pattern Identification in TKM and TCM	腎虛肝亢 kidney yin deficiency and liver yang ascendant hyperactivity	●●●●●●	●●●●●●●●●●●●●●●
	心脾兩虛 dual deficiency of the heart and spleen	●●●●●●●●●	●●●●
	痰火擾心 phlegm-fire harassing the heart	●●●●	●●●●●●●●●●●●●●
	脾虛肝旺 spleen weakness and liver energy preponderance	●●●●●●●●●	●●●●●●●●●●●●
		● 神思渙散, 注意力不集中, 興趣多變, 語言冒失, 做事有頭無尾 ● 記憶力差	● 多動, 多語, 難以靜坐 ● 煩燥不寧 ● 急躁易怒 ● 衝動任性 難於自控

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