Today’s piece was prepared by Lane Baldwin, MD, based on a NY Times article

[Why Parents and Doctors Should Think About A.D.H.D. in Preschool](https://nyti.ms/2k1uzDP)

The author offers an informative investigation of the implications of the 2011 decision to apply guidelines on ADHD diagnosis and treatment to preschoolers. The article addresses and largely defends the change in guidelines while noting the negative media coverage over this change, predominantly focused on a concern of unnecessarily “overmedicating” young children. The article provides background into the conundrum of ADHD diagnosis, especially in determining what behavior is or isn’t typical pre-school age behavior. Additionally, the authors debunk a media misconception that this change might lead to increased use of potent behavioral medications in young children. The article discusses the AAP’s recommendations regarding use of behavioral therapy in this group and a [2016 *Pediatrics*](https://www.ncbi.nlm.nih.gov/pubmed/27940706) study demonstrating that frequency of stimulant prescriptions and ADHD diagnoses did not increase in the wake of the guideline change.

However, the authors did not formally define ADHD diagnostic criteria, which could potentially lead to the misconception that simply having a short attention span or high activity level is consistent with this diagnosis. By further elaborating that hallmarks of the diagnosis include impulsivity, inattention, early, persistence of symptoms, and disability from these symptoms, the article could clarify the condition without inadvertently construing normal behavior as pathology.

Overall, this article provided a strong message regarding the advantages of early diagnosis of ADHD and re-frames the concept of professional society guidelines for the general public. It is easy to misconstrue a change in recommendation as a force meant to either over or under diagnose or treat as compared to the status quo. This article emphasized the difference between awareness and action; awareness of the possibility for disease in a population charges the pediatrician with closer surveillance and opportunities to additionally support families, and, as academic evidence suggests, does not lead to unnecessary or harmful intervention.

**RESOURCE ON ADHD:**

[ADHD: A Guide for Families](http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/ADHD_A_Guide_for_Families/What_is_ADHD.aspx) *American Academy of Child & Adolescent Psychiatry*

And that’s today’s Developmental & Behavioral Pediatrics: IN THE NEWS!