Van rustig tot te druk

Over ADHD en wanneer iets pathologisch is

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De norm en haar verdelin

- Dysfuncties versus “hyper-” of “hypo-”
- Categorisch vs Dimensioneel

- Hyperactiviteit en aandachtstekort
- Licht, Matig en Ernstig

- Glijdende schaal

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De norm schuift mee

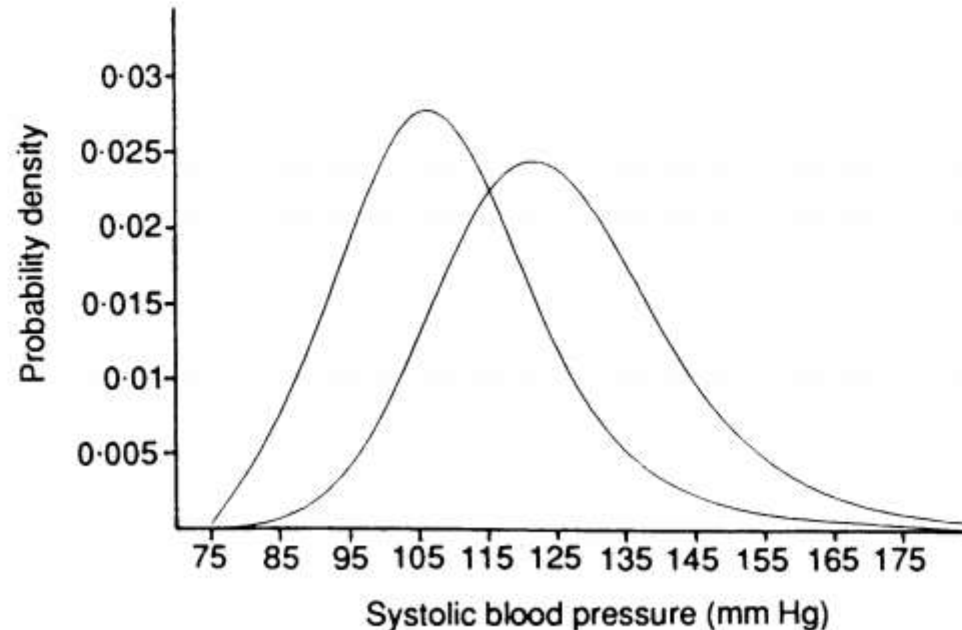

FIG 1—*Distributions of systolic blood pressures for averages of the five populations with the lowest mean values and the five with the highest*

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Normen en waarden

Attention-Deficit/Hyperactivity Disorder

Diagnostic Criteria

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. **Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
   a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
   b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
   c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
   d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
   e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
   f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
   g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
   h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
   i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).
2. **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
   a. Often fidgets with or taps hands or feet or squirms in seat.
   b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
   c. Often runs about or climbs in situations where it is inappropriate. (**Note:** In adolescents or adults, may be limited to feeling restless.)
   d. Often unable to play or engage in leisure activities quietly.
   e. Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
   f. Often talks excessively.
   g. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
   h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
   i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.

C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).

D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

Normaalwaarden: de grens

- Wie bepaalt wat wel en niet pathologisch gedrag is
- Samenleving? Scholen? Ouders? Artsen?

Afkapwaarden: de grens

- Demarcatieprobleem
- Vanaf hoeveel druppels is een zee de zee

- “6 of meer”
- “Arbitraire” grens?

Validiteit

- Als de waarden sociaal bepaald zijn,
- Als de grens arbitrair is,

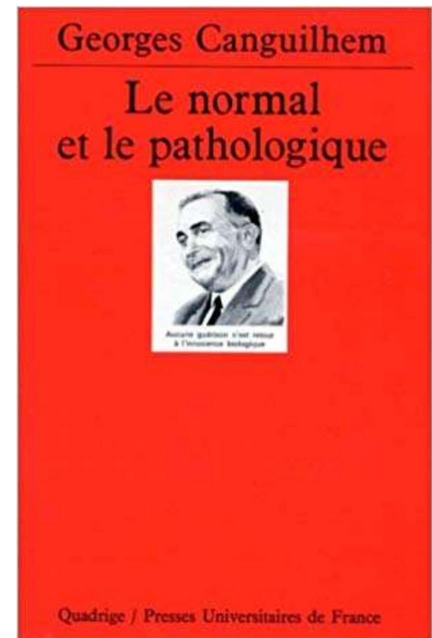
- wat zegt dit dan over het ziektebeeld?

- Sceptici zoals Timimi en Zsasz

Canguilhem

- Pathologie is geen kwantitatieve afwijking

- Schalen, testen en uitslagen krijgen pas betekenis in een context.
- Cf. Kaliumconcentratie



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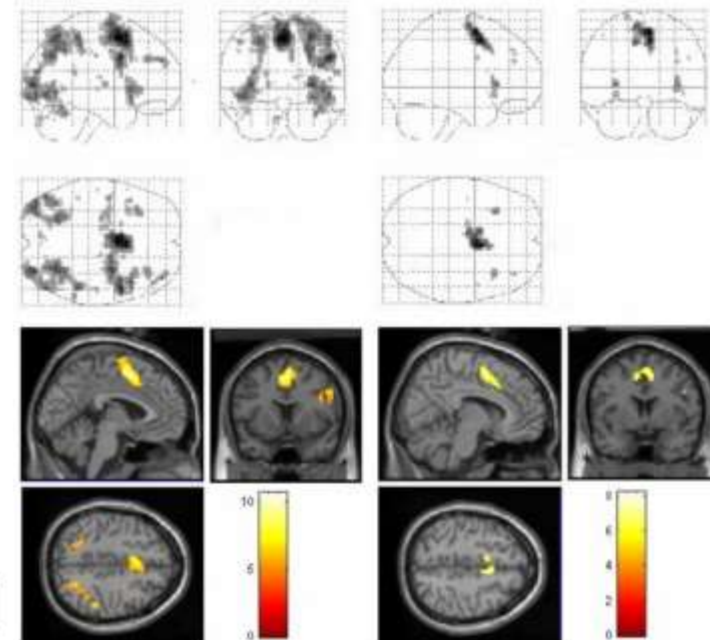
Wat is niet pathologisch

- Genen op zich zijn niet pathologisch
- Hersenstructuren op zich ook niet
- Gedragingen in se ook niet



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Wat beslist?

- Het verhaal van de patiënt (de kliniek) moet leidend zijn

- Enkel vanuit de context van de patiënt kan begrepen worden wat er aan de hand is

- Bio-psycho-sociaal

Wat is normaal?

- Een continue bijna moeiteloze aanpassing aan de omgeving

- Leriche:

“La santé […] c’est la vie dans le silence des organes”

Bronvermelding

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