

Disorder quick Reference sheet

Attention-Deficit Hyperactivity Disorder (ADHD or AD/HD) is a neurobehavioral developmental disorder. It is primarily characterized by "the co-existence of attention problems and hyperactivity, with each behaviour occurring infrequently alone" and symptoms starting before seven years of age. ADHD is the most commonly studied and diagnosed psychiatric disorder in children, affecting about 3% to 5% of children globally and diagnosed in about 2% to 16% of school aged children. It is a chronic disorder with 30% to 50% of those individuals diagnosed in childhood continuing to have symptoms into adulthood. Adolescents and adults with ADHD tend to develop coping mechanisms to compensate for some or all of their impairments. 4.7 percent of American adults are estimated to live with ADHD. ADHD is diagnosed two to four times as frequently in boys as in girls, though studies suggest this discrepancy may be due to subjective bias of referring teachers. ADHD management usually involves some combination of medications, behaviour modifications, lifestyle changes, and counselling. Its symptoms can be difficult to differentiate from other disorders, increasing the likelihood that the diagnosis of ADHD will be missed. Additionally, most clinicians have not received formal training in the assessment and treatment of ADHD, particularly in adult patients. ADHD and its diagnosis and treatment have been considered controversial since the 1970s. The controversies have involved clinicians, teachers, policymakers, parents and the media. Opinions regarding ADHD range from not believing it exists at all to believing there are genetic and physiological bases for the condition. There is also disagreement about the use of stimulant medications in treatment. Most healthcare providers accept that ADHD is a genuine disorder with debate in the scientific community centering mainly around how it is diagnosed and treated. The American Medical Association concluded in 1998 that the diagnostic criteria for ADHD are based on extensive research and, if applied appropriately, lead to the diagnosis with high reliability.

Autism is a disorder of neural development characterized by impaired social interaction and communication, and by restricted and repetitive behaviour. These signs all begin before a child is three years old. Autism affects information processing in the brain by altering how nerve cells and their synapses connect and organize; how this occurs is not well understood. It is one of three recognized disorders in the autism spectrum, the other two being Asperger syndrome, which lacks delays in cognitive development and language, and Pervasive Developmental Disorder-Not Otherwise Specified (commonly abbreviated as PDD-NOS), which is diagnosed when the full set of criteria for autism or Asperger syndrome are not met. Autism has a strong genetic basis, although the genetics of autism are complex and it is unclear whether ASD is explained more by rare mutations, or by rare combinations of common genetic variants. In rare cases, autism is strongly associated with agents that cause birth defects.^[5] Controversies surround other proposed environmental causes, such as heavy metals, pesticides or childhood vaccines; the vaccine hypotheses are biologically implausible and lack convincing scientific evidence. The prevalence of autism is about 1–2 per 1,000 people; the prevalence of ASD is about 6 per 1,000, with about four times as many males as females. The number of people diagnosed with autism has increased dramatically since the 1980s, partly due to changes in diagnostic practice; the question of whether actual prevalence has increased is unresolved. Parents usually notice signs in the first two years of their child's life. The signs usually develop gradually, but some autistic children first develop more normally and then regress. Although early behavioural or cognitive intervention can

help autistic children gain self-care, social, and communication skills, there is no known cure. Not many children with autism live independently after reaching adulthood, though some become successful. An autistic culture has developed, with some individuals seeking a cure and others believing autism should be tolerated as a difference and not treated as a disorder. Autism forms the core of the autism spectrum disorders. Asperger syndrome is closest to autism in signs and likely causes; unlike autism, people with Asperger syndrome have no significant delay in language development. PDD-NOS is diagnosed when the criteria are not met for a more specific disorder. Some sources also include Rett syndrome and childhood disintegrative disorder, which share several signs with autism but may have unrelated causes; other sources combine ASD with these two conditions into the pervasive developmental disorders. According to the National Autistic Society of the United Kingdom, Pathological demand avoidance syndrome belongs and is increasingly being recognised as belonging to the autistic spectrum. The terminology of autism can be bewildering. Autism, Asperger syndrome, and PDD-NOS are sometimes called the autistic disorders instead of ASD, whereas autism itself is often called autistic disorder, childhood autism, or infantile autism. Although the older term pervasive developmental disorder and the newer term autism spectrum disorder largely or entirely overlap, the former was intended to describe a specific set of diagnostic labels, whereas the latter refers to a postulated spectrum disorder linking various conditions. ASD, in turn, is a subset of the broader autism phenotype (BAP), which describes individuals who may not have ASD but do have autistic-like traits, such as avoiding eye contact.

Asperger syndrome or Asperger's syndrome is an autism spectrum disorder, and people with it therefore show significant difficulties in social interaction, along with restricted and repetitive patterns of behaviour and interests. It differs from other autism spectrum disorders by its relative preservation of linguistic and cognitive development. Although not required for diagnosis, physical clumsiness and atypical use of language are frequently reported. Asperger syndrome is named for the Austrian paediatrician Hans Asperger who, in 1944, described children in his practice who lacked nonverbal communication skills, demonstrated limited empathy with their peers, and were physically clumsy. Fifty years later, it was standardized as a diagnosis, but many questions remain about aspects of the disorder. For example, there is doubt about whether it is distinct from high-functioning autism (HFA); partly because of this, its prevalence is not firmly established.^[1] The diagnosis of Asperger's has been proposed to be eliminated, replaced by a diagnosis of autism spectrum disorder on a severity scale. The exact cause is unknown, although research supports the likelihood of a genetic basis; brain imaging techniques have not identified a clear common pathology. There is no single treatment, and the effectiveness of particular interventions is supported by only limited data. Intervention is aimed at improving symptoms and function. The mainstay of management is behavioural therapy, focusing on specific deficits to address poor communication skills, obsessive or repetitive routines, and physical clumsiness. Most individuals improve over time, but difficulties with communication, social adjustment and independent living continue into adulthood. Some researchers and people with Asperger's have advocated a shift in attitudes toward the view that it is a difference, rather than a disability that must be treated or cured.

Obsessive-compulsive disorder (OCD) is a mental disorder characterized by intrusive thoughts that produce anxiety, by repetitive behaviours aimed at reducing anxiety, or by a combination of such thoughts (obsessions) and behaviours (compulsions). The symptoms of this anxiety disorder may include repetitive hand-washing; extensive hoarding;

preoccupation with sexual or aggressive impulses, or with particular religious beliefs; aversion to odd numbers; and nervous habits, such as opening a door and closing it a certain number of times before one enters or leaves a room. These symptoms can be alienating and time-consuming, and often cause severe emotional and economic loss. The acts of those who have OCD may appear paranoid and come across to others as psychotic. However, OCD sufferers generally recognize their thoughts and subsequent actions as irrational, and they may become further distressed by this realization. OCD is the fourth-most common mental disorder and is diagnosed nearly as often as asthma and diabetes mellitus. In the United States, one in 50 adults have OCD. The phrase "obsessive–compulsive" has become part of the English lexicon, and is often used in an informal or caricatured manner to describe someone who is meticulous, perfectionist, absorbed in a cause, or otherwise fixated on something or someone. Although these signs may be present in OCD, a person who exhibits them does not necessarily have OCD, and may instead have obsessive–compulsive *personality* disorder (OCPD), an autism spectrum disorder, or no clinical condition. Multiple psychological and biological factors may be involved in causing obsessive–compulsive syndromes.

My Disorders and University

Noticeable effects on my Learning ability:

- Memory Blocks : AD
- Inability to remember names : AD
- Bad focus with verbal lectures : AD
- Motivation to do projects/homework at end of term :
AD
- Anxiety control :
ASD
- Social interaction at times of stress :
ASD+AD
- Patience in social situations of learning :
AD
- Annoying leg or finger tapping : HD
- Inability to change subjects :
ASD
- Timekeeping due to Lethargy/lack of sleep : AD
- Inability to remember which building is which :
AD
- Low tolerance of noise or bright lights :
AD

Noticeable effects on my work situations:

- Low tolerance of rudeness/lack of manners :
ASD
- Low tolerance of invasion of personal space/rules :
ASD
- Timekeeping : AD
- Assuming food order table numbers aren't needed : AD

- Often defensive : AS
- Often tired : HD
- Unable to calm down in confrontational systems :
ASD

Noticeable effects on my home life:

- Unable to devote time to necessary people and tasks due to tiredness :
HD
- Takes effort/excuses to eat correctly or shower :
AD
- Social interaction :
ASD+AS
- Utter hate of the public! :
ASD+AD