

# UNDERSTANDING ADHD

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## WHAT IS ADHD?

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition recognized by the American Psychiatric Association (DSM-5-TR) and the American Academy of Pediatrics. It affects how the brain regulates attention, impulse control, and executive functioning. ADHD is not a character flaw, a lack of faith, or a failure of discipline, it is a clinically recognized, brain-based condition with a strong genetic component.

### Key Facts:

- **Prevalence (children):** 11.4% of U.S. children aged 3–17 (approximately 7 million) have ever been diagnosed with ADHD (Danielson et al., 2024; CDC National Survey of Children’s Health, 2022).
  - **Prevalence (adults):** 6.0% of U.S. adults, approximately 15.5 million, have a current ADHD diagnosis; about half received their diagnosis in adulthood (Staley et al., 2024; CDC Rapid Surveys System, Oct–Nov 2023).
  - **Heritability:** ADHD is among the most heritable psychiatric conditions, with genetics accounting for ~74% of risk (Larsson et al., 2014).
  - **Lifespan condition:** While hyperactivity may lessen with age, attention and executive function challenges often continue into adulthood.
  - **Co-occurring conditions:** Nearly 78% of children with ADHD have at least one co-occurring condition, including anxiety, depression, or behavioral challenges (CDC, 2022).
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## THE THREE PRESENTATIONS OF ADHD

The DSM-5-TR identifies three clinical presentations:

### 1. Predominantly Inattentive Presentation

Difficulty sustaining focus, following through on tasks, and managing details, with little to no hyperactivity.

*Common signs may include:*

- Frequently losing items, missing details in instructions
- Appearing forgetful, disorganized, or “spacey”
- Easily distracted, difficulty sustaining effort on longer tasks

### 2. Predominantly Hyperactive-Impulsive Presentation

Excess physical or mental restlessness and impulsive behavior, with few inattentive symptoms.

*Common signs may include:*

- Interrupting conversations, difficulty waiting turns
- Fidgeting, restlessness, difficulty staying seated
- Acting before thinking; driven by a sense of urgency

### 3. Combined Presentation

Meets criteria for both inattentive and hyperactive-impulsive presentations. This is the most commonly diagnosed presentation.

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## HOW ADHD PRESENTS DIFFERENTLY: MALES VS. FEMALES

Research increasingly shows that ADHD can look very different across genders, and that females have historically been underdiagnosed or misdiagnosed (Quinn & Madhoo, 2014). Understanding these differences helps faith communities offer more compassionate, accurate support.

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**Males tend to show:**

- More externalizing behaviors (hyperactivity, impulsivity, aggression)
- Diagnosed earlier, often in childhood due to disruptive classroom behavior
- Higher rates of the hyperactive-impulsive and combined presentations

**Females tend to show:**

- More internalizing symptoms: anxiety, depression, low self-esteem, emotional dysregulation
- Greater use of masking and compensatory strategies, hiding their struggles to appear “fine”
- Predominantly inattentive presentation, often mistaken for shyness, anxiety, or a personality trait
- Diagnosed later in life, often in adolescence or adulthood, sometimes after a child is diagnosed
- Heightened sensitivity to social rejection; more prone to internalized shame

**Important note:** These patterns describe tendencies across populations, not rules for every individual. ADHD is unique to each person, and each person is worthy of understanding, not judgment.

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**The Society for ADHD and Co-Occurring Conditions** serves as a bridge between faith communities and the evidence-based resources families need. We are here to equip you.

For resources, training, or speaking inquiries: [info@societyforadhd.org](mailto:info@societyforadhd.org) | [www.societyforadhd.org](http://www.societyforadhd.org)

*References available upon request. All content is science-backed and evidence-based.*