The 2013-2014 ICSI ADHD, Attention Deficit Hyperactivity Disorder in Primary Care for School-Age Children and Adolescents work group recognized the new release of the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition (DSM-5), since the previous release of the AAP's (American Academy of Pediatrics) guideline, ADHD: Clinical Practice Guideline, and Supplement. The following are the conclusions of the DSM-5 revisions that affect the diagnosis of ADHD:

Revision Conclusion 1: Age of Onset
The age of onset criterion has been changed from “symptoms that caused impairment were present before age 7 years:” to “several inattentive or hyperactive-impulsive symptoms were present prior to age 12.”

Revision Conclusion 2: Autism Spectrum Disorder
A comorbid diagnosis with Autism Spectrum Disorder is now allowed.

Revision Conclusion 3: Subtype Replacement
The term “subtype” has now been replaced with “presentation,” i.e., “Combined Presentation,” “Predominantly Inattentive Presentation,” “Hyperactive-Impulsive Presentation.”

Revision Conclusion 4: Adult/Adolescent Diagnosis
For adults and adolescents age 17 or older, only five symptoms are needed instead of the six needed for younger children.

Additional information about the changes to DSM-5 in relation to ADHD can be found at the DSM-5 ADHD Fact Sheet.