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Is Inattentive ADHD Really Another Type of Disorder?

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There is another form of Attention-Deficit/Hyperactivity Disorder (ADHD) that often goes unnoticed in those suffering silently from its adverse effects - the Inattentive Type of ADHD (referred to, for our purposes, as Inattentive ADHD). When people think of ADHD, the first thing that comes to mind is a child who "cannot sit still," "cannot stay in his seat," or "cannot stop fidgeting for more than 30 seconds." This version of ADHD is referred to as Combined Type. However, this subtype describes only a portion, albeit a larger portion, of those affected by ADHD. There is another group of children (and adults) who does not show problems with hyperactivity and who are not impulsive at all; these individuals are struggling with Inattentive ADHD.

What do we know about Inattentive ADHD?

Several researchers are making the case that Inattentive ADHD is more than just a subtype of ADHD and that it is very different from Combined Type ADHD. Inattentive ADHD is characterized by significant information processing deficits, and it has little in common with the other forms of ADHD. Unlike Combined Type ADHD which produces deficits with behavioral inhibition, children and teens with Inattentive ADHD are mainly distracted, off-task, and, in general, show a very different clinical profile.

What does Inattentive ADHD look like?

Children with Inattentive ADHD come into our treatment facility with symptoms almost opposite from children with Combined Type ADHD. Instead of being intrusive, hyperactive, and distractible, they are passive, lethargic, hypoactive, spacey, daydreamy, withdrawn and confused. They seem to be "in a fog." They are the opposite of Combined Type ADHD children in their clinical presentation. They are not impulsive, reactive, disruptive, aggressive, and overly emotional.

Other things that we see with these children is that they have deficits in an area referred to as "selective attention." Selective attention is how quickly one can deduce information and stimuli that is important from unimportant and irrelevant information; it is how fast one can accurately process information that is coming into the brain. Kids with Inattentive ADHD really struggle in this area. We find that children with Inattentive ADHD make more mistakes in academic work than children with Combined Type ADHD. Combined Type ADHD children have bigger problems with productivity (i.e., the amount of work that they complete and/or the number of problems they attempt.)

Are there differences in social functioning?

Another profound difference between these types of ADHD is within the social domain of functioning. The Combined Type ADHD child is often a rejected child. He or she is inclined to be hyper-emotional, demanding, aggressive as well as controlling and impulsive. It is no surprise that we observe more social conflicts within this group and, in some cases, these children wind up as being the least liked, least popular and most likely to fight. Up to 50 percent of Combined Type ADHD children experience rejection by their peer group. Inattentive ADHD children show a very different picture socially. These children are often overlooked and neglected. Why? The reason is because they are daydreaming, passive, staring, absent-minded and uninvolved. They're not necessarily disliked or rejected by the other kids. The other kids just don't know them. They're not engaging or participating. This is a very different social profile.

Are there other things that seem to set them apart?

Family histories seem to vary for these groups. Inattentive ADHD kids tend to come from families where there are more anxiety disorders and learning disabilities. Combined Type ADHD children come from families where there is more Combined Type ADHD, Conduct Disorder, antisocial behavior, and substance abuse. We find considerably less oppositional, defiant and disruptive behaviors in school and home settings for children with Inattentive ADHD. This is very different from Combined Type ADHD children who show higher rates of these symptoms across settings. With Inattentive ADHD, we often find higher rates of co-occurring learning problems.

Pharmacologically, there is some evidence that Inattentive ADHD children do not respond to stimulants as well as Combined Type ADHD. About twenty percent seem to do better after an initial period of titration. Compare this observation to the ninety-two percent of Combined Type ADHD children who respond readily to stimulants. Moreover, Combined Type ADHD children tend to be better on moderate to high doses. When medication is indicated, Inattentive ADHD children appear to do better on lighter doses.

Conclusion

In all, there are different presentations of ADHD. With an empirical base emerging over the past decade, I am inclined to see Inattentive ADHD as very different from Combined Type ADHD. My own clinical experience with the assessment and treatment of ADHD children, adolescents, and adults has been consistent with this research. These observations highlight the importance of careful and thorough clinical assessment. A proper evaluation and diagnosis should always be the first step in effective treatment planning.