LA DIAGNOSI DIFFERENZIALE CHE ESCLUDE LA DIAGNOSI DI ADHD

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La Diagnosi Differenziale in Psichiatria è stata da sempre assai difficile e complessa; in quanto di fronte a molteplici sintomi bisogna saper distinguere quelli del Disturbo principale da altri relativi al disturbo secondario; che a sua volta potrebbe essere conseguente al Disturbo principale o concomitante a questo o addirittura più precoce, ed entrambi possono avere la stessa causa o cause diverse.

Ed è quindi molto difficile stabilirne l’intima correlazione e comprenderne lo sviluppo psicopatologico; anche perché il parto e lo sviluppo successivo; il peso, l’altezza, le caratteristiche morfogenetiche e psicosociali, l’alimentazione e lo stile di vita, l’affettività e l’ambiente fisico, nonché altre malattie intercorrenti, risultano condizionanti circa l’insorgenza o meno delle diverse patologie, la loro riacutizzazione e/o cronicizzazione e le diverse recidive. Ed ancor più le terapie se riduttive o non appropriate possono ben condizionare il percorso dei Disturbi rendendoli poco riconoscibili alle comuni diagnosi.

In base a tali difficoltà sarà opportuno che il Medico che diagnostica una delle patologie elencate nella diagnosi differenziale in comorbidità all’ADHD ne faccia motivata segnalazione al registro ADHD che provvederà alla elaborazione statistica di tale casistica, anche nell’intento di rendere più trasparente il concetto di discrezionalità diagnostica” del DSM.

E sempre in ordine alle predette difficoltà diagnostiche sembra anche opportuno indicizzare prevalentemente le nuove patologie più diffuse nella popolazione generale in aggiunta a quelle in elenco nella tabella 2. della SINPIA, che qui appresso si elencano con la relativa bibliografia: Disturbi del Sonno, Enuresi, Allergie ed Intolleranze alimentari, Disturbo dello sviluppo della coordinazione, Gestazione e Parto, Alimentazione scorretta o carente, Bioelementi quali manganese, ferro, zinco, magnesio, coloranti sintetici, caffeina, mercurio, italati, mariyuiana, cocaina, alcool.

Inoltre la tabella 2 della SINPIA nelle “Linee-guida per la diagnosi e la terapia farmacologica del Disturbo da Deficit Attentivo con Iperattività (ADHD) in età evolutiva”, inerente la Diagnosi differenziale e comorbidità, così come presentata, in linea con la filosofia del DSM, non separa le diagnosi differenziali da quelle di possibile comorbilità, ogni patologia è bivalente e discrezionalmente valutata; non tenendo in debito conto le complesse interrelazioni e la difficoltà della Diagnosi differenziale.

SINPIA – Linee guida ADHD età evolutiva

Tab. 2. Diagnosi differenziale e comorbidità

**Disturbi Psichiatrici**
*Disturbo Oppositivo provocatorio
*Disturbo della Condotta
*Disturbi dell’Umore
*Disturbo bipolare
*Disturbi d’ansia
*Disturbo ossessivo compulsivo

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*Sindrome di Gille de la Tourette /tic multipli
*Disturbi di personalità
*Disturbi specifici dell’apprendimento.
*Ritardo mentale
*Disturbo pervasivo dello sviluppo

**Disturbi neurologici e Patologie Mediche**
*Disturbi sensitivi ( sordità deficit visivo)
*Effetti indesiderati di farmaci (antistaminici, betaagonisti, benzodiazepine, fenobarbital)
*Epilessia
*Patologie tiroidee
*Ascessi, neoplasie del Lobo frontale
*Trauma cranico
*Abuso di sostanze
*Intossicazione da piombo

**Disturbi di sviluppo**
*Vivacità fisiologica
*Problemi situazionali, ambientali, familiari.
*Inadeguato supporto scolastico (lieve ritardo o ,viceversa, particolare vivacità intellettiva con programmi scolastici “standard”)
*Alterato supporto ambientale, sociale, familiare (ambiente caotico, divorzio, abbandono, abuso)

**Patologie e condizioni che mimano l’ADHD**

Integrazioni alla Tab. 2 della SINPIA - (Società Italiana Neuropsichiatria Infantile)

1. Alimentazione scorretta o carente
2. Allergie e intolleranze alimentari
3. Asma
4. Caffeina
5. Dermatiti
6. Disturbo di Sviluppo della Coordinazione
7. Disordini del sonno
8. Enuresi
9. Ftalati
10. Mercurio
11. Organofosfati
12. PCB
13. Problemi legati alla gestazione e parto
14. Riniti
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