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EVALUATING PARENTAL DISAGREEMENT IN ADHD DIAGNOSIS: CAN WE RELY ON A SINGLE REPORT FROM HOME?

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a highly prevalent and heterogeneous syndrome, characterized by pervasive and impairing symptoms of inattention, hyperactivity, and impulsivity. ADHD diagnosis in children and adolescents is based on symptoms reported by different sources of information. Guidelines recommend that clinicians should obtain information from parents and teachers, based on findings of the low agreement between these two informants. However, to date, no studies have measured the agreement on specific symptoms, and only few searched for possible mediators of low agreement. Objectives: We aimed to evaluate the agreement between raters by (1) determining the agreement between mothers, fathers and teachers on ADHD symptoms; (2) assessing whether the agreement between parents is smaller for a particular group of ADHD symptoms and (3) evaluating potential factors that might be associated with worse agreement. Methods: Patients included were children and adolescents from a clinic-referred sample aged from 6 to 16 years (mean 9.79, SD 2.59), being 70.4% of the male sex. Inclusion criteria were (1) age between 5 and 17 years, (2) ADHD diagnosis according to Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and (3) baseline ADHD symptoms rated by the teacher and by both parents at the Swanson, Nolan, and Pelham (SNAP-IV) rating scale. We assessed agreement in the SNAP scores through intraclass correlation coefficient (ICC). Since we were interested in assessing variables potentially associated with worse agreement between parents, SNAP symptoms with ICCs graded as lower than fair agreement were examined for possible association with variables identified in the literature as conceptually related to agreement on behavior rating scales. We explored associations using ANOVA, t-test and bivariate correlation; variables with a p value <0.2 were entered in a multivariable regression model. Results: ICC analysis showed moderate agreement between parents for Hyperactivity-impulsivity (.755) and ADHD Total score (.675), and fair agreement for Inattention scores (.481). Mothers and teachers had fair agreement considering Hyperactivity-impulsivity (.481). All other analysis between parents and teachers showed only slight agreement. Fathers and mothers had lower agreement when evaluating SNAP Inattention items 1 (Often fails to give close attention to details or makes careless mistakes in schoolwork or task), 5 (Often has difficulty organizing tasks and activities) and 9 (Often is forgetful in daily activities), with ICCs .397, .177 and .373, respectively. In 28 children, considering just the mother's or the father's report would change ADHD diagnosis. Difference of parental educational level, Family Environmental Scale and marital status were significantly correlated with the agreement. Linear regression model including these three variables had a R² value of .144, and only difference of parental educational level remained significant. Conclusion: Our findings are consistent with previous studies and have significant implications for clinical practice. Although agreement between parents was considered generally good, the decision to choose just one of the reporters has impact on ADHD diagnosis. Furthermore, the association between disagreement and difference of educational level should raise the clinician's attention to situations where such difference is exceptional, having potential impact on diagnosis and treatment decision