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Attention-Deficit/Hyperactivity Disorder in Children: A Comparative Study on Current Assessment, Diagnosis and Treatment Practices in Malaysia and New Zealand

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in

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Nurul S. Sa'ari

Abstract

Diagnosis and treatment of attention-deficit/hyperactivity disorder (ADHD)—one of the most common neurobehavioural disorders of childhood and the most chronic childhood disorder—remain controversial because of concern about inappropriate practices among mental health practitioners. The purpose of this study was to examine the current diagnostic assessment procedures and treatment interventions applied in diagnosing and treating ADHD children in Malaysia. The study also addressed the issues of ethnic diversity and age differences among these children that may affect the implementation of such procedures and interventions. This study, then, represents the first effort to compare and contrast the diagnosis and treatment practices for the disorder in Malaysia and in New Zealand. As a replication of a previous study by Kingi (2000) in New Zealand, the study was conducted in 2 phases. First, a random sample of 40 children with ADHD, aged from 3 to 16 years, was surveyed in 2 areas in Malaysia. Then 4 practitioners who provided data for 5 children in the first phase were screened. Each parent completed Kingi's Parent/Guardian Survey and each practitioner completed Kingi's Treating Practitioner Survey. Responses indicated that the majority of Malaysian children were assessed and treated for ADHD with inconsistent application of current scientific recommendations. Ethnic diversity and age differences influenced the use of some types of assessment procedures and treatment interventions for these affected children. The results of a comparison with Kingi's findings indicated that there were significant differences in the utilisation of diagnostic procedures for Malaysian and New Zealand children. However, no differences were detected in the application of treatment interventions in these 2 countries. The diagnosis-country association and treatment-country associations were moderated by the age of the children. Some types of diagnosis and treatment procedures used for ADHD children, varied considerably across Malaysia and New Zealand and age differences also affected the use of some types of procedures in these 2 countries. Overall, these findings add to a growing literature supporting the notion that many ADHD children are inappropriately diagnosed and therefore inaccurately treated.

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