

The aim of the bachelor thesis is to map the issues of differential diagnosis of ADHD in general, and then focusing on the key elements for differentiating ADHD and borderline personality disorder. ADHD is a significantly underdiagnosed disorder in the adult population. One of the main causes is symptomatic overlap with other disorders, which are also often comorbid with ADHD. The current wording of the diagnostic criteria is also problematic, as it does not include all the symptoms of ADHD and, moreover, does not adequately reflect the specific manifestations of the disorder in adults. There are also as yet no objective measures by which ADHD can be diagnosed. Misdiagnosis leads to people with ADHD missing proper treatment that could alleviate the significant psychosocial impairments associated with the disorder.

The theoretical part of this thesis summarizes the diagnostic methods for ADHD as well as the problem areas that make correct diagnosis difficult. The thesis also provides a summary of the diagnoses that are most often comorbid or confused with ADHD, along with the ways in which each disorder differs.

The main focus of the paper is the differential diagnosis of ADHD and borderline personality disorder. In this paper we have identified key symptomatic overlaps as well as manifestations typical of only one of the disorders. We conclude the theoretical section by briefly raising the topic of ADHD as a risk factor for later development of BPD, particularly in relation to typical manifestations or consequences of ADHD that have also been shown to increase the risk of developing BPD.

In the experimental part, we tested two hypotheses using an artificial intelligence-based classification model. The first hypothesis was that a combination of standardized scales and objective measures in the form of neuropsychological tests would be more accurate in discriminating ADHD and bpd than standardized scales alone. This hypothesis was confirmed, but only on the condition that not all neuropsychological tests were used to differentiate. On the contrary, the inclusion of all tests reduced accuracy. Thus, we concluded that it is important to consider the relevance of the neuropsychological metrics considered in the differential diagnosis. Our results are also consistent with previous findings that objective measures alone are not sufficient for the differential diagnosis of ADHD.

We formulated our second hypothesis based on a search of the theoretical section on the most important symptomatic overlaps between ADHD and BPD. Our second hypothesis was that the least useful BPQ subscales for differentiating ADHD and BPD would be impulsivity, self-image, relationships, and affective instability. As a result, the predicted low importance of the impulsivity, relationships, and self-image subscales was confirmed. However, instead of affective instability, the classification model included abandonment among the four least important subscales.

The results of the theoretical and empirical sections support a critical view of the current diagnostic criteria for ADHD and the importance of a deeper knowledge of the variable manifestations of this disorder in adults for its correct diagnosis.