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The Quest to Find True ADHD: Navigating the Diagnostic Challenge of Malingering – A Systematic Review

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder and accurate diagnosis is essential but remains challenging due to the potential for malingering. Additionally, the increasing demands of a fast-paced society place, prompting quick solutions, may lead to simulated presentations or feigning. This paper examines the complexities of distinguishing genuine ADHD cases from malingering, emphasizing the need for refined diagnostic protocols. Malingering, in fact, involves deliberately fabricating symptoms to achieve a desired result, such as:

- Academic Advantages
- Access to Medications
- Avoiding Responsibilities

Objectives: Given all these challenges, we explored how current scientific literature addresses this issue. Inspired by the work of many colleagues, we aimed to summarize their efforts in this systematic review to propose a possible solution for collaborative improvement.

Methods: We analyzed over 296 papers from major scientific databases focusing on “malingering and ADHD” to create a comprehensive overview of this increasingly widespread problem.

Results: The main results, after a thorough analysis of all parameters, emphasize the need for:

1. Advanced Assessment and Objective Measures: dynamic assessment techniques, combined with psychophysiological measures and parental input.

2. Enhanced Diagnostic Protocols and Tools Integration: ADHD rating scales and Symptom Validity Tests (SVTs) like TOMM (Test of Memory Malingering) and WMT (Word Memory Test) to minimize diagnostic errors, make the criteria more robust.

The following table summarizes the criteria analyzed in the 37 articles selected after a thorough review.

Study Reference	Participants	Age	ADHD Assessment Tools	Malingering Assessment Tools	Comorbidities	Main Findings
Selected studies (37)	Diverse populations such as college students and ADHD patients.	Mean ages ranging from early 20s to late 20s; gender distribution varies.	Various scales including CAARS, BAARS-IV, ImpACT.	Several scales, including NV-MSVT, PAI, b Test, WMCD.	Commonly reported: anxiety and depression.	Challenges in differentiation, high prevalence of comorbidities, issues with malingering detection.

Conclusions: Traditional ADHD assessments, based heavily on self-reported symptoms, are becoming less reliable, especially with the growing trend of self-diagnosis and malingering. To address this, adding performance-based tests like TOMM and WMT is key for spotting malingering and improving diagnosis accuracy. Our

study aims to elucidate this issue, which has subtle but profound implications for the quality of life of thousands of patients, who may receive a superficial diagnosis that could affect them for a lifetime, even pharmacologically.

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Schizophrenia and Other Psychotic Disorders

EPP326

Gender difference in eye dominance in patients with schizophrenia and normal controls

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Introduction: Hemispheric imbalance might underlie the genesis of psychosis. In patients with schizophrenia left eye dominance was higher than in control subjects. The aim of the study is to investigate sexual differences in left eye dominance as a biological marker of neuronal dysontogenesis in schizophrenic patients and control subjects. This study is part of a larger investigation project on the intriguing relations between six groups of markers of neuronal dysontogenesis - left-handedness, left-footedness, left-eyedness, minor physical anomalies, digit ratio, and cognitive (attention and memory) deficit.

Objectives: Altered cerebral lateralization is a key trait found in many neurological and psychiatric disorders. This study investigates the gender difference in eye dominance between patients with schizophrenia and controls.

Methods: The study was conducted in the Clinic of Psychiatry at the University Hospital in Sofia and the State Psychiatric Hospital in Radnevo. The sample included 98 (56 men, 42 women) consecutively admitted schizophrenic inpatients with a mean age 34.45 years for men and 42.20 years for women and 82 control subjects (30 men, 52 women) with a mean age 34.70 for men and 44.50 years for women. Three tests for eye dominance were administered as performance tasks- Looking through a monocle, Hole test and Porta test.

The non-parametric Mann-Whitney test was used to analyse the data.

Results: The mean left-eyedness is significantly higher in schizophrenic patients than in control subjects in the three eye tests: Looking through a hole - .81 vs. .39, $p<.001$, over two times increase; Looking through a monocle - .78 vs. .39, $p<.002$, two times increase; Porta test - .86 vs. .41, $p<.002$, over two times increase.

In male subjects the difference between schizophrenia and controls reaches statistical significance for Looking through monocle ($p=.037$), but does not reach statistical significance for Hole test ($p=.196$) and Porta test ($p=.077$). In contrast, all female intra-gender comparisons between schizophrenia and controls reach statistical significance- Looking through monocle ($p=.013$) and Porta test ($p=.015$) reach statistical significance at $p<.05$, while Hole test at $p=.001$.

Conclusions: The patients with schizophrenia have significantly higher mean left-eyedness than the controls in both sexes, but this difference is much more pronounced in women than in men for all three eye tests. Altered eye dominance in patients with schizophrenia is related to a prenatal maldevelopment and exhibits clear gender difference.

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