

What Everyone Sh ABOUT

by Stephen P. Hinshaw and
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IN A RECENTLY PUBLISHED BOOK—*ADHD: What Everyone Needs to Know* (Oxford University Press, November 2015)—we have teamed up to write an authoritative, engaging, and sometimes edgy look at this condition. ADHD has become one of the most controversial health and mental health issues in the world, affecting an estimated 6.4 million youth and nearly 10 million adults in the United States alone. The book, which constitutes the

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first mental health title in Oxford's growing What Everyone Needs to Know series, features a question-and-answer format, straight talk, and definitive yet accessible information on the condition's blend of neurobiological and psychosocial causes, the major surge in diagnoses over recent years, what's needed for accurate diagnosis, and how various treatments do (and in some cases do not) work.

We believe that amidst the veritable flood of information about ADHD these days—much of it based on commercial interests and a lack of validated science—a major need exists for sound information presented in matter-of-fact and sometimes humorous format. Indeed, we wrote this book with the general public in mind; we hope that its messages will dispel myths and set the record straight.



Below are adaptations of just a few of the Q & As in the book.

1 **Isn't ADHD an excuse for bad parenting, lazy kids, or accommodation-seeking adults?**

This is a prevalent myth—and one we spend a lot of time debunking in this book, in interviews, and in our public talks. Despite the skepticism and the stereotypes, substantial research has shown that ADHD is a strongly heritable neurodevelopmental disorder. The quality of one's parenting doesn't create ADHD, although it can certainly influence how ADHD and a number of accompanying conditions can develop. People with ADHD are not lazy but instead compromised in their abilities to regulate effort and attention and to control impulses. In particular, problems with what are called “executive functions” (planning, maintaining effort, retaining different bits of information in memory) and with developing a sense of intrinsic motivation often underlie ADHD symptoms. These issues are deeply rooted in brain chemistry and tend to run in families.

2 **Isn't it just a plot by pharmaceutical firms that want to sell more medications, especially powerful stimulants?**

Pharmaceutical firms have worked hard to expand awareness of ADHD as they pursue profits in a global market estimated to approach \$12 billion. But they didn't create the disorder. Moreover, many well-controlled studies have shown that stimulant medications—the most common treatment for ADHD in the United States—can be quite helpful for many people with the disorder and are generally safe, when used as prescribed. These medications work by regulating the flow of two key neurotransmitters in the brain, dopamine and norepinephrine. The chief effects of the meds are to increase focus and reduce impulsive and fidgety behavior. But to teach important academic and social skills and improve family functioning, combining medicine with psychosocial treatments, especially behavioral and cognitive-behavioral intervention, is usually optimal.

In short, our position on medication boils down to this: There is no “magic bullet,” and medication should be used with caution, because of potential side effects and valid concerns about dependency if the pills are used without careful monitoring. But you shouldn't let Big Pharma's sometimes remarkably aggressive tactics dissuade you, or your child, from receiving a medication trial, following a careful diagnostic work-up.

3 **Aren't we all getting a little “ADHD” because of how much we're all using Facebook and Twitter and checking our portable devices constantly?**

Everyone in modern society is facing a new world of devices, social media, and demands for rapidly shifting attention. It's quite possible that the evolution of technology is moving faster than our brains' capacity to adapt. It's no coincidence that reports of ADHD emerged with the advent of compulsory education in the nineteenth century, when for the first time all children were made to sit still and learn academic skills. As performance pressures mount, ADHD diagnoses tend to rise.

Still, it's important to make a distinction between distraction that can be controlled by turning off your email versus genuine ADHD. Although most of us today are facing environmentally caused problems with distraction, people with ADHD are at a particular disadvantage.

4 **How fast have US rates of ADHD been increasing, and why?**

The short answer is: really fast. U.S. rates of ADHD were already high at the turn of the millennium, but since 2003, the numbers of diagnosed children and adolescents have risen by 41 percent. Today, more than six million youth have received diagnoses. And the fastest-growing segment of the population with respect to diagnosis and medication treatment is now adults, particularly women.

The current numbers are staggering: For all children aged 4-17, the rate of diagnosis is now one in nine. For those over nine years of age, more than one boy in five has received a diagnosis. Among youth with a current diagnosis, nearly 70 percent receive medication. U.S. rates are significantly higher than anywhere else in the world, although many other nations are beginning to catch up.

5 **What might be causing some of the high rates in the United States?**

An issue of serious concern is the likelihood of overdiagnosis in some parts of the country. (State-by-state variation in rates of ADHD diagnosis is staggering.) This danger is heightened given that determining whether someone has ADHD remains a somewhat subjective process, in that, like all mental disorders, there is no blood test or brain scan that can decisively determine it. Gold-standard clinical processes, which include taking thorough medical histories and gathering rating scales from family members and teachers,

can guard against overdiagnosis, but all too often the diagnosis is made in a cursory visit with a nonspecialist.

6 What danger might there be of underdiagnosis?

The same quick-and-dirty evaluations that fuel overdiagnosis can also lead to missing ADHD when it truly exists. In other words, the clinician who insists that he or she can detect ADHD in a brief clinical observation may overlook the fact that children and adults may act quite differently in a doctor's office than they do at school or in the workplace. This problem is equally concerning, because whereas overdiagnosis may lead to overtreatment, underdiagnosis means individuals who truly need help aren't getting it.

7 I keep hearing that ADHD is a "gift." What does that mean?

Celebrities—including the rapper Will.i.am and business superstars such as Jet Blue founder David Neeleman—have talked about the advantages of having ADHD in terms of creativity and energy, and many

ADHD advocates have championed the idea that the condition is a "gift." We support the idea of ADHD as a kind of neuro-variability that in some contexts, and with the right support, might offer advantages. But *do* look this gift-horse in the mouth: ADHD is too often a serious liability, which prevents creative ideas and energetic actions from being completed. It needs to be managed throughout a lifetime. Consider the Olympic swimmer Michael Phelps, who rose to super-stardom only to be embarrassed by drug and alcohol problems. Longitudinal studies show that people with ADHD on average suffer significantly more problems with addiction, accidents, divorces, and academic and employment setbacks than their peers—with huge costs to the overall economy compounding personal and family suffering. ADHD is serious business. 🗣️

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