

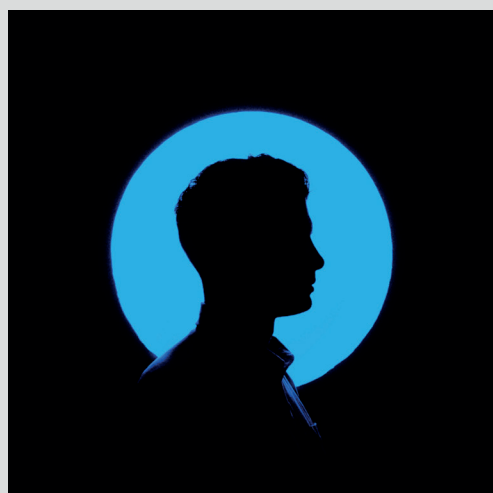
## **360 Treatment Tools & Tips**

An ADHD 360 3T's paper

# **Myths About ADHD**

ADHD is extremely well studied and there are many academic papers and reports available for us all to read. Unfortunately, there are also many myths that are repeatedly quoted as facts, so we thought it would be good to discuss some of them and where appropriate dispel these myths by merit of evidence.

### **“ADHD is something people grow out of.”**



Many years ago, scientists and clinicians believed that ADHD was something that was 'grown out of'. When the Directors of ADHD 360 started working in this field, there were no licensed medications for adults and for most people treatment stopped at the age of 16.

We knew then, that ADHD clearly goes forward into adulthood, and thankfully the world has now caught up. The false boundary of the age of 16 is a myth and for many adults they don't realise they may have ADHD until they are past that age. Well past that age.

A generation ago our schooling system didn't really recognise ADHD and when we look at school results provided by some of our adult patients, we can see that very clearly:

***"...is too easily distracted in her lessons and she has a very immature approach to her studies. She must be more determined to lengthen her concentration span..."***

***"...must learn to control her tongue when answering back..."***

Both of these patients, Mums with children with ADHD, have an adult diagnosis of ADHD and both look back on how they were not understood as children and how hard life was for them then.

## **"ADHD is all about naughty boys."**

It is a classic myth and one that females with ADHD have had to endure for far too long. Even now many people believe it is about being naughty, so let us dispel this myth.

Imagine being a 6 year old girl and struggling to concentrate on what the teacher is saying, then all of a sudden the teacher catches your eye and asks you a question in front of the class...

You don't even know the subject right there and then, never mind the question and naturally you get it wildly wrong. In your mind you make a fool of yourself. Were you being naughty at this stage? Of course not, but what do you do next time to save face? One common coping mechanism is to anticipate the question is going to come and do something before it gets to you, in effect to stop it being asked so that you don't lose face. You may go to the toilet, you may deliberately do something foolish, anything to divert the teacher away from asking a question. Are you being naughty? Definitely not, but for sure your ADHD caused all of the behaviours we have discussed.

But what about the young lad, his mind wandering, sat at the back of class, and constantly pleasantly underachieving. No fuss is made for him, by him and he is a 'delight'. He constantly turns in C grades, but he knows, and his parents suspect, that he can do better. In conversation he is an 'A' grade student. He is never naughty, and school doesn't recognise anything different in him, he just pleasantly gets on with being a 'middle of the road', average pupil. If the 'naughty' myth were to be believed he could not possibly have ADHD, but of course he has, and once treated his performance began to reach his potential.



Whilst naughtiness can be a coping mechanism for someone with ADHD, it is not a prerequisite requirement and we need to take great care in dismissing someone as not having ADHD just because they behave at school. Interestingly, often school children get home having done their very best to behave all day despite their frustrations and have nothing left in the tank and subsequently 'meltdown'.

Do you know what? That's the place for this to happen, it is safe, and it is 'home'. We need to understand why this would happen and adjust our reactions. How interesting this is when school says "we don't see any ADHD behaviours" when they mean she isn't naughty, but at home the 'meltdowns' are common. ADHD doesn't need naughty, but when naughtiness happens we need to understand why.

## **"You have to be physically hyperactive to have ADHD."**

You've probably heard of ADD, and people still talk to us about ADD not ADHD "because I am not hyperactive". This warrants a good examination so let's do this conversationally:

**Clinician:**

*"How hyperactive do you think you are?"*

**Patient:**

*"I am not, I am ADD"*

**Clinician:**

*"And how easy it is for you to concentrate on one thing at a time?"*

**Patient:**

*"It is impossible; it is like a TV with 8 channels and my brain switches between the channels constantly. I don't watch a whole programme ever, but they are all on..."*

**Clinician:**

*"And what about focus, how well do you focus?"*

**Patient:**

*"I can't, my thoughts are like a tumble dryer, so many things whizzing around I don't know how to stop it in order to pick one thing to focus on..."*

**Clinician:**

*"Accepting you aren't hyperactive, although I can't help but notice your leg is constantly jiggling up and down, would you think you could have a hyperactive mind?"*

**Patient:**

*"Oh yes, for sure, but that's not hyperactivity is it? Is it? It is hyperactivity, isn't it?"*

Evidently, it is. Hyperactivity manifests in many forms and classically we would expect bodily hyperactivity for a diagnosis of ADHD, but when we look further, deeper, we can see that there is far more to this.

We should kill off the ADD badge here and now and respect the fact that busy minds that impair someone's ability to concentrate or focus are as much symptoms of ADHD, as the behaviour of a young lad who cannot possibly sit still to even eat his dinner. It just comes in different forms.



## “ADHD doesn’t exist, it is all bad parenting.”

It is interesting how some people can define this and yet ignore some plain truths. For a start, ‘perfect parenting’ doesn’t exist; we all make mistakes and we can all do better. But that doesn’t justify this myth. And we can dismiss the myth by stating the obvious: **Anyone with ADHD will display some behaviours that aren’t popular regardless of how well they are parented.**



**But we can also afford to take some time to look a little deeper into this:**

ADHD is troublesome. It can be hard to regulate behaviour and emotions, and this gets tougher as time passes and things are repeatedly difficult. Also, we know that ADHD is very easily passed on genetically, in fact it is as inheritable as height. When we see a child with ADHD, we look at the biological Mum and Dad and the chances are that one of them will have ADHD. Conversely, when we see an adult with ADHD, we have a look at their children and find similar results. We call it ‘Pedigree’. But back to ‘bad parenting’.



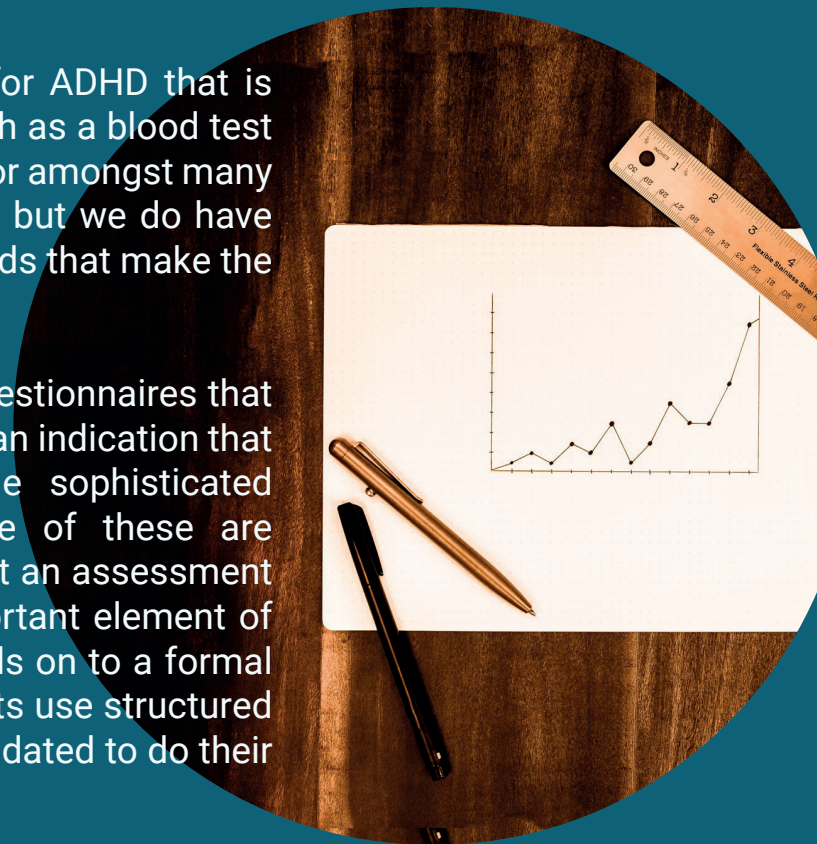
What if the struggles of the child are replicated as the struggles of the parent, and maybe even the grandparent? What if there are some skills gaps as a parent, a struggle to concentrate, difficulties being consistent, some challenges regulating emotions? Is that ‘bad parenting’, or is it something that the family needs help with? We would favour the latter and that’s why in our previous T3 paper ‘Control’ we discuss these issues.

Without a doubt we can all learn about parenting, and we all should. But before anyone is judged as a ‘bad’ parent we should maybe have a look behind what is going on first. Just remember that ADHD is genetic, and can’t possibly be all about ‘bad parenting’.

## “It is impossible to diagnose ADHD as there isn’t a blood test to prove it.”

For many years the prospect of a ‘test’ for ADHD that is biologically, data driven and definitive, such as a blood test has been discussed. Maybe even wished for amongst many clinicians. There is currently no such test, but we do have some rigorous diagnostic tools and methods that make the diagnosis robust and accurate.

We can ‘screen’ for ADHD using simple questionnaires that yield a lot of information, and importantly, an indication that there ‘may be ADHD’. There are some sophisticated computer tests that screen also. None of these are diagnostic but they indicate whether or not an assessment is worth pursuit and screening is an important element of the diagnostic process. This naturally leads on to a formal assessment and observations. Formal tests use structured questionnaires, themselves tested and validated to do their job and identify ADHD correctly.



The ‘manual’ for understanding any mental health issue is the **DSM**, or the **Diagnostic and Statistical Manual** to give it its full title. Now in its 5th edition this book has all the required information in it that a clinician needs, but importantly for this discussion, the **DSM** is the reference point for the structured questionnaires.

You may hear talk of **ICD 10**, the **International Classification of Diseases** as it is a similar reference book. The questionnaires used by clinicians are aligned to the **DSM** so closely that as we gain answers to the questions we are satisfying (or not) the criteria in the manual.

A good clinician, in fact an excellent clinician, will take their patient and family through a **DSM** based assessment and make it look conversational. It should be the classic ‘swan scenario’, where the patient sees a graceful, well conducted performance above the surface, but the clinician is paddling hard, keeping up with the answers, thinking about the gravitas of the information whilst looking ahead to the next bank of questions to be asked.





As for us at ADHD 360, you won't see our clinicians behind a desk, studying a manual and not focusing on you.

You *will* see an outwardly relaxed, friendly, warm clinician bringing out the very best of the person being assessed, so that when we have the DSM based information, the assessment has looked easy. Vitally, we have to remember that excellence also means that whilst asking these questions, the clinician is looking at the patient, assessing body language, speech, behaviour all the time. Those observations are fundamental to obtaining an accurate diagnosis.

It is entirely possible to diagnose ADHD robustly, fairly, and accurately and it isn't a debate about which tool / which questionnaire is used, rather it is a debate about skill. The more 'swan-like', the better as making something skilled look easy is an art form, one we insist on at ADHD 360.



## **“There is no point getting a diagnosis as an adult, the moment has gone.”**

We have two patients in their 70's and when the first one came to us, I spent time with him discussing a diagnosis in his senior years. Quite simply he wanted to make life easier for himself and especially for his wife, and to be a better grandparent. And why the heck not?

For many adults the thought of a diagnosis is a presentation of a new start, the opportunity to 'perform a system reset' and have a new fresh chance at life. It certainly can be, and we should say often is, life changing.

We hear so many patient's stories about *“you saved my marriage; I do things for my wife she's astounded”, “I have now got a fulfilling relationship with my line manager who was about to sack me, we now regularly have coffee and talk things through”*.

It doesn't really matter what the benefit is, what the outcomes to successful treatment are, they are personal and for the patient to reflect on. However, it is important regardless of your age, that we 'give it a go'.

We worked with a young lady a while back, a delivery driver, responsible for organising her own delivery 'drops' and making her wage per-drop. Before her treatment she was managing 15 drops on a good day as she couldn't focus enough and plan properly to make her day productive. After treatment and optimisation on medication she took that figure up to 85 drops per day and is earning more money than she has ever done before. She came to us privately, but it is a fact that her financial rewards at work have more than paid for her treatment. What's more she is happy too!

The point here is that it is always worth seeking to be well and dispelling this myth about it being 'too late' is easy. Just ask our senior patients.



## More than your diagnosis

There are many more myths and maybe we will pick these up in a later paper. The overriding element to understanding ADHD is to trust the professionals and seek guidance whenever you can. We offer free advice, free consultations and we pride ourselves on our professional approach to medicine. Imagine if we believed the myths - we would believe the world was flat, or we would believe that Manchester United are a world class football team!

\*Footnote: the paper's author is a lifelong Liverpool fan and ADHD 360 take no responsibility for his jaundiced views of Manchester United's football capabilities.



## ADHD 360 Mobile & Desktop App

The ADHD 360 app is designed to help you keep yourself and your clinical team up to date with your ADHD symptoms and includes many useful tools.

It's free on the Apple App Store for mobile and desktop.



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