



Family Care Clinic for ADD and ADHD

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Myths and Facts about ADD and ADHD

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are once again in the news and there is a lot of misinformation being spread around. These days everyone seems to have a friend or relative that has a story about ADD or ADHD. Some of them are true and some are pure fiction. Dispelling the myths associated with ADD and ADHD are a big part of the patient and family education that is given by the doctor. Here are some of the most common myths that are encountered.

The first myth is that ADD and ADHD are not real disorders. The fact is that ADD and ADHD are real disorders with a biological cause. The latest scientific evidence suggests that people with ADHD have low or imbalanced levels of specific chemicals called neurotransmitters in the brain. Neurotransmitters like dopamine and norepinephrine help relay messages in the brain, usually passing on information that affects a person's mental and emotional functioning. Low levels of these chemicals may disrupt communication between nerve cells and scramble the "messages" the brain receives. Nerve cells cannot relay messages or "talk" to one another. It's similar to a telephone connection that's not working properly; as a result, some of the "conversation" between parties is not heard. Some think that children have ADD because they don't listen. The truth is they seem not to listen because they have ADD.

The next myth is that ADD and ADHD only affect children. Unfortunately this is not true. Up to 65% of children carry the disorder into adulthood. Some sources have much higher estimates. Experts believe that nearly 9 million adults have some form of ADHD. As untreated ADHD continues into adulthood, the symptoms and the way they affect people may change. Here are a few examples of how symptoms may change over time from childhood to adulthood. Hyperactivity becomes restlessness. A child that has difficulty sitting still, who is always on the go, climbs and runs at inappropriate times may become an adult that is fidgety impatient and can't stay focused on one thing.



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Physical impulsivity may become verbal impulsivity. Doing things that result in a lot of injuries and difficulty waiting one's turn in a child may become saying the "wrong thing" or speaking out of turn and interrupting others excessively in an adult. The difficulty of inattention usually persists as well, just in different forms. The child that has difficulty at school will become the adult that has problems in the workplace. As you can see, the symptoms of children with ADHD can have lifelong repercussions. Adults need to deal with life's many demands. ADHD symptoms can seriously impair an adult's ability to handle daily responsibilities.

Another common myth is that more boys than girls have ADHD. This is true so far. Many more boys than girls are diagnosed with ADHD at ratio of approximately 3:1. But the numbers keep changing and the girls are catching up. There are several reasons for this. ADHD tends to be under-diagnosed in girls. Less attention is paid to girls because they are less likely to exhibit the more noticeable boisterous, hyperactive behaviors seen in boys. Girls with ADHD are typically more inattentive and less hyperactive than boys.

A favorite myth is that ADD stands for Adult Discipline Deficiency or that ADD and ADHD stem from the environment, social learning, or "bad parenting". The fact is that there is a strong genetic component. This means anyone diagnosed with ADHD is more likely to have family members who also have the condition. Medical studies suggest that the chances of a child inheriting ADHD may be as high as 75%. Many adults with ADHD are often diagnosed after their children. The percentages below show which relatives are most at risk. The highest at risk are children, parents or siblings. A child of a parent with ADHD has over 50% chance of having the disease. A parent of a child with ADHD has over a 30% chance and a sibling a 20% chance. For other relatives, including aunts, uncles, or first cousins, the risk can be as high as 12%.

Lastly any one can make the diagnosis because it is easy to tell if someone has ADD or ADHD. In truth this is a very complex disorder which is often mistaken for other conditions. ADHD is often mistaken for other conditions such as depression, anxiety, learning disabilities, substance abuse problems, and bipolar



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disorder because it can share some of the same symptoms of these disorders.

Because these conditions are sometimes mistaken for ADHD, it's important to be screened for them before a diagnosis is made. As many as 50% to 60% of all children with ADHD also have at least one coexisting condition.

The two biggest problems with ADD is that it is over-diagnosed and it is under-diagnosed. Let me explain. There are many children that have been diagnosed that don't actually have it, thus it is over-diagnosed. The reverse is also true. Half the children that actually have ADD do not have hyperactivity, and they have not been diagnosed. Traditionally the diagnoses of ADD and ADHD have been based on non-specific and unreliable data and behaviorally biased ratings such as questionnaires. These are rating scales that are filled out by the parents and teachers. They are based on the observations of behavior and do not directly measure attention span or impulsivity.

The ability to measure attention span and impulsivity is now available in our clinic. It's called the T.O.V.A. or Tests of Variables of Attention. This test is a non-language based test that allows us to screen children and adults for attention type problems. The test is very simple and does not hurt a bit. They simply press a button in response to an on-screen signal. If your child had already been diagnosed with ADD or ADHD and is currently on medication, we can use this test to adjust the dose of the medication. Most children usually end up with a lower dose. This results in better school performance and less side effects and happier children.