ADHD – the myths and the facts

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Attention deficit hyperactivity disorder is one of the commonest disorders encountered by child psychiatrists in clinical practice. It has been a psychiatric diagnosis since the 1980s but still is met with ignorance and refute in many quarters. The present editorial gives the reader an overview of the myths and facts that surround this disorder.

Myth: ADHD is a new fad and not a disorder.

Fact : ADHD is not a new fad but has been known since the early 1900s. It is a well recognised and serious neuropsychiatric disorder that needs treatment in any form at the earliest. Delayed diagnosis can result in many complications including failure to perform academically despite having the capacity and potential.

Myth: ADHD does not exist.

Fact : ADHD does exist very much and is a recognised disorder by doctors worldwide. There are criteria laid down to diagnose and detect the condition as well how severe it may be.

Myth: ADHD is over diagnosed by doctors.

Fact : ADHD is not over diagnosed and in fact doctors are very careful before they diagnose or label a child who has ADHD as the diagnosis once made needs regular intervention at various levels and monitoring by various professionals.

Myth: ADHD is due to poor parenting.

Fact : ADHD is not due to poor parenting but a host of other factors play a role in the causation of ADHD. There are biological and brain based factors as well as psychological factors like the home environment and genetics along with chemical changes in the brain that are responsible for the development of ADHD.

Myth: ADHD is disorder of childhood and goes away by the teenage years.

Fact : ADHD is not just a disorder of childhood but often progresses into the teenage years and can progress into adulthood where it is called adult ADHD or may lead to other psychiatric problems in adulthood. This is however more likely if the disorder remains untreated in childhood.

Myth: ADHD is a harmless disorder to the child.

Fact : ADHD though not physically damaging can cause a number of hurdles for the child as far as academics and school performance as well as social skills and games or sports performance as it affects both attention and concentration. It also affects mood and children with ADHD may be moody or have mood swings.

Myth: ADHD children are always hyperactive.

Fact : ADHD children may not always be hyperactive. In fact a quiet child with just inattention and poor concentration or distractibility may have ADHD which is primarily inattentive in nature and may not display hyperactivity or aggression with impulsivity.

Myth: ADHD is caused by food allergy and sugar.

Fact : ADHD is not caused by food allergies or excess sugar as studies on the same are inconclusive. However some foods rich in heavy metals like canned food and foods with high level of preservatives have been implicated but no major studies prove the same.

Myth: ADHD drugs are harmful, addictive and over prescribed.

Fact : ADHD drugs have been tested and tried across various populations before being sanctioned for use. They are safe and have no major side effects if used judiciously and with stringent monitoring. They need to be given as per the doctors recommendations and regular follow up is a must. They are non-addictive and never prescribed unless it is warranted for the child who needs treatment.

Myth: ADHD can be treated without medication.

Fact : ADHD cannot be treated without medications in all cases. Usually non medical methods are used like behaviour therapy, occupational therapy and parent training in management of the child. But when these methods do not work or if the child has moderate to severe hyperactive medications would have to be included in the treatment.

Myth: ADHD can be treated with medicine alone.

Fact : ADHD can never be treated with medications alone but rather a combined approach involving behaviour therapies, outdoor sports, parenting changes, occupational therapy and classroom management go hand in hand with medication to encompass a biopsychosocial approach to the treatment.

RECOMMENDED READING AND REFERENCES

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