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ADHD: CORRECTING MISCONCEPTIONS ABOUT ADHD WITH RESEARCH

Parents are flooded with ideas, concepts and information about ADHD from many sources. Some of the ideas are misinformed, some are partially correct, some of mostly correct. How can a parent sort out fact from fiction about ADHD?

Here are some key misconceptions and the corrected, evidence-based facts about ADHD.

1. **"ADHD is something kids will grow out of. I just have to be patient."**

   Nope. Kids with untreated ADHD become teens who are far more likely to academically underperform, be school avoidant or truant, act promiscuously, use drugs and have severe peer conflicts. Young adults with untreated ADHD have significant trouble completing college and launching into careers. Adults with ADHD are far more likely than average to be depressed, to underachieve in careers, to use drugs or alcohol to excess and to have unsatisfying marriages. In fact, in my practice I have an epidemic of young adults with ADHD who cannot launch from their parents' homes, and of adults who are depressed, driving their spouses crazy, living in unsatisfying marriages, and engaging in substance use disorders. Studies have demonstrated that 50% of those diagnosed with ADHD as children still show significant impairment as adults;

2. **"ADHD is a moral disorder in which kids just don't want to work hard."**

   150 years ago, ADHD was first catalogued by physicians in England as a moral disorder of the will. Willpower is affected, but not because the ADHD person is morally deficient. Rather because initiating action,

planning, follow through, and sustaining motivation are all impacted by compromised brain functioning. The chemistry of the brain which supports the electrical charge needed for neurons to communicate with one another across synaptic gaps is just not strong enough some of the time;

3. **"ADHD is not a psychological disorder, but it is a societal problem, a product of a mismatch between modern educational demands and a child who is a Master Hunter, tragically mismatched."**

   This is not true at all despite online claims that ADHD people are just Master Hunters misplaced in a technological culture. I would NOT want my hunting party leader to have severe ADHD, as their executive function capacity compromise might just get me lost or, worse, eaten by my prey!

4. **"ADHD kids have a "broken brain."**

   Many very young children have told my wife Marilynn Formica, a very skilled child therapist, that they feel their brain is broken. My ADHD young adults tell me their brain "betrays" them constantly, refusing to follow through on their good intentions. These patients are pointing to something real, a brain-involved compromise which interferes with executive functioning. But parents often think their ADHD child can NEVER be highly focused, highly motivated, or functioning with peak involvement. This is not exactly true. Rather, ADHD is highly variable and situational; brain blood flow and electric current across synaptic gaps and between neurons produce vast variability in all Executive Function capacities, depending on the day, the situation and bio-chemical factors at play. Your child does not turn it on and off willfully or out of spite.

5. **"ADHD is a made-up disorder, incorrectly diagnosed, because it is really a sleep disorder, a product of too much screen time or computer gaming."**

Not so. We can, with various forms of testing, including fMRI studies, identify those children and adults who have ADHD and those who do not. It is a real disorder, a substantial, game-changing disorder for the child, teen or adult so afflicted.

6. **"ADHD is an upper middle-class problem."**

   There is a view that minority kids have other issues and problems, especially acting-out disorders, but minority parents don't have to deal with this "upscale, leisure class" problem. This viewpoint is WRONG. Recent demographic data, published in JAMA finds that rates of ADHD have increased from 6.1% to 10.9% over the past 15 years and that this increase is demonstrated across all demographic groups: non-Hispanic White, non-Hispanic Black, as well as Hispanic and Asian subgroups. Although higher rates of diagnosis of ADHD exist for higher income White male teenagers than for minority and lower socioeconomic teens of the same age, ADHD has high prevalence rates amongst all U.S. groups. It is likely that the higher prevalence rates of formal diagnosis of ADHD amongst upper middle class white children is related to greater education levels and informational awareness of their parents, as well as greater access to healthcare providers amongst this group of parents.

7. **"ADHD must be manifest by age six or else what looks like ADHD is not really ADHD, but some other reaction, like depression."**

   This MAY be true in an individual case, but there are indeed children who have ADHD who do not manifest it when the demands of school and home are not too taxing on their Executive Function capacities. These children may not manifest ADHD until junior high school or, occasionally, even high school.

8. **"The gold standard for assessing ADHD is a psychiatric or neurological interview."**

   Not really. It is common for ADHD children, teens and adults to be able to get "activated" during a one-on-one interview and never demonstrate their ADHD problems and symptoms. There is a great

value to a neurologic or psychiatric interview for the ADHD child or teen, especially in identifying co-occurring disorders, which we will discuss later, but these one-on-one interviews are NOT the gold standard assessment tool for ADHD. The Gold Standard for assessing ADHD is Paper and Pencil Surveys filled out by both parents and teachers in which they provide data on the child or teen across significant time frames and in many types of settings. I have found that today's very well-informed neuropsychologists and child psychiatrists now use these tools. But if these tools are not used, the diagnosis or lack of it is suspect. Personally, I always use a neuropsychologist, when possible, with ADHD kids and teens, both to make the diagnosis of ADHD and to identify the likely accompanying Learning Disabilities and Co-occurring psychological disorders which often accompany ADHD.

9. **"Kids "catch up" developmentally and outgrow ADHD."**

   Typically, the symptoms of impulsivity and hyperactivity abate significantly during adolescence. However, the attentional issues and the executive functioning, emotional regulation and motivational issues do not lessen and often create enormous difficulties in college. Research estimates that 50% of ADHD children still qualify for a diagnosis of ADHD during adulthood.

10. **"ADHD is a child/teen disorder."**

    Not really. I work with many adults, from young adults to much older adults, who struggle with residual ADHD and absolutely need help compensating for and reducing the effects of their ADHD. A recent study published in Jama Network Open (Levine et al., 2023) confirmed what an earlier meta-analysis (Becker et al., 2023) had strongly suggested: that adult ADHD increased the risk of developing dementia by a factor of 2.77. However, this effect of ADHD disappeared if the ADHD study participant was using ADHD stimulant medication**.** This dementia study, by Dr. Levine in Israel, went on for 17 years. The study factored out 17 confounding variables to make sure it was not correlated factors like smoking which were responsible for the

dementia effect. If you are an ADHD adult, do NOT assume that medication is not useful, even if you are making an excellent income. Adults with ADHD have also been shown to be more likely to be depressed, to have marital difficulties and to be vocationally unstable than non-ADHD adults. **Medication and coaching can significantly help with adult ADHD.**

11. **"ADHD is a hopeless disorder and an ADHD person will be afflicted for life."**

    While it is true that fMRI studies show that once an ADHD person, always an ADHD person, if a child, teen or adult **gets proper treatment they develop new habits that are healthier than they would have been able to develop if they received no treatment. These new habits are the healthy scaffolding that protects them from the worst outcomes of ADHD.**

12. **"ADHD kids are just self-centered and foolishly focus only on their own immediate gratification."**

    Actually, this is another common moralistic viewpoint of parents. ADHD kids have a deficit in their motivational system. They have abnormalities in their anticipatory dopamine brain cell firing and this negatively impacts their reward system. Consequently, they have tremendous difficulty motivating themselves to get started and great difficulty in sustaining motivation while engaged. They simply don't feel the anticipation of reward the way you and I do. This changes when the reward is immediate and relevant to the child. Put another way, the **ADHD child has impairments in the way their brain reward system operates, one of many Executive Function motivational problems the ADHD child experiences.**

13. **"ADHD is caused by allergies, bad diet and/or food additives."**

    Only a few percent of cases, about 3%, diagnosed as ADHD are actually allergic reactions to food or food additives. The vast majority of cases are genetically determined, although another very small

percent is caused by traumatic brain injuries during birth, or by a stroke or a dementia process later in life.

14. **"ADHD is caused by sleep deprivation."**

    Any child deprived of sleep will exhibit academic and social and emotional regressions. Research suggests this drop off in functioning in normal children is as much as a full grade less than their usual functioning. ADHD kids will function even more poorly than their normal counterparts if they do not get good sleep. ADHD kids often have trouble with sleep as a function of their difficulty in self-calming, emotional regulation and of "shutting their brains off." Kids with ADHD have more trouble falling asleep, staying asleep, and waking up rested and refreshed. They have more restless sleep and more nightmares and night terrors. **Research indicates that their melatonin system kicks in more slowly and less effectively than non-ADHD kids. However, sleep issues are a product of ADHD, and exacerbate ADHD, rather than cause ADHD.** (Van Veen et al, 2010)

15. **"ADHD is mainly a disorder of hyperactive boys."**

    Nope. Hyperactive boys are easy to diagnose. But lots of boys and girls suffer from ADD, without the symptoms of hyperactivity and impulsivity being prominent. The diagnosis of these kids routinely gets missed by parents and teachers. Instead of being properly diagnosed, they get labeled "lazy" or "underperformers" or just "spacey."

16. **"ADHD kids just need more time on tests in school and do NOT need all these expensive special services."**

    More time on tests is the least important and least effective intervention for ADHD kids. They need so very much more both from their classroom teacher and classroom aides and from specialists who can address their likely concomitant learning disabilities and co-occurring psychological and behavioral problems.

17. **“ADHD kids are lazy kids. Or they just need to “try harder.” Or maybe they are primarily just “forgetful kids” who lose focus and just need to “get on the ball.”**

    Nope**.** Although loss of focus and forgetfulness, as well as both initiating and sustaining effort are obvious clinical features of ADHD, the newest research and my own clinical experience point to a **disordered motivational capacity** as a pivotal, central explanation in understanding why a child cannot initiate and sustain work that does not excite them. Their executive function disorder eventuates in a motivation system that is not up to the challenges facing children when something is not inherently stimulating or interesting to them. It can be unintentionally cruel to call an ADHD child lazy or “scatter-brained.”

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