

Appendix B

“But I Heard That...” More Background for the Unconvinced

To the outside world, this just seems the usual Venus-Mars stuff. But it is the degree of the behaviors that people don't understand. Besides, our gay and lesbian support-group members experience the same problems, so how can it be a Venus-Mars issue?

—BETH

“**N**ever in a million years would I have suspected ADHD!” Jennifer explains to the group. “I thought ADHD was a hyperactive little boy’s disorder. My husband is 38, six-foot-five, and fairly *listless* when he’s not engaged in something that really captures his interest.”

Sure, she knew something was out of kilter, especially with his unpredictable temper. Yet, because he always maintained his cool outside the home, she was the one who looked unstable. “I wasn’t *unstable*,” she says. “I was *de-stabilized*—by his making plans, changing plans, forgetting plans, and expecting me to read his mind about all of it and never be upset that I wasn’t consulted. Now I am stunned to learn how much ADHD has affected everything, and how common it is.”

Throughout history, whenever we haven’t clearly understood a phenomenon, myths have substituted and passed for knowledge. As more of us learn about ADHD, the common misconceptions we explore in this appendix may disappear entirely.

This appendix will help you to:

IS IT YOU, ME, OR ADULT A.D.D.?

- Understand that ADHD affects children *and* adults.
- Push aside mistaken notions that ADHD is an excuse for irresponsibility, a “typical human behavior,” a by-product of modern life, or a pharmaceutical company invention.
- Know that ADHD is not, in fact, a “controversial” diagnosis and that all significant scientific and medical bodies agree that ADHD is a valid medical condition.
- Realize that, left unaddressed, some ADHD symptoms can yield serious consequences.

“...ADHD Is for Children”

Until the 1990s, most medical professionals viewed ADHD as a diagnosis only for children, specifically physically hyperactive children. (A few in the healthcare industry—thankfully, very few—still mistakenly believe that.) One explanation: They thought that children outgrow ADHD because physical hyperactivity, long considered an ADHD hallmark, tends to lessen with age.

This misperception started changing in the 1970s when a few pediatric physicians experienced in treating ADHD connected the dots—observing “little apples” falling suspiciously close to the tree. That is, their young patients’ parents often shared many of the same behaviors, albeit in adult form. For example, they might self-medicate not with candy or boisterous activity but with alcohol or cigarettes.

“In treating children with ADHD, I started asking parents if they used to have problems like this as children, and the spouse would say, ‘What do you mean, *used to have?*’” says psychiatrist Paul Wender, who has been called the “Dean of ADHD.” Wender is a lecturer in psychiatry at Harvard Medical School. He began studying ADHD four decades ago, establishing himself as a pioneer in its diagnosis and treatment, both in children and adults.

Here’s another important point: Most of today’s adults who actually have ADHD were never diagnosed as children. In fact, 88 percent of ADHD Partner Survey respondents say their partners were first evaluated and diagnosed as adults, *during this relationship*.

Given modern awareness and diagnostic methods, if your partner were a youngster today, his or her symptoms would stand a better chance of being recognized. Even today, however, many bright children challenged by ADHD fly under the radar screen for years because their intelligence lets them compensate, they have strong parental support, they are in highly structured schools, or no one is paying attention to the problems and con-

necting the dots. It's only later in life—perhaps college, that first job, that first serious relationship, or that first baby—that they “hit the wall.”

In fact, according to ADHD authority Russell Barkley, ADHD is “far more apparent and even more impairing in adults than in children because adults have more domains of responsibility.” That is, adults are expected to hold a job, run a household, manage money, look after their health, and, in some cases, provide daily structure for children.

“...ADHD’s Just an Excuse for Irresponsibility”

Psychologist and ADHD expert J. Russell Ramsay has heard that line so many times he’s named it one of his top three myths about ADHD (the other two follow shortly).

As the associate director at the University of Pennsylvania’s Adult ADHD Treatment and Research Program, he’s noticed that clients often expend much-higher-than-average time and effort trying to meet their responsibilities—typically “twice the effort for half the result.” Instead of seeking an easy way out, he argues, “They want to gain a measure of predictable cause-and-effect in their lives.”

Harold Meyer, founder of The A.D.D. Resource Center in New York City and an ADHD coach, agrees. “People with ADHD usually know what needs to be done,” he says. “Their difficulty, and continual frustration for both themselves and others, is in doing what they know or, at times, thinking before they act. Instead of Ready-Aim-Fire, it’s Ready-Fire-Aim.” Or, as one of Meyer’s clients put it, “By the time I think about what it is I should have done, I’ve already done the first thing I thought about.”

Yes, it’s true that *some* ADHD partners use the diagnosis as an excuse. Frankly, though, that mostly seems to happen when they don’t realize that treatment can largely eliminate the need for excuses of any sort. They’ve simply learned that their ADHD symptoms are not, as long thought, character flaws that they could change “if they really wanted to.” And that, no doubt, must come as a relief.

“...The Symptoms Are Basic Human Behaviors”

Taken singly, ADHD symptoms do resemble typical human behaviors—because they are. “ADHD is a matter of severity, an exaggeration of normal human behaviors,” explains physician, author, and ADHD expert Patricia Quinn. Furthermore, you can have a little ADHD or a lot or be somewhere in the middle.

Debunking his second big myth about ADHD (that everyone has it), Ramsay puts it this way: “Saying that everyone who has some trouble with organization and procrastination has ADHD stands akin to claiming that because everyone periodically feels sad or nervous, that everyone has depression or anxiety disorders.”

In fact, careful research that measured people with ADHD against a control group revealed that control group members might display only one or two symptoms among the current list of 18 possible symptoms,⁴² demonstrating that “everyone” does *not* have ADHD.

“...Modern Life Makes Us All Act ‘ADHD’ish”

It can indeed seem that way. Living in the accelerated 21st century, it's easy to get so overwhelmed and stressed that we occasionally forget details, communicate poorly, snap at loved ones, and get sidetracked from what we're *supposed* to be doing. For people with ADHD, however, such challenges are not transitory or situational but persistent and pervasive.

“Yes, the world really is different now compared to when most of us grew up, because there is so much more to juggle,” concedes Quinn. Does that mean our fast-paced life *causes* ADHD? No, she says. Too much stress can impair anyone's brain function, but it doesn't *cause* ADHD.

Here's the bottom line, Quinn says, “When you remove stressors, people with ADHD still have ADHD. In other words, it's not purely stress that inhibits their functioning. It's the lack of skills required to meet challenges.” Moreover, our fast-paced world can make someone with ADHD function worse than they might have in earlier times. In fact, some experts say, that is another reason ADHD is being more widely diagnosed: because modern life is demanding more of us than ever before.

Certainly, we're learning that good brain function is vulnerable to the constant stimulation streaming in from cell phones, TV, e-mail, cell phones, and our increasingly noise-filled environment. Some of us habituate to the stimulation as if it were a drug, growing more easily bored and at loose ends when lacking our fix. People with ADHD, however, seem to possess an *exaggerated* tendency to seek stimulation and then suffer more from overstimulation's impairing cognitive effects.

Finally, consider these historical tidbits:

- Widespread ADHD awareness mushroomed in the 20th century, beginning about the time that British physician George Still lectured to the Royal College of Physicians and wrote about components of the

behavior (which he observed ran in families) in a 1902 issue of the prestigious medical journal *Lancet*.⁴³

- Before that, the German physician Heinrich Hoffman wrote nursery rhymes in the early 1860s about "Fidgety Phil" and "Little Johnny Head-In-Air," stories that in many experts' minds draw close parallels to ADHD.
- Moreover, ADHD's recorded history might span at least 2,500 years. That's when the Greek physician-scientist Hippocrates apparently observed a condition sounding suspiciously like ADHD. He described patients who had "quickened responses to sensory experience, but also less tenaciousness because the soul moves on quickly to the next impression."⁴⁴ No mention of cell phones and video games as causative factors.

"...It's a Ruse to Make Pharmaceutical Firms Rich"

Conspiracy theorists take note: The discovery that neurostimulant medications can mitigate ADHD symptoms happened *accidentally*, in 1937, and it took 50 years for the discovery to make its way widely into clinical practice. (Chapter 20 explains that chance discovery.)

We've known for centuries, perhaps eons, that mild stimulants promote focus and alertness for many people, yet they cause other people to become agitated. Consider the widely consumed stimulants tobacco, coffee, tea, and even sugar. You could say that individuals with ADHD, on one extreme of typical human behaviors, might need extreme amounts of stimulation to feel "right." After all, for most of humankind's history, the mere act of survival and finding enough food to eat involved plenty of stimulation. For some subset of the population, perhaps modern efficiencies and luxuries make it challenging to get sufficient amounts of stimulation *safely, prudently, healthfully, or consistently*.

Why did it take so long for stimulants to be used routinely to treat ADHD? Theories abound, including the fact that early medications had more adverse side effects. Another theory involves professional territorial rivalry.

UCSF psychiatry professor Samuel Barondes, recent chair of the Board of Scientific Counselors of the National Institute of Mental Health, explains the "rivalry" view. During the long decades that psychoanalysis held sway, many clinicians considered this type of "talk therapy" the first-line treatment for depression and schizophrenia as well as ADHD, relegating medications to second-line treatments, if they thought of them at all. "When psychiatric drugs were first introduced," he recalls, "they were *not* warmly received by psychoanalysts, and there's still some tension."

“...ADHD Is a Controversial Diagnosis”

Prowl around on the Internet, and you'll see thousands of Web sites decrying ADHD as a hoax and accusing the psychiatric community of teaming up with the pharmaceutical industry to drum up business. Oh, and while you're visiting these sites, you're typically encouraged to buy a book or some overpriced, questionable brain remedies. Scare tactics sell, it seems.

If you or your loved one has ADHD, however, you know it is a very real disorder. One support-group member jokes that she conducted her own double-blind controlled study, the gold standard of medical research. “The double-blind part,” she explains, “was where I closed both my eyes and realized my husband's hypertalkativeness can be just as exhausting for me to listen to whether my eyes are open or closed.”

As for serious science, researchers and clinicians became fed up a few years ago with the widespread myths, misconceptions, and outlandish ideas about ADHD. They feared that inaccurate information portraying ADHD as a fraud or a trivial condition would prevent thousands from seeking necessary treatment. In 2002, led by psychologist Russell Barkley, they drafted The International Consensus Statement on ADHD.⁴⁵

The statement clearly and succinctly documents scientific findings regarding the validity and adverse impact of untreated ADHD on the lives of the many it affects. Its 85 signatories include noted physicians, psychologists, and scientists worldwide. An excerpt:

Occasional coverage of the disorder casts the story in the form of a sporting event with evenly matched competitors. The views of a handful of non-expert doctors that ADHD does not exist are contrasted against mainstream scientific views that it does, as if both views had equal merit. Such attempts at balance give the public the impression that there is substantial scientific disagreement over whether ADHD is a real medical condition. In fact, there is no such disagreement....

To be clear, ADHD is a valid disorder, with a strong physical, brain-centered basis. Even a decade ago, the American Medical Association formed a commission that concluded: “ADHD is one of the best researched disorders in medicine, and the overall data on its validity are far more compelling than for most mental disorders and many other medical conditions.”⁴⁶ It is accepted as a noncontroversial, valid disorder by these professional organizations, among others:

- U. S. Surgeon General
- American Medical Association
- American Psychiatric Association
- American Academy of Child and Adolescent Psychiatry
- American Psychological Association
- Canadian Psychiatric Association

In 1993, 31 countries had adopted the use of ADHD medication, according to one well-regarded study, and by 2003, 55 nations officially recognized both ADHD as a valid disorder and medication as a treatment for it.⁴⁷

“...ADHD Is a Minor Difference, Not a Big Deal”

ADHD might sound petty to anyone who hasn't lived with it, but it certainly *can* be a big deal. In fact, research points to poor life outcomes for many adults with untreated ADHD.

“The results indicate that the effects of ADHD are severe and create significant impairment in many important aspects of life,” says Ramsay, debunking his final “top-three” myth about ADHD (that it is a minor concern). In fact, *many top experts consider ADHD among the most impairing disorders in psychiatry*, worse than depression and anxiety.

Barkley cites numerous studies that point to poor outcomes for people with *untreated* ADHD in these three areas, among others:

1. Education: Less likely to finish school

They are less likely to finish high school or college and more likely to be undereducated relative to their intellectual ability and their family's educational background.

2. Occupation: Job loss, underemployment

“They are seven times more likely to be fired from the job, and will not rise up the economic or employment ladder as quickly as other people without the disorder from the same neighborhood of the same IQ and the same educational level,” Barkley says. Moreover, they are more likely to change jobs frequently, either from boredom, difficulty meeting deadlines, or interpersonal problems with coworkers, supervisors, or customers.

3. Interpersonal relationships: discord and divorce

They're likely to burn through friendships and dating relationships faster than average and be more prone to marital discord and divorce. As a population, adults with ADHD show these patterns:

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- Experience much higher incidences of separations and divorce (almost double) compared to a representative sample of the U.S. population.⁴⁸
- Tend to marry more frequently, even compared to other adults who sought an ADHD evaluation but proved not to have it.⁴⁹
- Tend to be more dissatisfied than control groups in their relationships, even more so than their mates.⁵⁰ And they often have a harder time parenting effectively and consistently.⁵¹

In Summary

You might have heard ADHD called a *spectrum disorder*, meaning the disorder exhibits varying degrees of severity. It's true that some people have mild cases of ADHD. Too often, though, the public and physicians alike dismiss anything less than the most severe cases of ADHD. Consequently, millions of people never learn why they are continuously dogged by certain problems that feel out of their control—and learn how to gain control. We might compare it to how some of us need eyeglasses to keep from walking into walls, but others need eyeglasses only to see finer details. Still, some might argue, isn't it equally important to see finer details, such as the word *stop* on that big red sign or *payment due* on that bill? And how about the looks of disappointment or hurt on the faces of loved ones who are feeling “unseen”?

By the way, never assume that because millions of people suffer from a condition, society will act quickly to treat it. Consider the discovery that eating citrus fruit prevented scurvy in British sailors. It took more than 100 years for officials to *start implementing* those measures. What's worse, scurvy's symptoms were known, obvious (pallor and abundant spots), and fatal.

Have times changed? Not enough, experts warn. Clinical evidence can take 20 years or more to trickle down to the standard of care—that is, what you'll find in the average physician's office. That goes for everything from hypertension to ADHD.

It also took years for our society to accept the widespread occurrence of depression and anxiety, conditions commonly linked to the brain chemical serotonin. Now, society is slowly accepting that, in similar fashion, ADHD is linked to brain chemicals such as dopamine and norepinephrine.

The choice is yours: to benefit from modern scientific discovery or to languish in old superstitions and misinformation.