ADHD: The Hope Behind The Hype

INTERNATIONAL MEDIA REPORTING GUIDELINES ON ATTENTION DEFICIT HYPERACTIVITY DISORDER

These guidelines, developed by the World Federation for Mental Health, provide journalists with information for reporting on ADHD with understanding and respect for those who live with the disorder. When emotional and behavioural disorders affect young people, it is particularly important to be sensitive and aware of the facts. The World Federation for Mental Health is committed to improving access to care and services for people with such conditions, with World Mental Health Day in 2003 dedicated to the emotional and behavioural disorders of children and adolescents.

Despite the large body of scientific evidence supporting the existence of ADHD, attitudes about the disorder differ greatly, with misperceptions in the community adding to the difficulties that people living with ADHD already face daily. As a credible source of information for the public, the media have a role to play in accurately portraying ADHD, reducing stigma and encouraging the understanding of the disorder in their communities.

ISSUES TO CONSIDER WHEN REPORTING

- Know - and use - the facts. ADHD can impact all aspects of people's lives, including school, family and social life. A community that doesn't understand or accept the condition will make it harder for individuals with ADHD to get help and lead a normal life.
- Your reporting impacts lives. ADHD-related symptoms can stigmatise an individual, which can be particularly difficult for children. Encouraging understanding in your community could help more children with ADHD be accepted by their peers.
- Media guidelines and codes of ethics provide for the right to privacy. Consider how your story may affect the individual's life. Follow your media outlet's codes of conduct on interviewing people, particularly those under the age of 18.
- There is more to a person with ADHD than their condition. If it's not relevant to your story, don't mention it.

Language

- Use appropriate, non-judgmental language and terminology that is respectful of the person:
  - Use disorder instead of disease.
  - ADHD* is a better term than hyperactive (hyperactivity is only one symptom of ADHD and can vary in intensity).
- Avoid terms that are derogatory or misleading:
  - Naughty behaviour is a choice. ADHD symptoms are not.
  - Bad parenting is not the cause of ADHD. ADHD is highly hereditary and has more to do with genetics than environment.
  - Generalising symptoms is inaccurate. Not all symptoms are the same in all people, and they can exist in varying degrees of severity.

*The most appropriate name for the disorder differs from country to country

- While studies show that medication is typically a part of the most effective therapy plan for people with ADHD,[1] a parent's decision to medicate their child is rarely taken lightly. It's important to respect this decision and to select language that encourages your audience to do the same.
- There is strong agreement among the international scientific community that ADHD is a real neurobiological disorder whose existence should no longer be debated.[2] Giving voice only to critics who question the disorder ultimately hurts those who have it.

Sources for more information

- Your audience may be prompted by your story to seek further information. Include details within your article of where people can go for guidance on ADHD.

THE FACTS ABOUT ADHD

ADHD is a biological, brain-based condition thought to be caused by an imbalance of some of the brain's neurotransmitters – substances used to signal between nerve cells.[3]

The symptoms of ADHD include both hyperactive / impulsive behaviours and deficits in attention. Most people with ADHD have a mixture of these symptoms, but others may have mainly one type.[4]

A complex medical condition, ADHD should be diagnosed solely by medical professionals with expertise in this area. Only careful diagnosis can lead to the most appropriate treatment plan for the individual, which may include medication, cognitive behavioural therapy, family therapy, and other educational and lifestyle modifications.[4]

Prevalence rates for ADHD are similar across different cultures and countries, and are between 3 and 7 percent of school-aged children.[5] Up to 60 percent of children with ADHD continue to have significant symptoms as adults.[6]

Scientific evidence shows that although the prevalence of ADHD is similar around the world, the levels of recognition, diagnosis and / or treatment of ADHD are inconsistent.[7]

ADHD tends to be under-diagnosed and under-treated. Even in countries where ADHD medications are more frequently prescribed, the prescription rates represent only a small portion of the 3 to 7 percent of children thought to have the condition,[8] and even fewer of the estimated 4 percent of adults with ADHD.[9]

Evidence suggests that boys are three times more likely to have ADHD than girls.[10] However the higher rate may be due to the greater prevalence of behavioural and conduct problems in boys, leading to a higher referral rate.[11]

ADHD: The Hope Behind The Hype

ADHD: The Hope Behind The Hype

ADHD is highly hereditary – numerous studies have indicated that the heritability of ADHD is similar to that of height.[12]

ADHD often coexists with other psychiatric disorders such as depression and anxiety, as well as with learning disorders, tics and tourette's syndrome. By recognising and treating these comorbid conditions early, the greater impairments in social and psychological skills may be avoided.

Studies over the past 100 years demonstrate that symptoms of ADHD have a negative impact on virtually every aspect of daily social, emotional, academic and work life.[13]

Parents and siblings are also affected by the behavioural problems associated with ADHD, and increased levels of family stress are common, as well as depression and marital problems.[14]

Adolescents with ADHD, if not diagnosed and treated correctly, are more likely to drop out of school, rarely complete college, have fewer friends and participate in more antisocial activities than those without ADHD.[15] In adults, ADHD is associated with job performance problems, and this group is more likely to have multiple marriages.[16]

ADHD is officially recognised by many international medical and psychiatric institutions, including the World Health Organisation (WHO), the American Academy of Pediatrics (AAP), the European College of Neuropsychopharmacology (ECNP) and the National Institute for Clinical Excellence (NICE) in the UK. The International Consensus Statement on ADHD, which is signed by experts on ADHD from around the world, is available at http://www.chadd.org/research by searching 'consensus.'

For more information about ADHD:

World Psychiatric Association email: wpasecretariat@wpanet.org or visit: www.wpanet.org
World Health Organisation email: info@who.int or visit: www.who.int/en/
World Federation for Mental Health email: info@wfmh.com or visit: www.wfmh.org
National Institute for Clinical Excellence (UK) email: nice@nice.nhs.uk or visit: www.nice.org.uk
Mental Health Europe email: info@mhe-sme.org or visit: www.mhe-sme.org
International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP): visit www.iacapap.org
European Society for Child and Adolescent Psychiatry visit: www.escap-net.org
Children and Adults with Attention Deficit / Hyperactivity Disorder (CHADD): visit www.chadd.org
American Psychiatric Association email: apa@psych.org or visit: www.psych.org/
American Academy of Pediatrics email: pubrel@aap.org or visit: www.aap.org

Also try:

- Your government's Department of Health
- Parent and patient support groups
- Help lines

1 The MTA Cooperative Group. The Multimodal Treatment Study of Children with Attention Deficit / Hyperactivity Disorder. Arch Gen Psychiatry. 1999; 56:1073-1096
2 Barkley, RA et al. International Consensus Statement (January 2002). Clinical Child & Family Psychology Review. 2002; 5:2
3 Green C, Chee K. Understanding ADHD – A Parent's Guide to Attention Deficit Hyperactivity Disorder in Children. Vermillion Publishing 1997 ISBN 0 009 181700 5
4 Dulcan M, Benson RS et al. Summary of the practice parameters for the assessment and treatment of children, adolescents, and adults with attention-deficit/hyperactivity disorder. www.aacap.org. 1997
5 American Psychiatric Association. Diagnosis and Statistical Manual of Mental Disorders, Fourth Edition. Washington DC, American Psychiatric Association, 1994
6 American Psychiatric Association. DSM-IV Text Revision. 2000; 85-93
7 Taylor E, Sergeant J, et al. Clinical guidelines for hyperkinetic disorder. Eur Child & Adoles Psych. 1988; 7:184-200
8 Decision Resources. Attention Deficit-Hyperactivity Disorder, Psychiatric Disorders Study 2. 2003: 7
9 Murphy K, Barkley RA. Prevalence of DSM-IV symptoms of ADHD in adult licensed drivers: implications for clinical diagnosis. J Attn Disorders. 1996; 1(3): 147-161
10 American Academy of Pediatrics. Clinical practice guidelines: diagnosis and evaluation of the child with attention-deficit / hyperactivity disorder. Pediatrics. 2000; 105: 1158-1170
11 Fredman SJ, Korn ML. ADHD and Comorbidity. 154th Annual Meeting of the American Psychiatric Association, May 2001, New Orleans, Louisiana, USA
12 Faraone SV. Pathophysiology of ADHD. Symposium at APA 2003 Annual Meeting
13 Barkley RA. Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment. New York, Guildford Press. 2000
14 Faraone SV, Sergeant J et al. The worldwide prevalence of ADHD: is it an American condition? World Psychiatry 2003; 2 (2): 104-113
15 Barkley RA, Fischer M et al. The adolescent outcome of hyperactive children diagnosed by research criteria I. An 8-year prospective follow-up study. J Am Ac Ch & Adoles Psych. 1990; 29:546-557
16 Murphy K, Barkley RA. Attention deficit hyperactivity disorder adults: comorbidities and adaptive impairments. Comp Psych, 1996 (Nov – Dec) 37(6); 393-401