

Australian Evidence-Based Clinical Practice Guidelines For ADHD FACTSHEET



Myths & Misinformation about ADHD

There are many myths about ADHD in the community. This misinformation can create stigma and result in people with ADHD not seeking a diagnosis and not accessing evidenced based treatments that prevent negative long term outcomes.

Here you'll find some of the most common myths relating to ADHD, many of which can negatively impact on the self-esteem and self-worth of people with ADHD.

It's critical these are addressed through accurate education, and credible information from reliable and evidence-based sources. We all have a role in dispelling these myths.

Bad parenting causes ADHD

This is a common myth about ADHD. It is well established that ADHD is caused by biological factors including being a highly heritable condition which results in neurobiological differences in brain structure and function.

While there are some environmental factors that may increase the risk of developing ADHD, such as extremely early pregnancy and very low birth weight, 'bad' parenting does not cause ADHD.

Stimulant treatment for ADHD in children causes later drug addiction

There are a number of myths regarding ADHD, substance use disorders and stimulant medication. One is that use of stimulant medication to treat ADHD causes or increases the risk of later development of substance use disorders. **This myth is not true.**

There is robust evidence that providing stimulant treatment for ADHD does not increase the risk of substance use disorders, compared with people with ADHD who do not access stimulant medication.

Stimulant medication treatment in people with ADHD can result in positive outcomes for those with co-occurring substance use disorders including reduced substance use. Other positive outcomes from the use of stimulant medication in people with ADHD include a protective effect against mood disorders, suicidality, criminality, substance use disorders, accidents and injuries, traumatic brain injuries, motor vehicle crashes, and improved educational outcomes.

If you're not hyperactive you can't have ADHD

There are three presentations of ADHD, one of them is the inattentive presentation, where there are not clinically significant hyperactive-impulsive symptoms. People with the ADHD inattentive presentation have difficulties with giving close attention to details and making careless mistakes in their work. They have difficulties focusing their attention, finishing tasks, organising tasks, and are frequently distracted, losing things, and being forgetful.

These symptoms are often less obvious to the observer than the hyperactive symptoms such as motor overactivity and being constantly 'on the go'. This means that often people with the inattentive presentation may go undiagnosed or be diagnosed later in life. However, these symptoms of inattention can result in significant difficulties in a range of areas of life; and are usually lifelong, persisting into adulthood. It is important that people with the ADHD inattentive presentation are identified as early as possible so they can receive treatment to maximise their outcomes.

Only boys can have ADHD

Around 2 to 3 boys for every 1 girl has ADHD. In adulthood, a similar number of men and women have ADHD. What this likely means is that many girls with ADHD don't get recognised in childhood, and some boys with ADHD have a reduction in their symptoms so that they might not meet ADHD criteria in adulthood.

Girls may be more likely to have inattention symptoms, or their hyperactive-impulsive symptoms (like being a chatterbox, being impulsive, having difficulties waiting) may be less obvious or not recognised by others. This means they may not be identified as having ADHD until later on in life. It is important that girls with ADHD be identified as early as possible so they can receive appropriate treatment and support to fulfil their potentials.

You can grow out of ADHD

Many families and young people with ADHD were told that ADHD symptoms would reduce and their child would 'grow out of them' by adulthood. While sometimes hyperactivity symptoms may reduce as people become adults, this is usually because people find ways to hide their symptoms.

For example, instead of climbing on things and being overly active, they might find more socially acceptable or hidden ways to express their high activity levels, such as tapping their feet, or squeezing their toes in their shoes.

Around 60% to 80% of people with ADHD, have symptoms that persist into adulthood and continue to have a significant impact on their lives. With appropriate treatment and support the negative impacts can be minimised and the positive aspects of having ADHD maximised so that the person can live to their full potential.

ADHD is overdiagnosed

It is sometimes reported that ADHD is overdiagnosed and that symptoms are a normal part of growing up. Trivialising the symptoms as 'normal behaviour' fails to recognise the extent and impact the symptoms of ADHD have on people. We know that ADHD is significantly under-diagnosed in Australia (and most other countries) which has been identified through numerous peer reviewed research studies on the topic.

ADHD is often missed when people do not display the classic symptoms of hyperactivity and impulsivity, such as when people have the inattentive presentation. In addition to being under-diagnosed ADHD is often under-treated when people do have an ADHD diagnosis. This means they often do not receive ongoing or long term medication or non-pharmacological treatment. This can result in poor long term outcomes with significant negative impacts to the person, their family and the community.

My child can't have ADHD because they can pay attention for hours when they are gaming

Sometimes parents can be confused about their child having an attention problem. They may seemingly focus for hours playing video games, but struggle to focus even for a few minutes on school work. When a person with ADHD finds a task interesting and exciting they can sometimes focus their attention, and in some cases they can become over focused (or hyperfocused) on a task and struggle to shift their attention to other things. When the task has little interest for the person with ADHD they are not stimulated enough to be able to turn their attention to completing the task.

This might be attributed to the neurobiology of ADHD, where it is thought that there may be less available dopamine and noradrenaline in the brain. These neurotransmitters play an important role in regulating executive functions like impulse control, working memory, and attention. When there is a lack of these neurotransmitters available in the brain it is harder to control attention including the ability to focus attention. Stimulant medication treatment increases the levels of dopamine and noradrenaline in the brain and is the most effective treatment for the core symptoms of ADHD. It can significantly help most people be able to start and complete tasks that have previously been challenging to do, like school work, chores and work tasks.

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Disclaimer

AADPA has produced this clinical practice guideline to support the delivery of appropriate care for a defined condition. The clinical practice guideline is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual client, in consultation with the client and/or their carer or guardian, when applying information contained within the clinical practice guideline. People with a lived experience should use the information in the clinical practice guideline as a guide to inform discussions with their healthcare professional about the applicability of the clinical recommendations to their individual situation.

Resources for people with the lived experience

The guideline has several resources for people with a lived experience of ADHD. You can access these resources here: <https://aadpa.com.au/guideline>

Resources for clinicians

The guideline has several resources for clinicians to support clinical quality improvement in ADHD identification, diagnosis, treatment and care. You can access these resources here: <https://aadpa.com.au/guideline>

Questions?

For more information please visit: <https://aadpa.com.au/guideline>

Or email the guideline team: guidelines@aadpa.com.au