

ADHD

MYTH

VS

FACT

ADHD isn't a real medical condition.



ADHD is listed in the DSM-5 and extensive research has shown a genetic component that makes it very hereditary.

ADHD is the result of bad parenting.



A study by Michigan University found that while different parenting did make an impact on symptoms, ADHD is linked to a combination of genetic and environmental factors.

Kids with ADHD just need to try harder.



As with other psychiatric conditions, the brain makeup and chemistry of a person with ADHD makes tasks like focusing, prioritising tasks and executive functioning much more difficult.

All kids with ADHD are hyperactive.



There are three recognized 'types' of ADHD in the DSM-5: hyperactive-impulsive type, inattentive type, and combined type.

Only boys have ADHD.



ADHD affects people of every age, gender, IQ, religious and socio-economic background. Less disruptive behavior in women **with** ADHD often leads to underidentification and lack of treatment.

Girls with ADHD never experience hyperactivity.



Hyperactive behavior in girls and women may manifest in ways that are not recognised as 'typical' signs of ADHD, such as hyper-talkativeness, fidgeting and emotional reactivity.

ADHD is caused by too much TV/ too much gaming/ too much sugar.



ADHD is a neurological condition. Studies from Harvard University show that there's no definitive proof that diet or activity has an impact on, or can even cause, ADHD symptoms.

Kids with ADHD will outgrow it.



Studies suggest that 30-60% of affected individuals continue to show significant symptoms of the disorder into adulthood.

Making&, sustaining friendships is easy for someone with ADHD.



Many studies have found that children with ADHD experience more peer interaction problems and are at a higher risk of peer rejection and victimisation than their neurotypical peers.

Medication is the only way to treat ADHD.



Testimonials and clinical studies have shown the best treatment for ADHD is a combination of medication and therapy, differing for each individual.

ADHD is overdiagnosed and overtreated.



According to many studies, there is no sufficient evidence that ADHD is systematically overdiagnosed. Many people, especially women and adults, are considered to be underdiagnosed and undertreated.

There is no relationship between ADHD and depression.



Researchers have found that 18 percent of children with ADHD suffered from depression, 10 times the rate of those without ADHD.

ADHD only has negative aspects.



The cognitive dynamism of ADHD has been linked to creativity, energy, hyperfocus and drive. Celebrities with ADHD include Simone Biles, Jim Correy and Richard Branson.

13 Myths About ADHD



Myth #1: ADHD isn't a real medical condition

ADHD is a disorder listed in the DSM 5¹ and it has been recognized as a legitimate diagnosis by medical and psychological experts in Australia and across the world², including the Center for Disease Control and Prevention³, the World Health Organisation³ and the Royal Australasian College of Physicians⁴.

Extensive research, including studies by Harvard Medical School⁵, have shown a genetic component to ADHD that also makes it highly hereditary. ADHD has also presented as a visible biochemical imbalance in patients⁶.

Myth #2: ADHD is the result of bad parenting

Parenting makes a large impact on the wellbeing of any child, but it does not cause ADHD. A study by Michigan University found that while different parenting techniques did make a difference in either improving negative outcomes or exacerbating existing symptoms, ADHD is linked to a combination of genetic and environmental factors⁷.

A 2017 Netherlands study also compared the brain scans of 17 participants with ADHD to those without, and found slower development in areas of the brain responsible for controlling impulse, attention and other cognitive functions⁸. These crucial differences make it clear that parenting style alone cannot 'cause' ADHD.

Myth #3: Kids with ADHD just need to try harder to pay attention

The persistent misconception that people with ADHD are simply 'lazy' or 'not trying hard enough' is both damaging and incorrect. Conversely, people with ADHD are often trying harder than average to overcome both brain chemistry and neurotypical assumptions.

As with other psychiatric conditions, the brain chemistry of a person with ADHD makes tasks such as focusing for extended periods, prioritising tasks and basics of executive functioning much more difficult.

A 2010 Italian study has found that The dorsal anterior cingulate cortex, a part of the brain designed to orchestrate mental activity, works much harder but potentially less efficiently in children with attention deficit hyperactivity disorder (ADHD)⁹.

Myth #4: All kids with ADHD are hyperactive

Although the word 'Hyperactive' features in the ADHD acronym, hyperactivity is not a universal symptom among those diagnosed. There are three recognized 'types' of ADHD in the DSM-5: hyperactive-compulsive type, inattentive type, and combined type¹⁰.

'Inattentive type' is characterised by more symptoms of inattention than those of impulsivity and hyperactivity¹¹.

The National Institute of Mental Health explains that most children have combination type ADHD, as the most common symptom in preschool-age children is hyperactivity. This means that children and especially girls with primarily inattentive symptoms are often missed by parents and professionals.

Myth #5: Only boys have ADHD

Despite this stereotype, ADHD affects people of every age, gender, IQ, religious and socio-economic background. Boys are more commonly diagnosed at a younger age, but this does not mean that girls never get diagnosed.

According to research by many sources, including the American Psychiatric Association, ADHD has a male-to-female ratio of 3:1 in population based studies¹² and between 5:1 to 9:1 in clinical samples¹³. A common finding of this research suggests that girls are consistently underdiagnosed, a phenomenon caused by a combination of differing presentation of ADHD and differing expectations for behaviour between boys and girls, especially at a young age¹⁴.

Boys with ADHD tend to show more external hyperactive symptoms while girls with ADHD tend to exhibit more internal inattentive symptoms¹⁵. For many young boys, external hyperactive behaviour manifests disruptively, which draws attention to the symptoms and is more likely to result in diagnosis and treatment.

As a result, less disruptive behavior in females with ADHD often contributes to underidentification and lack of treatment for girls with ADHD¹⁶. Studies have found that teachers more often refer more boys than girls for treatment for ADHD, even when showing equal levels of impairment¹⁷.

Myth #6: Girls with ADHD never experience hyperactivity

Although a lack of hyperactivity in female cases of Inattentive-type ADHD can prevent early diagnosis, hyperactivity is not purely the realm of boys and men. Often hyperactivity in women is interpreted as signs of emotional difficulties, disciplinary problems, and learning or attention difficulties, rather than symptoms of ADHD¹⁸.

Hyperactive behavior in girls and women may also manifest in ways that are not recognised as 'typical' signs of ADHD, such as hyper-talkativeness, fidgeting, flight of thoughts, internal restlessness, and emotional reactivity¹⁹.

On top of these issues, often when young girls display common symptoms of ADHD such as disruptive, hyperactive, impulsive, or disorganised behaviour, they are at risk of harsh social judgment because these violate the norms for feminine behavior²⁰.

In an attempt to avoid social and interpersonal backlash, many girls with ADHD spend excessive amounts of energy trying to mask their difficulties, which in turn go unrecognized by others²¹.

Myth #7: ADHD is caused by too much TV / too much gaming / too much sugar

As stated, ADHD is a neurological condition that can be diagnosed medically from a very young age. The actions of a child with ADHD can exacerbate or reduce symptoms, but it cannot cause or 'cure' the issue itself.

Studies from Harvard University show that there's no definitive proof that diet has an impact on, or can even cause, ADHD symptoms²². The crux of the problem is a lack of

concentration, and this is not due to a lack of effort. While behavioural interventions may assist in reducing symptoms, these are often not enough to counteract biological changes.

Conversely, activities such as video games can in fact often be outlets for a child or adult with ADHD to hyperfixate on an area of interest, which can provide relaxation and relief, with proper moderation²³.

Myth #8: Kids with ADHD will outgrow the condition

Contrary to the view of ADHD as affecting children and adolescents only, studies suggest that 30–60% of affected individuals continue to show significant symptoms of the disorder into adulthood²⁴. Like many conditions, an individual's relationship with ADHD, as well as their presentation may evolve across their lifespan, with different challenges presenting themselves at different stages in life²⁵.

Myth #9: Making & sustaining friendships is easy for someone with ADHD

Many studies have found that children with ADHD experience more peer interaction problems and are at a higher risk of peer rejection and victimisation than their neurotypical peers²⁶. The results of such studies invariably indicate that children with ADHD have fewer friends than non-disordered comparison groups²⁷. Further, it is estimated that between 50 and 80% of primary school children with ADHD can be considered peer-rejected, compared to 10–15% of typically developing boys and girls²⁸.

These peer problems can manifest from many different ADHD symptoms, and across gendered lines. Hyperactivity and impulsiveness are often associated with negative behaviours such as oppositionality, non-compliance and defiance, which are likely to limit the opportunity for social learning, especially among young boys²⁹.

Often for young girls with ADHD, the inattentiveness often associated with ADHD may lead to lost opportunities for social learning³⁰. This can lead to a drop in self-esteem and social skills for both young boys and girls with ADHD, which can persist into adult life.

For women with ADHD especially, symptoms that are seen to deviate from gender-norms can limit opportunities for social learning, leading to delayed development of social skills and a consequent decrease in the quality of their peer interactions.

Of course, this does not mean that all friendships for people with ADHD are difficult or impossible. In fact, a 2010 study by the Clinical Child and Family Psychology Review emphasises the potential for stable, high-quality friendships to buffer the negative outcomes of ADHD³¹.

Myth #10: Medication is the only way to treat ADHD

Medication has been proven to help someone manage the symptoms of ADHD³².

However, both testimonials and clinical studies have shown the best treatment for ADHD is a combination of medication and behavioral therapy, differing for each individual. Cognitive behavioral interventions have proven popular in the treatment of adult ADHD, especially for people who cannot or will not use medications, along with the many medication-treated patients who continue to show residual difficulties³³. Some examples of behavioral treatments include cognitive behavioral interventions, clinical behavior therapy, and direct contingency management.

Myth #11: ADHD is overdiagnosed and overtreated

Based on the review of prevalence studies and research on the diagnostic process, there does not appear to be sufficient justification for the conclusion that ADHD is systematically overdiagnosed³⁴. On the contrary, many people, especially women and older adults, are considered to be underdiagnosed and undertreated³⁵.

In order for a diagnosis of ADHD to be considered, the person must exhibit a large number of symptoms, demonstrate significant problems with daily life in several major life areas (work, school, or friends), and have had the symptoms for a minimum of six months. To complicate the diagnostic process, many of the symptoms look like extreme forms of normal behavior, or could represent comorbidities of ADHD and other conditions.

Myth #12: There is no relationship between ADHD and depression

The rates of comorbidity with ADHD and other psychological conditions is very high.

As many as 75% of children with ADHD are likely to have at least one other psychiatric disorder³⁶. Researchers at the University of Chicago in 2010 found that 18 percent of children diagnosed early with ADHD suffered from depression as adolescents, about 10 times the rate among those without ADHD³⁷. From a treatment perspective, difficulties will often arise in differentiating the symptoms of ADHD and depression and identifying if one is an outcome of the other³⁸. For example, someone may have difficulty completing tasks as a result of poor executive function (a symptom of ADHD), which leads to low self-esteem and a sense of worthlessness (symptoms of depression). The relationship between ADHD and depression will differ for every individual.

Myth #13: ADHD only has negatives associated with it

Despite the difficulties associated with ADHD, there are many advantages that people with ADHD have utilised to improve their lives and the lives of others.

The cognitive dynamism that characterises ADHD has been linked to creativity and the ability to 'think outside the box' in many studies³⁹. An international qualitative study on the abilities associated with ADHD revealed a number of reported strengths, such as energy and drive functions, which suggested to make it easier to engage in physical exercises (e.g. swimming, football) and to achieve personal goals and face general demands and challenges in life (e.g. study before exams, meet deadline dates for work-related tasks).

Also, directing attention (hyperfocus) was mentioned as a strength, providing that the activity or topic was of interest to the individual⁴⁰.



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factsheet - version 1.0

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