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ADHD news

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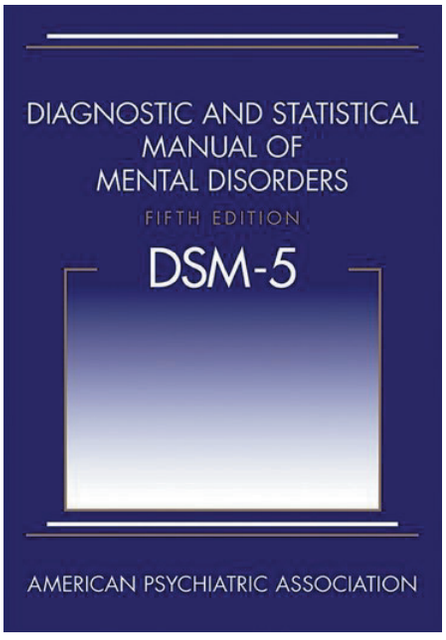
The new DSM has arrived

By Professor Eric Taylor



The DSM – the Diagnostic and Statistical Manual of the American Psychiatric Association – is the Bible for American psychiatry. Its definitions cover all the mental health conditions and act as the basis for guidelines, reimbursement, statistical coding, etc. In this country we don't have to take it quite so seriously. We try to base our practice and diagnosis on clinical judgement about the individual rather than on tick box additions of symptoms. Nevertheless, DSM affects us greatly: it is the basis for all research in the area, and we need to know how to apply that to our own situation.

The new edition, after more than a decade of DSM-IV, is the fifth revision and it covers the whole of psychiatry for adults and for children. For ADHD specifically, the changes are not massive. It will not make a huge difference either to the conceptualisation of the condition or who, in practice, gets diagnosed. Most of the changes are "tweaks" to tidy up some gaps and loose ends.

- The first main change is that ADHD is classified in a different place. It is no longer regarded as one of the "disruptive disorders". Rather, it will appear as a *neurodevelopmental disorder*. This is an improvement, because it does recognise the extent to which brain changes underlie the clinical presentations, and the extent to which the problems can remain throughout development.

- The definitions in adulthood are being relaxed a little. It has become even more apparent over the last ten years that some people are impaired by the symptoms in adult life even if the actual number of symptoms from which they suffer has diminished. Accordingly, adults over the age of eighteen do not have to show quite as many symptoms as younger children do. There are eighteen criterion symptoms altogether (as in DSM-IV): nine from a list of inattentive problems and nine from a list of hyperactive impulsive symptoms. Children have to meet six out of nine on at least one of these scales in the new definition, adults will only have to meet five. This possibly does not go far enough, but it is a step in the right direction.

- When adults present for the first time without having been diagnosed in childhood, it will be possible to diagnose retrospectively. There is still an expectation that they will have had to show ADHD problems in childhood. In the new definition, however, they will only have to show that symptoms were present (not that there was impairment from these symptoms); and it is only necessary to show that they were present before the age of twelve – rather than, as previously, present before the age of seven. It is often not at all easy to date the exact time of onset of symptoms, so the change will add a little more flexibility to diagnosing in adult life.

- The traditional subtypes of ADHD – predominantly hyperactive/impulsive, predominantly inattentive, and combined type – do not work very well. As individuals grow up, they often

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ADHD and Addiction

In this edition we are exploring the relationship between ADHD and Addiction. The topic was addressed from a variety of angles at the last ADDISS conference, and was a popular subject at our ADHD Adults events in 2011.

On page 3 Dr Deborah Judge and Dr Shirley Gracias describe their approach to substance use in teenagers with ADHD. They describe a case study, to illustrate ways of engaging with teenagers, and helping them to modify their addictive behaviours.

Dr Robert Doyle describes addiction in terms of a relationship that has become abusive and dysfunctional. Read about his work on pages **4** and **5**.

You can find books by Dr Doyle and others in the ADDISS bookshop www.addiss-shop.com

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change from one category to another, and there is not much to distinguish the different categories. In the new DSM, they are not referred to as "subtypes" but rather as the simpler idea of "presentations".

Many of us think that this is failing to recognise a group who are not just "predominantly" inattentive – i.e. having less than six symptoms of hyperactivity; but "restrictively inattentive" – i.e. having no hyperactivity/impulsiveness at all. Children affected in this way can be quite impaired, especially in their school work and their chances for employment, and they are likely to have a wider range of neuropsychological problems and often a rather sluggish cognitive style. It ought to be possible to diagnose them, but DSM has not particularly moved in this direction.

- Previously, autism has been an exclusion criterion for ADHD: you can't, officially, have both. Children and families, of course, know better. We can therefore welcome the removal of the exclusion criterion, so that it is possible to recognise that people in the autism spectrum can have ADHD as well, and can be helped by the treatment of ADHD specifically.

- Irritability and rapid mood change are certainly part of the many problems of children with ADHD. The classification has previously left it rather ambiguous how these children should be treated: do they have two disorders or one? Indeed, there has been an epidemic in America of a new condition "paediatric bipolar disorder" (PBD). PBD consists essentially of emotional instability, which has created some confusion, and an excessively widespread prescription of heavy tranquillisers on the notion that rapidly changing mood is part of the same condition as manic-depressive illness. A new category of illness has therefore been created in DSM-5: "disruptive mood dysregulation disorder". This is to describe those children who have extreme outbursts of temper often lasting for hours on end or even days, and whose mood between times is angry, sullen and miserable. Nearly all such children do have ADHD, and many are in the spectrum of autism; so it is likely that dual diagnoses will become much more common in the future. Because it is a new condition, we do not yet have good knowledge about how to treat it and there will be some uncertainty for children and their families, and doctors, as a result.

In other respects, the criteria for ADHD are remaining much the same. People will not find that they suddenly lose the diagnosis, or that there are further obstacles to getting a diagnosis. One of the effects of the revision, in other conditions as well as ADHD, will be to make plain that many of the childhood conditions are in fact life span disorders, that they need better understanding in adult mental health services, and that there is no hard and fast distinction between the disorders of childhood and the disorders of adult life.

DSM-5 vs DSM-IV

The diagnostic criteria for attention-deficit/hyperactivity disorder (ADHD) in DSM-5 are similar to those in DSM-IV. The same 18 symptoms are used as in DSM-IV, and continue to be divided into two symptom domains (inattention and hyperactivity/impulsivity), of which at least six symptoms in one domain are required for diagnosis. However, several changes have been made in DSM-5:

1) Examples have been added to the criterion items to facilitate application across the life span;
2) The cross-situational requirement has been strengthened to "several" symptoms in each setting;
3) The onset criterion has been changed from "symptoms that caused impairment were present before age 7 years" to "several inattentive or hyperactive-impulsive symptoms were present prior to age 12";
4) Subtypes have been replaced with presentation specifiers that map directly to the prior subtypes;
5) A comorbid diagnosis with autism spectrum disorder is now allowed;
6) A symptom threshold change has been made for adults, to reflect their substantial evidence of clinically significant ADHD impairment, with the cutoff for ADHD of five symptoms, instead of six required for younger persons, both for inattention and for hyperactivity and impulsivity.

Finally, ADHD was placed in the neurodevelopmental disorders chapter to reflect brain developmental correlation with ADHD and the DSM-5 decision to eliminate the DSM-IV chapter that includes all diagnoses usually first made in infancy, childhood, or adolescence.

Andrea Bilbow OBE!

Jenny Missen, Andrea Bilbow and Eric Taylor
Photograph by Joe Bilbow

We are immensely proud and delighted to congratulate Andrea Bilbow, ADDISS Chief Executive, on her **Order of the British Empire (OBE)**, in recognition of over 20 years working to educate, inform and support those interested in, and impacted by ADHD. The honour was announced in the Queen's birthday honours list on 15th June 2013.

Professor Eric Taylor and Jenny Missen have issued this statement on behalf of the ADDISS Professional Board and the ADDISS Trustees:

Congratulations Andrea on the thoroughly deserved OBE!

We all recognise what you stand for:

A is for advocacy
N is for nous
D is for determination
R is for resilience
E is for excellence
A is for accessibility

Advocacy
Andrea is the most effective champion for the recognition of ADHD and for meeting the needs of people who have ADHD, and their families. She does this at many kinds of level - from arguing with a school about helping an individual child or avoiding expulsion, through advising schools and clinical services about the nature of the problem and how they can usefully respond, to the more political scene where she has been seen by civil servants and MPs as a credible and moderate voice that they can trust. The "ADHD is Real" campaign that she developed a few years ago was a big step in making an impact on the public consciousness.

Nous
She has been very insightful in understanding the needs of the whole ADHD community. She wisely avoided the possible PR traps of lining up either for or against individual medicines or individual practitioners. This has given her the authority of speaking without competing interests and the integrity resulting from that.

Determination
It would be hard to overstate the effort that Andrea has put in to working on our behalf. There have been so many battles to fight, not only for individuals but to achieve better understanding through a screen of media misinformation and widespread prejudice. It must sometimes have been very daunting to try to change settled and unreasonable attitudes; but she's been able to maintain the optimism that things can improve and the faith that she's working along the right lines.

Resilience
This has been essential because Andrea has had to sustain an organisation as well as a personal commitment. When statutory services have been unable to give good levels of advice to parents then she has come up with very practical approaches - such as the "1-2-3 Magic" programme that she has been teaching and disseminating nationally.

Excellence
The ADDISS conferences have been remarkable. She's been able to invite international speakers and to persuade them to present without payment and in eclectic style. The atmosphere of these conferences has been open, stimulating and very varied. They have been able to blend personal experiences, good science, and inspirational presentations in a way that can be interesting and helpful for a range of people - from those first encountering ADHD in their children, or themselves, to those who have spent professional lifetimes in the subject.

Accessibility
Many of the people who read this will already have personal experience of Andrea's willingness to respond to queries and pleas ranging from the minor to the desperate. The whole ADHD community is indebted to her and joins in celebration of her OBE and gratitude for her work.

ADHD and Addiction in Teens

By Dr Deborah Judge and Dr Shirley Gracias, Co-Directors of Families Inc Community Interest Company.

ADHD is one of the most significant mental health disorders associated with increased risk of substance use and offending behaviour in adolescence. Of course, not all children growing up with ADHD will develop these problems, but we have written this article to raise awareness of potential risks and describe practical ways to engage teenagers with supportive services, and thus improve their outcomes in adulthood.

Families Inc is a Social Enterprise company, formed in 2010, which has been supported by the Ministry of Justice to develop ideas and interventions for families, where adolescents may be on a high-risk trajectory to enter the criminal justice system through offending. Families Inc is developing systemic approaches to re-engage with these young people and help them to get back on track with school, positive peer relationships and improved family functioning. Our goals are to:

- Engage young people with ADHD in treatment
- Reduce risks for substance use
- Improve health and mental health outcomes in adulthood

Here is a typical example of how a teenager can drift off track:

Naomi is 15 and living at home with her parents. Her older siblings have left home. Naomi has a history of secondary school problems and poor attendance. She has been aggressive at school and got into fights with other girls. The school authorities are considering excluding Naomi because of her behaviour. When she was aged 9 Naomi started smoking cigarettes about which she said, *"smoking calmed me down"*. Naomi has few girl friends, but began to hang around with older boys when she was about 13. She now drinks with them sometimes and gives sexual 'favours' in return for alcohol. Naomi has a pattern of chaotic binge drinking and has been smoking cannabis daily for a couple of years, which she says helps her to sleep. She had also taken MDMA and MCAT at weekends. Naomi has been arrested a couple of times for 'drunk and disorderly behaviour' and 'resisting arrest'. She is tall for her age and looks older than 15, and her behaviour tends to be viewed as delinquent, rather than vulnerable. Naomi's mother thinks Naomi may have ADHD. However Naomi had an assessment with CAMHS 6 months ago and the psychiatrist said the problems were *"conduct disorder, delinquent behaviour and probable emerging personality disorder"*. In addition to her binge drinking at weekends Naomi, who often feels depressed, also comfort eats. She says that she drinks, "*to get out of my head, cos I hate myself and the way I feel*". Naomi is on a complex and high risk trajectory which is outside developmental norms. She was thought to have problems in concentration and focus at primary school. The question of possible ADHD was dismissed as her behaviour was increasingly seen as disruptive and sexually promiscuous. She has very low self-esteem and feels that the only way she can be likeable is if she pleases men. Her drinking makes her feel more confident and less anxious. It also blots out the bad feelings when she gives sexual favours to young men.

Engaging the social brain!

So how can we approach teenagers, like Naomi, to help them to get back on track? Families Inc believe that the way to start is to simply, openly and honestly engage young people in a conversation about the process of change and help them get back on track through positive social relationships. We start this by using a solution focused interaction.

How do we do this?

With Naomi we:

- Connect to her struggle – show her that we have some understanding of her experience, and help her to make sense of how she's feeling.
- Talk about our service and how we value the views of our patients.
- Offer full health assessments, including screening for ADHD, and provide information about the disorder and possible links to substance use and early use of tobacco.
- Have open and honest discussions about substance use, so that we can make shared decisions about treatment.
- Focus on the future and solutions, rather than the past and the things that have gone wrong.
- Are positively hopeful and try to keep our words inspiring and motivational.
- Work collaboratively to make shared decisions about treatment options through the setting of GOALS for her treatment path. She leads, rather than follows.

All these elements when put together, become a 'style' of engaging teenagers positively in beginning to make sense of their problems and to shape solutions.

Naomi set 3 goals at the start of treatment:

1. To 'trial' ADHD medication for a month.
2. To improve school attendance.
3. To reduce drink and drug use.

Three months into her treatment, she had started stimulant medication for ADHD, her attendance at school had radically improved and she was adhering to parentally set boundaries about staying out at the weekends. Naomi's alcohol and cannabis use had greatly reduced and she had stopped all use of other drugs. She said that she was beginning to mix with a different group of friends and wanted to start focusing back on her GCSE school work.

We know that young people do not develop addiction problems in a vacuum. They develop patterns of substance misuse through childhood, especially when they come from difficult childhood backgrounds, often involving parental disturbance, possible violence and social adversity. The high risk trajectories are complex and include health, mental health, family, social and offending risks.

We have found that medication for ADHD works well with other types of intervention that help young people develop skills in social functioning. Pharmacological management of the symptoms of ADHD can create a very useful window of opportunity at a time of rapid and important brain development during adolescence when positive social relationships and interactions shape brain structure and connections. This period underpins adult social functioning and is critical for the development of skills for adult life.

We hope that raised awareness of the connection between ADHD and risk of substance misuse will lead to greater efforts for prevention earlier in childhood, both before and during the primary school years. However, our message is that during adolescence it is still possible to intervene successfully to bring teenagers back on track. For Naomi the most important outcome was that she gained self-confidence and self-respect, and as she put it, *"I can like myself again"*.

For more information, check the website -

www.familiesinc.uk.com

ADHD news

ADHD and Substance Abuse: Recognising the Relationship

By Dr Robert Doyle

Although people with attention-deficit/hyperactivity disorder (ADHD) already struggle with significant problems in multiple settings by virtue of their ADHD symptoms alone, those who dabble with alcohol and other substances of abuse run the risk of multiplying their problems. Compared to the general population, people with ADHD carry twice the risk for a substance abuse disorder during their lifetimes. Therefore, let us review some of the issues that contribute to this risk and examine the warning signs that substance use is starting to be a problem, or has become one.

In my opinion, the best divorces come before marriage. This is particularly true in persons with ADHD who are developing a relationship with alcohol or another substance of abuse. In our book, Almost Alcoholic, Dr. Joseph Nowinski and I share our observations of the ways that patients describe developing relationships with alcohol that paralleled ways that most people fall in love. Like a romantic relationship, a person with ADHD might start a relationship with alcohol or another substance with a brief encounter. Maybe it was a pint at the pub following the football match or after a busy day on the job. Unfortunately for some, individuals are smitten by the first drink. Perhaps it is love at first pint. For many people with ADHD, this first casual date with alcohol or another drug of abuse quickly leads to a full-blown romance with the substance. Before they know it, they have "tied the knot" with alcohol or another abused substance, or more likely the alcohol or drug has tied them into knots. Sadly, the romance between a person with ADHD and an addictive substance usually leads to a bad relationship or substance abuse. If this relationship continues, it becomes a bad marriage or, in clinical terms, substance dependence. The drug becomes an abusive partner leaving visible and invisible marks on the victim. Remember, people with ADHD run twice the risk of ending up in such a bad marriage with alcohol or other substances.

For most problems, the solution first lies in recognising the problem. In Almost Alcoholic, we offer the following checklist to gauge the level of a person's relationship with alcohol, but it also can apply to other potential drugs of abuse.

"Casual Friendship"

- Drinks almost always in social situations and seldom drinks alone
- Rarely, if ever, experiences a hangover
- No significant personality changes when drinking, versus not drinking

"Commitment"

- Drinks alone as well as before going to social occasions
- Has experienced negative consequences clearly connected to drinking, such as
  - Legal problems (driving under the influence, underage use, etc.)
  - Relationship problems (conflict over drinking, aggression, etc.)
  - Health problems
  - Work problems
- Becomes a "different person" when drinking and is irritable and unhappy when not drinking
- Significant others deeply resent alcohol and are alienated from the drinker
- Is not able to function adequately as a partner or parent

"Serious Relationship"

- Drinks alone as often as, or more often than, in social situations
- Drinks to feel good
- Drinks to relieve stress or anxiety
- Personality changes when drinking versus not drinking (more outgoing, less shy, more assertive, etc.)
- Rarely ventures far from places where alcohol is available
- Some significant others begin to feel jealous and resentful of the drinker's "relationship" with alcohol
- May have some "unexplained" medical problems
- Drinking begins to interfere with other roles, such as being a spouse, parent, or employee

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As in romantic relationships, the person does not have to be married to suffer abuse. It can happen at any stage of the relationship from casual dating, to cohabitation, to marriage. For instance, many people have faced possible arrest for disorderly conduct the first time they ever tried alcohol. In such cases, the abuse happened on the first date, yet some of these people continue to fall in love with the abuser. Friends and family see the problem, but the person in the relationship with the substance cannot.

Yes, the individual with ADHD thinks that his or her relationship with alcohol and/or drugs is all rosy, because they are in love with the substance. Like a love-struck teen, alcohol and drug feel like the magic associated with a first love. Remember that time you were around that very special first boyfriend or girlfriend. Remember the way nothing else mattered. Remember the way the stress of studying and nagging parents melted away whenever that person held your hand and whispered compliments in your ear. Remember those warm and fuzzy feelings. Some of you married that special person and remain very happily married while others wedded their first sweetheart and stay miserably married. Most people, however, move on to other relationships and hold a fond memory of this first love. They look back at old photographs of their first love and wonder: Did I ever really think that cheesy sideburns and polyester shirts were attractive on guys?

I suppose we all make mistakes in relationships, but people with ADHD make more mistakes in relationships with alcohol and drugs than the rest of us. Studies show that about 25 percent of the general population will struggle with substance abuse at some point in their lives; however, this rate doubles to about 50% in individuals with ADHD. Recent research makes us believe that this occurs due to a fundamental problem with dopamine, and a closely related neurochemical, *norepinephrine, in the brains of people with ADHD. Other brain chemicals may be involved, but these two main players provide us with our best understanding of ADHD. Dopamine is considered the coin of the realm for the reward center of the brain, an area called the nucleus accumbens. Anything that increases dopamine in the nucleus accumbens, be it candy or cocaine, can become addictive and the faster it causes the increase in dopamine, the more addictive the substance. Thus, chewing coca leaves carries the cocaine to the brain on a local train making stops in the stomach and gut before switching to the commuter line of the circulatory system to slowly accumulate in the brain. Snorting cocaine, on the other hand, takes the express train with no stops between the nasal membrane and its destination only inches away in the nucleus accumbens. This example illustrates that the same substance can be more or less addictive depending on its mode of delivery.

Well then, why are people with ADHD more at risk for developing substance abuse disorders? The simple answer is that drugs of abuse make these individuals feel better in some way. Perhaps the sedating effects of alcohol or marijuana takes the edge off the hyperactivity in people with ADHD, or maybe nicotine improves their concentration. Something seems better, at least at first. The more complex answer relates to recent research suggesting that people with ADHD have too many dopamine transporters. Think of a dopamine transporter as a recycling pump. Certain cells in the nervous system (scientists call them neurons) release dopamine in response to electrical signals coming from other nerve cells in the brain. Think of these neurons as tiny threads of varying lengths. One end of the cell contains receptors on the surface for various neurotransmitters, including dopamine and norepinephrine. The other end releases neurotransmitters, but this end also has a few receptors that stop the release of neurotransmitters as soon as enough of these molecules accumulate between nerve endings. The receptors found on the part of the neuron releasing neurotransmitters act like a chemical thermostat. They shut off the process to prevent problems such as neurotransmitter depletion. By the way, symptoms of overdose and some side effects occur whenever this microscopic chemical system between neurons becomes unbalanced.

In a balanced system, however, once enough dopamine reaches receptors on nearby neurons, the nerves spark an electrical charge that travels down the threadlike neuron to signal the same process to repeat at the other end of the nerve. Of course, our brains could never keep up with the demand for dopamine or any other neurotransmitter molecule unless it recycled these chemicals once they are released. The abundance of a dopamine transporter in persons with ADHD makes the recycling of dopamine too efficient. Imagine dining in a restaurant in which the waiter brings your dish then another waiter returns a few minutes later to swipe it away after you have eaten only a few bites. You remain hungry and unsatisfied, so you will likely refuse to pay the bill. Likewise receptors waiting on another neuron remain hungry for more dopamine, but it will refuse to fire until enough of them are saturated with dopamine. Persons with ADHD have recycling pumps that work like an over zealous waiter shuffling dopamine back into the kitchen too quickly, and yes this chef will serve the same dopamine again once another electrical impulse from the neuron orders it.

Stimulant medications work by blocking some of the norepinephrine and norepinephrine recycling pumps, which allows dopamine to reach levels adequate to fire nearby neurons. Think of norepinephrine as the starter and dopamine as the entrée or main course. A drug like atomoxetine mainly blocks norepinephrine receptors. For some people with ADHD, atomoxetine works fairly well, they are satisfied with a starter. However, most people who suffer with ADHD need a medication that targets the dopamine recycling pumps. Stimulants work by blocking both norepinephrine and dopamine pumps thus allowing both of these neurochemicals to accumulate in adequate amounts to reach receptors on adjacent nerves, then fire those nerves. Think of them as calm waiters who do not clear the table until customers, or in this case receptors, feel satisfied with their starter, norepinephrine, and main course, dopamine.

All right so far, but how do drugs of abuse fit into this picture? Drugs are like dessert. If your neurons have been satisfied with enough norepinephrine and dopamine, then you likely will skip dessert. You certainly would not gorge yourself on it. The brains of persons with ADHD, however, have not been satisfied with enough norepinephrine as a starter or dopamine as their main course. Therefore, they tend to gorge themselves on dessert, the drugs of abuse. As mentioned earlier, drugs of abuse can increase dopamine in a certain part of the brain that makes one feel better (the nucleus accumbens); however, they are not as helpful in parts of the brain that make you think better (the frontal lobes and, to a lesser extent, the cerebellum). Alcohol and other substances of abuse can destroy parts of the brain that serve us for thinking and problem solving; if not at first then certainly in the future. The analogy of drugs of abuse seems to fit well with dessert. For instance, cake and ice cream taste great and seem to satisfy a person in the short term, but this would not make sense for a long-term nutrition strategy. It might feel good at first, but too many sweets will take a toll physically and emotionally down the road. Drugs of abuse do the same, especially in persons with ADHD, the good feelings give way to addiction.

In addiction, the first kiss is always the best. The first kiss could be alcohol or maybe marijuana, but hotter and heavier kissing is needed to achieve the same feeling as abuse leads to addiction. At some point, using more of the substance no longer matters and the person falling into addiction seeks out a more seductive mistress on the side. The individual often innocently starts a relationship with a legal drug like nicotine or alcohol, but thrill of the early romance with these drugs subsides and the person slides into relationships with more addictive chemicals like cocaine or heroin. Like flashy prostitutes, these illegal drugs promise more excitement, but may leave you with criminal charges or a life threatening condition like hepatitis or HIV. Unfortunately, adding a dash of an addictive drug to the impulsivity of ADHD makes a very toxic cocktail.

Within this very brief article, we covered much ground. We began with the relationship between ADHD and substance abuse, then covered the complex processes that take place within, and between, neurons in the brain that contribute to ADHD symptoms and make a person a risk for substance abuse and dependence. Along the way, analogies provided simplified ways of understanding the complicated chemical and electrical events that happen every millisecond of our lives. For example, we learned that an excessive number of dopamine transporters on certain neurons leads to symptoms of ADHD. Like too many chefs spoiling the broth, too many dopamine transporters can spoil a life. The symptoms of ADHD already make life difficult, but the added risk of developing substance abuse or dependence goes beyond difficult, to dangerous.

Almost Alcoholic
Dr Robert Doyle and
Dr Joseph Nowinski is
available in the
ADDISS Bookshop
www.addiss-shop.com

*norepinephrine is American for noradrenaline

New Research on ADHD Challenges the "Willpower Theory" of Attention Problems

For over 100 years, ADHD has been seen as essentially a behaviour disorder. Recent scientific research has developed a new paradigm which recognises ADHD as a developmental disorder of the cognitive management system of the brain, and its executive functions. A new cutting-edge book pulls together key ideas of this new understanding of ADHD, explaining them and describing in understandable language the scientific research that supports this new model. It addresses questions like:

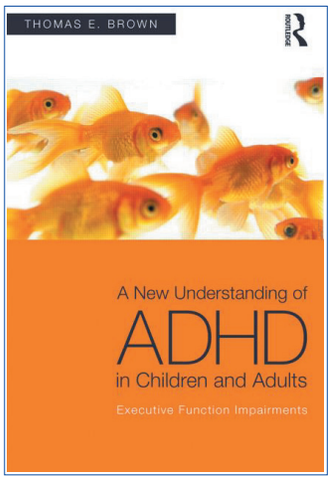
- **Why can those with ADHD focus very well on some tasks while having great difficulty in focusing on other tasks they recognise as important?**
- **How does brain development and functioning of persons with ADHD differ from others?**
- **How do impairments of ADHD change from childhood through adolescence, and in adulthood?**
- **What treatments help to improve ADHD impairments? How do they work? Are they safe?**
- **Why do those with ADHD have additional emotional, cognitive, and learning disorders more often than most others?**
- **What commonly-held assumptions about ADHD have now been proven wrong by scientific research?**

Most children and adults with ADHD have a few specific activities for which they have none of the difficulty in focusing that plagues them in most other tasks. If you watch them engaged in their favourite activities such as playing a sport, making art or music, doing mechanical tasks or playing a video game, you would think they have no problem in paying attention. A new model of ADHD proposed by Dr Thomas Brown, a Yale psychologist, explains why individuals with ADHD can focus very well for a few specific activities that strongly interest them or which threaten imminent unpleasantness, even though they have chronic difficulties in focusing for most other tasks, including some they recognise as important.

Many who know persons with ADHD, even some professionals, assume that individuals with ADHD simply need to exercise "willpower" to make themselves apply their ability to focus in other areas where they need it. Brown uses research data to explain that ADHD is not due to lack of willpower any more than erectile dysfunction is. He presents recent research showing that ADHD impairments are actually due to problems in development of the brain's management system, its executive functions.
Utilising recent neuroscience research, Dr Thomas Brown's new model of ADHD explains findings showing that persons with ADHD tend to suffer from:
1) Developmental delays in maturation of several critically important management areas of the brain;
2) Underdeveloped connections that link one brain region to another; and
3) Impairments in chemical dynamics of the brain.
His model also emphasises that most of the cognitive functions impaired in ADHD operate with automaticity, without conscious control.

This new model of ADHD, and research supporting it, are presented in Brown's new book, A New Understanding of ADHD in Children and Adults: Executive Function Impairments, published by Routledge. Brown, Associate Director of the Yale Clinic for Attention and Related Disorders in Yale's Dept. of Psychiatry, commented that this new science-based model goes considerably beyond the description of ADHD in the newly-released DSM-5 "which does not adequately reflect current scientific understanding of this disorder."

Professor Eric Taylor says "Tom Brown's book is placing cognitive changes at the heart of ADHD and drawing out the implications for clinicians and researchers. It is a welcome corrective to the overemphasis on disruptive behaviour; and it is written so clearly that it can be recommended to everyone who wants to understand the nature of this serious problem for adults and children."



The book is available from the ADDISS bookshop at £27.99 www.addiss-shop.com

Local Group News

ADHD Oxfordshire

It can be very difficult to help our grown-up ADHD children ourselves, but to find alternative support for them usually proves impossible. This inspired me to set up ADHD Oxfordshire three years ago as an information and support service. Since February 2012, with additional volunteers, there has also been a monthly support group.

When I first heard of ADHD and suggested it as an explanation for the difficulties my 24 year old son had experienced since he was four, the psychiatrist's response was 'That's just a red herring.' That was twelve years ago. How much have things changed?

Through the contacts made we have gained a picture of the current situation in Oxfordshire. We have found that there are still some 'Red Herring' thinkers and the situation is 'patchy', to quote Professor Eric Taylor when he was interviewed on Radio Oxford in February.

Sometimes GPs are sympathetic but unsure who to refer their patient to because there is no dedicated ADHD service. Nevertheless, a few adults who attend our group have received assessment, diagnosis and treatment through the NHS, and others have been given our website or phone number by their GP or psychiatrist.

The provision stated to us in January 2013, from Oxford NHS Foundation Trust, is 'We would see people with ADHD if their condition meant that they had a moderate to severe anxiety disorder or depression that impacted on their ability to lead a normal life, and that primary care interventions had been tried and failed.'

However, our impression is that referral for depression or anxiety disorder is extremely unlikely to result in any assessment for ADHD, unless the person concerned raises the issue and is well prepared.

We were aware this is a common situation, but meeting so many people for whom this is a real personal challenge has made it personal for us too.

We try to raise awareness in various ways and recently had our fourth interview on Radio Oxford, celebrating the first birthday of the support group, and were also featured on BBC Oxford TV News. Training presentations have been given to the Youth Offending Service, Oxford Positive Futures and representatives from a number of organisations invited by West Oxfordshire District Council.

Our support group is open for parents of ADHD children, and for ADHD adults, and we expected them to hold separate discussions, but on many occasions they have chosen to stay together and find they learn from each other. When a need for distinct topics arises, or specific queries emerge, we have sufficient room to divide into groups. We also offer an occasional separate parents' session.

The statistics for those who have contacted ADHD Oxfordshire, through email, phone and face to face, and those attending the support group, show we have helped equal numbers of ADHD adults and parents of children with ADHD. For each parent who contacts us about their daughter, five contact us about their son, yet for ADHD adults the enquiries are fairly evenly divided between men and women. This suggests many girls are missed.

When answering phone enquiries I have often been told that it's the first time the person has spoken to someone who really understands. First hand experience is very helpful when it comes to empathy, but we still need more professional recognition that ADHD in adults and girls can be an underlying factor in their depression or anxiety. Then, more people will gain the understanding and tools to take control of their lives.

Mary Austin

To contact us:
adhd.oxfordshire@virgin.net
or phone Mary on 01865 731378
www.adhdoxfordshire.co.uk

Our group meets in
St Leonard's Church Hall, Eynsham OX29 4HF
7 – 9 pm on the last Tuesday of every month except December.

Medication, Daily Mood and Full Ratings synced across the web and mobile devices aiding the day-to-day lives of those with ADHD

ADHD gets a GUARDIAN ANGEL

The ADDISS conference provided Dan Anderton with the perfect opportunity to talk to parents, carers and professionals about their needs, and to incorporate responses to those needs into a new iPhone App.

Dan, Steve Brown and Phil Anderton, launched the ADHD Angel App last year and, globally, thousands of people use it daily to manage their medications and generally to assist them with their ADHD.

In partnership with ADHD Angel, last month we launched 'ADHD Guardian Angel'.

Imagine being at work and wondering if your child has taken their medication, with Guardian Angel you get a live notification direct to your iPhone once it's been taken. If it seems they have missed it you can send a direct reminder straight to their phone.

Imagine when your child answers a question about their mood or behaviour and you want to gauge their day prior to coming home. Imagine getting this information direct to your phone as well as having the ability to create reports with this data ahead of a clinic visit.

Stop imagining this and download ADHD Angel and Guardian Angel from the App store.

So far the interest in these apps is great, people are using it, clinicians have started referring to them and parents contacted us recently to thank us for the app's qualities.

Don't have an iPhone? Don't worry, Guardian Angel is also available through the web with the exact same functionality.

ADHD news

Important Dates for your diary

ADDISS run bespoke training and workshops on ADHD for a variety of audiences, from teaching staff to housing associations to those working with young offenders and of course to parents.

1-2-3 Magic for Practitioners – 15th and 16th July 2013 in London. 1-2-3 Magic is fast becoming the preferred behaviour management programme for parents of children with ADHD and ASD. ADDISS have trained over 200 practitioners across the UK as well as many in other countries.

Keep checking the ADDISS website for details of our programme of events and conferences. You can also join the ADDISS Facebook group, and follow us on Twitter.

For more information, and to book your place at ADDISS training and events, ring us at the office 020 8952 1515 or email andrea@addiss.co.uk

Advertising rates

The ADHD news is sent out to families and professional practitioners with an interest in ADHD issues four times a year. It is also distributed at conferences, training events, local support groups and clinics. Advertising in the ADDISS newsletter gives you a unique opportunity to reach families and individuals impacted by ADHD, as well as professionals working with the condition. We can offer competitive prices for advertising space – available in quarter, half or whole pages. Contact us for details of rates and editorial deadlines.

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As a professional or a parent, you can support ADDISS – and benefit from the support that we can give you.

Keep in touch with new research, new treatments, learn what is working – and what isn't.

When you become a member of ADDISS then you will receive this newsletter four times a year, notification of talks across the UK and abroad, notification of new publications as well as special offers including discounted entrance to conferences and training events. In most cases your discount more than covers your membership fee – so it is well worth it.

A year's subscription costs £45 for professionals and £30 for parents, or adults with ADHD.

You can subscribe online, or telephone our office for an application form.

http://www.addiss.co.uk/subscribe.htm

The 11th International ADDISS Conference

10th – 12th October 2013

Liverpool

Plans for the next ADDISS conference are under way and this year it will be a bumper conference with new and exciting speakers coming in from across the pond. The DSM-5 is now published and this will be discussed at the conference by several speakers. Will this affect those already diagnosed with ADHD? Will it have an impact on future diagnoses and assessment? These questions, and more, will be answered.

One of our special guests is Dr Edward Aull, a behavioural paediatrician from Indianapolis, who has been a regular and popular speaker at the CHADD conferences in the USA. He speaks about ADHD and ASD, in particular Asperger Syndrome.

Dr Ari Tuckman author of many books on ADHD and executive functions will be running a special workshop for adult clinicians. Ari has run workshops internationally and is well known for his podcasts for professionals and adults with ADHD

You can watch the conference programme grow and develop as we confirm speakers by going to the conference website now: www.addiss.co.uk/addconference

Popular presenters Kevin Roberts and Jerry Mills will once again be presenting and we have heard that Christian Moore Founder of Why Try, may be coming to talk about the second greatest principle in the world – Resilience.

The prices for the conference are now up on the conference website. We are also offering you the opportunity to buy vouchers in small quantities between now and conference time to help spread the payments.

ADDISS Bookshop

If you are interested in the subject of ADHD and Addiction, or the related topic of self control, then there are a number of books available in the ADDISS bookshop. Here are a few examples.

Almost Alcoholic – is my (or my loved one's) drinking a problem- by Dr Robert Doyle and Dr Joseph Nowinski – priced £11.50

ADHD and the Nature of Self Control – by Russell A Barkley – priced £17.99

Cyber Junkie – by Kevin Roberts – priced at £11.50

To order a book from the ADDISS bookshop go to www.addiss-shop.com or contact the office info@addiss.co.uk

The bookshop also has a range of gifts – including silver jewellery specially made for the ADHD community, and books to help children understand their ADHD.

Videos and audio files available

We have now set up a new online store where you can purchase videos and audio files from the last three ADDISS conferences. If you are a current ADDISS member then you will get a 20% discount (please email us to get your discount code). More videos and audio files will be added. www.rattlemedia.co.uk/store/addiss