



with a heritability chance of almost 60% for a child if a parent has ADHD, and a 70%–80% chance for a twin if the other twin has ADHD. Research demonstrated imbalances of chemical messengers (neurotransmitters such as dopamine and noradrenalin) within the brain, as well as differences in the development of self-management systems in the brains of individuals with ADHD (e.g. changes in areas of the brain responsible for concentration, regulation, organisation, planning, time-management, decision-making, etc.).

### MYTH 3: ADHD IS OVER DIAGNOSED

#### The facts:

ADHD is the most common psychiatric disorder in children – affecting an average of 5% of school-aged children – irrespective of which countries or cultural groups these prevalence studies were conducted! The seeming “explosion” of ADHD diagnoses and prescriptions for treatment in recent years has led to accusations that doctors, teachers, and parents are labelling ordinary, energetic children with a disease and medicating them to control normal, but unwelcome, behaviour.

Although the rate of diagnosed ADHD in children has increased over the past two decades, this isn't due to “over diagnosis”, but rather improved awareness about ADHD amongst healthcare practitioners and parents and therefore increased help-seeking behaviour and screenings. Also, because we're now more aware that ADHD persists through adolescence and into adulthood, children often continue to be treated for longer – resulting in an increase in prescriptions for ADHD treatment. Unfortunately, despite this many children (and adults) suffering from ADHD remain undiagnosed, misdiagnosed, or if diagnosed don't receive optimal treatment.

### MYTH 4: ANY CHILD WHO IS NAUGHTY, FIDGETY OR TALKATIVE IS DIAGNOSED WITH ADHD

#### The facts:

Many children with ADHD are not hyperactive – but rather quiet daydreamers! ADHD is a clinical diagnosis, which should only be made by a specialist psychiatrist, paediatrician or other healthcare

professional with training and expertise in the diagnosis of ADHD. Although screening children for the presence of ADHD is very important, the final diagnosis will always be confirmed by a thorough clinical assessment – which will also exclude conditions that mimic ADHD (e.g. depression, anxiety, visual problems, and certain medical conditions). In South Africa, psychiatrists use very well-researched diagnostic criteria (the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders) which describes the core and associated symptoms of ADHD.

### MYTH 5: ADHD IS DUE TO THE “JUNK” WE EAT

#### The facts:

There is no scientific evidence to prove that eating sugar or junk food will cause ADHD. Although some children (both those with and those without ADHD) are particularly sensitive to certain food components (such as artificial colourants, additives, and refined sugar), and others benefit from specific food supplements (such as omegas), dietary intervention alone does not prevent or cure ADHD. If ADHD was due to foodstuff alone, then surely the prevalence would have been much higher and everyone would have ADHD...

However, we know that various factors are at play (see myth 2). There is little scientific evidence to show that dietary changes help with ADHD symptoms or academic functioning. However, a healthy balanced diet and regular physical exercise do form part of the ideal

integrated treatment approach of children (and adults) with ADHD. It's important to treat each child as an individual and work with an appropriate professional to test what, if any, dietary changes might help improve the child's symptoms.

### MYTH 6: PHARMACEUTICAL COMPANIES AND PSYCHIATRISTS ARE COLLUDING FOR FINANCIAL GAIN

#### The facts:

When a cardiologist assesses a patient, discovers the patient's blood pressure is high, and starts him on treatment – is he colluding with pharmaceutical companies just to sell more medication? I prefer to believe that healthcare providers (read: psychiatrists) always have the patient's best interest at heart. Why would they want to do something which is bad for a child? Pharmaceutical companies and medical professionals are both bound to strict ethical codes (and personal values) we adhere to.

### MYTH 7: ADHD MEDICATION IS DANGEROUS

#### The facts:

It's true that any substance or medication (including herbal remedies) has the potential for risks and side effects. When it comes to medication, it's never a decision to be taken lightly. Always carefully consider the benefits of treating the child versus the potential harm of withholding treatment.

The medications used to treat ADHD have been proven safe and effective more than 50 years, and have been researched in more than 200 successful clinical trials. The



most famous and often cited study is the “MTA” or “Multisite Multimodal Treatment Study of Children with ADHD” conducted in 1999 (<http://jamanetwork.com/journals/jamapsychiatry/fullarticle/205525>). This 14-month randomised clinical trial of treatments in almost 600 school-aged children found medication to be superior to behaviour therapy or community care. Combined medication and behaviour therapy was found most effective. This was attributed to its effects on non-ADHD symptoms (e.g., oppositional / aggression, internalising, teacher rated social skills, parent-child relations, and reading achievement).

The most common side-effects children experience are decreased appetite (and sometimes weight loss), dry mouth, headaches, stomach ache, and problems sleeping. However, most of these side-effects are mild and transient. The goal of treatment is not to subdue children or to change their personality. Medication doesn't calm the brain down; effective medication stimulates and improves the brain's management system. It's important medication should be carefully monitored and adjusted for every individual – to enhance the child's functioning by sharpening their focus and increasing their ability to control their behaviour.

Medication doesn't cure ADHD, are highly effective at easing symptoms and enabling better coping strategies. Also remember that treatment should always include therapy (e.g. parental guidance, addressing issues with self-esteem), educational support (e.g. learning support and strategies, and coping skills), addressing potential stressors (e.g. parental conflict, and bullying), and lifestyle changes (e.g. physical exercise and a healthy diet).

Untreated or inadequately treated ADHD can cause significant personal, interpersonal and social burdens, impacting negatively on overall quality of life. A child (and adult) with (untreated) ADHD is six times more likely to have another psychiatric disorder (such as depression, anxiety, or substance abuse) or learning disorders and self-esteem problems. Research has also shown that those diagnosed with ADHD completed on average two years less of formal schooling

and attained a lesser employment status than those without. The risks of using appropriate medications to treat ADHD are minimal, whereas the risks of not using medication to treat ADHD are significant.

#### **MYTH 8: ADHD MEDICATION IS ADDICTIVE AND CREATES ADDICTS**

##### **The facts:**

It's actually the opposite: treating children with ADHD protects them against becoming addicts. In a ten year follow up study of a sample of 140 boys originally aged between 6-17 years, 73% had received some level of treatment with stimulants at some stage during childhood (some also continued this into adulthood). The researchers found no association between treatment with ADHD medication and alcohol, drug, or nicotine use disorders in later life. Other studies clearly showed that untreated ADHD increased the risk to develop substance abuse problems during teenage years or later life. This may be due to impulsivity, self-medication, or failure in the

educational system and getting involved in destructive friendships and behavioural patterns.

We fear things we don't understand or know. Be careful of what you read – especially in the popular media and online (read: Google) – and believe. These sources can strengthen misperceptions and stigmatising beliefs about patients suffering from ADHD. Always discuss your concerns with a trained healthcare professional. The media is also our potential biggest allies (with a big responsibility) to create public awareness and education – and we're very grateful for platforms such as Mental Health Matters and SADAG. Knowledge is power – it can dispel myths, help you to have an informed opinion and to take informed decisions about ADHD.

For more information, and tips, visit the Goldilocks and The Bear Foundation's website <http://www.gb4adhd.co.za/>, or Facebook page <https://www.facebook.com/gb4adhd/>.

**References available upon request**

**Professor Schoeman and Goldilocks and The Bear Foundation have written South Africa's first ADHD book for children! To order a copy please see below:**

## **SOUTH AFRICA'S FIRST CHILDREN'S BOOK ON ADHD**



**“All of these things are important to me” tells the story of a day in the life of Zee, a South African girl living with ADHD. This book aims to increase awareness and educate communities about ADHD (and related mental health disorders) and to destigmatise the disorder and its treatment.**

**Written in five languages: English, Afrikaans, isiXhosa, isiZulu and seSotho, all in one book**

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