ASSOCIATION OF PSYCHOLOGY NEWFOUNDLAND LABRADOR

P. O. Box 26061, RPO
LeMarchant Road
St. John's, NL
A1E 0A5
709-739-5405

October 8, 2019

Press Release – For Immediate Distribution

October is ADHD Awareness Month. To acknowledge this, APNL is hoping to clarify some common myths and misperceptions regarding ADHD (see www.caddac.ca, www.caddra.ca, www.understood.org for references and additional materials)

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

- ADHD is a neurodevelopmental disorder (insufficient levels of neurotransmitters dopamine and norepinephrine)
- ADHD is the most prevalent childhood psychiatric disorder in Canada
- ADHD conservatively occurs in 4% of adults and 5% of children worldwide
- Scientific studies have shown that ADHD is highly heritable and is a chronic disorder that persists throughout the lifespan

Myth #2: All individuals with ADHD present with the same types of symptoms (e.g. they're all hyperactive)

- There are three presentations of ADHD depending on which of the three core symptoms (inattention, hyperactivity and impulsivity) present:
    - Predominately inattentive (previously referred to as ADD)
    - Predominately hyperactive (very rare)
    - Combined (most prevalent)

Myth #3: ADHD is the result of bad parenting

- Structure and routine can assist in managing some challenges in ADHD do not cause the behaviours
- Not due to bad or lazy parenting

Myth #4: Individuals with ADHD just need to try harder to pay attention and can't ever focus

- Asking them to "focus harder" is like asking someone to see better when they're not wearing their glasses
- Issues with regulating attention, not lack of attention – often difficulties are due to hyperfocusing or difficulty shifting focus

Myth #5: Only males have ADHD

- traditionally it was felt that it occurred at a 2:1 rate of boys:girls
- Girls are typically diagnosed later (often adolescence or adulthood)
- More likely to present with inattentive symptoms that can be overlooked
- Often misdiagnosed as depression, anxiety or lack of motivation,

APNL
ASSOCIATION OF PSYCHOLOGY NEWFOUNDLAND LABRADOR

P. O. Box 26061, RPO
LeMarchant Road
St. John's, NL
A1E 0A5
709-739-5405

- lack of diagnosis and intervention may result in development of anxiety/depression
- Highly intelligent girls/women likely to have more delayed diagnosis
- Common symptoms in girls: “Chatty Cathy” – overly talkative, bossy, Daydreamers, Shy, Easily overwhelmed, More subtle physical restlessness (e.g. twirling hair), Social difficulties – trouble fitting in, may not have friends, perceived as immature

Myth #6: ADHD is a learning disability

- Key symptoms can interfere with the ability to learn
- A number of learning disabilities co-occur with ADHD (25%-50%) but not caused by the ADHD

Myth #7: Kids will outgrow their ADHD

- Eighty percent of children maintain their diagnosis into adolescence and at least 60% remain impaired by symptoms in adulthood
- Symptoms change over time, but they don’t disappear

Myth #8: Having ADHD will make someone a poor employee

- Many professions are areas where people with ADHD can excel and pull to their strengths
- Often very creative, able to think outside the box, able to cope with high paced, rapidly changing situations

Myth #9: Medication is the only treatment option, and will make a person feel drugged

- Appropriate doses/timing of medication should help sharpen a person’s focus, and increase his or her ability to control impulsive behaviours
- While medication is highly effective, gold standard treatment also includes behaviour interventions and support, and home/school/workplace supports.

Myth #10: ADHD is only diagnosed in childhood

- ADHD is not diagnosed prior to the age of 6, although many symptoms may have been present
- Symptoms must be present prior to the age of 12
- Many adults are being assessed/diagnosed as a result of their children receiving a diagnosis (strong genetic factor)
- Many complicated feelings emerge from adult-aged diagnosis including excitement (finally understanding their symptoms and challenges), and grief for opportunities missed, underachievement, underemployment, etc.

Media interviews with a Psychologist on this (or other topics), can be arranged by contacting Dr. Janine Hubbard at 682-0235 or janine@janinehubbard.com