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Perceptions of Adult ADHD

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Abstract. A survey was carried out of all consultant psychiatrists and a sample of senior healthcare professionals in North Wales to establish attitudes towards Adult ADHD following the recent publication of NICE guidelines on the condition. Although the sample size was relatively small ($N = 50$ consultants) it should be noted that 100% completion rate was achieved which was supplemented with responses from twelve senior ward staff.

The survey results showed an increasing appreciation of the possible prevalence of Adult ADHD. Considerable variation was observed between consultants in different specialist areas, with child and adolescent mental health consultants showing more consistent beliefs and adult mental health consultants showing a shift in recognition of Adult ADHD. This survey aimed to map changing attitudes towards Adult ADHD. From a therapeutic perspective it makes sense to recognise the reality of the condition. However it should also be acknowledged that perceptions of the prevalence of such conditions may in part be tied into effective marketing.

Keywords: Mental health services, ADHD

1. Introduction

The 2009 National Institute for Health and Clinical Excellence (NICE) guidelines on Attention-Deficit-Hyperactivity Disorder (ADHD) [3] state that Adult ADHD is a 'valid clinical disorder'. They also recommend that mental health services set up Adult ADHD clinics.

Until recently the received wisdom in Britain appears to have been that ADHD was a condition that primarily affected children, which improved with age. The idea that some individuals might not grow out of the condition was first proposed by Wender in 1981 [4]. While the idea that the condition might not resolve completely with age in some individuals seems intuitively reasonable, the idea that there might be a large caseload of unrecognised Adult ADHD patients does not appear to have been widely accepted in Britain, except perhaps by a majority of child psychiatrists.

In the wake of the recent recommendations to set up an Adult ADHD service, we sought to survey all consultant psychiatrists in North Wales as well as a proportion of other senior healthcare professionals to establish their views. One Adult ADHD Clinic has been set up by a CAMHS consultant in North Wales.

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2. Methods

A questionnaire containing the four questions was mailed out to all consultant psychiatrists in North Wales ($N = 50$) of whom 72% worked in Adult Mental Illness (AMI), 20% worked in Child and Adolescent Mental Health Services and 8% in Elderly Mental Illness. Staff were given one month to provide their responds and those who failed to respond after this time were followed up by either telephone or e-mail. Responses were received from all consultants.

We also approached 12 senior nursing staff from one of the three district general hospitals in North Wales. This included all ward managers and members of the liaison service to the main hospital.

The questions were:

1. Have you read the NICE guidelines on ADHD?
2. Would you have thought Adult ADHD a real disorder 3 years ago?
3. Do you think that Adult ADHD is a real disorder?
4. Do you expect to think that Adult ADHD is a real disorder in 3 years time?

3. Results

The overall results are shown in Fig. 1.

There was considerable variation between CAMHS consultants, AMI consultants, Old Age consultants and other health professionals (see Table 1), with CAMHS consultants more consistent in their beliefs and AMI staff showing a shifting appreciation of adult ADHD.

4. Discussion

The data appeared to show an increasing appreciation of the possible prevalence of adult ADHD. But there are ambiguities: as one of our respondents put it '*if I think that adult ADHD will exist in 3 years time then I must already think it exists*'. This respondent nevertheless indicated that in fact he thought he was moving from being uncertain about the existence of adult ADHD to being less uncertain.

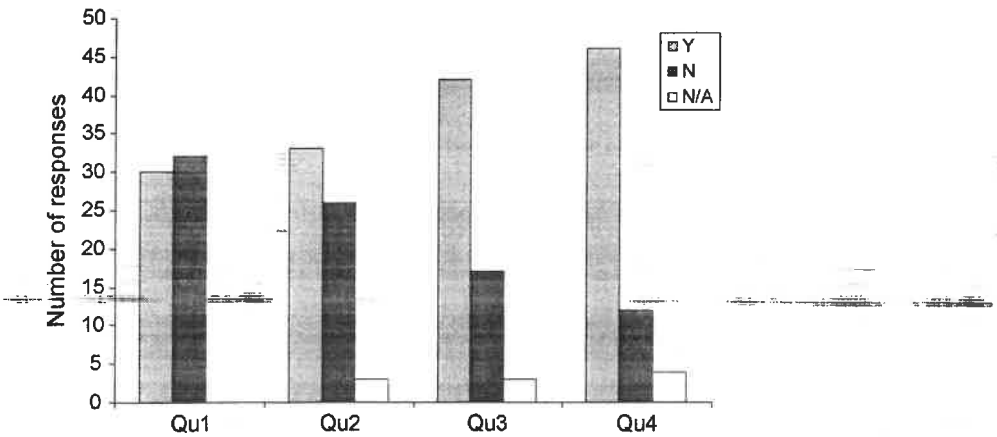

Fig. 1. Adult ADHD survey: Responses from all participants ($N = 62$).

Table 1
Adult ADHD survey responses by specialty

N	AMI consultants			EMI consultants		CAMHS consultants		Other healthcare professionals		
	Yes	No	N/A	Yes	No	Yes	No	Yes	No	N/A
Q1	18	18	–	1	3	10	–	1	11	–
	50%	50%		25%	75%	100%		8%	92%	
Q2	20	15	1	1	3	8	2	4	8	–
	56%	42%	3%	25%	75%	80%	20%	33%	67%	
Q3	27	9	–	1	3	8	2	6	5	1
	75%	25%		25%	75%	80%	20%	50%	42%	8%
Q4	29	7	–	2	2	8	2	7	3	2
	81%	19%		50%	50%	80%	20%	58%	25%	17%

More generally the responses displayed by our subject panel reveal a range of views. These extend from the views of child psychiatrists who have little reason to doubt the reality of ADHD and for whom it is logical to expect that the condition will at least in some instances extend beyond the age of 18. At the other end of the range are the views of Old Age psychiatrists, who have not been used to seeing cases of ADHD and for whom the matter is one of logic rather than daily experience. In between are the views of AMI consultants and other health care staff. For these groups, views are at least in part likely to be shaped by changing language and apparent facts on the ground as regards this condition. From a practical point of view it may become sensible to act as though the condition exists. If adult patients begin to present to or be referred to clinics claiming to have ADHD, it is not in general a good opening therapeutic move to deny the reality of the condition that the patient thinks they have.

This paper does not address the reality or otherwise of adult ADHD. It seeks to map changing attitudes towards this condition. Attitudes can change because of a neurobiological discovery supporting the reality of a disorder, or following the discovery of an intervention for a certain group of people which makes it practical to talk about a disorder that this intervention treats, or a change in attitudes can follow marketing efforts.

In recent years in the United Kingdom a large number of on demand publications in journals such as Progress in Neurology and Psychiatry have featured the topic of Adult ADHD and its possible treatments. Meetings, lectures and symposia have been organised on the topic by two companies, in particular, Shire marketing amphetamines (Adderal and Vyvanse) and Lilly marketing atomoxetine (Strattera). These symposia and publications have heavily promoted the notion of Adult ADHD as a possible target for treatment.

This marketing is of course based on clinical trials which show a treatment signal for these drugs on a putative adult ADHD condition. The availability of evidence for a treatment benefit in a condition, putative or not, in turn pulls a NICE guideline into existence. This happens more readily perhaps where there are prior NICE guidelines for childhood ADHD than would happen for instance in the case of the marketing of a new treatment for restless legs syndrome. The availability of a NICE guideline in turn becomes a marketing tool, with companies using statements from the guideline for promotional purposes.

This is an instance of what has been called a looping effect as described by Hacking [2]. Looping effects underpinned the recent use of hormone replacement therapy (HRT) for peri-menopausal conditions, where the existence of a recognised state and a regular stream of company supported articles touting the benefits

of HRT for this or that aspect of peri-menopausal functioning led to an extensive use of HRT. Clearly in the case of HRT the success (or otherwise) of the treatment can be divorced to some extent from the reality (or otherwise) of the underlying condition.

Similar looping effects probably apply to current considerations about the use of stimulants as cognitive enhancers, with students feeling pressured by an increasing use of stimulants for this purpose to consider using them [1]. Where unable to get the drugs for outright cognitive enhancement, it appears relatively easy to present to a doctor with features that will meet criteria for an ADHD diagnosis.

Over the past decade a number of conditions have been heavily marketed, including social phobia, and more recently bipolar disorder. Clearly these conditions are real but perceptions of their prevalence appear in part to have been tied to effective marketing and this marketing in turn has a link to the patent status of various drugs. While the incoming tide of marketing may help detect and treat people whose conditions have gone unrecognised there must also be some question as to what happens to patients when the tide goes out.

Declaration of interest

JLN none; RKT none; DH extensive links to all major pharmaceutical companies.

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