

ADHD news

ADD Information Services (ADDISS) Registered Charity No. 1070827

WINTER 2012

ADDISS Conference: ADHD - From the Heart

This year the speakers took us to the frontiers of medical research into ADHD, but also shared poignant and inspiring stories and helped us to find the humour in our situations. Throw in an opera singer, an Olympian and a guy with a guitar and you have a heady mix.

Getting started

The 10th International ADDISS Conference started on 18th October with a choice of half-day workshops for parents and professionals. This was a great opportunity to go into depth on particular topics – especially for

newcomers to the ADHD world. The morning focused on knowing and understanding ADHD, and this was followed by afternoon options exploring practical responses for schools from Professor Loretta Giorcelli, the parenting programme 123 Magic and Mary Solanto on Cognitive Behavioural Therapy (CBT). See page 4 for more from Mary Solanto.

It was a good foundation day, which served as preparation for the more complex sessions run on the 19th and 20th October. See page 6 for Sacha King's reflections, as a parent of a child with ADHD.

Going deeper

The theme for the conference – ADHD from the Heart – is taken from a blog written by Jerry Mills. He took us through his unique and very personal journey using music, reminiscences, poetry and stories.

Continued on page 2

“This morning I was in tears, and now I'm laughing.”

Just one overheard comment from the 10th International ADDISS Conference (London, 18th to 20th October 2012).



Conference highlight - Ashley McKenzie



Ashley McKenzie and his mother, Susan

The highlight of the conference was a talk from our guest Ashley McKenzie, Team GB Judoko Olympian and his mother, Susan. Ashley spoke candidly about his early life: he had a difficult time at school, got into a lot of fights and was regularly excluded. He told us, with humour, about how he got into Judo via a fight over a Pokemon card at age 11 and how his talent was spotted, followed by success in junior competitions.

It was very clear that Ashley has enormous love for his mother and credits her with his transformation from 'naughty boy' to charming, successful young man. Susan then spoke about the heartbreak of bringing up a child with many health and behavioural problems and about the painful decision to have him admitted to a psychiatric assessment centre for six months, where he received the diagnosis of ADHD.

Both spoke from the heart giving touching, often tearful, often funny accounts of their life with ADHD, which struck a chord with the audience who clearly appreciated their openness.

At the end of the conference Andrea Bilbow presented Susan with a silver heart necklace, specially designed for the ADHD community.

Ashley and his mother then spent a considerable time speaking to individuals about their experiences with ADHD, generously signing autographs and posing for pictures. It was heart-warming to see how genuinely interested Ashley was in each person, despite his new-found status

as a celebrity. A truly inspirational and moving finish to what was beyond doubt a conference 'from the heart'.

CONTENTS

ADHD - From the Heart

• Pages 1-3

CBT for Adult ADHD

• Page 4

Introducing Kate Esser

• Page 5

ADDISS Conference - a parent's view

• Page 6

News round up

• Page 7

Bookshop bargains

• Page 8

Jerry reflected on his own ADHD and shared his insights from his time as a teacher - a truly inspiring speaker who touched us with his openness. His website is www.jerrymills.com.

We were disappointed that illness prevented Janet Giler from attending the conference, but grateful to Dr Robert Doyle and David Grant for standing in and running new sessions on Psychopharmacology (Dr Doyle) and Synaesthesia (David Grant).

Does classification matter?

Professor Eric Taylor posed this question and talked us through the history of labels for ADHD. Early descriptions centred on understanding the causes of ADHD, rather than describing clusters of behaviours or symptoms. This approach proved problematic, as there was little agreement about the causes of ADHD. It is only relatively recently, in the 1980s, that a breakthrough came, which enabled us to move forward on the basis of observable impairments captured in a diagnostic framework.

DSM5 (Diagnostic and Statistical Manual of Mental Disorders – due for publication in May 2013) is the latest in the evolution of ADHD definitions. An improvement on DSM4, that expects to overcome the epidemic of bipolar disorder diagnosis in children in the US and acknowledges the part to be played by age differences. DSM5 also recognises disruptive mood dysregulation disorder as part of the mix.

Diagnosing ADHD in girls and women is complex, as it manifests in different ways to ADHD in boys (this topic was covered in the September 2012 edition of ADHD News). Dr Nikos Myttas talked through these



Barry Bourne and Dr Nikos Myttas

differences, and the need to pay particular attention during adolescence.

Understanding ADHD was picked up as a theme by other speakers. For example, Dr Robert Doyle explored what is available for those who don't quite meet the diagnosis criteria for ADHD. Dr Beverley Steffert examined the neurobiology and sub-types of ADHD.



Dr Robert Doyle and Andrea Bilbow

Co-morbidity and ADHD

Dr Paramala Santosh talked about the complex cases he sees at his children's clinic, and the interactions between medication and behaviour modification where several conditions, including ADHD, co-exist. ADHD and autism are a common combination.

Prescribing medication poses particular problems, and the minimum effective dosing strategy seeks to find the optimum dose to alleviate symptoms, with the minimum of adverse side effects. Key to this is frequent monitoring through weekly telephone contact with parents as medication is introduced, and levels altered. Families seem to prefer this approach – regular short contacts, rather than longer infrequent appointments. Clinicians also find that it enables fine-tuning of dosages.

Another tool is the Healthtracker system, which helps children to monitor their feelings and highlights the side effects of their medication. Dr Santosh has found it useful in alerting clinicians as thresholds for intervention are approached. It also gives the young person ownership of their

condition. To take a look at the Healthtracker system try the website - www.healthtracker.co.uk.

The co-morbidity theme continued through a further workshop, led by Barry Bourne. He described the findings from his research into the role of working memory and the need for educators in particular to differentiate between children of low ability, and those with difficulties processing information.

ADHD Adults

The conference provided plenty of food for thought for adults with ADHD. Dr Mary Solanto talked through the practicalities of CBT programmes for ADHD adults, including input on time management, organisation, planning, prioritisation and addressing irrational beliefs. There were a variety of tips and hints along the way – as well as a few mantras, such as "If it is not in the planner, it does not exist" and "If I'm having trouble getting started, the first step is too big". About half of people with ADHD have co-existing anxiety, which interferes with efficiency and makes it much harder to get started on tasks. Debunking negative thoughts, or cognitive distortions, is an important two-step process – identifying beliefs and then challenging them. A skilled therapist is needed to support someone with ADHD to move past this stage.

Kevin Roberts challenged us to arm ourselves with the neurobiology of ADHD, as a tool to fight the battles of misunderstanding, stigma and ill-informed judgements. For most people, genetics is at the root of their ADHD. Gene variants that are strongly correlated with ADHD



Kevin Roberts

also link to addiction, adventurousness and the preference for novelty over stability. There is some evidence that the caudate nucleus in the brain has a role to play - this part of the brain controls impulsivity. ADHD is brain driven and not will driven. There is no morality at play here – and naughty boy syndrome is plain wrong.

We celebrated the gifts of ADHD and Kevin had us laughing as he recounted personal stories and insights. He observed that many comedians harness their playful, creative and spontaneous ADHD qualities to find humour and fun, and a unique perspective on the world.



Ashley McKenzie with Phil Anderton, Teresa Fitzgerald and Shirley Hand.

The Ladders of Life team from Liverpool told us of their programme for adults with ADHD. Marko Ferek also challenged adults with ADHD to break through the walls. Colin McGee advised on ways to manage stress and achieve a state of calmness. Managing relationships proved to be a popular session - led by Andrew Lewis.

ADHD in Children

Dr Geoff Kewley explored giftedness from another angle. ADHD may mask the abilities of gifted and talented children who often have severe executive

ADDISS Conference: ADHD - From the Heart



function difficulties that inhibit testing in the normal way.

ADHD in education was discussed from three angles. Holly Evans provided practical advice relating to school exclusions, Kate Esser talked about ADHD in higher education and Sharon O'Dell covered school avoidance, and the use of the Why Try programme to address it.

Sessions were available exploring support for parents through the 123 Magic programme. Cathy Laver – Bradbury spoke about the New Forest Parenting Programme.

ADHD and the justice system

If you have ADHD then you are twice as likely to become involved in the criminal justice system than someone without ADHD. Imogen Cox talked about the ways that people with ADHD, and their families, can protect themselves. Declaring to the custody sergeant that you have ADHD should lead to the provision of an appropriate adult. Making sure that this person is knowledgeable about ADHD can make all the difference, and finding a solicitor with knowledge of ADHD is also key.

Imogen's talk neatly linked into Phil Anderton and Steve Brown's talk on day three of the conference. This explored a preventative approach through the use of smartphone apps. See their website

www.adhdandjustice.co.uk for more details of ADHD Angel, which has also featured in a previous edition of ADHD News. Phil and Steve have been working to improve understanding of ADHD within the criminal justice systems for many years – and have spoken to groups of police officers and advised the prime minister, as well as providing input to the Youth Crime Action Plan (2008) and authoring Tipping Points (available through the ADDISS bookshop – and soon to be updated).

ADHD and addiction

Another theme echoed through two talks – ADHD and addiction. For Kevin Roberts the focus was on addiction to the cyberworld (featured in a previous edition of ADHD news). For Dr Robert Doyle substance abuse and ADHD was the topic. Substances discussed included tobacco, alcohol and drugs. According to Biederman (1993) half of ADHD adults have a co-morbidity with substance abuse. Motivations for abuse vary from the general population. ADHDers tend to be seeking a change of mood and better sleep, rather than to get a high.

My ADHD – stories from the heart

The final day of the conference was topped and tailed by stories from two people who have found strategies to achieve, in spite of their ADHD, in different fields. Geraldine McGreevy talked about her late ADHD diagnosis and her



Geraldine McGreevy and Otto

career as an opera singer. ADHD has presented her with challenges in her working life and she has developed ways to learn parts, perform and to organise herself as a self-employed person.

Finally we were all on our feet for Ashley McKenzie, Team GB Judo Olympian, and his amazing mother Susan. It was a fitting way to end the conference. Ashley and Susan have done much to raise the profile of ADHD and to demonstrate that it need not be a barrier to achievement. Ashley recently appeared on Celebrity Big Brother (he came 5th) and also in a BBC documentary – The Bad Boy Olympian.

ADDISS

has been providing information, advice and support on ADHD since 1993.

The first International Conference was in 1997. ADDISS is a

registered charity and is dependent on grant funding,

donations and goodwill to continue

operating. If you would like to sup-

port our work then please contact

Andrea at the office to discuss the many

ways in which you can do this.



Cognitive Behavioural Therapy for Adult ADHD

By Dr Mary Solanto

What is Cognitive Behavioural Therapy (CBT)?

There is much interest in – but also apparently much confusion about – the nature of cognitive behavioural therapy (CBT) and the way it can be used to help adults with ADHD. Cognitive behavioural therapy refers to a type of mental health treatment in which the focus is on the thoughts and behaviours that occur “in the here and now”. This approach is quite different from traditional forms of psychoanalytic or psychodynamic therapy, which involve recapturing and reprocessing the childhood experiences that presumably gave rise to the current emotional problems. An advantage of CBT over these earlier therapies is that its goals and methods are quite explicit, and its results can be tested for efficacy.

CBT originated in a melding of “cognitive therapy”, developed in the 1960s by Aaron Beck and popularised by Albert Ellis, and “behaviour therapy”, developed by B.F. Skinner, Joseph Volpe and others. Beck and Ellis postulated that we all have “automatic thoughts” that occur immediately in response to an event, situation, or other stimulus. These thoughts (or “cognitions”) may be helpful – that is, they lead to positive feelings and effective coping - or they may be negative, in that they lead to feelings of depression or anxiety and maladaptive behaviour. These negative thoughts are typically based on “irrational beliefs” or “cognitive distortions”. Examples include “all-or-none thinking” (which gives rise to perfectionism); selective attention to negative events or outcomes (and overlooking positive outcomes); “catastrophising” (believing that it would be a catastrophe if something does or does not occur), and personalisation (seeing oneself as the cause

of some negative external event for which one is not, in fact, primarily responsible). A vignette will serve to illustrate:

Let's say Speaker A is giving a speech to a large audience and one person gets up and walks out. Speaker A thinks to himself, "I guess I am doing a bad job – this talk must be really boring for him to walk out. Maybe other people will start walking out too...". These negative automatic thoughts make him feel anxious - he may start to sweat, and his voice may quaver, and he may forget the next thing he wanted to say. Observing this makes him feel even more anxious.

On the other hand, let's compare the response of Speaker B to the very same situation. The audience member walks out, and the speaker says to himself, "I guess he had to leave – maybe to go to the restroom or take a call. Too bad he's going to miss this part of the talk....". The speaker goes on comfortably with his talk, and doesn't give the matter another thought.

We can say that the first speaker's negative automatic thoughts illustrate the cognitive distortion of personalisation – that is, he erroneously attributed the audience member's behaviour to himself (“My bad speech is the reason he walked out”) rather than to the many other reasons the audience member may have had to leave the room.

Once such irrational beliefs are identified in therapy, treatment proceeds toward challenging and ultimately negating these beliefs through discussion and home exercises, which typically include keeping “thought logs”.

Over the years cognitive therapy has been expanded and tailored for the treatment of depression, and many specific types of anxiety, including generalised anxiety disorder, social anxiety, post-traumatic stress disorder and obsessive-compulsive disorder. The negative behaviours, as well as the negative thoughts, are addressed in treatment (hence the term cognitive behavioural therapy). Exercises within the session and at home typically involve gradual, systematic exposure to the anxiety-arousing situations, and the development and rehearsal of skills to better manage those situations, as well as challenging the irrational automatic thoughts that may occur.

How is CBT relevant for adults with ADHD?

CBT is relevant for adults with ADHD in two ways:

First, it has been well established that adults with ADHD are more likely than adults in the general population to suffer from co-existing anxiety and depressive disorders. A large nationally representative study pegged these rates as 51% suffering from co-morbid anxiety, and 32% suffering from co-morbid depression. Thus, treatments that incorporate CBT for these disorders may be quite helpful to many adults with ADHD. However, these treatments do not specifically address the symptoms and impairment associated with ADHD.

Secondly, in recent years, CBT programmes have been developed specifically for adults with ADHD. Some of these programmes aim to help adults overcome their difficulties in everyday “executive” functions that are needed to effectively manage time, organise, and plan in the short term and the long term.

Other programmes focus on emotional self-regulation, impulse control, and stress management.

Programmes that address executive dysfunction fall into the category of "cognitive behavioural" therapy because they both: 1) impart more adaptive cognitions about how to go about planning, organising etc. and also 2) impart more effective behavioural skills. An example of an adaptive cognition is the self-instruction to "break down complex or unpleasant tasks into manageable parts". Examples of behavioural skills are using a planner regularly, and implementing a filing system. Positive thoughts and positive behaviours reinforce each other – as the person becomes more effective in managing time, s/he comes to have more positive beliefs and cognitions about the self, and these in turn help to generate and maintain more adaptive behaviours.

Two programmes developed to address executive skills in adults with ADHD have published manuals in the public domain, and have been shown to be effective in rigorous scientific studies. These are the programmes developed at the Massachusetts General Hospital in Boston and at Mount Sinai Medical Center in New York City. The studies of these programmes each enrolled two groups of adults with ADHD – those who were treated with the specific CBT programme, and a "control" or comparison

group who received a form of supportive therapy. The results of the studies demonstrated that CBT was significantly more effective than the non-specific support and attention of the therapist. A third programme, developed at the University of Pennsylvania in Philadelphia incorporates CBT strategies to target irrational beliefs, as well as executive skill-building. Also, currently undergoing testing for effectiveness in Germany, is a form of cognitive behavioural treatment derived from dialectical behaviour therapy (DBT). This approach is primarily aimed at helping adults with ADHD develop better regulation of their emotions, interpersonal behaviour, and impulsivity. While not, strictly speaking, a cognitive behavioural intervention, mindfulness meditation was found to be helpful in one (uncontrolled) study and may have further potential in helping adults with ADHD improve control of their attention as well as some of the other symptoms of ADHD.

How does CBT compare to medication for the treatment of ADHD in adults?

Stimulant and non-stimulant (atomoxetine or Strattera) have been shown in numerous studies to be effective for ADHD in adults. Research thus far shows that CBT can provide benefit whether or not the person is being treated with medication. There have

not yet been any direct, "head to head", comparisons of CBT and medication, but clinical experience suggests that they have different effects. Whereas medication helps to control the core symptoms of distractibility, short attention span, and impulsivity, CBT is effective at increasing the habits and skills needed for executive self-management, and may also serve to improve emotional and interpersonal self-regulation.

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For details of Mary's references for this article, please contact the ADDISS office.

Readers who would like to know more about Cognitive Behavioural Therapy for adults with ADHD might like to read Dr Solanto's book, which is available from the ADDISS bookshop. We also have Cognitive Behavioural Therapy for Adult ADHD by Ramsey and Rostain in the bookshop, or take a look at the work by Young and Bramham, Cognitive Behavioural Therapy for ADHD in Adolescents and Adults.



Introducing Kate Esser

The trustees are pleased to welcome Dr Kate Esser to the ADDISS board

Kate says:

I am a late diagnosed ADHD adult (42) who also has Dyspraxia; being clumsy and impulsive is a heady mix to manage. I work in Learning Support in Higher Education, and I can honestly say that I owe any self-awareness I have gained about these conditions to those with whom I have worked. I don't agree that support comes from a position of knowing more than another person, but much more about learning to see it their way. An ADHD diagnosis means that I will live a different life going forward. It helps me accept who I am and understand why some things were a battle, and others such fun. I have a love/hate relationship with ADHD, but it's so intrinsic to me that I am honoured for what it has brought me at this point in my life.

Being a Trustee for ADDISS is about putting back something I have been given and making a practical contribution to knowledge, as well as supporting others in learning and growth. Besides which, it's an area where knowledge is growing all the time and that's an exciting place to be. Nothing in my life ever interested me as much, or drove me as much, as ADHD - anyone with it will identify with what I'm saying. So, I hope to bring my educational background and a practical, and personal, perspective to developing the essential work ADDISS is doing. No more belittling labels such as 'you're just very...'. I know them well. We cannot make excuses for ADHD, but society needs to look behind the behaviour and see the suffering and creative talent we live with on a daily basis.

Dr Kate Esser is Dyslexia Coordinator at Southampton Solent University

ADDISS Conference Thursday Workshops

A parent's view by Sacha Kent

For those of you who weren't able to make it to the Thursday workshops

prior to the main ADHD Conference, let me say two things - next time don't make the same mistake, and secondly, bring a fidget toy. These were 'workshops', not talks, so they lasted up to three hours with a coffee break. Sadly we cannot be everywhere all at once, though we do a pretty good job at trying, and so I had to choose two workshops out of the four on offer.

In the morning I went to Dr Nikos Myttas' talk about Diagnosing and Understanding ADHD. I had listened to Dr Myttas at a previous ADDISS gathering where he spoke about ADHD and girls. I was impressed not only by his knowledge but by his interpretation of, and approach to, ADHD.

As a grown up 'girl' with ADHD who wasn't diagnosed until my 30s his talks have given me such insight into areas of my life which I always struggled with, critically the acute inability to maintain any job for any length of time and the damning self-criticism that went with it. I always had a strong sense that I had something to give but was useless at making it happen. So I stopped trying to commit to anything, as I was just terrified of letting others, and myself, down. Anyway, I have the understanding now and I also have a 10 year old son with ADHD, and coming to these talks and conferences has given me invaluable guidance and a sense of not being alone.

Dr Myttas is very clear in his interpretation of ADHD and how it can manifest. He not only points out the obvious issues of hyperactivity, impulsivity and inattention but, critically, the other things that go with it – the parts that many schools and relatives don't know about. The way they can get muddled up, their difficulty getting back on track, forgetting instructions, losing and misplacing things, procrastinating, poor sense of time and priorities, moodiness and constant complaints of boredom, trouble initiating activities, misjudging social situations, dominating their peers, being loud and acting silly in crowds. It's all these issues that make up the picture of ADHD and which make it at times challenging to manage.

His talk was a font of helpful tips and ideas for easing both school and home life with children: he is emphatic about PRAISE! There can never be enough praise for a child with



ADHD because a) they are so used to being the naughty one, the 'bad' one and b) they have little short term memory so if you do praise just once they will forget it. So Myttas says we must praise again and again, repeating the praise so that they really internally hear it. He talks about developing a 'culture of praise in the family'.

He also suggested tactics for school life: attaching a checklist to their school bags, doing homework at school if at all possible (whoever invented homework should be shot!) and if not, then as soon as you walk through the door, putting a list on their lockers at school for the things they need to remember each day, another on their desks, give them a fidget toy if you want them to stop barraging their classmates with rubbers, keeping the days relatively short as they get easily overwhelmed by constant noise and activity.

At home, use clocks and timers and LOTS of them to help them transition from one activity to the next. I find this does help our situation a bit as we try with considerable stress to extract our son from the computer or Xbox! Something that resonated with me was his insistence that true self esteem comes from successes, and not from outside reassurance, so it is critical that we let our children, with or without ADHD, be REALLY good at what they are ALREADY good at, so focusing on their strengths and running with it. Dr Loretta Giorcelli, a Special Education Consultant, whose talk I went to in the afternoon, is a fabulous force of nature, someone who has poured her energy and

beliefs into making school life for any child a happier and more productive experience.

Living in Australia, she has set up and developed a number of different schools and her extensive knowledge and insight is sought in many countries around the world. She wants to encourage 'generative schools' – schools that generate their own formulas to work with the children that they have.

The idea is to abandon the idea of differentiation for the 'special child' and that differentiation should be a part of every classroom worldwide, as each child is an individual. She spoke of children's key needs being the 5 C's: Consistency, Choice, Control (a sense of being in control), Challenge, Competition.

I feel passionately about this as I am finding it a real challenge to find a school that I think really upholds the individual. We are so hampered by the National Curriculum and this whole idea of desk bound learning where days have got longer and longer. Here in the UK the school system is so much less cognisant about ADHD and I pray that Loretta's work takes hold here.

In addition to the two workshops that Sacha attended, Prof Peter Hill spoke to professionals about assessment, diagnosis and first steps in treatment of ADHD. Dr Mary Solanto provided a professionals workshop on CBT to enhance executive functioning in adult ADHD. Sharon O'Dell revisited the 123 Magic Programme for children aged 2 to 12 years.



ADHD news Round Up

ADHD Voices

The VOICES study investigated children's experiences with ADHD diagnosis and stimulant drug treatments, and was led by Dr Ilina Singh, from Kings College London.

Over 150 children in the US and UK were interviewed with the aim of understanding children's perspectives and experiences

around the ethical harm of stimulant medication. The report is accessible to parents and professionals, and offers concrete suggestions as well as a review of the study findings.

The VOICES study final report is now available on the website - www.adhdvoices.com.

NICE quality standard engagement exercise

The National Institute for Health and Clinical Excellence (NICE) is developing a concise set of statements designed to drive and measure priority quality improvements in the care of people with ADHD. Professionals were invited to suggest areas that should be the focus for attention – and where there is the greatest potential to improve quality of care.

You can find details of the consultation with stakeholders on the NICE website – www.nice.org.uk. The deadline for contributing to the consultation has passed – but there will be another opportunity when the draft quality standard is produced. If you have any queries about the process then contact qualitystandards@nice.org.uk.

ADHD and Criminality

A Swedish study has tracked over 25,000 people with ADHD over a period of four years to examine patterns of criminal convictions. 37% of the men and 15% of the women with ADHD were convicted. This compares with 9% of men and 2% of women in the general population.

The Swedish study was reported in the New England Journal of Medicine. It also showed that drug treatment was associated with a 32% drop in offences by men and 41% in those by women.

This story attracted some media coverage in the UK, and opened up discussions about the merits of medication and other forms of intervention to address behaviours associated with ADHD.

Andrea Bilbow from ADDISS comments – “Medication alone will not sort out the problem. However, the study says it lowers the risk of reoffending, by only 32%. So that implies it is going to take lots of other interventions to reduce it further. Untreated ADHD (whether it's medication, educational or some therapeutic intervention) is a risk factor for criminal behaviour. Saying it is a risk factor does not mean all people with untreated ADHD will become criminals, it simply means they are at greater risk”.

These themes were picked up at the ADDISS conference, and will be developed further through articles in future editions of ADHD News.

The economic impact of ADHD - US study

A recently published systematic literature review and analysis of applicable studies has assessed the economic impact of ADHD in the United States. This analysis estimated that annual national excess costs for ADHD ranged from \$143 billion to \$266 billion. More than 70 percent of these overall excess costs were attributable to adults with ADHD, or to adult family members of patients with ADHD. The analysis was published in the Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP).

For individuals with ADHD, the excess costs for each category were estimated by comparing the relevant costs against those of individuals who were not diagnosed with ADHD. For family members of individuals with ADHD, costs were compared to those of individuals who did not have a family member with ADHD. The excess costs were then extrapolated to the entire US population using established scientific methodologies.

The analysis estimated that the national excess costs for adults with ADHD, or adult family members of patients with ADHD, were almost three times higher than for children and adolescents with ADHD. Workplace productivity and income losses were the largest contributors to the economic burden associated with adults with ADHD, ranging from \$87 billion to \$138 billion and accounting for more than 70 to

80 percent of the overall costs in adults.

In children and adolescents with ADHD, the economic burden was also substantial, ranging from \$38 billion to \$72 billion. The largest cost categories were healthcare costs, ranging from \$21 billion to \$44 billion annually, and education costs, ranging from \$15 billion to \$25 billion annually.

The analysis did not evaluate the impact of treatment interventions on excess costs due to the lack of available data. In addition, insufficient studies were available to assess the economic burden of traffic accidents and substance abuse in this population.

“ADHD is often perceived as a childhood disease, but this analysis demonstrates that at a national level, the economic impact of ADHD on adults may be larger than that on children”, says Peter Neumann, ScD, director of the Center for the Evaluation of Value and Risk in Health at the Institute for Clinical Research and Health Policy Studies at Tufts Medical Center, and Professor of Medicine at Tufts University School of Medicine. “Additional research to understand and quantify the potential impact of treatment of ADHD in all age groups is needed.”

Important Dates for your diary

We are planning our programme of events and conferences for 2013. Keep checking the website for details of ADHD: From the Heart 2013, in October 2013 (in a UK venue outside London). Also, our summer residential weekend for women with ADHD – led by Sari Solden. We will also be running a two day Why Try Programme in London in February/March 2013.

The World Federation for ADHD have their 4th World Congress, in Milan, from 6th to 9th June 2013. Check the website ADHD-congress.org for details.

For more information, and to book your place at these events, check the ADDISS website www.addiss.co.uk or ring us at the ADDISS office 020 8952 1515.



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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ADHD co-therapy treatment breakthrough

A recent double-blind, placebo-controlled pilot trial¹ demonstrated positive outcomes with the fatty acid supplement Vegepa E-EPA 70 in children with ADHD, all of whom were resistant to treatment with methylphenidate. Statistically significant benefits were seen in 10 out of 11 measures, with optimal benefits after six months of treatment with two capsules daily, providing 560 mg EPA and 18 mg GLA. Vegepa is also available in sugar-free natural orange chewables. Get a 20% discount when using the code ADDIS20 at shop.igennus.com.

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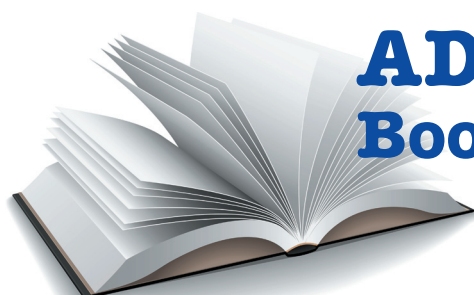
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1. Perera H, Jeewandara KC, Seneviratne S & Guruge C. (2012) Combined Omega-3 and Omega-6 supplementation in children with attention deficit hyperactivity disorder refractory to methylphenidate treatment: a double-blind placebo-controlled study. *Journal of Child Neurology* 27:747-753.



ADDISS Bookshop

These are just a few books, by speakers at the ADDISS conference, that are available through the ADDISS bookshop.

Contact info@addiss.co.uk or www.addiss-shop.com to place your order and to find out about more resources.

- Socially ADDept – Janet Giler (£20)
- Tipping Points – Phil Anderton (£9.99)
- Almost Alcoholic – Dr Robert Doyle (£11.50)
- Cognitive Behavioural Therapy for Adult ADHD – Mary Solanto (£23.95)
- Cyber Junkie – Kevin Roberts (£11.50)
- Movers Dreamers and Risk Takers – Kevin Roberts (£11.50)
- Hyperactive Dreamers – Marko Ferek (£13.00)

Some of these titles are now discounted on our website.

The bookshop also has a range of gifts – particularly silver jewellery including rings, bracelets and necklaces specially made for the ADHD community.