

ADHDnews

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Adolescent Girls with ADHD

Suffering in Silence

By Dr Nikos Myttas

Nature has not always been a woman's best friend, and during the teenage years the hurdles that have to be negotiated and overcome by young women are invariably challenging, overwhelming, frightening, demoralising and seemingly unsurpassable, even for the most adept and well-functioning adolescent. When Attention Deficit Hyperactivity Disorder (ADHD) is added to the mix, the result can be a downward spiral and a self-destructive experience.

Diagnosis of ADHD in adolescent girls

Knowing fully well that an early diagnosis and treatment of ADHD leads to better cognitive, academic, social and psychological functioning in subsequent years (Weiss et al, 1985) it becomes crucial that, at least by early adolescence, those suffering from this condition will have been correctly identified and receiving treatment. However, many adolescent girls with ADHD go undiagnosed or misdiagnosed for a number of reasons.

Girls with ADHD often behave very differently to boys, falling into the much harder to diagnose ADHD category of "predominantly inattentive type" (DSM-IV, 1994). The diagnostic approach is biased in favour of disruptive behaviour and male gender, and girls with inattentive symptoms but no conduct problems are more likely to be thought of as learning disabled rather than ADHD (Hinshaw, 2002).

Whereas the median age of onset of symptoms for the hyperactive-impulsive subtype is 1 year, with a median age of impairment at 3.5 years, for the inattentive subtype the first symptoms do not become noticeable until 6 years and impairment is identified much later (Biederman et al, 2002). The ratio of ADHD boys to girls is 6:1 to 12:1 in clinic samples, 3:1 in community samples and studies suggest it may be equal if the inattentive subtype is

considered (Gaub & Carlson, 1997). However, when they are referred for diagnosis and treatment they are much older and they have deteriorated so much that their presentation is similar to that of very disturbed hyperactive boys.

Girls of this type daydream more, appear passive and academically withdrawn, are shy, timid and easily overwhelmed, they rarely act out, they may have difficulty verbalising their thoughts and feelings, they can be easily discouraged and may appear "sluggish" and lethargic.

These girls are often more conscientious and guilt-ridden and they work harder in order to hide their academic difficulties and to conform to their teachers' and parents' expectations.

They come to the attention of mental health services later than boys and they are more likely to be diagnosed as anxious and/or depressed (Biederman et al, 1994).

Those girls who are particularly bright, resourceful, better adjusted psychologically and with a nurturing, supportive, encouraging and facilitating family and school environment ("scaffolding") are able to mask and compensate for their ADHD symptoms for much longer, and they are therefore more likely to receive a late diagnosis, if they do.

A girl's inattentive-subtype ADHD that had not been recognised as such during early years is no less real when it raises its head during adolescence, a time when the demands for planning, organisation, recall and focus become intense, and sometimes accompanied by severe behaviour disturbance.

It is ironic that factors such as a high IQ, obsessive and perfectionistic symptoms to do well in school, absence of learning difficulties, a good temperament, a stable psychosocial environment and hard working habits can work against them in being recognised early enough for being dysfunctional and impaired.

Despite numerous discussions for a need to have gender-based diagnostic criteria for ADHD, mental health professionals



continue to rely on behaviour criteria that better identify disruptive boys.

The challenges faced by adolescent girls with ADHD

Although many of the issues below also present challenges for girls without ADHD, these seem to be more prevalent, recurrent and severe among girls who are confronted with the double challenge of adolescence and ADHD.

Girls with ADHD begin to experience social deficits as early as preschool years (Greene et al, 2001) and these have their greatest impact during adolescence when girls begin the psychologically much harder-than-boys separation from their family, when social life, gravitation towards a peer group and forming early intimate relationships acquire a much greater importance. Many women with ADHD often recall feeling "different" from the other girls when growing up and being marginalised by their peer group. The need to overcome this perceived subjective "difference", and be accepted by the peer group during teenage years, is intense and in an effort to "belong" it may lead to dangerous or self-destructive behaviour.

Understanding, acceptance and support by the family is crucial but it can do little to compensate for the damaging feelings of non-belonging and rejection experienced by the all-important peer group during adolescence. The low self-esteem feelings girls with ADHD experience as a result are disturbing, unsettling and haunting for years to come.

Continued on page 2

Inability to meet social expectations

Identity confusion, self-doubt, anxiety, uncertainty about the future and insecurity about one's core values are endemic in adolescence. However, the special challenges girls with ADHD face greatly intensify these feelings. Society in general, and families in particular, have already drawn a "script" for what they expect of their sons and daughters. For girls, the demands are greater and they come sooner. For example, girls are encouraged to be neat, "feminine" (controlled and passive), lady-like (emulate older female role models), carefully groomed (in order to be attractive to the opposite sex), sensitive to the feelings of others (preparation for motherhood), obedient and compliant with adults (submissive). These expectations are very frequently the direct opposites of those innate tendencies of many girls with ADHD.

Many adolescent girls with ADHD anxiously comply, sometimes obsessively, to these expectations in an attempt to gain some acceptance and respect from their family and teachers, so as to compensate for the disappointments they experience in their peer group. They may try hard to be fashionable and well dressed, but they are let down by their inability to organise their rooms and life so as to have, and be able to find in the chaos of their room, clean and colour-coordinated clothes on school mornings so they can avoid the sneers and caustic remarks coming from their peers.

Emotional reactivity and hormonal fluctuations

Most adolescents are "jumpy" but the typical hyper-reactivity of ADHD increases during adolescence as hormonal

fluctuations complicate and escalate reactivity. The self-doubts, competitiveness, abruptness and irritability so common among adolescent girls are often more intense for girls with ADHD. They get much more easily hurt and these painful feelings can rapidly escalate into impulsive remarks, verbal or physical over-reactions. However, as soon as the drama is over and the curtain has fallen, they are often ready to forgive and forget. Following the storm, they behave as if nothing has happened and they are surprised and bewildered when those they have stung with their comments remain bruised and intolerant of further temper explosions.

Depression

The pressure to conform to peer group unwritten and constantly shifting rules and expectations can become the driving force and *raison d'être* for an adolescent girl. An enormous and disproportionate amount of energy, that stuns parents, is spent on analysing and scrutinising their peers: they watch, they comment, they gossip, they compare, they imitate, they identify, they conform or they criticise. But whereas in normal adolescent girls this is a phase they are able to negotiate, it causes deep despair and despondency in adolescent girls with ADHD.

Anxiety and depression are common in women with ADHD, often beginning during the pressure years of adolescence. Such depression is much easier to identify, and many adolescent girls and women with ADHD find themselves treated for depression while their ADHD goes unrecognised (Kessler et al, 2006).

Pressures to "mature"

Adolescents have fallen victim to

the widespread and commonly held adult view and belief that adolescence is a transient stage not to be enjoyed in its own right, but a passage that prepares them for adulthood. The pressure to "grow up" and become "responsible" precedes adolescence and increases dramatically during. Parental expectations for their daughters to demonstrate "maturity" collide and come into direct conflict with the deficient neurocognitive patterns associated with ADHD. They can "mature" but maturity needs to come at a pace that agrees with them, and viewed through an ADHD-specific lens.

The incompatibility of secondary school and ADHD

As if social pressures were not enough, the academic pressures reach a climax in secondary school.

The mass education of the secondary school system seems designed to be ADHD-unfriendly. The day starts too early, it lasts too long and it demands that students find their way around a large, often complex maze of corridors and staircases in order to get on time to their various classrooms. The expectations to focus, concentrate, be organised and proactive, by far exceed the capacity of most students, even those without ADHD. As if that was not enough, students with ADHD are put in the position of being forced to read and study subjects that hold little or no interest for them, and they will eventually be strongly advised against doing any of them once they have left secondary school.

Sexual risks

Impulsivity, restricted thinking of consequences and the need to belong may steer adolescent girls with ADHD in the direction of early sexual relationships, and a greater risk of unwanted

pregnancies than other adolescent girls (Arnold, 1996). They struggle with chronic low self-esteem and disenfranchisement, and they seek affirmation through the sexual attentions of boys in an effort to compensate for feelings of inadequacy in other areas of their lives. Because of their difficulties with impulse control, planning ability and inconsistency, many of these girls are prone to have unprotected sex, use birth control inconsistently, have multiple partners and an increased risk of sexually transmitted illnesses.

ADHD and driving

Studies of adolescents with ADHD have shown that they have a greater likelihood of being involved in traffic accidents (Snyder, JM, 2002). Most studies have only examined the driving behaviour of boys with ADHD, but two studies in New Zealand (Nada-Raja et al, 1997) and subsequently (Woodward et al, 2000) looked at both boys and girls and found that girls with attentional difficulties were equally at a high risk for both traffic accidents and driving offences.

Risk for substance abuse and addictive behaviours

Experimentation with alcohol, nicotine and substances begins earlier in young people with ADHD, and adolescent girls are no exception. 60% of adolescents with ADHD will have used illicit substances by the age of 14 years compared to 17 years for controls, 15% of adolescent girls with ADHD already have a substance use disorder (SUD) and one in five smokes cigarettes (Biederman et al, 1999). What is more frightening is that it takes 6 years for 50% of controls to remit from SUD compared to 12 years for ADHD patients (Wilens et al, 1998).

CONTENTS

Adolescent girls with ADHD
• Pages 1-3

Smoking in pregnancy may not cause ADHD
• Page 4

A Special Kind of Freedom - Growing Up with ADHD • Page 5

News Round Up • Page 6

News from Nottingham and Swansea • Page 7

Important dates • Page 8

How Parents and Professionals Can Help

Watch out for the emotional roller coaster

The intensity of feelings and reactions so often seen in adolescent girls with ADHD has a neurobiological basis; their reactions tend to be even more extreme at times of stress, fatigue, hunger, sleeplessness or premenstrual symptoms (PMS). The adolescent girl, her parents and her teachers need to recognise the additional vulnerability that she has and to begin to identify and manage the potential stresses that can worsen her reactions.

Treatment begins with the diagnosis. Medication and psychotherapy used together seem to be the most effective treatment. Stimulants are the treatment of choice and their response rate is similar to that of boys. Appetite suppression may not lead to weight loss and if pregnant, stimulants are contraindicated. Medication regimes often need to address a

complex set of issues, including anxiety and/or depression, rather than ADHD alone but some medications for mood disorders may interfere with attention.

Relationships with peers and issues of self-image and self-worth are so paramount among most adolescent girls with ADHD that psychotherapy needs to be specifically aimed at addressing these. Group psychotherapy can be very supportive and effective because the group also serves as a platform for sharing experiences and coping strategies with like-minded adolescents. Such a group could take place in school, with a school counsellor, or in a community mental health service.

In view of many mothers being hypercritical to their daughters through lack of knowledge of their condition, these mother-daughter relationship issues need to be thoroughly addressed and clarified, either in formal or informal settings.

Treat Premenstrual Syndrome (PMS)

The tremendous hormonal changes and fluctuations during the menstrual cycle intensify and complicate the confusion and unpredictability that are associated with growing up with ADHD. While PMS may bring annoyance, irritability, fatigue, or cramping for many adolescent girls, those with ADHD may also feel such an increase in the intensity of their emotional reactions, bad temper, and low frustration tolerance that they require immediate and active intervention. Those who treat adolescent girls with ADHD should be aware of this additional vulnerability and keep up-to-date on research on PMS and new treatment approaches for decreasing its impact. Premenstrual symptoms are worse before menses and although selective serotonin re-uptake inhibitors are well known to control PMS, more recent research suggests a number of other ways to reduce PMS symptoms in the more vulnerable ADHD population (Rapkin & Winer, 2008).

Reduce the risk of anxiety and depression

Emotions can quickly and easily fire up and get out of control when environmental stressors suddenly overwhelm the adolescent girl's already strained psychological system and self-regulatory capacity. The break-up of a relationship, a failed exam, a rejection letter from a university or prospective employer, an accidental pregnancy, any of these can be enough to push her into depths of anxiety or depression that may require both medication and psychotherapy. Parents and professionals need to be vigilant during these years in order to assess whether the "normal" emotional roller coaster for their adolescent with ADHD has gone over the edge and mutated into a severe level of anxiety or depression that requires treatment in its own right, in addition to her treatment for ADHD. Because stimulant medication for ADHD may tend to increase anxiety, a small dose of an antidepressant may effectively counteract anxiety and also treat depressive symptoms.

Reduce sexual risks

Support groups specifically designed for adolescent girls with ADHD can help them feel more accepted and less alone, without having to seek male sexual attention. Helping them become engaged in structured, constructive and rewarding activities will help them channel their energy, increase their confidence and help them improve their sense of self-worth. Recent studies confirm what we have always known, that those adolescents who are kept out of harm's way, busy with extracurricular activities, sports, etc. are less likely to get in trouble during teenage years (Guindon, ed. 2009). Last but not least, an open, genuine, trusting, honest and supportive relationship with their parents gives them somewhere to turn to for advice should they become sexually active, either to help them make a sensible choice of birth control or to help them make the best decision they can should they accidentally become pregnant.

Reduce the risks associated with ADHD and driving

An increasing number of young women take their driving lessons earlier than before. Parents of daughters with ADHD, but also their driving instructors, need to impress upon them that they may require more practice in driving so that their driving skills can become better embedded and more automatic, requiring less concentrated effort and attention. Since attention problems are strongly implicated in traffic accidents, young people with ADHD should take care to drive in less distracting situations during their first years as drivers. They should avoid heavy traffic, social distractions, such as excited, talkative peers, develop a more conscious awareness of their need to "keep their eyes on the road" and certainly they should not drink, smoke cannabis or take other illicit drugs while driving. Even in adulthood, individuals with ADHD may find themselves distracted by conversation while driving. Situations that may lead to impulsive reactions, such as driving with peers who have been drinking, and who may encourage an adolescent girl with ADHD to take a ride with them "for fun", should be discussed in advance and avoided, if possible.

Recognise and embrace their strengths

Girls who have developed an ability or talent in some area are better protected from the clouds of self-defeating gloom. One of the most constructive approaches in helping adolescent girls with ADHD through their teenage years is to actively help them recognise and develop areas of competence and talent. The more they are in touch with their areas of competence the less vulnerable they will be to criticisms and frustrations.

There are many arenas in which they can show their abilities and develop competence: part-time or volunteer work after school or taking part in community projects that can be enormously beneficial in helping them build a sense of self-confidence.

Help them learn assertiveness and self-advocacy

It is during the teenage years when adolescents develop those self-advocacy skills required and necessary not only to survive the jungle of peer relationships, but also those needed for a more independent life beyond school - whether in education or at work. They will need to know well - and be able to express - their needs with confidence, and convincingly, to academic staff or prospective employers who are likely to be either uninformed, or poorly informed, about ADHD.

The need for and benefits of structure

Adolescent girls, but particularly those with ADHD, need structure, support and encouragement in order to maintain some order in their lives. Because of their quest for independence and separation from their parents, it is probably wiser if someone else other than their parents provides this structure. This can be a therapist, a coach, a school guidance counsellor or a trusting relative. Learning to be on time, developing strategies to improve their organisation, setting priorities and being proactive rather than staying in a reactive mode, must be seen for their benefit and not as something imposed by their parents.

Conclusion

Teenage years are challenging for adolescent girls with ADHD. To meet these challenges, they need understanding and support from their peers, their parents and schools combined with appropriate medical and psychological treatment, depending on their particular needs and issues. With the right support and intervention, they can make the crucial transition from the confusion and self-doubt of adolescence to a sense of growing strength, efficacy and competence as they enter their young adult years.

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Contact ADDISS for a list of references that support this article.



Smoking in pregnancy may not cause ADHD

By Kate Langley and Anita Thapar

Babies who are exposed to cigarette smoke in the womb are known to be smaller and have more health problems. It is for this reason women are advised not to smoke in pregnancy. ADHD is more common in children whose mothers smoked during

pregnancy, than those whose mothers do not. It is sometimes suggested that being exposed to cigarette smoke in the womb also "causes" ADHD. If this is true, then programmes to help women give up smoking in pregnancy would be a useful way of preventing ADHD. If it is not true, then although giving up smoking in pregnancy has lots of benefits for babies, to make a difference for ADHD, additional resources would need to be targeted at true risks.

However, it is important to realise that just because two things go together (here exposure to cigarette smoke in the womb and ADHD), that does not necessarily mean one "causes" the other. There could be other explanations.

For example, mothers who continue to smoke during pregnancy probably differ from those who do not smoke in terms of their genetic makeup, and other household factors.

It may be that there are genes that increase the likelihood of cigarette/nicotine dependence and also influence ADHD traits. It might be these genes, rather than the effects of cigarettes (e.g. nicotine, tar, disruption of blood flow to the baby), that carry the risk for ADHD.

It is very difficult to test this. Unlike studies in animals, you can't randomly assign some women to smoke during pregnancy, and some not, to avoid these systematic differences. In humans, some studies, called natural experimental designs, take advantage of naturally occurring situations which enable researchers to better test whether, when two things go together (here cigarette smoke in the womb and ADHD), it is because of cause and effect.

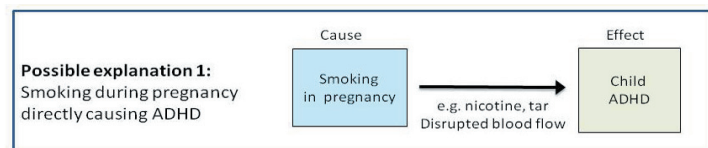
Our research group and others have used a number of these methods and found that it does not look like smoking during pregnancy directly causes ADHD.

Our study of children born following IVF (see Box 1) found that smoking during pregnancy was associated with child ADHD traits only in those families where the mother and child were genetically related, and not when they were unrelated. This suggests that genetic factors might account for why they go together. Similarly, a study comparing the influence of mothers smoking during pregnancy (where the baby is exposed to smoke in the womb) to fathers smoking during pregnancy (the baby shares genes with the father but is not exposed to his smoke) (see Box 2) found that smoking in either parent was associated with child ADHD symptoms – again suggesting that genetic or household factors might explain the link between smoking during pregnancy and child ADHD. Other studies have looked at siblings where mothers smoked in one pregnancy and not the other. The child who was not exposed to cigarette smoke in the womb showed similar levels of ADHD traits as his/her sibling who had been exposed in the womb.

These studies seem to suggest that it is not a direct influence of smoking (via nicotine, tar or disrupted blood flow) on the growing baby that leads to later ADHD, but rather the contribution of genetic or household factors. It is now necessary to investigate exactly what these factors are.

Although there are negative consequences of smoking during pregnancy, ADHD does not appear to be one of them. These studies also demonstrate the need to properly test whether factors which are assumed to cause ADHD truly do.

Box 1: Studying families of children born following IVF:



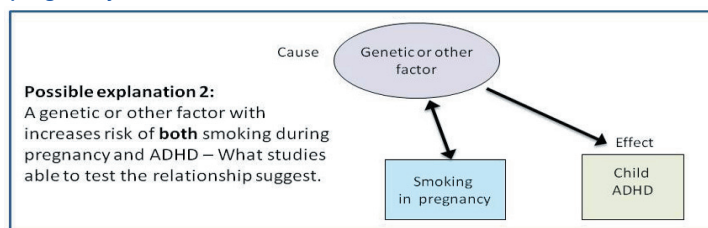
Following some IVF (in vitro fertilisation) techniques, the mother who raises the child and carries them in pregnancy may not be genetically related to them (for example, if the child is born following egg donation or embryo donation). In other IVF techniques (using her own eggs) the mother is genetically related to the child (for example, if the child is born following homologous IVF, where the egg and sperm come from the parents raising the child, but are fertilised in the clinic, or sperm donation).

How can we pick apart prenatal effects from genetic effects?

By comparing whether the risk for ADHD (or other outcomes) from exposure to smoking during pregnancy is the same for genetically related and genetically unrelated mother-child pairs, we can test whether there is a direct effect on the baby during pregnancy, or if genetic factors play a role; if there is an equal risk across genetically related and unrelated mother-child pairs, this suggests that there is a direct effect in the womb, if the association is only in related mother-child pairs, this suggests that genetic factors play a role.

What our study found: Our study of over 900 families found that there was no increased risk of ADHD from smoking by mothers who were not genetically related to their child, but there was an increase in risk for those families who were genetically related to their child.

Box 2: Comparing the risk between mothers and fathers smoking during pregnancy:



How can we pick apart prenatal effects from genetic or household effects? Mothers and fathers both provide the genes for the child, as well as the rearing environment. However, only the mother carries the child through pregnancy, so only her behaviour provides prenatal exposure. Therefore, if the risk is due to direct prenatal effects, only the mother's smoking should be associated with a risk to the child (assuming no effect of passive smoking).

What our study found: We looked at over 8000 families, comparing risk of ADHD symptoms in children whose mothers or fathers smoked during pregnancy. We found that there was increased risk of ADHD where either parent smoked during pregnancy. We also tested whether or not passive smoking (e.g. from the father) could account for this risk through prenatal changes – exposure to passive smoking was not associated with increased ADHD. This suggests that there is not a direct prenatal influence of smoking on child ADHD.

Kate Langley and Anita Thapar are based at Cardiff University

Contact ADDISS for details of references that support this article.

A Special Kind of Freedom- Growing Up with ADHD

I mostly remember a sense of watching and of separateness. It wasn't a dislike of other people, more a feeling of just being happy with myself and of having my own direction, inside. Going to school was particularly unsettling, as if there were some kind of mainstream conspiracy going on to make us all the same! People would tell you what to do, albeit in a well-meaning way at times, but it felt as though your own ideas simply didn't exist - or at least didn't matter. I existed in my own, very separate, bubble - the rest of life was outside and I was quite happy to watch other people's games unfold, like a play! There was a feeling of neither "fitting in" nor of being uncomfortable with myself. Even from the beginning, things were just somehow different. Whenever peers or adults questioned my actions, I knew what I wanted to do, but could seldom explain why!

Learning could be a solitary, drifty experience, with some disconnection from the teacher or board, and a sometimes enormous desire to chat or look out of the window (I was often "told off" and felt very sad about it!). The best learning, for me, comprised visual and involving work - arts and crafts, practical science and any situation where my opinion and viewpoint were held in high esteem. Something just felt right about it.

Maths seemed to slip away from me around the age of 10, as if I preferred the slow, deliberate approach of "younger" education - the opportunity to use colour and repetition was bliss! It felt calm, reassuring and worked well for me.

As I entered my teens, I began to

show a flair for English and languages. Teachers (and my parents!) began to be excited and hoped I was heading for university (I didn't!). The thought of being far from home, possibly, and with a heavy, four-year workload did not appeal to me at all! I loved music and believed life should be fun! No one really seemed to ask what I wanted; I just drifted along and the thought of this "intellectual" mantle worried me - I worried that I didn't live up to the admiration, that I was really a stupid person in a "clever suit"! Here was a person who had difficulty working out the change from £1 when I was spending 75p! (And so many people seemed to make judgments on abilities - I was a bit of a contradiction even in my own mind!)

Big shows of independence and arguments with parents or authority figures often resulted in misunderstandings or criticism. I started to skip school and had a young, but surprisingly unhelpful social worker! My views continued to drift parallel to those of other people - I wanted to be home-educated; my parents felt unable to provide this, the authorities (LEA) were about to give in (and send me a tutor) when I gave in first! I returned from my exile from school due to crushing pressure and negativity from relatives. (I also feared my friends wouldn't visit, even though one was home educated herself!) I regretted it for years later and often wondered how much happier and self-confident I may have been. Maybe my life would not have been so hard in the mid-teens; for a certain period, I put in my best Hollywood performance as the most accepted, mainstream (boy-



pursued!) girl around; an epitome of 80s fashion, with the highest shoes imaginable - I was never so unhappy! I had gone as far from myself as possible.

Looking back at this experience, years later, I realise that I had eventually become a qualified bilingual secretary - an office worker - when I wanted to do a lot of moving! Whereas I am now a married, home-educating, belly-dancing mum! (With an informal, computer-derived ADHD diagnosis!) I completely support the opinion that children should be both seen and heard; there are some remaining pockets of society still clinging to Victorian constraints - often those that benefit the "instructor" far more than the recipient. Remarks like, "Do as you're told" or "Don't answer back" spring to mind, along with the very amusing "Don't interrupt," often said by people who leave few gaps in their speech, offering no other choice, or who, themselves, interrupt!

Living in an area which is so predominantly elderly in its population, we experience our neighbourhood as having a kind of dual personality - roughly half the population is traditional in a sweet, genuine way, the other half petty and condemning (interestingly, our family life, too, seems lightly divided - half of us have ADHD, half appear not to!). I have used our time living in this area constructively - to promote tolerance and awareness (advertising ADHD websites and groups, as well as encouraging positivity in our children - not forgetting the skills of assertiveness, or of walking away from certain situations when

necessary - something I am still practising!!!).

I am sorry to say that the most persistent problems have often emanated from adults, and not children. One particular couple have persisted for several years in their negativity towards us (long after we had successfully taught our children to rise above pointless conflict!). It has been both saddening and satisfying to see my own children mature further than people old enough to be their grandparents! I have also noticed that those holding the most vehement views often have the weakest will, and draw their opinions heavily from the media - a surprising contradiction, since they seem the "strongest" at first, only to cave in quickly when confronted with another strong view (failing this, they may sulk!). They may be projecting the image of themselves that they would like others to believe, rather than cultivating real strength of character. I am amazed at the time they spend on such negativity without thinking of doing any good. Their lives could be so much more rewarding, for everyone.

My overwhelming feeling, on reaching a happy stage of adulthood, is that being born the way I am is the perfect experience for me and an enormous help in preserving independence from conformity. I feel that we should celebrate each other, whether obviously "different" or otherwise - life was never meant to be one flavour!

Many thanks to the anonymous writer who contributed this article.

ADHD news Round Up

Support and aspiration: A new approach to special educational needs and disability

On 15th May 2012 the Government launched a progress and next steps document which outlined the actions they will take to introduce integrated support for children with special needs and disabilities. We featured the original Green Paper in edition 15 of ADHD News and encouraged you to participate in the consultation.

The Government is committing to deliver:

- A single assessment process which is more streamlined, better involves children, young people and families and is completed quickly
- An Education, Health and Care Plan which brings services together and is focused on improving outcomes; and

- An offer of a personal budget for families with an Education, Health and Care Plan

In addition, the Government has pledged that it will:

- Require that local authorities and health services jointly plan and commission services that children, young people and their families need; and

- Give greater control to disabled children and young people themselves - to make them 'authors of their own life stories'

More information is available on the Council for Disabled Children website.

www.councilfordisabledchildren.org.uk

Academies and Free Schools

The educational landscape in the UK is changing fast. In some local authorities all the secondary schools are now academies and the numbers of free schools are expected to rise. Where does that leave families with a disabled child? What responsibilities do Academies have where SEN is concerned?

IPSEA are conducting a survey on this issue and will use the findings to develop resources for families.

To participate go to their website, where there is a useful blog on the topic, written by a barrister.

www.ipsea.org.uk

Better Outcomes, New Delivery BOND

Children's Minister Sarah Teather has announced a new programme - BOND - to ensure that families in need receive early intervention from mental health services. It includes working to build resilience amongst young people, through workshops and coaching delivered by schools and voluntary organisations. There will be five pilot areas across the

UK, starting with Tees Valley in April 2012.

At ADDISS we know that ADHD can walk hand in hand with mental health difficulties if effective strategies and support is not put in place in a timely manner. For more information on the programme, take a look at the website

www.youngminds.org.uk/bond

Athletes with ADHD

ADDISS CEO Andrea Billow was interviewed by Guardian journalist Patrick Barkham as part of the newspaper's coverage of the London 2012 Olympic Games. The article explores what we can learn about ADHD from athletes with the condition. Follow this link for the whole article.

<http://www.guardian.co.uk/society/2012/aug/01/athletes-with-adhd>

ADDUCE study Attention Deficit Hyperactivity Disorder Drugs Use Chronic Effects

By Sarah Inglis

A new study has begun to investigate any unwanted side effects of methylphenidate (eg Ritalin) in children with ADHD. Methylphenidate is commonly prescribed for ADHD and is thought to be a very safe drug. However, until now, there has not been a study designed specifically to investigate any unwanted effects of methylphenidate in children with ADHD. The study will be coordinated in Dundee and is taking place across Europe.

It has two parts:

The first part will involve 800 children with ADHD who are taking methylphenidate. The researchers will observe these children for two years

and will measure their growth and development, together with other aspects of their mental and physical health over that time. Their measurements will be compared with children of the same age who do not have ADHD, and with children who have ADHD but are not taking methylphenidate.

In the second part of the study researchers will collect all the information that is already in existence about children with ADHD who are taking methylphenidate, and study it to check whether there is any evidence of unwanted side effects.

The results of these studies should be available in 2016. Until then, you can get further information about the study on their website:

www.adhd-adduce.org



NEWS

from Nottingham

By Sue Smith

In Autumn 2010 the Nottingham Adult ADHD Support Group was launched. My son had been diagnosed with Adult ADHD a few years earlier, in his twenties. At that time, other than medication, there was no help from the medical profession with coping strategies or the management of the condition. I decided to try to find other parents and partners in the hope that we could provide each other with mutual support, and discuss how we could best help our sons, daughters or partners. After extensive

advertising in the form of fliers, posters, emails, letters and 'phone calls the first meeting was held. Initially we numbered only 2 or 3 people. One evening, having seen one of our posters, a young man rang me, explained that he was not the parent or partner of an adult with ADHD, but had ADHD himself and wanted to join the group. From that day the nature of the group changed and our numbers grew. We now have a small core of adults with ADHD and a few parents/partners. We have become much more organised and our meetings now centre on a topic for the session e.g. procrastination, money management, medication.

One of our members has created a website, another produces notes from our discussions and all make a lively contribution to meetings. Members have attended conferences in Nottingham and Leicester. We have been addressed by a clinical psychologist who proved to be a mine of ideas and information. We have recently been awarded a generous grant from the Nottingham Community Fund, which has enabled us to rent a room for our meetings instead of squashing into a variety of members' flats in Nottingham. We are now also able to fund conference places and pay for speakers at our meetings. We

are looking forward to a visit from a "de-cluttering doctor" at a future meeting. I must add that I have been supported throughout the process of setting up the group by Self Help Nottingham, an organisation dedicated to helping individuals set up self-help groups. Apart from training sessions, guidance and practical help they have given me a lot of encouragement - I am very grateful to them. New people are assured of a very warm welcome at any of our meetings - and a cup of tea! Anyone interested can email me suesmith.n@talktalk.net for details of times and dates of our meetings.

Swansea ADHD Group

By Kevin Watson

I have spent 34 years of my life with Attention Deficit Hyperactivity Disorder (ADHD), without knowing I had it. Although I lived with severe Dyslexia and have been on a variety of medications, as doctors and other professionals tried to treat the symptoms, it was only in April this year that I finally knew what it was that had affected my life so profoundly. Living with undiagnosed ADHD for 34 years has had a detrimental effect on my life. As a child I was bullied all through primary and secondary school, not just by peers, but also by teachers. As an adult, ADHD has caused me to act impulsively, which has led to difficulties such as bad decision-making and memory problems. ADHD has also caused me to over focus

on certain things (good or bad), causing chaos elsewhere in my life. Eventually I hit rock bottom, losing all motivation for life and the ability to socialise. I was a "hermit".

Since being diagnosed and starting my medication, the fog that has been my life for 34 years has lifted. I found starting at a day centre very therapeutic. Getting diagnosed helped me to get organised, which helps.

When I was first diagnosed with ADHD I hit a wall and went into denial. But by wading through the information about ADHD (which I needed to do to help support the group) I helped myself. It was the only way I could have done it.

While researching into ADHD I found that there were no support groups in Swansea, or the South Wales area. My nearest support group was in Bristol. When my wife Kelly and I attended it was a fantastic feeling to realise it wasn't just me who felt like this.

After being referred to a day centre, I decided with the backing of the day centre staff to start a support group for other people who are affected by this condition. I first started a Facebook page to see what the demand was in the Swansea and South Wales area for a support group, and within 48 hours I had approximately 20 members. Swansea ADHD is the first group of its kind in the South Wales area, and is now up and running providing a place for adults, children, carers, family members and other professionals to meet and share their experiences, or just get a little help and insight into what it is like to have ADHD.

My wife and I have 6 children between us, aged from 7 to 13

years, so life at home can sometimes be a little chaotic. But with the help and support of family members and day centre staff, I have managed to set up two support groups so far. One is for children, parents and family members, where children can run and play in a safe environment for 2 hours while parents can discuss any concerns they may have or just sit back and relax for a bit. We also have an adults meeting twice a month for 2 hours a time.

My ultimate goal is to set up a centre for everyone who is affected by ADHD, not just for the adults and children who have it but also their families, carers and other professionals helping to support people with ADHD.

All support group dates and venues can be found on our website at www.swanseaadhd.org. We are not a closed group, and are open to anyone willing to travel to support meetings. Alternatively we are willing to try and help via Internet or telephone.

Important Dates for your diary

ADHD: From the Heart



The ADDISS 10th International Conference 19th to 20th October 2012, Royal National Hotel in Central London.

The main conference ADHD from the Heart will be a very moving, enlightening educational experience where presenters will share research and good practice, and others - including children and parents - will share their experiences and put living with ADHD into a real context. This is a lifespan condition that with good treatment - medical, psychological or both - can be overcome and people with ADHD can live happy and productive lives. Whether you are a parent, a professional or a person with ADHD attending this conference, you will learn ways that you can play a part in shaping positive outcomes.

This conference provides a fabulous opportunity to catch up on current ADHD research, pick up practical tips and advice and to connect with others impacted by ADHD.

On the 18th October there will be four extra sessions for parents and professionals. These can also be booked by people not wishing to attend the main conference.

Some highlights

Janet Giler will present on **Teaching Social Skills to Children with ADHD, Learning Disabilities and Asperger Syndrome.**

Professor Eric Taylor will look at the importance of considering a dual diagnosis of ADHD and ASD and look at some of the latest data in this area.

Ladders of Life Founders, Shirley Hand and Teresa Fitzgerald together with Andrew Williams and Ste Higgenson will present their unique and groundbreaking project **ADHD Works!©**

ADHD Works!© is a programme funded by the Department for Work and Pensions to help adults with ADHD acquire the skills to get them into employment and to help them sustain that employment.

Mary Solanto will run a half day workshop for professionals on her award winning **Cognitive Behavioural Treatment to enhance executive functioning in adult ADHD.**

Special guest Jerry Mills, a highly sought after motivational speaker, educator, singer and song writer will keep you glued to your seats. If you have never seen him talk you are in for a treat. It is worth attending this conference just to experience one of the most captivating and motivational presenters around today.

123 Magic Workshops.

The 123 Magic Practitioner training courses have been very popular this year and following many requests we will be holding the next two day licensed course on 1st and 2nd November in London.

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

Advertising rates

The ADDISS newsletter 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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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, a copy of our catalogue of books and DVDs, 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>

Fundraising for ADDISS

We are very grateful to all of you who take on challenges to raise money for ADDISS.

Ashley Peacock and her friends Danny and Chris have just returned from South Africa where they took on the world's highest bungee jump to raise funds for us. This sounds scary and awesome and shows just

how much they value ADDISS' work.

If you'd like to sponsor them please link to www.justgiving.com/ztuzzer

Well done to the three of you - and we'd love to see some pictures in future editions of ADHD News.

Event sponsorship & exhibition packages

ADDISS run a full programme of conferences and events for families and professionals each year. Sponsoring an event, or hiring exhibition space, is a great way to engage with people and to promote your products or services. We offer three competitively priced packages

for organisations keen to take up this opportunity.

Contact us for information on upcoming events and conferences - including packages for the International Conference in London in October 2012.

Have you read a book or seen a DVD that you would like to share with other parents and professionals? Please send your reviews to ADHD News.