Welcome to the ADHD group

Aims of this group

1. To help you make sense of your diagnosis and how ADHD has affected you
2. To learn strategies to cope with ADHD
3. To meet others with similar experiences of ADHD and ADD

Ultimately, we are trying to achieve a balance between acceptance and change.

Sometimes getting a diagnosis can be so much of a relief that you forget to make an effort in the difficult areas.
Understanding your ADHD – the science bit!

Attention Deficit Hyperactivity Disorder (ADHD) can be categorised into two sets of behavioural problems:

<table>
<thead>
<tr>
<th>Inattentiveness</th>
<th>Hyperactivity and Impulsivity</th>
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<tr>
<td>Having a short attention span and being easily distracted</td>
<td>Being unable to sit still, especially in calm or quiet surroundings</td>
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<td>Making careless mistakes</td>
<td>Constantly fidgeting</td>
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<td>Appearing forgetful or losing things</td>
<td>Excessive physical movement</td>
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<tr>
<td>Being unable to stick to tedious or time-consuming tasks</td>
<td>Excessive talking</td>
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<td>Appearing to be unable to listen to or carry out instructions</td>
<td>Being unable to wait your turn</td>
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<tr>
<td>Having difficulty organising tasks</td>
<td>Acting without thinking</td>
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<td>Interrupting conversations</td>
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Most people with ADHD have problems that fall into both these categories, but this is not always the case.

Some people with the condition may have problems with inattentiveness, but not with hyperactivity or impulsiveness. This form of ADHD is also known as Attention Deficit Disorder (ADD), and it can sometimes go unnoticed because the symptoms may be less obvious to others.

The ‘unofficial’ symptoms

- Becoming easily bored
- Difficulties sleeping; taking a long time to get to sleep due to racing thoughts and/or having trouble waking up
- Being an ‘adrenaline junkie’
- Being irritable or short-tempered, or having changeable moods

These behavioural problems can cause significant issues such as underachievement at school or work, or poor social interaction with others.
ADHD is what is called a *neurodevelopmental condition*. This is due to neurological differences present in early development – *it is due to the way your brain is wired*. Evidence of symptoms must be present from a young age, before the age of 12, for the diagnosis to be made.

*ADHD is not a mental health condition*, although the difficulties associated with it can contribute to depression, anxiety or other mental health conditions.

### Symptoms in adults

People who are diagnosed with ADHD as children do sometimes overcome their symptoms, or at least some of them, which is why many people think of it as a childhood problem. Only 20% of those diagnosed as a child do not experience symptoms as an adult. However, by the age of 25 an estimated 15% of people diagnosed with ADHD as children still have a full range of symptoms, and 65% still have some symptoms that affect their daily lives (Faraone et al. 2006).

Physical hyperactivity tends to decrease in adults, and symptoms generally may seem less obvious than in childhood. This hyperactivity may become internalised as feelings of restlessness or mind-racing. Nevertheless, the responsibilities and expectations of adult life present much more of a challenge to individuals, making ADHD much more problematic than before.

### Stages of acceptance (Young et al. 2008)

1. Relief and elation
2. Confusion and emotional turmoil
3. Anger
4. Sadness and grief
5. Anxiety
6. Accommodation and acceptance

How did you feel when you were diagnosed with ADHD?
But surely ADHD is a myth? Surely adults don’t get it? Why do people doubt it?

How have your family and friends reacted to hearing that you have ADHD?

You may have had to deal with scepticism from others about your condition because:

The behaviours seen in ADHD are like personality traits
Unlike other disorders, which may come in episodes, ADHD is characterised by ongoing ‘traits’ in the individual. As ADHD behaviours will have been present from childhood, they are often thought to be just the individual’s “personality.” They are not like a broken leg, which everyone can understand.

Everyone can relate to some aspects of ADHD
Research has shown that everyone in the population has ADHD traits to some extent, and there is no clear cut-off between those with ADHD and those without. However, this does not mean ADHD does not exist. In the same way, we all have blood pressure, but everyone agrees that having a very high level of blood pressure is a problem and causes other difficulties. For someone to get an ADHD diagnosis, they need to show many symptoms which are causing significant difficulties – most fall into the top 5% or even 1% of the population for ADHD traits.

There are no biological tests to confirm ADHD
ADHD is commonly dismissed by people because there are no biological tests for diagnosis, and it is based on an evaluation of behavioural symptoms. This does not mean that there is not a biological basis to ADHD. Similarly, dementia, for example, is also usually diagnosed on the basis of performance on memory and other tests, and is not always apparent on brain scans until later. Studies have found links with genes as well as the structure of the brain, and a standardised biological test may be designed in the future.

People think that ADHD is a childhood disorder
Research has shown that a majority of people continue to exhibit some ADHD symptoms into adulthood, and a significant few do not really lose any at all.
What is happening in the brain of a person with ADHD?

Studies have suggested differences in a variety of structures such as:

- **The Frontal lobes**: Involved in all our ‘executive functions’. Most studies into ADHD/ADD have highlighted differences in this area – this is detailed below.
- **The Corpus callosum**: Involved in the communication between the two hemispheres.
- **The Parietal lobes**: Involved in the integration of sensory information.
- **The Temporal lobes**: Involved in memory and the reception and integration of speech.
- **The Cerebellum**: Involved in balance, co-ordinated movement and judgement of time.
- **The basal ganglia**: Involved in behavioural/motor control and inhibition, reward systems and emotion.

Research in ADHD has indicated that several areas of the brain may be involved in the condition. Studies have shown differences in activity levels in the brain, the size of brain structures, as well as the rate of development of the brain in childhood.

This is notable for the **frontal lobes**, which help us to pay attention to tasks, concentrate, make good decisions, plan ahead and learn. The frontal lobes also help us to behave appropriately in a given situation, facilitating self-control over impulses, as well as the expression of feelings such
as anger and frustration. Several studies have shown differences in the size and activity levels of the pre-frontal cortex in patients with ADHD (Voeller 2004; Zametkin et al. 1990).

Increased theta activity (slow brain waves, associated with a ‘dreamy’ state) has also been consistently reported in people with ADHD (Tye et al. 2011).

There may be differences in the connective pathways of the brain. Research into neurotransmitters (the chemicals which pass messages between the nerve cells of the brain) have shown differences in levels of dopamine and/or noradrenaline, or differences in the balance between these two.

It is a highly complex area of research, which is evolving all the time. Attention, in particular, is not governed by one area of the brain but by many different areas working together, performing different tasks.

**How is thinking different in the ADHD brain?**

Most studies have shown a significant but moderate difference between ADHD people and others in their executive functioning. These are the abilities to control your attention, solve problems, organise yourself, plan and work towards goals and control your actions.

*Working memory* – that is, how much you can hold in your mind at once – is also affected. One of the main findings is how variable the abilities of an individual can be at different times and at different tasks.

**What are the causes of these differences?**

**Genetics:** There is good evidence for genetic predisposition. If someone has ADHD, there is an 81% chance that their identical twin will have it and a 29% chance that their non-identical twin will. No one single gene has been identified, and research has pinpointed several genes which all may contribute to different extents (Slopien et al. 2006).

**Prenatal factors:** Maternal drinking, smoking or drug use can affect brain development in the foetus and increase the chance of ADHD occurring. Deprivation of oxygen at birth or exposure to toxins such as lead has also been linked to an ADHD diagnosis.

**Diet:** This topic has attracted much attention, but whilst additives can increase hyperactivity, it is not thought that diet is a significant cause of ADHD. There is some evidence that being low on some fatty acids may be linked with ADHD.

**Upbringing:** Severe problems or deprivation in early upbringing have been associated with ADHD.
How does ADHD affect you?

Having ADHD does not mean that you are “mad” or “bad” in any way, just different. However, because you find things difficult that seem easy to others, or because it can be harder to control your behaviour, this can affect your mood and self-esteem.

Alternatively, you may feel positive about your differences and have found a niche where your qualities are useful, or enjoy being ‘zany’ or colourful. Your belief systems (the beliefs you have about yourself and how you view yourself) depend on your life experiences and have been affected by the things people have said to you over the course of growing up.

The next sheets are intended to help you think about your experiences and your basic, core beliefs about yourself and life. You will probably find it easier to recall negative experiences, because of the way our minds work, but it is also important to remember and value positive experiences you may have had.

Are there positive sides to ADHD?
Example Timeline

Negatives

Primary school: Shouted at for ‘not being able to sit still’

Birth

Positives

Primary school: Won a prize on sports day

Now
My core beliefs about myself
Think about your . . .

Background factors (ADHD, mother with ADHD)

Life experiences (good and bad) (failing 11+, mother and teachers praised me for my artistic abilities)

Which have led to . . . my core beliefs about myself and life

I am . . . (artistic and funny but useless at academic things. I don’t complete things. I’m not as good as others.)

Others are . . . (more intelligent than me.)

The world is . . . (beautiful but difficult and overwhelming.)

The future will be . . . (fun but also stressful and hard.)

Making me develop these rules for living . . . (I rely on others to complete tasks as I cannot do them without support.)

Because of this, I must . . . (avoid difficult tasks, find others to do them for me.)