

# ADHD

THE MOST COMMON NEUROBIOLOGICAL DISORDER  
AND HOW IT IMPACTS ON CLINICIANS AND PRACTITIONERS



adhd united

# WHO AM I ? - PETER SCHOLEM (PETER)



- Lived in many countries, many schools. Hated school. Finished it in Sydney.
- Immediately went into TV for 15 years
  - Towards the end became mature age student
- **Several Career Changes** \*\*\*
  - Financial services Public Affairs and Govt Relations
  - BHP
- **Then another change**
- Recruited by Premier's Dept to change Public Trust Office
- Became GM at State Trustees
  - Did more study – Post Grad
- **Then another huge change**
  - Academic – 15 years – but nearly fell apart
  - ADHD Diagnosis
  - Head of ADHD United and ADHD Melbourne
- CA 2018 – YIKES !!!!!!!!!!!!!!!!!!!!!!!!!!!!!

**Mega briefly – lots of changes,  
but all Strategic Communication**

# ADHD AND THE REAL WORLD

- **DID YOU KNOW**, some 10 – 15% of all individuals you know, as well as treat, are significantly touched by ADHD ?
  - 6% of kids
  - 4% of adults
  - All their families, partners, colleagues, workmates, teachers, therapists, clients, .....
  - Less than 15%, yes, 15% of adults are diagnosed
  - 35% of all prisoners are undiagnosed ADHD
  - Some 30 – 35% of all SUD are undiagnosed ADHD
  - More accidents, more relationship breakups, more anxiety, more depression,

## THE COST OF ADHD

- The total cost of ADHD in Australia was estimated to be \$20.4 Billion per year, which comprised \$12.8 billion in financial costs and \$7.6 Billion in wellbeing costs.
- ADHD costs Australia's health care system alone \$1.28 Billion per year

# ADHD AND THE REAL WORLD

- And yet ADHD is eminently treatable.
- So why aren't more being diagnosed and treated?

# ADHD AND THE REAL WORLD

- I. Ignorance / lack of knowledge / pride / fear / lack of adequate education & training (hence this wonderful program)**
- 2. everything else stems from number I. above**

## WHY IS ADHD IMPORTANT TO YOU, PERSONALLY & PROFESSIONALLY?

- It significantly effects your relationship with patients (and colleagues / friends etc) but with patients, knowing what's here will improve patient outcomes  
**AND YOUR LIFE 😊**
- It's a vital part of patient centred care
- It's also a part of your life outside medicine
- **AND this is about – and for – YOU !!**

## SO WHAT IS ADHD

- Not at all new
- **Existed for tens of thousands of years**
- First described in the 18<sup>th</sup> century
- It's all about what's in our DNA
- ADHD wasn't called ADHD until the late 1980s, but its core symptoms have been recognized as a condition since the early 1900s. The history of ADHD – and its treatment with medications – is still evolving today as we achieve greater understanding of this complex disorder.



# SO EXACTLY **WHAT IS ADHD**



## ■ ADHD IS NOT A DISEASE

- It is a **NEURO-DEVELOPMENTAL CONDITION** which presents itself as a **NEURO BIOLOGICAL (i); PSYCHO-SOCIAL (ii); CONDITION.**
- (i) NB – it relates to the development of the brain (N) and it is neurological – neo natal and early infancy. Note you are born with it. It is not a disease. It is not a mental illness.
- (ii) PS - It has psychological and social outcomes. **HUGE.**

Genetics provides the 'gun'. Environment pulls the trigger (eg trauma, microbiome, home environment – including parents with ADHD / ASD).

# SO EXACTLY WHAT IS ADHD



## ■ By the way

- By the way, 80% of humans are neurotypical. A mere 20% of humans are neurodivergent. ADHDers are part of that 20% – it's all about DNA. (Another By the Way, anthropologically, a few hundred thousand years ago it was probably the other way around, ie 20% Neurotypical, and 80% Neurodivergent.)

BUT

- Without ADHD, the world would be screwed
  - Most inventors, 'discoverers', entertainers, singers, adventurers, actors, entrepreneurs are ADHD. And because ADHDers don't have enough Dopamine and seek it, many emergency service workers are ADHD, including Paramedics, ICU, A&E, danger, excitement

# SYMPTOMS OF ADHD

- Easily distractible
- Procrastination
- It significantly effects time concepts – ie time blind (never on time 😊 )
- Focusing
- Organising oneself, and life in general – their home, car, office a mess
- Motivation
- Learning
- Activation, Motivation, Organization
- Poor social induction, therefore etiquette and appropriateness often missing
- It impacts learning



**So imagine this AND other health conditions**

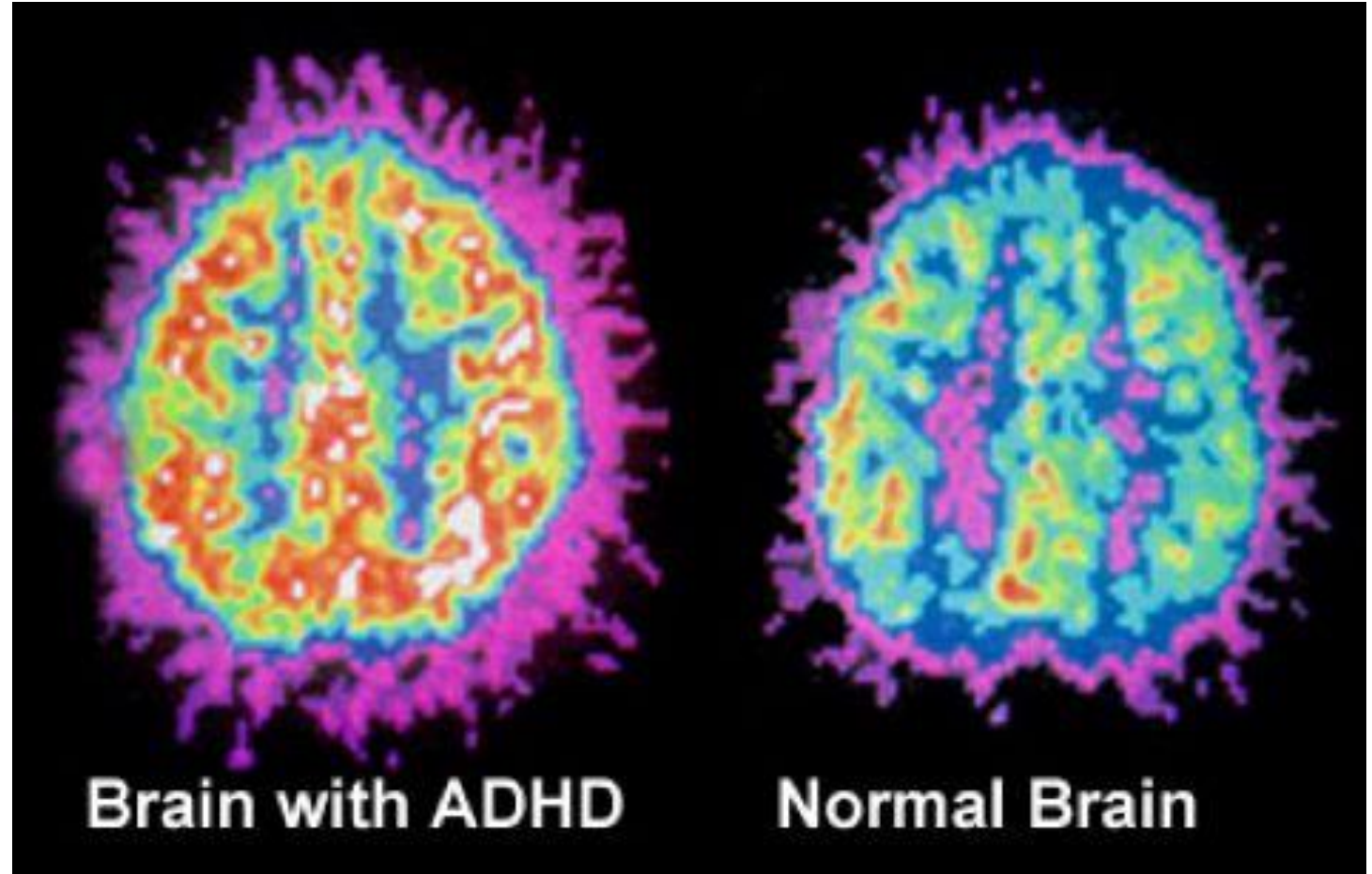
BUT ALSO .....!!!!

- **Apart from the physical and psychological, there's also the emotional dimension.**
  - dysregulation of attention, movement and impulsivity are well known but **dysregulation of emotions is also a core symptom**, although not useful for differentiating between other diagnosis because the latter is so common in other mental health diagnoses.
- You can differentiate Lions and Tigers by manes & stripes but that doesn't cover the teeth and claws common to both, nor teach you how to tame or feed them.
- Diagnosis is more than just identifying what is there, but teaching the person how to live better with their brain

## BUT ALSO .....

- Your friends may not mind if you are away with the fairies, wriggling and jiggling, or interrupting (because you're funny – all the best stand up comedians have ADHD). But your friends do object when you act emotionally like a toddler when you're meant to be mature.
- Emotional dysregulation leads to low self esteem, fear of self, shame, difficulties with attachment, rejection sensitivity dysphoria, relationship breakup, domestic violence, and much more.
- And poor Help-Seeking behaviour – which impacts therapeutic relationships with you clinicians and practioners.

BUT ALSO .....



## WHAT YOU SEE

- Patient frequently late for appointments
- Hasn't taken meds or done exercises etc when required
- Forgets stuff
- Isn't organized
- Not focusing on ...
- Distracted
- Not as appropriate as many would like – social difficulties
- and EMOTIONAL DYSREGULATION

# WHAT YOU **DON'T** SEE

- Significant angst
- Internal struggles
- Brain working at 180 kph
- Confusion
- Poor self esteem
- I'm not lazy or stupid
- Depression / Anxiety /



# WHAT YOU CAN DO TO IMPROVE PATIENT CARE AND SUCCESS

- **Awareness**
- **Training**
- **These programs**
- **Peer discussion and support**

# IF YOU REALLY NEED HELP (FROM ME THAT IS .....☺ )

- Facebook – ADHD Melbourne

- <https://www.facebook.com/groups/adhd.melb>

- Email: [Peter.Scholem@adhdunited.com](mailto:Peter.Scholem@adhdunited.com)



- References