Editorial

It has been tremendously exciting to have the opportunity of editing this focus issue on ADHD. Although, between us, we have several hundred patient years of experience in managing ADHD, reading these papers has taught us so much.

ADHD is a complex condition. We have endeavoured to cover as wide a range as we could, both in terms of the authorship and in terms of the subject matter. As well as having papers from some of the leading international doctors in the field we have excellent contributions representing parents, teachers, psychologists, support workers and others. It would be impossible, in a brief editorial, to summarise the wonderful content in all of the 30 papers but there are certain themes that have arisen consistently.

First, the diagnosis of ADHD still leaves much to be desired. On one hand, some children are inappropriately labelled with the condition whereas on the other hand, many are left undiagnosed and untreated. In adults, the condition is often not even considered. In some cases the consequences of undiagnosed ADHD may be devastating. Academic and employment abilities may fail to be realised. The untreated impulsivity of ADHD may result in encounters with the law or even imprisonment. The rate of substance misuse is high in people with ADHD but is almost certainly lower if the condition is properly treated. Because girls with ADHD generally present with less obvious behavioural disturbance than boys with the condition, there seems to be a reluctance to diagnose girls, despite the fact that they might have major academic and other problems.

In the past, ADHD has been considered as a childhood condition and sometimes treatment has been stopped in the teenage years, despite the fact that it has been clear the ADHD has been ongoing from childhood. One of the striking findings that has become clear is that 30% to 70% of children with ADHD continue to have this condition into adulthood and reliable epidemiological studies estimate that around 3% of adults have ADHD, although most remain untreated. Adult ADHD clinics were previously a rarity but the need for adult ADHD services has now been specified clearly in the NICE guideline. This need remains largely unmet. Setting up these services remains a major challenge.

Although lip-service has been paid to the need for behavioural interventions and family support, these are often not provided. Recent research evidence indicates that for milder forms of ADHD behavioural intervention might be as effective as medication, although for severe ADHD medication should not be withheld.

Another key theme that has been emphasised in these papers is the importance of recognising and treating comorbidity. There are several conditions that are frequently comorbid with ADHD. In many cases both the ADHD and the comorbidity require treatment if the individual and family are to have a satisfactory quality of life.

Because ADHD is a complex condition, close cooperation between the key professionals and the families is essential. Clear ADHD Care pathways can help to ensure that all the appropriate issues are addressed. For children, the parent support group, parent training and the involvement of the teacher all play an important part. Family support groups can also be of value in the management of adults with ADHD.

In addition to being a highly educational experience for us, it has been a great privilege and pleasure to work with such a wonderful group of authors, including international leaders in the field. We hope that you will also derive enormous pleasure from having access to the wealth of information, insight and common sense that they have shared. The challenge for us all is to put this knowledge and wisdom into practice so as to provide better services for people with ADHD, who have so often been poorly served by professionals in the past.

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