MY CLINICAL THOUGHTS ABOUT A BOOK I RECENTLY READ......

by Dr. David Teplin, Adult Clinical Psychologist

Dr. Richard Saul, an experienced neurologist, recently published a book, entitled, "ADHD Does Not Exist". As a clinician that routinely assesses, diagnoses, and treats adult ADHD, along with several other disorders, I was very intrigued by such a book title.

Having read Dr. Saul's book, I would like to share some of my clinical thoughts in this regard. The title, itself, is a very provocative one, and one that for sure caught my attention. My clinical thoughts here are not about defending ADHD as a valid diagnosis; the clinical literature over the past number of years has done a superb job in that regard.

I have to say that many things that Dr. Saul puts forward are actually correct, in that he does force us, whether as clinicians or patients or family members to better understand what ADHD is and isn't. My clinical thoughts focus on a few areas which I believe to salient here, and do not attempt to cover every aspect of Dr. Saul's book.

Dr. Saul looks at the DSM-5 criteria for ADHD and makes the point that many in the general population have difficulty with organization or a tendency to lose things, are frequently forgetful or distracted or fail to pay close attention to details, and that we have all had these moments. He goes on to say that in moderate amounts they are a normal part of the human condition. At face value, taking that viewpoint, Dr. Saul is correct.

However, when making a DSM-5 diagnosis of ADHD, the mere presence of symptoms is not enough. In DSM-5, some of the symptoms of ADHD must have been present by age 12, the symptoms must occur often, and in addition to the presence of such symptoms occurring often, they must also cause significant distress to the person and/or cause significant impairment in daily functioning. In the case of ADHD, such significant impairment in daily functioning must also be present in at least two key areas of daily functioning.

Dr. Saul also makes the point that more than 20 conditions that can lead to symptoms of ADHD, each of which requires its own approach to treatment. He includes sleep disorders, undiagnosed vision and hearing problems, substance abuse, iron deficiency, allergies, bipolar and major depressive disorder, obsessive-compulsive disorder and learning disabilities. Again, at face value, taking that viewpoint, Dr. Saul is correct.

Differential diagnosis is standard clinical practice, especially since ADHD is commonly comorbid with other clinical disorders. Clinicians should routinely consider other clinical, medical, and neurological conditions that

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may cause or mimic ADHD symptoms, or that can co-exist with ADHD. Of course, differential diagnosis and comorbidity does not only pertain to ADHD. This commonly occurs with several DSM disorders. When it comes to treatment of clinical disorders, it is common clinical practice that each disorder requires its own approach to treatment, which can and does include an integrated treatment approach.

Dr. Saul makes the point that addiction to stimulant medication is common, and that the addictive qualities of stimulants are obvious. He also makes the point that there are many side effects to ADHD medication that most people are not aware of. In addition, Dr. Saul makes the point that stimulants work for many people in the short term, but for those with an underlying condition, the drugs serve as Band-Aids at best, masking and sometimes exacerbating the source of the problem. Again, at face value, taking that viewpoint, Dr. Saul is somewhat correct.

Stimulant medication can have abuse potential. However, the vast majority of patients take stimulation medication (or any other prescribed psychotropic medication) as prescribed. For those patients with a proper diagnosis of ADHD, taken appropriately as prescribed, stimulant medication does not lead to addiction in those patients without a history of substance use disorders. Of course, stimulant medication can be abused, as can all prescription medication (by prescription medication abuse, here I mean the intentional use of prescription medication in a way other than prescribed, or for the experience or feeling it causes).

As part of the differential diagnosis process, it is important to rule out the possible presence of a current or prior substance use disorder, including that of stimulants and amphetamines. It is also important that the prescribing physician have a good understanding of psychotropic medication (not just stimulant medication), substance use disorders, and drug-drug interactions. Of course, non-stimulant medication is another option with respect to the pharmacotherapy for ADHD.

Dr. Saul does not seem to define though, what he means by "addiction". He does talk about tolerance to stimulant medication, and patients requiring higher doses over time. However, clinically speaking, tolerance is only but one criterion of a substance use disorder, is not required to make a diagnosis of a substance use disorder, and in of itself does not define "addiction", as several medications can and do lead to increased tolerance over time.

All medications can have side effects, and stimulant medication is no different. In this day and age, prescribing physicians typically discuss possible side effects of psychotropic medications. Pharmacies also give patients print outs of the drug monograph that clearly lays out the various side effects of such medication. The world of the Internet (reliable and reputable sources) has also made such information very accessible and available for patients in this regard.

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Medication is not supposed to be the only form of treatment for ADHD. It is now widely accepted among clinicians working in the area of ADHD that the treatment of ADHD often needs to be multimodal in nature. While medication can be extremely helpful and effective for the majority of those with ADHD, medication targets symptoms; it does not treat the entire disorder, and "pills don't teach skills".

Psychosocial treatments can help the patient to learn specific skills, develop and implement effective coping strategies with which to manage his/her particular ADHD presentation, and increase his/her sense of resilience to manage his/her ADHD in everyday life. Psychosocial treatments can also help the patient to deal with the pervasive emotional and functional effects that having ADHD may have on the various aspects of his/her life, as well as on those around him/her.

As a clinician who routinely assesses, diagnoses, and treats adult ADHD (and comorbid disorders), I welcome Dr. Saul's book because it allows for various clinical perspectives and opinions. Science and the advancement of Science is about questioning, debating, inquiring, and challenging our existing beliefs. Dr. Saul's book has merely got me to question mine.

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