

DISPELLING MYTHS ABOUT ATTENTION DEFICIT/ HYPERACTIVITY DISORDER (AD/HD)

Attention Deficit/Hyperactivity Disorder (AD/HD) is complex. How it is exhibited can differ for every child and adult. Most of us have some knowledge about the condition, however, there are many myths circulating about AD/HD that shape how we think about, react to and support those who have it. This tip sheet addresses some of the common myths.

MYTHS VS. FACTS

Myth: AD/HD is not a real condition.

Fact: Attention Deficit/Hyperactivity Disorder (AD/HD) is a neurobiological condition that can cause inattention, hyperactivity and/or impulsivity, along with a number of related difficulties, inappropriate for an individual's age.

Myth: All children with AD/HD have behavioural problems.

Fact: Although approximately 50 percent of children with AD/HD develop behaviour difficulties, 50 per cent do not demonstrate significant problems with behaviour.

Myth: AD/HD results from ineffective teaching and/or poor parenting.

Fact: AD/HD is primarily biological and genetic in its origins. Environmental factors, however, can minimize or intensify the difficulties experienced by an individual with AD/HD.

Myth: Children with AD/HD can never pay attention or complete their work.

Fact: Inconsistency is a pervasive characteristic of AD/HD. Sometimes, and under some circumstances, individuals with AD/HD can focus and concentrate, while at other times they experience extreme difficulty. They are, for example, often able to focus on stimulating video games or creative activities such as Lego or drawing.

Myth: All children with AD/HD are hyperactive.

Fact: A person with AD/HD may not necessarily demonstrate hyperactivity. In fact, some individuals with AD/HD, predominately inattentive type, may appear to lack energy, and seem quiet and reserved.

Myth: AD/HD only occurs in boys.

Fact: Boys are four to nine times more likely to be diagnosed; however, the disorder occurs in both boys and girls. Girls are more prone to inattentive type AD/HD, which is marked by disorganized and unfocused behaviour rather than the disruptive, impulsive conduct typically seen in boys. Girls with AD/HD tend to have higher rates of overall distress, anxiety and depression compared to boys with AD/HD.

Myth: Food allergies, refined sugar, food additives and poor diet cause AD/HD.

Fact: The actual correlation between AD/HD and diet has not been proven. Good nutrition and general health are always important. Poor diet and poor health can influence attention and functioning.

Myth: Medication alone can manage AD/HD.

Fact: While there is no cure for AD/HD, medication can have positive effects on symptoms of inattention, impulsivity and hyperactivity. A “multi-modal” or comprehensive approach is most beneficial and includes appropriate diagnosis, family understanding of the disorder, behavioural interventions and educational supports.

For Further Learning

Alberta Learning. (2006). *Focusing on success: teaching students with attention deficit/hyperactivity disorder*. Alberta Learning. Retrieved February 12, 2013, from education.alberta.ca/media/511987/focus.pdf

National Resource Center on AD/HD: A Program of CHADD. (n.d.). *National Resource Center on AD/HD: A Program of CHADD*. Retrieved February 13, 2013, from <http://www.help4adhd.org>

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