It's *Not* ADHD

3 Common Diagnosis Mistakes

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New Hope Media
1-646-366-0830
39 West 37th Street, 15th Floor
New York, NY 10018

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When It Is *Not* ADHD

3 Common Mistakes in ADHD Diagnosis

Doctors or medical professionals sometimes diagnose ADHD too quickly or without considering all the symptoms. Here's what you to know to avoid a mistaken ADHD diagnosis.

by Larry Silver, M.D.

Attention deficit disorder (ADD ADHD) is not easy to diagnose. Often when I am approached by parents who complain that medication "hasn't helped," or that it "helps, but my child is still struggling in school," the problem isn't the medication. It's that the person doesn't actually have ADHD — or has more than ADHD.

Three cases of patients who were mistakenly diagnosed with ADHD illustrate the mistakes that can be made by doctors evaluating patients with ADHD-like symptoms.

Mistake #1: Trying medication to "see if it helps" without a thorough evaluation.

Mr. and Mrs. Q. are the parents of eight-year-old Fred. A few months ago, they met with Fred's third-grade teacher, who expressed concern that Fred was having trouble sitting still in class. As the teacher explained, he often had to intervene to help Fred refocus on his work. "Even then," he said, "Fred rarely finishes his schoolwork."

When Fred's parents shared the teacher's observations with their pediatrician, she said, "Maybe we should try Ritalin." After months of trying various doses of that drug, and later Adderall, Fred's mother contacted me.

In my conversations with Fred and his parents, several themes began to emerge. For one thing, his first- and second-grade teachers had not deemed Fred inattentive or hyperactive. At home, Fred exhibited these behaviors only when he was doing homework; he wasn't hyperactive or inattentive at other times of day, nor during weekends, holidays, or the summer break.

Clearly, Fred's symptoms were neither chronic nor pervasive — so the problem couldn't be ADHD. The pediatrician had jumped from description to treatment without making sure that Fred met the diagnostic criteria.

As I continued to evaluate Fred, I noted that he was struggling with reading. His comprehension was poor, and he retained little of what he read. What's more, his handwriting was iffy, as were his spelling, grammar, punctuation, and capitalization. I reviewed Fred's report cards. Sure enough, in first and second grades, teachers termed his reading and writing skills "still developing." A psycho-educational evaluation confirmed my hunch: Fred has a language-based learning disability. The restless behavior and inattention were the result of frustration he felt over having to cope with this disability.

I took Fred off ADHD meds, and worked with his parents to secure special education services. The hyperactivity and inattention disappeared.

Mistake #2: Relying on inconclusive evidence.

Alicia, a single parent, was concerned that her 10-year-old daughter, Marie, had ADHD. Painfully shy, Marie had struggled in school since first grade. Alicia arranged to have Marie evaluated by a psychologist, who told Alicia that her daughter had ADHD. Alicia went to her family doctor, who took one look at the psychologist's report and started Marie on stimulant medication.

Two years passed. Despite steady use of the medication, Marie continued to have problems in school and with her peers. At this point, with middle school looming, Alicia called me.

I looked over the psychologist's report. It included several rating scales, completed by Alicia and the psychologist, that seemed "significant" in indicating ADHD. It also included a computerized test (Test of Visual Acuity, or TOVA) that was "suggestive" of ADHD. Yet the psychologist had never taken Marie's developmental history or even asked Alicia if there was any family medical history that might be contributing to her daughter's social and academic difficulties. The psychologist had spent only an hour with Marie — not nearly enough time to get a true sense of her "

I learned that Alicia had separated from her husband when Marie was three and had gotten divorced two years later. The marriage had been stormy long before the separation, and the divorce was acrimonious.

Alicia downplayed the impact that this conflict had had on Marie. Yet when I asked Marie about her father's new wife and her mother's new boyfriend, she burst into tears. Teachers had noted that Marie's classroom difficulties were most pronounced on Mondays, and that things got better as the week went on. I learned that Marie stayed with her father every other weekend, and that Alicia's boyfriend was spending weekends in Marie's home.

This helped convince me that Marie's problems stemmed from depression and a sense of helplessness she felt about her family situation. I recommended that Marie go off medication and start psychotherapy.

Marie's behaviors did not meet the criteria spelled out in the Diagnostic and Statistical Manual. Her problems were not chronic; they began only after her parents' marriage began to break up. What went wrong in this case? Instead of taking a detailed history, the psychologist based his diagnosis solely upon the rating scales and the result of one computerized test. But while scales and tests can confirm the presence of hyperactivity, impulsivity, and/or inattention, they cannot explain what causes such behaviors.

Mistake #3: Failing to consider coexisting conditions.

Virginia, a 40-year-old mother, thought she had ADHD. She was restless, easily distracted, disorganized, and struggling with planning and doing everything she had to do to care for her four children.

When I met with Virginia, she did seem to have a history of chronic and pervasive hyperactivity, inattention, and impulsivity. She recalled being restless and hyperactive since early elementary school. She had always been easily distracted by extraneous sights, sounds, and intrusive thoughts. She tended to interrupt people and to use poor judgment at work, within her marriage, and with friends. I found no other condition that would explain her problems. She must have ADHD.

But that wasn't the end of my diagnostic workup. When someone has ADHD, there's a greater than 50 percent chance that he or she will also have a learning disability, anxiety, depression, OCD, or some other neurological disorder. Given this high probability of coexisting conditions, it's essential to consider additional diagnoses.

And so I learned that reading had always been a problem for Virginia. She told me that the only way to retain what she reads is to read it again and again, while taking notes. She told me that math, spelling, and grammar had always been hard for her. She is perpetually misplacing things, and she can't get things done on time.

When I asked Virginia if she ever felt anxious, she described a lifetime of panic attacks. She told me she is afraid of closed spaces and cannot use elevators or be in crowded rooms. When I asked about obsessions or compulsive behavior, she could not stop talking about her desire for order. She cleans her home compulsively, and, fearing that others won't be so conscientious, uses public bathrooms only if absolutely necessary.

Yes, Virginia has ADHD. But she also has dyslexia and suffers from anxiety and OCD. To get better, Virginia needs to be treated for all four conditions.

Knowing that ADHD often runs in families, I asked Virginia about her children. It turned out that her oldest son, a sixth-grader, has always performed poorly in school. Like his mother, he struggles with reading

and writing and often feels anxious. I recommended that he be evaluated, as well.

These three cases illustrate how not to be diagnosed with ADHD. Never accept a hasty diagnosis or one based solely on diagnostic scales or tests. If you or your child is diagnosed with ADHD, make sure the doctor checks for coexisting conditions. Good luck!

Larry Silver, M.D., is the author of *Dr. Larry Silver's Advice to Parents on AD/HD* and *The Misunderstood Child: Understanding and Coping with Your Child's Learning Disabilities*. He is also a clinical professor of psychiatry at Georgetown Medical Center in Washington, D.C.

Note: Adults who think that they or their children may have attention deficit disorder should consult with a physician or other licensed mental health practitioner.

For more information on diagnosing attention deficit disorder:

CDC: http://www.cdc.gov/ncbddd/adhd/diagnosis.html
CHADD: www.chadd.org
***ADDitude* Magazine:** www.additudemag.com
American Academy of Pediatrics: http://www.aap.org. Search: ADHD

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