

7 Biggest ADHD Diagnosis Mistakes Doctors Make



From the ADHD Experts at

ADDITUDE

Strategies and Support for ADHD & LD

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A trusted source of advice and information for families touched by attention-deficit disorder—
and a voice of inspiration to help people with ADHD find success at home, at school, and on the job.

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CONTACT INFORMATION

New Hope Media – 646-366-0830
108 West 39th St, Suite 805
New York, NY 10018

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7 Biggest ADHD Diagnosis Mistakes Doctors Make

Most doctors are not experts on the signs, symptoms, and treatment of ADHD. You must take the lead the get the diagnosis and care you deserve. Start here.

BY WILLIAM W. DODSON, M.D.

Despite that fact that one in five mental-health patients likely has ADHD (due to a high incidence of co-existing psychiatric disorders), most doctors and mental health professionals know virtually nothing about attention deficit disorder. Ninety-three percent of adult psychiatry residency programs do not mention ADHD once in four years of training. The board-certification exam for adult psychiatry asks no questions about ADHD..

More often than not, it is the patient who suspects that she has ADHD and who makes an informal diagnosis. This happens, in part, because ADHD is genetic and runs in families. A person sees someone else in her family who has been diagnosed and treated for the condition. The more she talks with family members about the symptoms, the more she recognizes ADHD impairments in herself, her siblings, or her children.

Doctors, however, hold the key to treatment. Only a clinician can write a prescription for ADHD medication, which is the first line of treatment for adults. But before you can begin a treatment plan, you first need an ADHD diagnosis. That can be the hardest part. Because ADHD symptoms so often resemble and overlap with those of other conditions, taking time to suss out exactly what's going on is critical. Unless the doctor understands what is going on with you, he will make the wrong diagnosis. You cannot bypass the diagnosis step, ever.

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Here are seven mistakes doctors make in diagnosing ADHD.

1. Your doctor doesn't think that you might have ADHD.

Data from the National Comorbidity Survey Replication (NCS-R) shows that people with ADHD look for professional help, but don't always find it. There are two reasons for this.

- Clinicians are given little or no training in recognizing ADHD. ADHD is the only medical condition for which there is no textbook. Even if a doctor wants to learn how to diagnose and treat ADHD, there are few places to get the information.
- Many doctors don't consider the possibility that ADHD could be present. In a study examining which interactions between patient and psychiatrist led to a consideration of ADHD, not a single psychiatrist made the diagnosis. When the board-certified psychiatrists were told that they were participating in a study about adult ADHD, 60 percent of them refused to accept that attention deficit was a potential co-existing condition.

If you suspect that ADHD is not on your doctor's radar screen, and he is not listening to you, find a new practitioner.

2. Your doctor assumes that a person who is successful can't have ADHD.

Many of my patients who are successful professionals, spouses, and parents were not considered to have ADHD because they were successful. Doctors would say, "You graduated from college. You've got a good job. You couldn't possibly have ADHD!"

This way of thinking dates back to the days when the condition was called Minimal Brain Damage, and children identified with symptoms were thought to be brain-damaged. These assumptions endure, in part, thanks to lack of ADHD education and also because the stereotypically hyperactive child with ADHD may well also have learning disabilities that make it tough to succeed in school.

Most people with ADHD nervous systems compensate for their impairments. That's one reason why the average age of diagnosis for adults is 32. They have made it through school, established themselves in jobs, and started to raise families, but they can no longer meet the increasing demands brought about by their success. The doctor sees the "highlights reel" of a person's life, not the hard work and sacrifice it took to get where the person is.

Find an ADHD specialist in your area at directory.additudemag.com.

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3. Your doctor diagnoses your ADHD as Bipolar Mood Disorder (BMD).

People with ADHD nervous systems are passionate. They feel things more intensely than do people with neurotypical nervous systems. They tend to over-react to the people and events of their lives, especially when they perceive that someone has rejected them and withdrawn their love, approval, or respect.

Doctors see what they are trained to see. If they see “mood swings” only in terms of mood disorders, they will most likely diagnose a mood disorder. If they are trained to interpret excessive energy and racing thoughts in terms of mania, that is what they will probably diagnose. In the study mentioned above, all of the ADHD adults were diagnosed with BMD. ADHD wasn’t an option. By the time most adults get the correct diagnosis, they have seen 2.3 doctors and been through 6.6 failed courses of antidepressant or mood-stabilizing medications.

You’ll need to make the distinction that mood disorders:

- Are untriggered by life events; they come out of the blue.
- Are separate from what is going on in a person’s life (when good things happen, they are still miserable).
- Have a slow onset over many weeks to months.
- Last for weeks and months unless they are treated.

ADHD mood swings:

- Are a response to something happening in a person’s life.
- Match the person’s perception of that trigger.
- Shift instantaneously.
- Go away quickly, usually when the ADHD person becomes engaged in something new and interesting.

If you can’t get your doctor to see these important distinctions, chances are, you will be misdiagnosed and mistreated.

4. Your doctor misinterprets lifelong ADHD hyper-arousal as anxiety.

Under managed care, the insurance company pays your doctor for about 15 minutes of his time, during which he is supposed to take your history, do an examination, make a diagnosis, explain the diagnosis and the risks and

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benefits of possible treatments, write a note in your chart, and find enough time to make a phone call or go to the bathroom. It can't be done.

Unfortunately, people with ADHD often have a hard time accurately describing their emotional state. If a patient walks in and says, "Doc, I'm so anxious!" the doctor thinks he has anxiety. The doctor does not take the time to probe further. If he did, he might say, "Tell me more about your baseless, apprehensive fear," which is the definition of anxiety — the constant feeling that something awful is about to happen. Most people with an ADHD nervous system would be puzzled by his request, because they are not afraid. They equate anxiety with the lifelong experience of never slowing down enough to have a moment of peace, always thinking about five things at once, being so energetic that they have never been able to sit through a movie, and being unable to shut this hyperarousal off so they can sleep.

You have to help your clinician understand by insisting that she take the time to listen to you in an open way. She needs to know the distinctions between anxious fear and internalized hyperarousal from ADHD. Unless you can get the doctor's attention, you will get the wrong diagnosis and the wrong treatment.

5. Your doctor mistakes your need for structure as obsessive-compulsive disorder.

The more we do things by habit and structured routines, the less we need to pay attention. Many people with ADHD find that they function more efficiently if they do something the same way every time. They have a certain place where they put their wallet and keys, so that they won't have to search the house every morning. Sometimes, this need for structure, consistency, and unchanging predictability can become excessive. Again, doctors see what they have been trained to see, and, in this case, many would interpret these behaviors as OCD. Sometimes a person has both conditions, but not always.

The distinction is that the repetitive actions of OCD are meaningless rituals. They serve no purpose, and they impair a person's ability to lead a productive life. The structure that people with ADHD want is helpful, practical, and makes life more efficient. This is the difference between an OC trait and an OC disorder. Without their habits and routines, many people with ADHD would lead chaotic lives.

You will need to help your doctor understand that, although these habitual behaviors may look alike, their purpose and outcome are not what they appear to him.

Getting an ADHD diagnosis isn't always a relief. Learn about the emotional side of the diagnostic process at <http://attitu.de/regret>.

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6. Your doctor does not recognize chronic insomnia as the hyperarousal of ADHD.

Many doctors were taught that people outgrow ADHD in adolescence, because the disruptive hyperactivity that defined ADHD in a youngster usually diminishes in early adolescence. In fact, hyperactivity doesn't go away; it affects one's thoughts and emotions. ADHD is lifelong. Ninety percent of people with an ADHD nervous system will develop severe insomnia.

Adults with ADHD usually give their doctors the same sleep history. "Doc, I've always been a night owl. I know that if I get into bed at a reasonable hour, I am not going to be able to turn my brain and body off to fall asleep. My thoughts jump from one concern and worry to another." The average time a person with ADHD lies in bed awake is two or more hours every night. For many patients, sleep deprivation from ADHD is the worst part of the condition.

Many people with ADHD start by telling their doctor that they cannot sleep due to racing thoughts. The doctor responds by prescribing lithium for Bipolar Mood Disorder. Most doctors never make the connection between ADHD and severe insomnia.

Since the cause of the insomnia in ADHDers is the mental and physical restlessness of ADHD, the solution is to treat the ADHD with a stimulant or alpha agonist medication. Unless a doctor understands that a person's insomnia is caused by untreated ADHD hyperarousal, he will think that stimulant medication will make the insomnia worse instead of better.

As a patient, you need to explain the source of your chronic insomnia, and help your doctor understand that your hyperarousal gets worse at night and prevents you from sleeping. Since taking a stimulant to treat insomnia is counter-intuitive to you and your doctor, you will need to offer to do a no-risk trial to test it out. Once your ADHD stimulant has been fine-tuned and you have no side effects from it, lie down one day after lunch and try to take a nap. The majority of people with ADHD, who have never been able to take a nap in their lives, will find that they can while taking their ADHD medication. Then you and your doctor will know that the addition of another dose of medication at bedtime will treat the impairments of your ADHD through the whole day, not just the workday.

Not sure if you have ADHD? Take a self-test to help make sense of your symptoms, at <http://additu.de/vp>.

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7. Your doctor thinks you are there only to get a prescription for ADHD medication.

Many doctors have a resistance to an ADHD diagnosis because ADHD is different from anything they know and it wounds their ego not to be the expert on it. Their discomfort with the diagnosis is in direct proportion to their lack of knowledge. You can hear it in the way they speak: “I don’t believe in ADHD.” When given the choice between admitting their lack of competence and undercutting the existence of ADHD, they will take the latter course.

The best medications used to treat ADHD are Schedule-II controlled substances (the most strictly controlled medications available by prescription). Even though stimulants have very low abuse potential when correctly prescribed and should be put back in Schedule IV (the least restricted category), where they were until 1978, their current controlled substance status gives most clinicians the willies. They would rather avoid the subject.

The patient has been forced to figure things out on his own, and walks in telling the doctor the diagnosis and suggesting the treatment, which involves controlled medications. Now imagine that a patient also has a recent or remote history of excessive alcohol or drug use, which is the case in up to 60 percent of people with untreated ADHD. The doctor will not be inclined to diagnose ADHD.

Before you tell the doctor the purpose of your visit, give him a history of how you concluded that ADHD has caused frustration in your life. Let him know about your family history of ADHD, if there is one. Help your doctor understand that your early misadventures with drugs and alcohol were attempts at self-diagnosis and self-medication. Tell him that you want to do things the right way.

If you can’t get through to him, get a referral to a specialist in your area who is open to hearing about your life journey with ADHD.

WILLIAM W. DODSON, M.D., is the founder of the Dodson ADHD Center, in Greenwood Village, Colorado.

Read up on the best treatment strategies in our Medication and Treatment special report: <http://additude/treatment>.

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ADHD 101

A complete overview of ADHD, outlining every step from diagnosis to treatment—all the way to living successfully with attention deficit.

From the moment you suspect ADHD in yourself or your child, you have hundreds of questions. Which doctors can evaluate symptoms? What medication side effects should you be prepared for? Can diet help? This comprehensive eBook has over 100 pages of expert advice, personal stories, and more to help you become an ADHD expert.

>> Learn More About This Special Report: <http://additu.de/adhd-101>

9 Conditions Often Diagnosed with ADHD

Depression. Bipolar Disorder. Anxiety. OCD. And five more conditions that often show up alongside attention deficit.

About 80 percent of individuals with ADHD are diagnosed with at least one other psychiatric condition at some time in their lives. This in-depth special report looks at the nine most common, outlining symptoms, treatment strategies, and differentiating features of each. Plus, strategies for living well with any mental health condition.

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Mindfulness and Other Natural Treatments

The best non-medical treatments for ADHD, including exercise, green time, and mindful meditation.

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Use this self-test to find out if your child's problems at school may be due to LD.

Is It Depression?

Depression is a serious mood disorder, but it's not always easy to recognize.

Who Can Treat ADHD?

Doctor? Psychiatrist? Coach? Learn who can treat your attention deficit.

You Know You Have ADHD When...

Real ADHDers share personal stories highlighting the lighter side of living with attention deficit.

Is It Adult ADHD?

Habitually disorganized? Always running late? It could be ADHD.

Homework Help for ADHD Children

Addressing homework problems is critical – here's how to do it.

Smart Comebacks

Witty responses to ADHD doubters.

Find these and many more free ADHD resources online at:

<http://additu.de/freedownloads>

FREE ADHD Webinar Replays from ADDitude:

Neurofeedback and Cognitive Training for ADHD Kids

>> <http://additu.de/neuro>

Is brain training—including neurofeedback and cognitive training (CT)—really all it's cracked up to be? Is it safe for kids? Is it worth the money? Naomi Steiner, M.D., shares the research behind some computer-based alternative therapies so you can make an informed decision before treating your child.

Healing the ADHD Brain: Interventions and Strategies that Work

>> <http://additu.de/healing>

There's no one-size-fits-all approach for treating ADHD. Here, Daniel G. Amen, M.D., explains treatment options ranging from medication and supplements to diet and exercise.

The Truth About Obsessive-Compulsive Disorder

>> <http://additu.de/barkley>

There are lots of misconceptions surrounding OCD and ADHD, especially when the conditions coexist. In this webinar, host Roberto Olivardia, Ph.D., sets the record straight about this potentially debilitating condition. Learn the truth about obsessive-compulsive disorder, so you (or your child) can get the right diagnosis and receive the proper treatment.

7 Fixes for Self-Defeating ADHD Behaviors

>> <http://additu.de/brown>

Are your bad habits setting you up for failure? Find out what behaviors to watch for, and seven simple changes that can help you reach your full potential and put you on the path to success. Entrepreneur and ADHD coach Alan Brown teaches “fix-it” strategies that he used to cope with his own ADHD.

Mastering ADHD Medications

>> <http://additu.de/22>

Dr. William Dodson, a board-certified adult psychiatrist who specializes in treating ADHD, discusses the many medication options for ADHD and how each one works. Learn about choosing a medication, minimizing side effects, and finding the right dosage for yourself or your child.

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