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ADHD

The challenge facing families, educators and health care providers

Part one of two

BY CASEY L. PENN

The ADHD Challenge

How the Disorder Affects Patients, Health Care Providers and Educators

Part One of Two

Attention deficit hyperactivity disorder, or ADHD, as it's commonly referred to today, was known in the 1970s as hyperactive child syndrome and prior to that was deemed minimal brain dysfunction. It has been recognized and diagnosed in some form for more than one hundred years. Symptoms fall into one of three categories: primarily inattentive, primarily hyperactive-impulsive and a combined type with mixed symptoms. ADHD symptoms can range from careless mistakes, trouble staying on task and forgetfulness, to disorganization, difficulty taking turns, blurting out or interrupting, and excessive motor behavior for one's age. ADHD kids and adults may also suffer from associated characteristics such as poor self-concept, aggression, academic difficulties and other disorders that may co-exist with ADHD.

Periodically, controversy arises surrounding the validity of the condition, but the evidence drives the mainstream medical belief that recognizes ADHD as a legitimate disorder that, when untreated, impairs appropriate function. The International Consensus Statement on ADHD (the Statement) was issued in January 2002 in order to, as the statement itself records, counter "frequent media portrayals of ADHD as myth or, at the least, benign condition." The Statement reflects the beliefs of a consortium of international scientists, and states that "The U.S. Surgeon General, the American Medical Association (AMA), the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry (AACAP), the American Psychological Association, and the American Academy of Pediatrics (AAP), among others, all recognize ADHD as a valid disorder." As further evidence of the need for such a consensus statement, the document reads: "We fear that inaccurate stories rendering ADHD as myth, fraud or benign condition may cause thousands of sufferers not to seek treatment for their disorder. It also leaves the public with a general sense that this disorder is not valid or real or consists of a rather trivial affliction."

No room at home for doubt

Regardless of what she has heard through the media or otherwise, Holly Mathisen of Little Rock doesn't question ADHD's validity. After watching her son cope with the disorder since age eight, she has no reason to doubt it. Hill Mathisen was born an active and bright infant and toddler, and even through preschool showed no signs of significant differences from his peers. It wasn't until Hill's first grade year, when parent-teacher conferences began, that his parents began to be concerned. "The parent-teacher conferences, for the most part, all began the same way. The teacher would say something like 'your child is a joy to have in class, but,—' " said Mathisen. "There was always a but."

"The main complaint was that Hill wasn't finishing his work. So at first, we did the logical, left-brained thing, which was to sit him down and tell him that he must get his work done. We'd tell him, 'you only have two more questions to answer! Just sit here and finish it!' but he couldn't," she said. "He could not." After a period of getting nowhere with the problem, both Hill and his parents grew more frustrated until finally, Hill was doubting himself while the Mathisens were wondering if their son was simply defiant or lazy.

"Finally, someone suggested we have him tested," recalled Mathisen, who took her son to private testing just before the start of the third grade. "The doctor explained that Hill had a fairly significant case of ADHD. I believe his diagnosis was hyperactive-impulsive, but at the time, I didn't understand what that meant. I thought he was physically hyper," she said. It was something Hill said later that cleared things up for Mathisen. "Shortly after his testing, Hill couldn't sleep. He said, 'Mom, I can't turn off my mind.' There was my sign that he was mentally hyper. He couldn't stop thinking, inventing, creating, and it was dramatically interfering with his schoolwork."

Today, Hill is a bright, mature 16-year-old. He's successfully treated with medication. He and his parents agree that it's important for him to faithfully take his daily medication. He struggles from time to time with things that other kids don't outwardly contend with, and

he has a habit of writing himself notes on his hand as reminders. "I've wondered what he must feel like, and from the way he's explained it, I can only liken it to having too much coffee," said Mathisen. "That makes sense, because Hill, without his meds, is funny and bright – his usual self – for the short term. But then, he's off around the house, not listening to outside conversation. He appears to have no agenda and begins to fidget and mess with things. In short, he's obnoxious and seems agitated and restless."

Since Hill's diagnosis, Mathisen has tried to be a voice of reason and encouragement to others dealing with or wondering about ADHD. Though she isn't part of any formal parent group, she stays involved through informal and group discussions about the disorder. In discussions about ADHD, Mathisen has listened as teachers and other faculty members struggle with how to deal with ADHD in the classroom. She understands that some wonder why – with their responsibility to teach a full class of students – should they treat ADHD kids in a special way?

"My answer is that you don't have to treat Hill special, but it's helpful if you can find another way to approach him to get him to do what you need him to do," said Mathisen. "It's a personality thing. Our other child is not ADHD; even if he were, I would approach him differently. You don't have to coddle these children, but negativity is killer." Hill has felt belittled in class, in front of his peers, and that doesn't work for him. In one such instance, he had forgotten to bring notebook paper to class. Why not just give him the paper? Then, after class, ask him to please find a way to remember his supplies."

Recently, Mathisen was invited to participate in workshops, meetings and discussions with Dr. Glen White and his UAMS unit on learning disabilities. She said, "I consider it a privilege

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to be part of this group. Dr. White not only understands this disability, but is taking measures to demystify it."

Local efforts shed light on ADHD

Glen White, Ph.D., is a psychologist and director of training of the Clinical Psychology Internship Program. He works in the UAMS Department of Psychiatry, College of Medicine, and has led many efforts to spread information about ADHD. Dr. White was also part of an expert panel put together last year by AETN that discussed and answered questions about ADHD. Other participants included Brian Kubacak, MD; Jill Fussell, MD; Maureen Bradshaw, M.S.E.; and a parent of an ADHD child. Dr. White also directs the ADHD summer conference each year for Partners in Behavioral Health Sciences (PIBHS), a National Institute of Health (NIH) funded program of the Department of Psychiatry at UAMS. "For years, PIBHS has been developing a program and approach to teaching the scientific basis of ADHD and other mental disorders to school teachers and other educational professionals around the state, as well as to students and to the general public," said Dr. White.

Dr. White and many others work to shed light on what the disorder is all about. In answering questions, they hope to ease worries from parents, educators and the public about misdiagnosis and overmedication of our children. Dr. White maintains that while, yes, there are cases of misdiagnosis and overmedication out there, there are also plenty of cases evidencing the validity not only of ADHD, but also portraying its successful medical and behavioral treatment. "There are kids out there inappropriately diagnosed with ADHD, and there are also kids out there who need diagnosis and treatment but don't get it," he said. "The answer is quality assessment by well-trained mental health professionals and appropriate treatment, not claiming that the disorder doesn't exist, that the child just needs 'a good spanking,' or similar types of ineffective and misguided comments one sometimes hears. When medication is the issue, it requires an MD with training and experience in the area."

In the next issue: guidelines for diagnoses and treatment

ADHD is a complex topic, and we will continue our exploration of it in part two of this two-part series, when Doctors Jill Fussell, Mark Edwards and Glen White will offer their expertise to health care providers and parents as we address the diagnosis, treatment and management of ADHD. Look for that in your November issue of *The Journal.*

In the meantime, for more information about ADHD testing, support, diagnosis and treatment, visit these websites: Learning Disabilities Association of Arkansas at *ldaarkansas.com*; American Academy of Pediatrics at *aap.org*, and Susan Jeter at *educationaledge.org*. AMS

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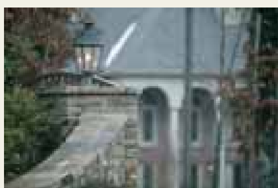

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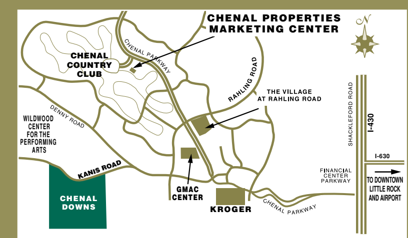

On Kanis, 1/2 mile west of the Kanis and Denny Road intersection

Meet our Members

BY CASEY L. PENN

Graham F. Greene, MD

"In grade 12, my biology teacher announced to the class that I had won the art contest. Then he said someday perhaps I would become a surgeon," said Graham F. Greene, MD, associate professor of the Department of Urology and head of the Genitourinary Oncology Section of the University of Arkansas for Medical Sciences (UAMS).

Greene has indeed grown up to become a well-respected urology surgeon here in Arkansas. "I never forgot that statement, and in many ways, it motivated me to pursue the dream of becoming a surgeon."

The youngest of five children, Graham Greene spent part of his childhood in Annapolis Valley, an "apple belt," and farming community in Nova Scotia, Canada. His father sold the farm, and Greene spent the rest of his youth and adolescence in Sydney, Cape Breton (also part of Nova Scotia) – a city known for steel manufacturing. "I had a great childhood steeped in Scot-British culture," said Greene. In high school, Greene excelled in biology and chemistry. He also had a deep love for art, and at night, he went to a University Studio Art Class. Before long, Greene placed first in a regional art contest, and was awarded a scholarship to Mount Allison University. Fortunately for his patients, Greene turned down the art scholarship and chose instead to study science at Arcadia University. He then successfully pursued medicine at Dalhousie University.

"As I continued in medicine, I did not think I was smart enough to do family medicine, so I became more interested in what seemed to come naturally – dissection and surgery," said Greene. "My interests developed in general surgery, plastics and urology. Of all the specialists, urologists seemed the most pleasant and happy to me. Furthermore, their specialty [urologists] spanned a great range of expertise."

At that point, Greene was still far from the natural state, but Greene would soon move closer. "I was fortunate to get into a program of only six [residents]," said Greene. "Michael Morris, MD, motivated me to pursue a fellowship in Urologic Oncology – and played a big part in getting me to attend MD Anderson Cancer Center in Texas.

"My chief resident was Scott MacDermid, MD. A visiting professor we had in residency was internationally recognized urologist John F. Redman, MD, from Little Rock, Arkansas. Scott told me that John Redman had recruited him to Little Rock [UAMS] and asked if I was interested in joining them to develop a Urologic Cancer program."

The Little Rock opportunity fulfilled Greene's wishes for many reasons: it signified a wonderful start to his career, offered academic prestige, and most importantly, fulfilled his family's needs. Greene's wife was recruited also – to head the Arkansas Cancer Research Center's (ACRC) Dental Clinic. "The rest is history," said Greene. Today, as the only fellowship-trained genitourinary oncologist in Arkansas, Greene is indeed making history as a surgeon in this state. Recognized for his treatment of testicular cancers and metastasis disease, Greene has developed new therapies and strategies for treating advanced renal