WINTER, 2023

The ADHD National Gazette

What's Inside

In the Loop

Welcome to the ADHD Foundation Australia Newsletter Winter Edition. We really hope you find the contents informative while you learn a little more about what we have been doing over the past three months.

Our helpline continues to grow and develop as we are now receiving many more calls that are complex. However, we are delighted to announce that we have now increased our wonderful Helpline response team to cope with the demand and complexity of needs.

To contact us, we ask that you leave details of your call and where you are calling from as we are a National Helpline each State has different information. This is very helpful as we then know your call is not a scam, sales or marketing call.

Go to our website at www.adhdfoundation.org.au and click the helpline button to send in your details to get in touch with out team.

Dympna Brbich
Chair/Director

ADHD Advocacy

In Australia, Public Health does not acknowledge ADHD. They do not diagnose it, treat it, or provide medication. Children up to 17-18 yrs of age, still need to be officially diagnosed by Paediatricians, or Paediatric Psychiatrists, who write the scripts for stimulant medication.

For Adults with ADHD, only Psychiatrists who treat ADHD are able to give a formal diagnosis and write scripts for stimulant medication. The same applies to people travelling interstate or from overseas seeking continuation of medication. Psychiatrists and Paediatrcians are only able to write scripts in states where they are registered with the various Departments of Health. Right now there is a 6-8 month wait right around Australia, for Paediatriciants approx. 2 years.

The ADHD Foundation is advocating for swift government action, including ensuring accurate public healthcare ADHD diagnosis and treatment supported by a national education program and dedicated telephone and online helpline service.

Senate Assessment and Support Services for people with ADHD Inquiry

Outlined in this submission are three (3) key recommendations and seventeen (17) sub-recommendations, related to the Inquiry's Terms of Reference which the ADHD Foundation would like to further explore with the committee.

1. **Recognise** and **manage** ADHD in the public healthcare systems as a primary mental health condition.
2. **Improve** and **broaden** ADHD education and training and education for mental healthcare professionals
3. **Fund** the current ADHD Foundation National Helpline incorporating it as part of the national mental healthcare support framework

Read the full report

Responses to Questions Raised by Senator Liddle

Below are further questions to source information from the ADHD Foundation based on our submission. We appreciate the opportunity to provide more insight to the Committee to advocate for expanded funding and support for those experiencing ADHD.

1. Understanding a bit more about the comorbidity and what tends to happen to individuals where there is comorbidity.
2. The Impact of FASD (Foetal Alcohol Syndrome) and ADHD.
3. I want to understand the complexities that individuals are trying to work through.
4. Can you give me an indication of the challenge of comorbidity in terms of, I guess, a diagnosis hierarchy?
5. How do families work through those issues? How does that push out the timeline for an appropriate level response?

Read our response

ADHD Foundation in the Media

On behalf of the ADHD community in Australia the Foundation has been very active building awareness of the main issues surrounding our community. Firstly, the increase in fees being charged by some professionals making it impossible for many to be able to obtain assessment and treatment for ADHD. Secondly, the long delays, professionals closing their books, retiring and not advising their patients who are depending on their next appointment to be able to continue their medication.

Over the past couple of months, the ADHD Foundation have represented these concerns to more than 20 media outlets including all TV channels radio, newspapers etc.. You can find a selection below and on our website here.

Some patients being charged thousands for ADHD diagnosis

Watch

ABC Television Breakfast Couch, with Christopher Ouizeman, ADHD Foundation Director (May 24th)

A new kind of ADHD clinic is cashing in on surging demand for diagnoses, and promising salaries of more than $900,000 to recruit psychiatrists.

The ADHD diagnosis wave: cashing in on a crisis - Pt 2

Listen

Schmeitgeist Podcast, ABC Australia with Anita Wall, ADHD patient, Christopher Ouizeman, ADHD Foundation Director, and Professor David Castle, UTAS (May 23rd)

This episode of Schmeitgeist is the unexpected conclusion to what began as a deep dive into ADHD internet subcultures. In part 2 of our investigation into the ADHD wave, we look at the new breed of clinic that's emerged to meet it.

ADHD clinics capitalise on diagnosis explosion

Listen

ABC News Radio, with Angela Lavoipierre, Presenter (May 29th)

As the need for services has grown, so have waitlists. Patients who might otherwise choose to wait longer for affordable care are being forced to choose between fees as high as $3,000, or no care at all.

How are our schools managing with the increase in ADHD cases?

Listen

ABC News Radio, with Nancy Notzon, Producer and Dr Patrick Concannon, developmental paediatrician and board member of ADHD Australia (June 19th)

The last few years have seen an explosion in the number of people being diagnosed with ADHD. So how are our schools coping?

Your ADHD questions answered by experts as Em Rusciano revealed her journey to diagnosis — as it happened

Read

ABC News, Author Jessica Riga (August 24th)

Our experts answered all your burning questions about ADHD following Em Rusciano's National Press Club address.

Adults with ADHD Meet-up

Topic: ADHD & Anxiety

Saturday 23rd September 2023
2.00pm - 4.00pm

The Gaelic Club, 1/64 Devonshire, St. Surry Hills
(Right next to Central Station. Light Rail stops at the door of the club)

Guest Speaker:

Nick Jarrett
Clinical Counsellor,
ADHD Coach
& Psychotherapist

An informal get-together in Sydney! Coffee and Chat will follow with the opportunity to meet other adults with ADHD.

Approximately 25 to 40 percent of adults with ADHD also have an anxiety disorder. ADHD often causes a person to lose track of time, cause offence without meaning to, or hyperfocus on a minor worry.

Join Clinical Counsellor, ADHD Coach and Psychotherapist, Nick Jarrett, for an afternoon of insights and learnings. He primarily works with issues related to ADHD, anxiety, self-esteem, motivation, and other related issues. Nick will discuss the relationship between ADHD and Anxiety, along with helpful strategies.

Proceeds of the events will go to the ADHD National Helpline. For enquiries about this event, contact: events@adhdfoundation.org.au

Tickets are $15
Limited amount available.

Book here

WINTER, 2023

Teachers and Educators Series

Neurodiversity affects at up to 5 children in every classroom.

The ADHD Foundation Australia in collaboration with the ADHD Foundation UK. LEADING neurodiversity charity is proud to present this series of online education training for teachers and other educators who would like to learn more.

EARLY NOTIFICATION OF DATES AND SPEAKERS BELOW

Colin Foley
National Training Director
ADHD Foundation UK
The Neurodiversity Charity

Arron Hutchinson
Training Director and
Therapeutic Practitioner
ADHD Foundation UK
The Neurodiversity Charity

Emma Weaver
Trainer and Deputy CEO
ADHD Foundation
The Neurodiversity Charity

Coming in Term 1 2024
Leading a Neurodiverse Classroom

Colin Foley
This session will address key themes of conditions, including ADHD, Autism, Dyslexia and Dyscalculia, and proactive approaches for neurodiverse learners.

Coming in 2024
Supporting Executive Functioning

Colin Foley
The session will include information about the importance of executive functioning skills such as planning, organizing and working memory.

Watch for dates in 2024
Recognising & Regulating Emotions

Emma Weaver
The course will discuss how an individual's mental health is impacted by neurodiversity, exploring anxiety, Rejection Sensitive Dysphoria and more.

Watch for dates in 2024
ADHD, Autism and ADHD

Arron Hutchinson
This session will explore practical strategies to support children and young people to succeed in classroom environments with ADHD and Autism.

Watch for dates in 2024
Girls, Young Women and ADHD

Emma Weaver
This session will explore a variety of reasons why girls with ADHD can often be missed, including masking, differing presentations and societal expectations.

Watch for dates in 2024
Reading, Writing and ADHD

Arron Hutchinson
This session will focus on how literacy skills can be impacted by ADHD, focusing on inattention, executive functioning skills, anxiety and more.

Watch out for dates in 2024
Supporting Memory in the Classroom

Colin Foley
This evidence-based webinar will explore the different forma of Memory with a particular focus on Working Memory.

Learn more and keep up to date by registering as a member on our website:

View

For further information contact us below:
events@adhdfoundation.org.au

About Medication

Here are some of the emerging trends and questions we're seeing coming from our ADHD National Community Helpline. Be sure to let us know if you share any of these concerns or have further insights that may help others seeking support.

Medication & Allergies

Do you have any of the following conditions impacting your dietary requirements?

- Celiac disease
- Gluten sensitivity
- Wheat allergy or sensitivity

Aspen, manufacture the short-acting dexamphetamine. The ingredients can be found here.

Novartis manufactures Ritalin short-acting, which contains Gluten. The guide that shows the ingredients is here. However, LA Ritalin is gluten free and also Vyvanse and Concerta.

Non-stimulant Medication

For those not able to tolerate stimulants, in Australia the two non-stimulant medications available to treat ADHD are:

- Intuniv (guanfacine) an extended-release non-stimulant medication.
- Atomoxetine (Strattera), a norepinephrine reuptake inhibitor.

Some Medications cause 'Dry Mouth'

Another problem a lot of adults talk about is having a 'dry mouth'. Kids probably have this issue too, but don't have the language to describe it. Stimulant medication, along with many other prescribed drugs, can reduce saliva production causing a dry mouth.

But Saliva provides our teeth with protection! So when patients drink carbonated or sugary drinks and lollies to relieve their dry mouth – it exacerbates the likelihood of tooth decay! Here a some suggestions:

- Stop all tobacco use.
- Sip water regularly. If you don't like the taste of water, or find it ineffective, fill a 2L bottle with water and put a little Staminade Gatorade or similar cordial – keep it in the fridge, then you can put some into smaller bottles out with you.
- Make up a container of various berries (ie: strawberries, blue berries, raspberries), and grapes, etc. Blueberries and grapes freeze well, so will stay cold in your lunch box.
- Chew sugar-free gum or sugar-free hard candies to stimulate the flow of saliva.
- Mouthwashes designed for dry mouth, especially ones with Xylitol, can be effective. For some people, Xylitol may cause diarrhea or cramps if consumed in large amounts. Also don't use mouthwashes that contain alcohol as they can also be drying!
- Limit your caffeine intake because caffeine can also make your mouth dry.

Holiday Season Approaching - Getting Organised for the End of Year

It is well known in our ADHD community that finding a psychiatrist who treats Adult ADHD is currently at crisis point right around Australia. Those who are taking appointments have several months wait time. Under 18yrs are having an even more difficult time. Therefore, make sure you have an appointment organized before the end of November, if you will need an assessment or if you will need a prescription renewed over the Christmas/New year period.

Traditionally psychiatrists and many other medical practitioners take extended time off, generally from mid-December through to mid-January or early February. Check with your pharmacist where your prescription is held and please make sure that your scripts will take you through this period. There is no other way to access ADHD medication.

Resources for Parents

Children's Books

My Busy Brain: A First Look at ADHD

Its aim is to promote understanding and ongoing discussion with children who have ADHD or those who have siblings or classmates with ADHD.

It explains, in child-friendly terms, what ADHD is and what it feels like from the child's perspective. It also helps those that do not have ADHD to understand the difficulties for those that do.

P Thomas & C Keay

View

Don't Call Me Special: A First Look at Disability

This is a beautifully illustrated picture book that teaches children about a range of disabilities.

It challenges the stereotypes that are often formed during childhood and explains how people overcome their disabilities and live happy and full lives.

P Thomas & L Harker

View

A Safe Mobile for the Kids

Opel Mobile, $249

Used By Kids, Designed by Parents, the all new Opel Mobile has many features that could give some peace of mind without the regular distractions of technology. Features include:

- Lock & Control Screen Time
- App Usage & Blocker
- Location Tracker
- Whitelist Numbers
- Activity Report & History
- NO Camera

View

Colour Coding & Organisation Skills

ADDitude Mag, Author Leslie Josel

"I'm at my wit's end setting up organizational systems for my 13-year-old daughter. Checklists and charts don't work for her. She says she doesn't like them, and they take her too long to read."

A 2013 study in the Malaysian Journal of Medical Sciences, revealed that color increases the chance for environmental stimuli to be encoded, stored, and retrieved successfully. Learn more below!

View

The 'Bluey' Episode That Is Secretly About ADHD

Apple News, Author Sarah Wheeler

"The magical Australian geniuses who created Bluey tell this story in a way that reminds us of the power of showing children just as they are. Bluey's special gift, when it's great, is the absence of lessons; a refusal to portray the lives of children and parents as neat and tidy, and a preference for a light touch rather than a preachy one."

View

We Learn in Different Ways

When we think about how we learn, most of us do not realise that several perceptions are involved in learning.

Visual Perception

This is not whether we can see well or not, but a person's ability to form good visual images from what they see and to be able to retain them in the brain.

Many images need to be retained in the correct order (eg one's phone number, and all spelling words). This is called visual sequential memory.

Many have particularly good visual perception, and some will learn to read without seemingly being taught. At an early age, they may read signs, flash cards and words on television.

However, if a person has poor visual perception, they will not learn through visual memory, and may depend instead on listening, and trying to interpret what they hear into spelling.

Typical spelling mistakes for this person would be 'any' as 'eni' or does' as 'dus' or even 'duz'.

Auditory Perception

It is a vital process in learning. Many of the learning disabled have poor retention of what they hear or cannot decide which noise they are listening to - the voice of the teacher or chatter of others.

It becomes increasingly difficult for those who have these problems in auditory perception to attend to and retain the appropriate information they are receiving through auditory channels.

They are often described as having 'poor listening skills' and may have trouble remembering more than one spoken instruction at a time.

Kinesthetic Perception

We also gain information through movement. The nervous system retains the memory of the movement of muscles, bones, and touch. It is a vital area of learning.

If one were to think about when we were learning the basic skills, the importance of kinesthetic memory must be accepted. An example of this is that many of us, when asked to spell a difficult word, may say 'let me write it'.

The pen seems to spell the word without direction, because the memory of the movement in writing the word previously is used. We may then look at the word and say 'yes, it looks right', or 'no, it looks wrong'. So we are using visual memory as well.

It will be obvious then, that anyone who has a deficit in anyone, or even two of these perceptions will be greatly disadvantaged in learning, particularly when they or she attempts the basic tasks of acquiring skills in reading and writing and spelling, and in some cases, mathematics.

Many terms have been used for this problem including dyslexia, word blindness, minimal brain dysfunction and learning disabilities.

Whatever term is used, the need is for an awareness that some people may have this disadvantage, and realisation that each one can be helped.

A great amount of frustration is experienced by parents for example, in trying to identify their child's problems. Parents know that their child is not coping up to his or her ability, but they are thwarted in their attempts by a 'glossing over' by some teachers.

It is often hard for teachers and parents to detect a person with a learning disability when they show brilliance in many areas.

He, or she may well be fluent in expressing their thoughts or ideas, may be outstanding in understanding mathematics (except if the questions are written), may have exceptional ability in art or music, and yet have great problems in acquiring skills in reading and spelling and therefore in writing.

It is said that Winston Churchill, Hans Christian Andersen, and Leonardo Da Vinci were dyslexics. We also believe that Kerry Packer, Dick Smith, and stars of stage and television like Tom Cruise, Fonzie, and Cher also have dyslexia.

Every student has the right to leave school able to read and write sufficiently well to cope in the community, which is achievement orientated and highly dependent on the written word.

We believe that one in five have a learning problem to some degree. The range of their intelligence and ability will be from low average to very high.

There have been many instances where parents or teachers have rung deeply concerned about a child who is obviously gifted and yet has inexplicable problems in learning to read, spell and therefore to write down information, in line with the expectations of the child's teachers or parents.

Tourette's Syndrome and ADHD

Research suggests that there is a significant overlap between Tourette's Syndrome and ADHD, with estimates suggesting that around 60-80% of individuals with Tourette's Syndrome also experience symptoms of ADHD.

The overlap between Tourette's Syndrome and ADHD is a complex phenomenon that poses unique challenges for individuals affected by both conditions. Understanding this overlap and exploring management solutions may significantly improve the quality of life for those living with these disorders in Australia.

Tic Disorders and Tourette's Syndrome

Tourette's Syndrome is a genetic neurological disorder characterized by involuntary and repetitive motor and vocal tics.

These tics typically manifest in childhood, often between the ages of 2 and 21. In Australia, it is estimated that one in every 100 school-aged children may have Tourette's Syndrome.

Tics generally need treatment only if they are causing significant daily problems. Treatment options include behavioural interventions and medications. In mild cases, education and reassurance for the individual and family may be all that is needed.

Scottish pop singer Lewis Capaldi brought the reality of living with Tourette syndrome into the spotlight on the weekend when the severity of his tics saw him struggle to complete his Glastonbury Festival set.

While he continued with the set and was enthusiastically supported by the crowd, he struggled to make it through the final songs and ultimately ended up cutting his set short.

"For someone who struggles with Tourette [syndrome], this means the world," a fan said online.

"The way his fans at his shows react if he's unable to finish a song is truly heartwarming and gives me hope in this bleak world," another said.

With Tic Disorders and Tourette's Syndrome being brought further into the media, it provides an opportunity for us to reduce the stigma surrounding these conditions and reduce the impact on daily life for those diagnosed.

The Overlap

Individuals that have both ADHD and Tourette syndrome may exhibit different symptoms that may vary in severity and frequency depending on the person.

The following are some common symptoms that may be present:

- **Tics:** Involuntary and sudden movements or sounds that may be simple or complex such as blinking, coughing, or shrugging.
- **Hyperactivity and Impulsivity**: Difficulty sitting still, restlessness, fidgeting, interrupting others during conversations, or difficulty waiting for their turn in activities.
- **Inattention:** Difficulty focusing and paying attention, forgetfulness, disorganization, careless mistakes in schoolwork or work, or difficulty completing tasks.
- **Sleep Disorders:** Decreased REM sleep, insomnia and sleep-disordered breathing are some of the most common impacts.

It's important to note that not all individuals with ADHD will have Tourette's syndrome, and not all individuals with Tourette's syndrome will have ADHD. Additionally, the presence of ADHD in individuals with Tourette syndrome may make the management of tics more challenging

While many studies have attempted to identify a shared cause, the exact reasons behind the overlap between Tourette's Syndrome and ADHD are still not well understood.

Researchers have not yet identified the specific genes involved in both disorders. However, it is possible that changes in the brain's structure and function, caused by factors like epigenetics (environmental influences on gene expression), play a role in the development of these conditions.

Management Solutions

A multidisciplinary approach involving healthcare professionals, educators, families, and support networks is essential in providing effective management strategies and support for individuals living with these disorders in Australia.

1. Psychotherapeutic Interventions
Strategies such as Cognitive-Behavioral Therapy (CBT) may help individuals develop coping skills, improve impulse control, and reduce any associated anxiety or depression.

Targeted interventions may also focus on improving executive functions, such as planning and organization. Occupational therapy and speech therapy may be beneficial in addressing specific sensory or communication challenges that individuals with Tourette's Syndrome may face.

2. Pharmaceutical Treatments
Medication management is often part of the treatment plan for individuals with ADHD. However, the use of medication in individuals with Tourette's Syndrome requires special considerations. People with Tourette's Syndrome may be more sensitive to certain medications, and some medications used to treat ADHD may potentially worsen tic symptoms.

Close collaboration and monitoring between healthcare professionals, individuals, and their families are essential to finding the right balance of medications, benefits, and potential side effects.

3. Self-Care Strategies
Engaging in regular physical activity, practising stress-reduction techniques, and maintaining a healthy lifestyle may help individuals manage symptoms and improve overall well-being.

Encouraging self-advocacy and teaching individuals to communicate their needs effectively may also empower them to navigate challenges and develop resilience.

4. Support Services & Education
Living with the overlap of ADHD and Tourette's Syndrome may be challenging for individuals and their families. Seeking support from specialised organisations and communities may provide valuable resources and a supportive network.

Additionally, collaborating with schools and educators is vital to ensure appropriate accommodations and understanding of the unique needs of individuals with these conditions.

The ADHD Foundation provides our Helpline to assist those living with and supporting those with ADHD to find information. Head to the website here to register your interest.

References

- ADHD vs. Tourette Syndrome: Insights of a Neurodivergent Clinician
- Managing ADHD and Tourette Syndrome at School, College, Work, and in the Community - Tourette Association of America
- Tics and Tourette Syndrome - CHADD
- Tourette syndrome and comorbid ADHD
- Tourette Syndrome and ADHD Webinar Series - Tourette Association of America
- Tourette Syndrome - Health Direct Australia

The Interaction of Hormones and ADHD for Women

Many women with ADHD report a noticeable increase in their symptoms during specific times in their menstrual cycle—generally, the week leading up to their period—and during significant hormonal shifts such as puberty, pregnancy, post-partum, and menopause.

This amplification in symptoms coincides with low levels of estrogen, thus pointing to an intimate connection between estrogen levels and ADHD symptom severity in women.

With centuries of cultural stereotypes about women's supposed lack of intellect, women with ADHD are often overlooked and unacknowledged. 50%-75% of ADHD cases in females are missed.

Inattentive ADHD, the most common ADHD presentation in females, tends to be mental rather than physical. Since many of these symptoms occur inside the mind, they can be easy for to miss. And when doctors diagnose girls and women with ADHD, they rarely consider hormonal fluctuations when developing a treatment plan.

Estrogen and the Brain

Estrogen impacts various neurotransmitters such as serotonin, norepinephrine, and dopamine - all closely associated with attention, mood regulation, and executive functions.

Dopamine, a key neurotransmitter involved in the regulation of mood, sleep, attention, learning, and reward systems, is crucially linked with ADHD pathology.

Estrogen increases dopamine levels and enhances the brain's sensitivity to dopamine. This signifies that plunges in estrogen levels can cause a decline in dopamine function, thereby exacerbating ADHD symptoms.

Hormonal Fluctuations Throughout Life

Major hormonal milestones in a woman's life can significantly affect the manifestation of their ADHD symptoms.

For instance, during **puberty**, hormonal changes may intensify ADHD symptoms and other psychological experiences, including feelings of sadness, rejection-sensitive dysphoria, and social anxiety. However, these might be dismissed as typical adolescent behaviour or mood swings.

Pregnancy often brings about a significant hormonal shift that could potentially exacerbate ADHD symptoms. Evidence suggests that each trimester's hormonal roller coaster may heighten the symptoms, with some relief potentially during the second trimester when estrogen levels peak.

The **post-partum period**, characterized by a sudden drop in hormone levels, can lead to post-partum depression or anxiety.

Lastly, **menopause** and reduced estrogen levels can lead to worsening procrastination and time management habits, memory problems, feelings of overwhelm and greater overall disorganisation.

Find more information on how stages in women's lives impact their experiences of ADHD on the ADDitude Website.

Why Cycle Syncing Is Essential

Understanding one's menstrual cycle and identifying symptom patterns linked to hormonal fluctuations can empower women to seek proper treatment and interventions. Here's a quick breakdown:

Follicular Phase: This lasts approximately two weeks, starting on the first day of your period and ending with ovulation.

You can expect to experience typical symptoms — cramps, headaches, bloating, fatigue, moodiness — during your flow, and aggravated ADHD symptoms like forgetfulness, trouble focusing, and emotional dysregulation.

1. Try to slow down and decrease your to-dos.
2. Avoid foods that worsen menstrual cramps.
3. Get your body moving.
4. Use pain relievers.
5. Rest and get enough sleep.

During the Rest of the Follicular Phase:

Estrogen levels start to rise about a week after the start of your period, and continue to climb for about seven days, shooting up and peaking just before ovulation.

Many women recognise the week after their period is when they feel most productive, focused, and energetic.

1. Work on your big projects and cross off your to-do list.
2. Schedule your appointments and social events during this time.
3. Take your workouts up a notch.
4. Do your future self a favour.

Find more information on the other phases of the menstruation cycle on the ADDtiude Website.

Navigating ADHD Management in Light of Hormonal Interactions

Utilising Cycle Tracking Applications or other tools can assist in identifying when certain stages of the menstruation cycle are in play and can track various physical and psychological symptoms to begin implementing routines and habits that can provide relief.

This can be especially useful in stages of life when cycles aren't as regular, such as throughout hormonal imbalances, puberty and approaching menopause.

Lifestyle changes like regular exercise, a balanced diet, ample sleep, and stress management, along with cognitive behavioural therapy, can work effectively for many.

The Takeaway: Need for More Research

While the complex, multifaceted interaction between hormones and ADHD in women remains a budding area in ADHD research, it is clear that hormones undeniably influence the severity and presentation of ADHD symptoms. However, there is an undeniable need for more extensive research, focusing on various hormonal stages that a woman undergoes throughout her life.

The findings could potentially transform ADHD diagnosis and management in women, making it more individual-centred and leading to overall better mental health outcomes for women with ADHD.

References

- ADHD and Hormones: ADD Symptoms in Teen Girls, Women - ADDitude
- Menstrual Cycle Phases: Cycle Syncing with ADHD (additudemag.com)
- Hormones & ADHD Research: ADDitude Surveys Neurodivergent Women (additudemag.com)
- Hormonal Changes & ADHD: A Lifelong Tug-of-War (additudemag.com)
- Perimenopause Problems: How Changing Hormones Exacerbate ADHD Symptoms (additudemag.com)
- Women, Hormones, and ADHD (additudemag.com)

Theta Brain Signals & ADHD

Recent research conducted by the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London has revealed a significant genetic link between ADHD and disturbances in theta brainwaves originating from the prefrontal cortex.

The study, which was published in Biological Psychiatry, indicates a fundamental disruption in the temporal coordination of cognitive control processes in adults with ADHD, a crucial mental function that helps individuals maintain focus amid distractions.

This disruption persists in individuals whose ADHD symptoms began during childhood and is influenced by shared genetic pathways.

Cognitive control processes, including those associated with theta brainwaves, are known to be impaired in individuals with psychiatric conditions such as ADHD and autism.

The Study

The research involved 566 participants, including 233 pairs of twins from the Twins' Early Development Study (TEDS). Parents were asked to complete a questionnaire regarding their children's behavioral traits, and later in young adulthood, a brain scan was performed to assess cognitive control signals, including frontal theta activity.

The Findings

This study suggests a continuity of ADHD symptoms throughout a person's life, with genetic similarities between ADHD symptoms during childhood and a formal ADHD diagnosis in young adulthood. Moreover, the study highlights robust genetic connections between variability in reaction times and both childhood and adult ADHD.

Based on their observations, the researchers propose that dysregulated theta brainwaves could serve as a potential biomarker for ADHD, indicating a possible target for intervention in the condition.

Dr. McLoughlin, one of the researchers involved in the study, emphasized the critical role of effective cognitive control in daily life, not only during developmental years but also in adulthood. He suggests that with further research, a simple brain scan could help in stratifying patients and streamlining the diagnostic process for ADHD.

Read the full study from the
Institute of Psychiatry, Psychology & Neuroscience (IoPPN):

Read here

ADHD Membership Portal

Join as a foundation member of the Australian National ADHD Membership platform!

- Immerse yourself in a diverse community of people who share your passion and goals.
- Choose your interest group with the flexibility to join others.
- Find priority opportunities to participate in networking events, workshops, and newsletters.
- Access to accurate and reliable information and education on ADHD and referrals to ADHD specialists and helplines.
- Contribute to the ADHD Foundation's blog, podcast, and magazine and share your insights and experiences with others.

Member Portal

Enjoy discount access to many webinars, events, self-assessment and learning tools, and member-only information

Sign Up

Helpline

This support service is provided to help you find ADHD solutions and assist with ADHD Referrals. Enquire via our website below.

Contact

Donate

With generous financial and volunteer support we have achieved many milestones. If you are able, we greatly appreciate it.

Support

Contact the office for media enquiries, partnerships, admin and other enquiries.

Post Address: PO Box 22 Epping NSW 1719
Email: office@adhdfoundation.org.au
www.adhdfoundation.org.au

HELPLINE BUTTON