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Slow progression

Although research has yielded many new insights into genetics, neuroimaging and neurophysiology, practitioners have seen slow progression in the diagnosis and clinical management of attention deficit hyperactivity disorder (ADHD).

Diagnosis still relies heavily on medical and developmental history taking, utilising standardised questionnaires. Although basic physical examinations are performed, in most cases, this does not help in forming a firm diagnosis. Can we therefore rely on neurophysiological measures to make diagnoses more robust? In this issue, Salim Jakhra summarises some of the available tests that can tell us more about the 'colour' of the disorder. Many therapists currently use questionnaires or patient feedback to determine the effectiveness of therapies, and some may use semi-objective instruments such as the quantitative behaviour test. However, outcomes and effectiveness measures are still not objective enough, and do not allow us to predict how individual patients will react to particular therapies. Therefore, with further research, some of these measures may, in the future, aid therapy choice, as well as diagnosis.

Research is also currently underway on the effectiveness of special diets for ADHD. It is hypothesised that the gut-brain axis could be important for children with ADHD, because of changes to the microbiome, which may influence neurotransmitters and change behaviour. We already know that food is important; in the last issue, we saw that individuals with ADHD are at greater risk of obesity and eating disorders, such as bulimia nervosa and binge eating. In this issue, Ingrid Rours shows that children with ADHD have different breakfast-eating patterns to the non-ADHD population. Should parents therefore be stricter with the house rules, or is this a result of children not being fully awake due to circadian rhythm aberrations, and is there a case for secondary schools to begin classes later to ensure enhanced levels of cognition?

Psychoeducation is an important part of treatment for children with ADHD. To evaluate the effectiveness of a post-diagnosis group for parents of children with ADHD, Rachel Denton and colleagues used a questionnaire to rate

the knowledge and understanding of ADHD among parents, and their confidence in managing their child's symptoms. As expected, attendance of the post-diagnosis group led to a number of improvements; parents not only valued the opportunity to meet other parents in similar situations, but it also increased their knowledge of ADHD and helped them to feel less isolated. But as always, parents most in need of support are often reluctant to attend meetings, partly because they may have ADHD themselves.

An article by Robert Doyle provides an overview of the medications available in the USA. Unfortunately, many of these drugs are not yet licensed for ADHD in Europe, and some are not even available off label. We Europeans can only long for the alternatives that could make optimal treatment choice and titration within the reach of our patients. Regulation makes drug licensing a very slow process, but the European Medicines Agency and national agencies have

an important task. However, American individuals are no different to Europeans with respect to dopamine and norepinephrine levels, nor do they have a lower risk of cardiovascular disease. A high body mass index is more dangerous than osmotic controlled-release methylphenidate for your heart!

It is well known that adolescents and young adults with ADHD are at increased risk of criminal behaviour, especially in cases of comorbid conduct disorder. However, awareness of ADHD as a treatable disorder in prison settings is still low. Susan Young is actively campaigning to put this on the political agenda but, unfortunately, the cost of treatment is not yet perceived as a worthwhile investment. In a recent European Brain Council newsletter (<http://goo.gl/7GONbb>), Susan argues that, 'At the moment, youths are moving from classroom to courtroom; with the right treatments we can get them out of prison and into gainful employment'. I hope our readers will spread this message.

Diagnosis and optimal treatment are hard work, and ADHD is not a disorder for lazy professionals or parents. However, we are progressing slowly and steadily towards optimal diagnosis and treatment.

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