

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/neurofrontiers/adhd-after-25-years/57150/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

ADHD After 25 Years: What Have We Learned?

Announcer:

You're listening to *Neurofrontiers* on ReachMD. Today, we'll hear from Dr. James Swanson, who's a Professor of Pediatrics at the University of California, Irvine School of Medicine and Founder of the Child Development Center at UC Irvine. He'll be discussing two publications he worked on, entitled "Attention-Deficit Hyperactivity Disorder and Hyperkinetic Disorder" and "Attention-Deficit Hyperactivity Disorder," published in *The Lancet* in 1998 and 2021, respectively. Here's Dr. Swanson now.

Dr. Swanson:

The publication 25 years ago—or actually even more than that now—published in 1998 in *The Lancet* was by a group that was an international group. It was led by me in the United States, but with eminent psychiatrists and other psychologists—with Dennis Cantwell, Peter Jensen, and others, and from Europe, with Eric Taylor, Edmund Sonuga-Barke and others.

And we addressed, for the 100th anniversary of the journal, *The Lancet*, one of the spectacular publications in that eminent journal by Sir George Still. It is on one of the first studies of what was called ADHD now. We looked at the differences in how to diagnose the disorder, both in the US and North America and in Europe.

There were dramatic differences. We saw a pretty high percentage in the United States at the time, three to four percent, or maybe even five, compared to less than one percent in the UK or other European countries. Remarkable difference. Why such a big difference?

And about treatment, medication was almost never used as a first treatment in Europe. It was in the United States. About other things in terms of epidemiology: as I mentioned, there was a dramatic tenfold or twentyfold difference. The geographical issues of diagnosis are due to not the symptoms, which are exactly the same for the criteria used in Europe; the decision rules of when to apply them, what severity, and when to treat differ dramatically, as just indicated.

The fourth issue was an issue about prognosis. ADHD did have a poor prognosis outcome, long-term outcome, including academic underachievement, emergence of some adverse outcomes like substance use, and delinquency. These occurred both in Europe and the United States. There didn't seem to be much difference despite the very big difference in treatment.

And then pathophysiology. At the end of the twentieth century, back before 2000, there was great promise both in molecular genetics and in brain imaging. "We're going to find something out about the biology of ADHD, and it will lead to better treatment, better outcomes." That promise has just not panned out.

So in those five areas—diagnosis, treatment, epidemiology, prognosis, and pathophysiology—there are many unanswered questions or what I call unmet needs that need to be addressed. And we just haven't addressed them very well in the last couple of decades.

Announcer:

That was Dr. James Swanson talking about areas of unmet need in ADHD care based on his research. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!