The authors raise the issue of lack of genetic overlap between ADHD in children and adults referring to the European consensus statement on diagnosis and treatment of adult ADHD.[3] The study does mention that 'to date several publications highlight potential associations with ADHD in adults, some but not all of which are shared with genetic association findings in children', which is again a conclusion they draw from five other pieces of research. This information gets subtly presented in the paper as: there are 'some' similar genes between adult and child ADHD but 'many are different'. Further, the authors state that 'there have been many challenges to the validity of the childhood disorder'. They support this statement with three references, two of which are their own publications.

The debate to be had in the clinical world of adult ADHD in the UK is the issue of false positives. Due to the relative lack of stigma of the condition (which is not necessarily a bad thing!) and the issue of diagnostic overlap (particularly with emotionally unstable personality disorders), front-line adult clinicians face a major challenge. Emotional instability is increasingly recognised in adults with ADHD.[4]

With these commonalities in impulsivity and emotional dysregulation the difference between ADHD and emotionally unstable or borderline personality disorder gets blurred in adults (particularly with inclusion of attenuated varieties in DSM-IV) and hinge almost exclusively on 'inattentiveness'. In my opinion, the authors let us down in not exploring in depth these and other real diagnostic and prescribing challenges surrounding adult ADHD.

1 Moncrieff J, Timimi S. Critical analysis of the concept of adult attention-deficit hyperactivity disorder. *Psychiatrist* 2011; **35**: 334–8.

2 Castells X, Ramos-Quiroga JA, Bosch R, Nogueira M, Casas M. Amphetamines for Attention Deficit Hyperactivity Disorder (ADHD) in adults. *Cochrane Database Syst Rev* 2011, **6**: CD007813.

3 Kooij SJ, Bejerot S, Blackwell A, Caci H, Casas-Brugue M, Carpentier PJ, *et al*. European consensus statement on diagnosis and treatment of adult ADHD: The European Network. Adult ADHD. *BMC Psychiatry* 2010; **10**: 67.

4 Asherson P, Chen W, Craddock B, Taylor E. Adult attention-deficit hyperactivity disorder: recognition and treatment in general adult psychiatry. *Br J Psychiatry* 2007; **190**: 4–5.

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Adult ADHD: problems and pitfalls

The controversy surrounding adult attention-deficit hyperactivity disorder (ADHD) is intellectually interesting in terms of what it says about the distinction between pathology and normality and our moral response to this. However, the role of psychiatrists is to provide impartial advice to patients about what intervention is likely to be more useful than harmful. The individual then decides whether the intervention is useful for them or not. This applies to any intervention, not only pharmacological.

Considering data may help to inform the debate. I have run a National Health Service adult ADHD clinic for the past 3.5 years, during which time we have received 350 referrals, about half for adults who believe they may have ADHD, but who have not been assessed for this before. Of those who were ultimately identified as having significant ADHD traits and offered pharmacological intervention: (a) 70% were unemployed or had dropped out of education, (b) 15% had been in trouble with the police previously, (c) 72% had had previous contact with mental health services (and no consideration given to the possibility of ADHD), (d) 30% had two other mental health problems apart from ADHD, (e) 70% of those prescribed medication (stimulant on non-stimulant) returned to work or education.

It is the last finding that is most telling. These are individuals who are, and have always been, struggling significantly. Medication can help them to successfully complete ordinary but important tasks like hold down a job, stick to a course or maintain personal relationships. It is not a cure, but a powerful tool that can empower the individual.

The psychiatrist has a critical role in diagnosing and prescribing a substance that can have such profound effects (both positive and negative). Perhaps we should focus more on trying to identify who would benefit from intervention, and less on the intellectual exercise involved in 'pathologicising normality'.

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Authors' response

We are glad our article provoked some discussion and we agree with Dr Shah about the need to provide impartial advice and to determine an individual's preferences. Although the outcomes of the adult attention-deficit hyperactivity disorder (ADHD) service he describes are impressive, we do not know that these are attributable to medication alone, rather than other aspects of the care received in a specialist service. Only randomised controlled trials can establish whether medication has specific efficacy, after which effectiveness in real clinical practice and cost:benefit ratios have to be considered. Since we published our paper, the Medicines and Healthcare products Regulatory Agency (MHRA) has withheld approval for methylphenidate hydrochloride for adult ADHD on the basis that differences from placebo are small and do not outweigh documented adverse effects (http://news.wooeb.com/959215/adhd-drug-concerta-disapproved-for-adults-in-europe).

Dr Bhattacharya and Dr Lepping point out that ADHD is conceived as a dimensional rather than a categorical condition, but this does not change the arguments against it. The proposed trait is still defined by 'symptoms' that are universal experiences and diagnosis involves subjective judgements about impairment and what the impairment is caused by. The idea that the symptoms represent a unitary underlying condition that represents an evolution of a childhood disorder is simply an assumption, which is not currently supported by evidence.

Dr Bhattacharya accuses us of being one-sided and not being objective, but we would point out that no one is truly objective and everyone has their own perspective. We would suggest that we are being more objective than others by not

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