

Harnessing the *Power* of ADD

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SKY December 2007

If you listen to dinner table chatter among America's families, you might think every third child is popping pills for attention-deficit disorder (ADD) or its fidgety brother, attention-deficit/hyperactivity disorder (AD/HD).

This line of thought generally leads to hand-wringing about our quick-fix, take-a pill society. Plain old high spirits are being pathologized, says one dinner guest. AD/HD is nothing more than kids who are oversugared, over-TV-ed and underexercised, another chimes in. And, my goodness, they're certainly overmedicated, comes from the amen corner.

If you had Dr. Edward "Ned" Hallowell at the table, he'd disagree. Hallowell, a Harvard-educated adult and child psychiatrist, doesn't buy into the pill panic.

"Are we a medicated nation? The implied answer is obviously 'yes'" says Hallowell, an expert in the treatment of AD/HD and author of *CrazyBusy: Overstretched, Overbooked and About to Snap! Strategies for coping in a World Gone ADD*. "But aren't we really lucky to have a medication that helps?" About 80 percent of people with AD/HD focus better with medication, he says, adding, "And the 80 percent it does help, it helps a lot – as much as eyeglasses." After all, he says, "People do take another medication routinely to help them focus better: coffee." (The terms ADD and AD/HD are often used interchangeably, though it is possible to have ADD without hyperactivity.)

AD/HD is one of the most common mental disorders in children and adolescents. An estimated 8.7 percent of U.S. children ages 8-15 meet diagnostic criteria for Ad/HD, but far fewer have actually been diagnosed.

But, says Hallowell, "ADD is both under- and overdiagnosed. There are places where nobody knows about it or doctors, quoted-unquote, 'don't believe in it.' Those are people who haven't seen it. When you hear it first described, it sounds like some sort of lame excuse."

Hallowell, who founded The Hallowell Center for Cognitive and Emotional Health in Sudbury, Massachusetts, says AD/HD is still up against the sort of skepticism that has often been directed at brain problems over the years – before science conclusively proves the problems are in our brains, not in our heads. Identifying AD/HD is generally left up to parents and teachers. A medical diagnosis is made in conjunction with the Diagnostic and Statistical Manual of Mental Disorders, the standard diagnostic text published by the American Psychiatric Association. Although scientifically rigorous, this form of diagnosis is unavoidably subjective, which makes it a broad target for skeptics who think AD/HD is just an excuse for lack of discipline. But AD/HD is not about not trying, says Hallowell: "Certainly effort helps, but it's not the whole story. That's like telling someone who's nearsighted to squint harder."

AD/HD, which has been treated with medication since 1937, appears to be at least partly genetic and, according to the Centers for Disease Control, is not caused by too much sugar, too much TV, bad parenting or food allergies. In fact, it's a dopamine thing.

The brain of someone with AD/HD regulates dopamine production differently. "People with ADD self-medicate with exciting or dangerous activities to get an adrenaline spurt," Hallowell says. Medications such as Ritalin and Adderall promote dopamine production, allowing people with A AD/HD to stop chasing the dopamine buzz and concentrate on whatever it is they need to do. "You might say that adrenaline is Nature's own Ritalin," says Hallowell.

People with ADD or AD/HD are challenged far beyond the daydreaming or fragmented attention many of us face when we're bored, busy or stressed, Hallowell explains. People with the disorder struggle to complete tasks, often leading scattered and unproductive lives, he says. They are easily distracted and have difficulty following instructions, which interferes with success in

school, work and relationships. Hyperactivity also leads to impulsiveness, resulting in accidents and injuries, as well as impaired social skills (interrupting, speaking at inappropriate times). The untreated Ad/HD brain is strong but runs amok, Hallowell says – but when people with AD/HD wrestle their energetic minds under control, they have tremendous power.

“I see it as a gift that’s hard to unwrap,” he says. “Hallmarks of ADD are energy, creativity, the ability to think outside the box, the ability to sort of intuit and see things from a different angle.

“It’s like Niagara Falls, and you have to hook it up to a hydroelectric plant. Or another analogy: “It’s like having a Ferrari engine and a race-car brain but Chevrolet brakes – they’re not strong enough to control it.”

Harnessing the power of AD/HD requires a comprehensive treatment plan that may include both medical and behavioral interventions, such as working with a coach to get organized and develop routines. And it’s worth the effort, because as disorganized and unfocused as the disorder can make them, people with ADD also tend to be bright and creative. “They’re not predictable,” says Hallowell. “They don’t think in ordinary ways.”

Hallowell recently co-authored a book for elementary and junior-high readers, *Positively ADD*, in which he profiles high-achieving adults with AD/HD, including political pundit James Carville and Pulitzer Prize-winning journalist Clarence Page.

The key to success for people with Ad/HD, says Hallowell, is concentrating on activities they enjoy. The flip side of their distractibility is that people with AD/HD are also able to “superfocus” – but only on tasks that genuinely engage them. “If you’re not doing something that interests you, you can’t focus at all,” he says. “Structure without interest won’t help.” Combine structure and interest, and the supercharged AD/HD mind can really dig in.

And the flip side of AD/HD’s impulsiveness is creativity. “What is creativity but a form of impulsivity?” asks Hallowell. “Impulsive’ – we use words that pathologize. The word connotes negativity. Creativity is impulsivity gone right. The idea is to put you more in control.”

Hallowell is satisfied that medical interventions for AD/HD are neither onerous nor unnecessary. But he’s also an advocate for behavioral approaches that harness the power of AD/HD.

“Oftentimes you find people with ADD spending years trying to develop what they’re bad at instead of what they’re good at,” he says. “They spend years trying to get good at balancing their checkbook or being on time instead of trying to develop their inventions or coming up with a new recipe.”

So if Hallowell had a seat at your dinner table, he would be trying to change the conversation about AD/HD, declaring, “I wouldn’t trade my ADD for the world.”

WHAT’S AHEAD

Dr. Edward “Ned” Hallowell, director of the Centers in Sudbury, Massachusetts, and New York City, makes the following predictions:

BY 2012 We will have new name for the condition - probably two new names, one for ADD with hyperactivity and one for ADD without hyperactivity. More important, we will be making progress in regarding ADD simply as a trait, one with advantages and disadvantages. We will see ADD as an indication of talent, not just as a cause for the therapeutic intervention.

BY 2017 We will be routinely treating ADD without medication, although medication will be available when needed. Special kinds of physical exercise, such as activities that stimulate the cerebellum, will be used regularly, as will nutritional interventions such as fish oil, which is an omega-3 fatty acid supplement.

BY 2030 The genetic story will be sorted out. We will know which genes predispose to Add, and we may be able to turn off the ones that cause the problematic symptoms.

BY 2050 ADD will be an obsolete label, and the condition it now refers to will be seen in much broader terms. No child or adult will feel fear or shame about the kind of mind/brain they have. We will have developed methods of unwrapping the gifts embedded in every mind. We will no longer speak of mental illness but rather see minds in their entirety, composed of strengths and vulnerabilities. Every person will have the chance to find out what kind of mind/brain they have, and how to promote what's best in it.

Are You ADD or "CrazyBusy"?

Not everyone who is scattered has ADD, of course. Dr. Edward "Ned" Hallowell's book **CrazyBusy: Overstretched, Overbooked and About to Snap! Strategies for Coping in a World Gone ADD** (Ballantine Books, \$24.95), discusses how the pace of modern life causes many of us to put on a pretty good impression of someone with ADD and suggests tactics for slowing down.

But, he says, "The way you tell a severe case of modern life from ADD is to look at it in different contexts. If the person goes on vacation to Vermont and turns the vacation place into an amusement park, that could be ADD. 'CrazyBusy' is entirely environmentally produced, whereas ADD is genetic. If it occurs in multiple settings, then intervention will make it better."

And, he says, "Probably the most telling symptom that should lead you to think you might have ADD is unexplained underachievement. If you are someone who knows you could do better and you don't understand why you're not, you ought to think about ADD. Compare yourself to a cohort of your peers. If you are more distractible, more disorganized, have more trouble with time management and it's getting in your way – that's how we define ADD."