

## 8 ADHD Myths & Misconceptions

Much misinformation has circulated about ADHD and its causes, diagnosis, and treatment over recent decades. Following are a number of untrue assumptions about the disorder, along with explanations aimed at clarifying the issues.

1. **“My preschooler is too young to have ADHD.”** Many parents believe that ADHD is a problem of school-aged children. But, in fact, the symptoms of ADHD, and the diagnosis of the condition ([/English/health-issues/conditions/adhd/Pages/Diagnosing-ADHD-in-Children-Guidelines-Information-for-Parents.aspx](#)), can occur as early as the preschool years. At times, even doctors have difficulty differentiating “normal” behavior from those suggesting ADHD in a preschooler. Although a young child may normally have characteristics like impulsive or hyperactive behavior, these can be symptoms of ADHD as well. A pediatrician will evaluate the intensity of these behaviors in a preschooler to help in making the diagnosis. Attention-deficit/hyperactivity disorder is diagnosed when these problems get to the point where they are significantly and consistently interfering with a preschooler’s life, development, self-esteem and general functioning.
2. **“He’s just lazy and unmotivated.”** This assumption is a common response to the behavior exhibited by a child who is struggling with ADHD. A child who finds it nearly impossible to stay focused in class, or to complete a lengthy task such as writing a long essay, may try to save face by acting as though he does not want to do it or is too lazy to finish. This behavior may look like laziness or lack of motivation, but it stems from real difficulty in functioning. All children want to succeed and get praised for their good work. If such tasks were easy for children with ADHD to accomplish, and provided rewarding feedback, those children would seem just as “motivated” as anyone else.
3. **“He’s a handful—or, she’s a daydreamer—but that’s normal.** They just don’t let kids be kids these days.” It is true that all children are impulsive, active, and inattentive at times, sometimes to the extreme. A child with ADHD, however, is more than just a “handful” for his parents and teachers, or a “daydreamer” who tends to lose herself in thought. His or her hyperactivity and/or inattentiveness ([/English/health-issues/conditions/adhd/Pages/Common-Symptoms-of-Hyperactivity-Impulsivity.aspx](#)) constitute a real day-to-day functional disability. That is, it seriously and consistently impedes the ability to succeed at school, fit into family routines, follow household rules, maintain friendships, interact positively with family members, avoid injury, or otherwise manage in his or her environment. As you will learn in Chapter 2, this clear functional disability is what pediatricians look for when diagnosing ADHD and recommending treatment.
4. **“Treatment for ADHD will cure it. The goal is to get off medication as soon as possible.”** Attention-deficit/hyperactivity disorder ([/English/health-issues/conditions/adhd/Pages/Attention-Deficit-Hyperactivity-Disorder.aspx](#)) is a chronic condition that often does not entirely go away, but instead changes form over time. Many older adolescents and adults are able to organize their lives and use techniques that allow them to forego medical treatment, although a significant number continue various forms of treatment and support throughout their life spans. Depending on the circumstances and demands as a person matures, this may or may not include continuing with medication or other treatments for ADHD at different times, even through adult life. The true goal is to function well at each stage of childhood and adolescence, and as an adult, rather than to stop any or all treatments as soon as possible.
5. **“He focuses on his video games for hours. He can’t have ADHD.”** For the most part ADHD poses problems with tasks that require focused attention over long periods, not so much for activities that are highly engaging or stimulating. School can be especially challenging for a person with ADHD because the typical classroom lecture, compared with a video game, can be relatively unstimulating in terms of visuals, sound, and physical activity.



Assignments can be long and require sustained, organized thought and effort, and the daily routine can be less structured and predictable than a child with ADHD might require. Most children with ADHD are diagnosed during their school years precisely because the academic, social, and behavioral demands during these years are so difficult for them. The difficulties that such children experience may make it seem that school is the problem (and, certainly, that possibility should be considered), but it is more likely to be a result of the child's struggle to manage in this environment. Other situations that can be problematic for children with ADHD include social interactions, with their constant, subtle exchange of emotional and social information; sports that require a high degree of focus or concentration; and extracurricular activities that require them to sit still, listen, or wait their turn for long periods.

6. **"ADHD is caused (/English/health-issues/conditions/adhd/Pages/Causes-of-ADHD.aspx)by poor parental discipline."** Attention-deficit/hyperactivity disorder is not a result of poor discipline—although behaviors that stem from ADHD can challenge otherwise effective parenting styles. Inconsistent limit-setting and other ineffective parenting practices can, however, worsen its expression. You will find a number of proven parenting techniques that can help children with ADHD manage their behavior.
7. **"If, after a careful evaluation, a child doesn't receive the ADHD diagnosis, she doesn't need help."** Attention-deficit/hyperactivity disorder is diagnosed on a continuum, which means that a child can exhibit a number of ADHD-type behaviors yet not to the extent that she is diagnosed with ADHD. This does not mean she needs no help coping with the problems that she does have. The family of a child who does not meet the criteria for ADHD but has similar problems may be offered pediatric counseling, education about the range of normal developmental behaviors, home behavior management tools, school behavior management recommendations, social skills interventions, and help with managing homework flow and with organization and planning.
8. **"Children with ADHD outgrow this condition."** Parents and many doctors once believed that as children with ADHD enter adolescence and then move into adulthood, their ADHD will no longer be an issue. But recent studies have shown that some aspects of ADHD can persist well into adult life for as many as 85% of these children. Some adults can still benefit from the use of ADHD medication for the rest of their lives. Others have demonstrated enough improvement that this medication becomes unneeded depending on what occupation they choose and their ability to succeed in relationships and other social activities. No matter what the circumstances of particular adults may be, however, they can make adjustments in their environment, take full advantage of their own strengths, and lead very productive adult lives, even when aspects of ADHD still persist.

## Additional Information:

- [Causes of ADHD: What We Know Today \(/English/health-issues/conditions/adhd/Pages/Causes-of-ADHD.aspx\)](/English/health-issues/conditions/adhd/Pages/Causes-of-ADHD.aspx)
- [Diagnosing ADHD in Children: Guidelines & Information for Parents \(/English/health-issues/conditions/adhd/Pages/Diagnosing-ADHD-in-Children-Guidelines-Information-for-Parents.aspx\)](/English/health-issues/conditions/adhd/Pages/Diagnosing-ADHD-in-Children-Guidelines-Information-for-Parents.aspx)
- [Treatment & Target Outcomes for Children with ADHD \(/English/health-issues/conditions/adhd/Pages/Treatment-of-ADHD-and-Related-Disorders.aspx\)](/English/health-issues/conditions/adhd/Pages/Treatment-of-ADHD-and-Related-Disorders.aspx)

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