#### **Guest Editorial**

# Emergent Perspectives on ADHD: Sharing Knowledge and Extending Care

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At first sight ADHD appears as one of the success stories in the field of Psychiatry in general and Paediatric Psychiatry more specifically. Over the last few decades, a very active research community has demonstrated that ADHD is a highly heritable disorder and has started to identify the specific genetic and environmental risks that may be involved. A great deal is now known about the deficits in executive control that were anticipated by the seminal work of Virginia Douglas at McGill and the brain mechanisms underlying ADHD processes. Effective psychosocial and pharmacological interventions have been designed and tested in large scale studies.

Despite this progress, controversies abound in the field of ADHD. There is no doubt that stimulant treatment lessens the severity of behavioural problems in ADHD and eases the adaptation of affected individuals. However, treatment is primarily symptomatic and outcome studies do not suggest that medication actually alters the child's future academic achievement or behaviour beyond the period of active treatment. Many therapists, educators and parents think that ADHD treatment should focus on long-term goals and therefore see pharmacological and educational approaches to the treatment of ADHD in competitive terms, if not mutually exclusive. Misinterpretation of the research data is widely disseminated (e.g., psychosocial interventions are of no benefit even when used with medication, allergic reactions or sensitivity to foods cause ADHD, etc.), to the dismay of their authors, but any failure to translate new knowledge into clinical practice and healthcare decision-making prevents access to innovative care to those who need it and further nourishes controversies. Clearly there is a need for greater exchange of information between scientists and practitioners and among all the parties involved in the care of individual children.

The need for greater efforts in knowledge transfer, or more precisely knowledge exchanges, between different agents sharing responsibility in child development: the parents first, the community-based health providers (medical mainly general practitioners, family physicians, paediatricians and paediatric psychiatrist; and non medical, psychologists, speech therapists, social workers, etc.), teachers and education specialists in the school system, without neglecting the children and youths themselves...

Peter Levesque and Karen Kidder explain how knowledge exchange has become one of the main objectives of the newly created Provincial Center for Children and Youth Mental Health at the Children's Hospital of Eastern Ontario. In order to facilitate these exchanges, new approaches that integrate different or unexplored levels of observation are useful, as they provide some common language for those with different perspectives on the same child. One of these novel approaches is to place the development of children with ADHD within the global scope of normal development. As an alternative to the use of "play-reducing" psychostimulants, Jaak Panksepp suggests that society could establish play "sanctuaries" for at-risk children in order to facilitate frontal lobe maturation and the healthy development of pro-social minds. Play is indeed one of the main genetically-mediated, social-emotional tools that help promote construction of fully-social minds and some ADHD symptoms may stem from overactive playful urges in some children. One more step leads us to the role of friendship in the construction of the social self, a surprisingly neglected topic. Sébastien Normand and Barry Schneider ask whether children with ADHD see the quality of their friendships changing over time and whether helping them to develop more stable and reciprocal close friendships with non-deviant peers could prevent some of the most adverse outcomes. Another key aspect of the quality of life of children with ADHD is their too often difficult

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relationships with their parents. Are the difficulties in parenting only the consequence of ADHD, and could these parenting problems predict the development of oppositional and conduct problems in children with ADHD, over and above pre-existing levels of child problems and other predictors? This is the question that Jonathan Jassy and Charlotte Johnston address in their contribution. However, whatever the perspective, one of the most critical issues in the field remains the very definition of the disorder, and how we identify those children for which specific interventions are needed, including pharmacological treatments. It is argued widely that ADHD is the extreme of a continuum, yet virtually all assessment tools are pathology oriented. Philippe Robaey and collaborators propose and validate a new clinical tool that conceptualizes and measures each ADHD symptom on a spectrum from weakness to strength, as a step in the desired direction. These holistic approaches also call to re-examine the current organizing principles in the definition of ADHD itself. Russell Schachar and collaborators take up the controversy around the appropriate breadth of the very concept of ADHD by comparing the predictive validity of broad versus narrow definitions of the syndrome.

We hope the various contributions of this first special issue on ADHD could broaden some perspectives on these children and their families and friends and foster new exchanges.

Philippe Robaey & Russell Schachar

In the fields of observation chance favours only the prepared mind.

Louis Pasteur, 1854

### **CONFERENCE WATCH 2007**

#### 68<sup>TH</sup> ANNUAL CANADIAN PSYCOLOGICAL ASSOCIATION (CPA) CONVENTION

June 7-9, 2007, Ottawa, Ontario

Website: www.cpa.ca/convention

### 13<sup>TH</sup> INTERNATIONAL CONGRESS OF THE EUROPEAN SOCIETY FOR CHILD AND ADOLESCENT PSYCHIATRY (ESCAP)

August 25-29, 2007, Florence, Italy

Website: www.escap-net.org

### 54<sup>TH</sup> ANNUAL MEETING OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY (AACAP)

October 23-28, 2007, Boston, Massachusetts

Website: www.aacap.org

## 27<sup>th</sup> ANNUAL CONFERENCE OF THE CANADIAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY (CACAP)

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