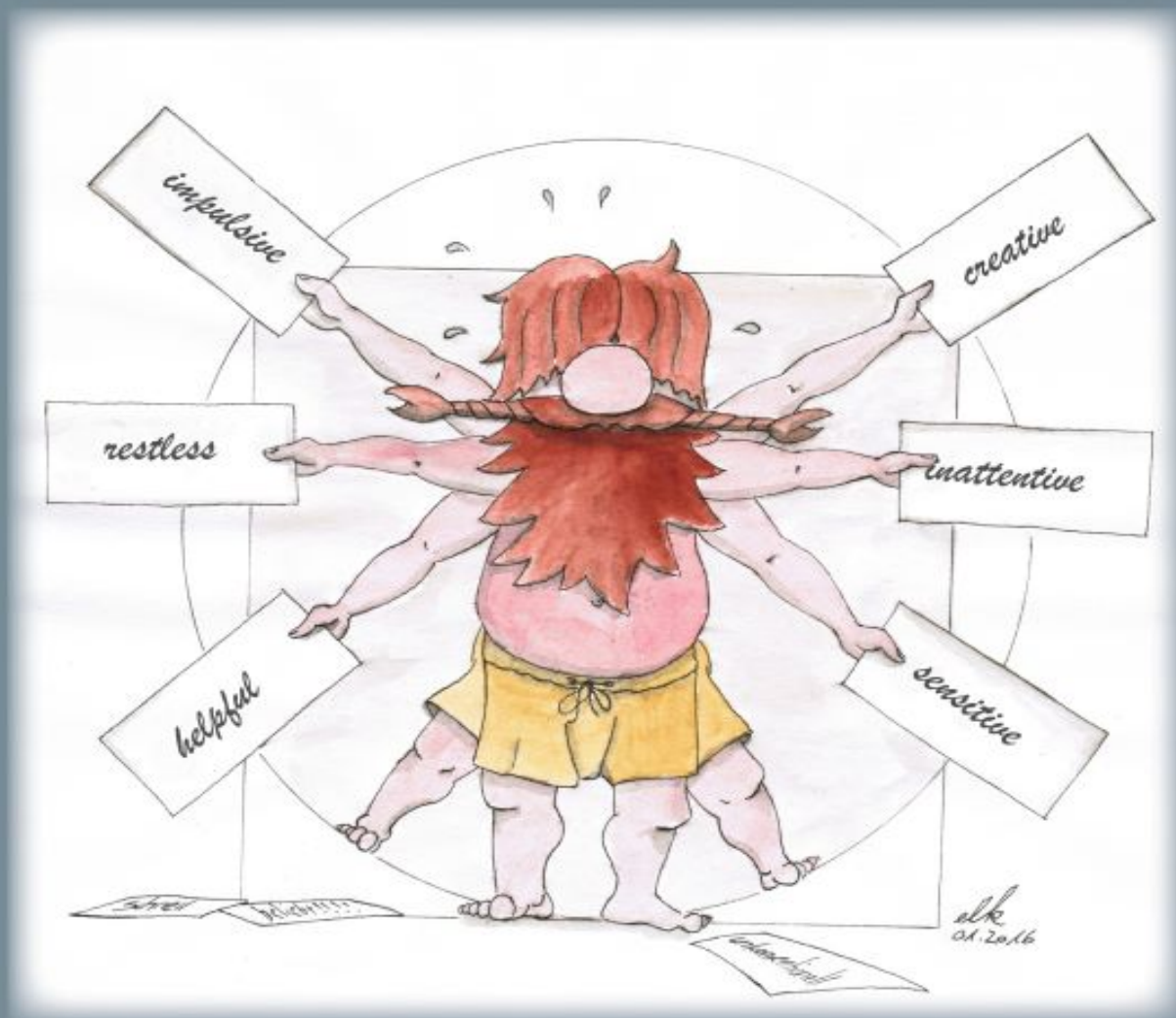


Dr. Gerrit Scherf



The ADHD Consultation Hour

Introduction and short guidebook for patients and interested parties

- ADHD IN ADULTS -

**The ADHD Consultation Hour
-ADHD in Adults-
Introduction and short guidebook
for patients and interested parties
3rd Edition**

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Translated from the German by Becky Allenby
and Rachel Thompson-Brauner

**‘ADHD is not an illness. It is the power to achieve
things in creative ways untypical for other people.’
‘You cannot stop the waves,
but you can learn to ride them.’
Jon Kabat-Zinn**

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‘Distraction and Restlessness’

Daniela David-Spickermann

Thoughts are unfettered and elusive

I know all too well that I should
But often I can't in the way that I would
'Cause they jump so quickly from one to the next
Synapse, wandering thoughts, they give me no rest
Just won't stay still and refuse to focus clearly
Driving me in the end to insanity nearly!

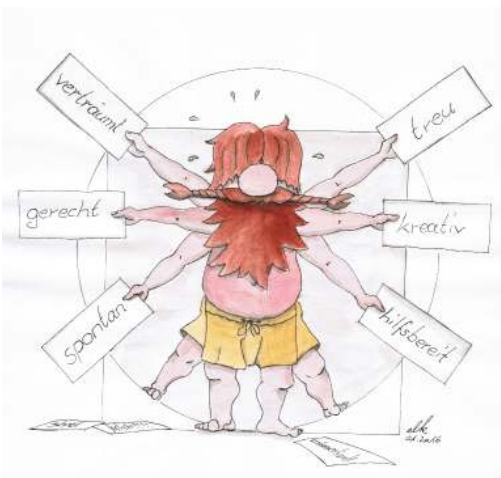
Original by Andrea Zillmann, 2008; translation Becky
Allenby, 2016

Preface

This guidebook is primarily an introduction on the subject for my patients, however beyond that it should also provide friends and relatives of those affected – as well as any other interested parties – with a quick insight into the world of those with ADHD. As the available literature on the condition expands, I considered it important to write a concise, easily digestible and widely affordable summary of the current state of knowledge.

ADHD stands for **A**ttention-**D**eficit-**H**yperactivity-**D**isorder. Hence ADHD denotes an attention problem accompanied by hyperactivity (physical and/or inner restlessness).

There is also a type with the attentiveness problem alone though – the so-called ‘dreamer type’ – known as ADD (=Attention-Deficit-Disorder). Experience shows however that the boundaries of definition are blurred and most of the time a little ‘h’ is lurking somewhere. The hyperactivity component is indeed less and less visible over the years. Most patients instead describe a kind of ‘inner restlessness’.



A small percentage of patients portray an exclusively hyperactive-impulsive version of the syndrome and lack attention issues all together. This is however more seldom

and often merges into an 'emotionally unstable personality disorder impulsive type' diagnosis.

Self-worth issues frequently constitute a significant problem for people with ADHD. They often think in an overly problem-orientated manner and essentially see only the disadvantages that an ADHD symptomatology might involve. For this reason, I want to begin by focusing on the truly outstandingly positive characteristics of people with ADHD.



In my experience there have been numerous cases where ADHD diagnosed patients have especially creative skills indeed; moreover they are flexible, show themselves to be highly competent in social situations, and frequently have great empathy skills too. These people are often asked for advice concerning important life decisions and their opinions are highly valued because their responses are invariably brutally honest. Generally, they have impressive (though time-restricted) team and adjustment skills.

What is more, people with ADHD are often very loyal; they are lovers of justice and ready to stand up for the interests of fringe groups. Usually, they are highly sensitive to inner processes as well; hence they can sense, or example, the needs of others via non-verbal signals.

They are often known to be communicative, sociable and outgoing people

Sadly, many people with ADHD know extraordinarily little about their potential, or they fail to use their potential in the correct way. However, grappling with a likely ADHD symptomatology and its associated problem areas for the first time also provides the opportunity to re-orientate oneself, to utilize strengths and to work on areas of weakness. A common desire is to rid oneself of the feeling that 'there's something different about me'. I often hear it said that patients should have achieved more with their talents, but something held them back from completion. Like a racing car that has 500 horsepower yet can only be driven up to third gear. There is so much more there...

This introduction is aimed at precisely reaching those people who want to deal with the entire ADHD symptomatology for the first time. It is an attempt to provide an overview on the complexity of ADHD. Patients with an overriding ADD symptomatology (the 'dreamer type') should however not feel they are being downgraded. Although I may mostly write about ADHD, the lion's share of the information in this book is also written for ADD patients. Where there are discrepancies, I address these specifically.

Because ADHD patients are not famed for their patience, I have tried to limit myself to the fundamental and important facts in order to provide a slim and thorough overview.

I have deliberately avoided extensive referencing and footnotes. At the end I have listed a number of useful contacts, reference books and sources for further research. I thoroughly recommend familiarizing oneself with the entire subject.

Only if you are aware of the problem and can put a name to it, are you then able to find a solution!

A History of ADHD

Those claiming that ADHD is a trend diagnosis are presumably unaware of the illness's historical background. In the following I sketch a few individual personalities who themselves had to come to grips with the condition's collection of complaints.

In as early as 1775 a German doctor named **Melchior Adam Weikard** published a description of a hyperkinetic disorder in his book 'The Philosophical Doctor'. He dedicated an entire chapter to the 'Attentio Volubilis' (attention deficiency).

Interestingly, the symptoms he described correlate to the greatest possible extent with today's international diagnostic guidelines.

According to Weikard the 'inattentive person' is '... only superficially perceptive and impatient, not very careful. She lacks the ability to listen attentively. Usually, she is only able to remember half of what she has heard. In general, her knowledge consists of "a little bit of everything, but nothing complete"'.¹

Broadly speaking, the inattentive people that Weikard described had typically '... a pronounced motivation to start things, however only very poor staying-power'.

Weikard's recommendations were not at all bad for those times. In the case of excessive activity, he recommended sensory deprivation in a dark room as well as cold baths. He also prescribed sporting activities (horse-riding and gymnastics) and the administration of mineral water. We could certainly debate some of his recommendations today....

The Scottish doctor **Sir Alexander Chrichton** was a contemporary of Weikard. He described an attention disorder in 1798 that closely approximates today's 'dreamer type'. He considered this to be a type of memory illness

involving oversensitive nerve activity in the brain, causing patients to become morbid and agitated.

In his work 'The Principles of Psychology' (1890), the American psychologist **William James** described people with difficulties concerning impulse-control and self-reflection. He himself regarded such 'difficulties' positively, seeing them rather as quick-wittedness and the ability to react fast.

In 1902 the English pediatrician **George Frederick Still** described children who had problems with sustained attention and self-regulation, while demonstrating otherwise totally normal intelligence development. In addition, he described children exhibiting considerable problems at school and difficulty with arithmetic. They were extremely excitable and susceptible to even the slightest provocation. Sufficiently well known in Germany and beyond is the neurologist and author from Frankfurt, **Heinrich Hoffmann**, who wrote the original 'Struwwelpeters' ('Shockheaded Peter') 1844-1846. He is deemed to be the founder of modern child and youth psychiatry.

The characterizations of *Zappelphilipp* (Fidgety Philip) and *Hans Guck-in-die-Luft* (Johnny Stare-in-the-air) are still used today as popular depictions or emblems of attention deficit disorder variations. The 'Zappelphilipp syndrome' is well known as the hyperactive version, Johnny Stare-in-the-air on the other hand as the 'dreamer type', denoting an attention deficit disorder without hyperactivity but with significantly reduced concentration skills. Additionally, the character 'Bad Frederick' can be seen as an example of social conduct disorder and 'Soup Kaspar' as suffering from an eating disorder.

The story of 'Flying Robert' would be the equivalent to that of an 'adrenaline junkie', addicted to thrill. According to the story, Robert cannot stand being inside anymore so goes impatiently out into the stormy streets with an umbrella while other people are fleeing back to their homes.

The dreadful story of Pauline with the matches could thus hint at the curiosity and impulsiveness of people with ADHD, combined with their reduced awareness of danger. In the story Pauline lights matches that her parents had left on the table and sets herself aflame from top to toe.

¹ Barkley/Peters, *Journal of Attention Disorders*, 16 (2012), 623-630

Attention Disorders

According to various research the likelihood of having AD(H)D is between 3 and 5%. However, patients with mild to moderate cases are sometimes able to compensate for their symptoms thanks to their level of intelligence and social competence, hence they may not be immediately aware that they even have the condition. Indeed, an underlying ADHD symptomatology could lurk buried beneath other clinical symptoms or disorders, thus remaining undiagnosed. Therefore, it must be assumed that there are a high number of unreported cases. The frequency of diagnosis in adulthood has been on the rise, which may be attributed to an increased awareness among doctors. Despite this, studies show that the quality of treatment available to adults is worse in comparison to what is available for children and adolescents.²

The journey to diagnosis might take a number of different routes. Some are only interested in the condition because they have heard about it from a variety of sources and want to find out if they have it themselves. Others have children diagnosed with ADHD and wonder whether they might have something to do with this themselves. Often, they are actually sent by their own children to see a specialist because the children notice the same symptoms in their parents as they have discovered in themselves. At this junction it is important not to overlook the more than 60% likelihood of ADHD being passed on from parent to child.

At the beginning there are always a variety of questions: 'Maybe I have it as well?', 'How does it manifest itself in me?', 'Am I not already too old for such a thing?'. Many patients are also utterly skeptical about the diagnosis; they have all too often heard unfavorable media reports about ADHD treatment involving stimulants, thus they fear the possibility of becoming dependent. From experience I