MYTH #1: AD/HD isn't a real medical disorder.
AD/HD has been recognized as a legitimate diagnosis by major medical, psychological, and educational organizations, including the National Institutes of Health and the U.S. Department of Education. The American Psychiatric Society recognizes AD/HD as a medical disorder in its *Diagnostic and Statistical Manual of Mental Disorders*—the official mental health “bible” used by psychologists and psychiatrists.

Attention-deficit hyperactivity disorder (also known as attention-deficit disorder) is biologically based. Research shows that it’s a result of an imbalance of chemical messengers, or neurotransmitters, within the brain. Its primary symptoms are inattention, impulsiveness, and, sometimes, hyperactivity. People with AD/HD typically have a great deal of difficulty with aspects of daily life, including time management and organizational skills.

MYTH #2: Children who are given special accommodations because of their AD/HD are getting an unfair advantage.
The federal Individuals with Disabilities Education Act (IDEA) requires that public schools address the special needs of all children with disabilities, including children with AD/HD. Special accommodations, such as extra time on tests, simply level the playing field so that kids with AD/HD can learn as successfully as their non-AD/HD classmates.

MYTH #3: Children with AD/HD eventually outgrow their condition.
More than 70 percent of the individuals who have AD/HD in childhood continue to have it in adulthood. Up to 50 percent will continue to have it in adulthood.

Although it’s been estimated that 6 percent of the adult population has AD/HD, the majority of those adults remain undiagnosed, and only one in four of them seek treatment. Yet, without help, adults with AD/HD are highly vulnerable to depression, anxiety, and substance abuse. They often experience career difficulties, legal and financial problems, and troubled personal relationships.

MYTH #4: AD/HD affects only boys.
Girls are just as likely to have AD/HD as are boys, and gender makes no difference in the symptoms caused by the disorder. But because this myth persists, boys are more likely to be diagnosed than girls.

MYTH #5: AD/HD is the result of bad parenting.
When a child with AD/HD blurts things out or gets out of his seat in class, it’s not because he hasn’t been taught that these behaviors are wrong. It’s because he cannot control his impulses. The problem is rooted in brain chemistry, not discipline. In fact, overly strict parenting—which may involve punishing a child for things he can’t control—can actually make AD/HD symptoms worse. Professional interventions, such as drug therapy, psychotherapy, and behavior modification therapy, are usually required.

MYTH #6: Children who take AD/HD medication are more likely to abuse drugs when they become teenagers.
Actually, it’s just the opposite. Having untreated AD/HD increases the risk that an individual will abuse drugs or alcohol. Appropriate treatment reduces this risk.

The medications used to treat AD/HD have been proven safe and effective over more than 50 years of use. These drugs don’t cure AD/HD, but they are highly effective at easing symptoms of the disorder. The drugs do not turn kids into addicts or “zombies.”

MYTH #7: People who have ADHD are stupid—or lazy—they never amount to anything.
Many well-known, high-achieving individuals have ADHD, including top executives such as David Neeleman, founder of JetBlue Airways, and Paul Orfalea, founder of Kinko’s. Other well-known, high achieving people with ADHD include Terry Bradshaw (Quarterback, Super Bowl winner and NFL commentator), Howie Mandel (host of “Deal or No Deal”), James Carville (prominent political consultant and commentator), and Michael Phelps (swimmer and holder of 14 career Olympic gold medals, the most by any Olympian ever).

To learn more about AD/HD, go to www.additudemag.com.
A free, downloadable version of this page is available at www.additudemag.com/resources/printables.html.