

ADHD – A Short History

“DSM” – Diagnostic and Statistical Manual, “APA” – American Psychological Association

1900	ADHD non-existent
1900-1950	<p>1902 - Dr George Still presents findings to the Royal College of Physicians in London – a study of 20 children showing symptoms characterized by “spitefulness,” “shamelessness” and “cruelty” and defined the condition as a “defect of moral control”</p> <p>1931 – Dr. Bradley starts experimenting with various medications, and discovers Benzedrine (over-the-counter drug for sinus relief) is effective at getting children to calm down and concentrate.</p> <p>1936-1938 – college students start to abuse Benzedrine; one student dies; TIME magazine runs story “Pep Pill Poisoning” (May, 1937)</p>
50s	<p>In the early 50s, children were thought to have “Minimal Brain Damage” (later became “Minimal Brain Dysfunction”)</p> <p>1952 – DSM-1 published, no mention of ADHD</p> <p>All considerations of young people in DSM-1 were lumped into one small category called “Adjustment Reaction of Childhood”</p> <p>1956 – CIBA (Swiss pharmaceutical company) introduces Ritalin – initially used to treat narcolepsy, chronic fatigue, depression and erratic behavior caused by senility</p> <p>1957 – Dr Laufer coins the term “Hyperkinetic Impulse Disorder” (suggested treatment – amphetamines)</p>
60s	<p>1962 – Dr Keith Connors (known as the “creator of ADHD”) starts experiments with Ritalin; and is well-funded for his efforts</p> <p>1968 – DSM-2 published – “Hyperkinetic Reaction of Childhood” (defined in 2 sentences) and another condition called “MBD” (Minimal Brain Dysfunction)</p> <p>1969 – infamous Connors Scale introduced – list of 39 objective criteria to be used by MDs for “quick & easy” diagnosis</p> <p>1969 – CIBA starts advertising Ritalin with the slogan “helps the problem child become lovable again”</p>
70s	<p>Should be noted that both the DSM-1 and DSM-2 reflected a concern with the underlying <i>environmental</i> causes of childhood troubles; the doctors who authored DSM-1 and DSM-2 were trained in psychoanalysis (dominant theory in the US at the time)</p> <p>As the 70s progressed, American psychiatry became more fragmented and diverse. With all the new drugs entering the market, there was “heady optimism” that biological solutions (i.e. stimulant & non-stimulant medications) would eventually be available to treat ALL mental health conditions. Interestingly, up until 1974 homosexuality was still regarded as a “disorder” by the APA and DSM criteria.</p>

80s	<p>1980 – DSM-3 published - “ADD” (Attention Deficit Disorder – with and without hyperactivity) first time to be introduced as a discrete disorder, replacing “Hyperkinetic Reaction to Childhood”</p> <p>DSM-3 committee was filled with psychiatrists influenced by the biological model, therefore APA adopted a “disease model” for its 3rd edition, strongly suggesting mental health conditions were, for the most part, biological in nature. Conditions became <i>listed</i> and <i>defined</i>, unlike DSM 1 and 2, which were more <i>descriptive</i>. Diagnoses became more “clinical” – with a focus on counting up behavioural symptoms and classifying them into a specific disorder. Proponents of psychological or social models felt left out and have steadily lost status and influence since the publication of DSM-3. With massive funding from BigPharma, the DSM quickly became the modern day “bible” for diagnosing all mental health issues.</p> <p>1987 – APA publishes revised edition of DSM-3 (DSM-III-R) – “ADD” renamed “ADHD”; diagnostic criteria loosened again</p> <p>Authors did not distinguish between ADHD (caused by environmental or developmental factors) and <i>minimal brain damage</i> (caused by neurological damage) because the symptoms were the same – this is critical because it was the first time a mental health condition was defined by <i>symptoms</i> rather than the <i>cause</i>. This marked a radical shift in American psychiatry.</p> <p>* European countries still prefer to use the World Health Organization’s ICD-10 (it maintains a distinction based on causes)</p> <p>1987 – CHADD (Children and Adults with ADHD) formed; by 1995 it had 640 chapters nationwide; primary funding from Big Pharma</p> <p>CHADD established a history of distributing misleading information to hundreds of thousands of parents and teachers; actually advertised that ADHD was a “chemical imbalance” which Ritalin could correct.</p> <p>1989 – Connors Scale released for sale (delivered direct to doctor’s offices across the country); prevalence of ADHD starts to explode</p>
90s	<p>1994 – DSM-4 published – kept the term ADHD, but subdivided into three distinct types (inattentive / hyperactive-impulsive / combined)</p> <p>* diagnostic criteria loosened yet again (number of symptoms reduced from 8 to 6; and new behaviours added)</p> <p>Mid 90s – 3 main stories in the media (OJ Simpson, Lewinsky, ADHD). Ed Hallowell (ADHD speaker & author) encourages a nation of parents to speak with their child’s doctor about the “good news diagnosis” – prevalence of ADHD skyrockets</p> <p>1995 – PBS documentary exposing the connection between CHADD and Ciba-Geigy (Ritalin producer)</p> <p>1996 – Adderall (“ADD for All”) enters market</p> <p>1998 – National Institute of Health (NIH) conference. ADHD was facing a crossroads with a huge debate: what was a more effective treatment for ADHD – drugs or behavioural therapies?</p> <p>1998 – NIH conducts the most elaborate clinical study ever done in the history of child psychiatry – famously known as the “Multimodal Treatment Study of Children with ADHD” (or “MTA” for short).</p> <p>1999 – initial results of the MTA were announced, endorsing the use of medication. However, the study continued, and by the end of three years the results had reversed! After six years, those on ADHD medication had worse symptoms (and were more likely to be diagnosed with anxiety or depression). Source: https://www.madinamerica.com/adhd-info/</p> <p>1999 – Concerta enters market with “once-a-day Ritalin”; revolutionized the ADHD business; regarded as a “genuine breakthrough”</p> <p>1995-2005 – Dr. Joseph Biederman publishes almost 300 papers (more than two a month!), all funded by pharmaceutical companies with one crucial/underlying message: ADHD was widespread and vastly underdiagnosed; children with it met horrible fates; and ADHD meds are “safe and effective”</p>

<p>2000-2009</p>	<p>2000 – APA publishes revised edition of DSM-4 (DSM-IV-TR) – “Adult ADHD” is added</p> <p>2001 – first advertisement for ADHD medications in a consumer magazine! (this shattered the long-understood agreement that controlled substances were not to be marketed directly to the general public; in 1972 United Nations Convention concluded that hawking such medicines to average consumers imperiled public safety; 150 nations signed on to the agreement). Till now, only two countries in the world allow direct-to-consumer advertising for prescription drugs: USA and NZ</p> <p>2004 – Shire commissions Dr Dodson to write a booklet entitled <i>Faces of Adult ADHD</i>; suggesting 10% of adults have ADHD! No credible study has ever estimated an adult prevalence rate of 10%.</p> <p>2006 – ADHD checklist for children translated into an 18-item checklist for grown-ups. Less than a year later, 18 questions deemed too long... reduced to 6 questions.</p> <p>2007-2012 – prescriptions for adult medication triple in just 5 years (5.6 million in 2007, 16 million in 2012)</p> <p>2008 – senate investigation reveals Dr Biederman was paid \$1.6 million in speaking and consulting fees for Shire</p> <p>2008 – Shire releases Vyvanse, with Ty Pennington (famous actor) on a media tour</p>
<p>2010-2019</p>	<p>2010 – ADHD hits the internet. A popular six-question quiz began appearing on dozens of websites (thanks to Shire).</p> <p>2011 – Shire has a new spokesperson (Adam Levine, lead singer Maroon 5) and a new campaign called “It’s Your ADHD – Own It!”</p> <p>2012 – study reveals why the youngest students in a class are most likely to be diagnosed</p> <p>2013 – DSM-5 published. Again, criteria for ADHD diagnosis are loosened and expanded (onset age increased to 12 for children; number of criteria reduced to 5 for teenagers)</p> <p>2013 – ADHD moves into high schools – study shows 10% of high school seniors have used stimulants illicitly</p> <p>ADHD moves into colleges. Use of Adderall as a “study drug” amongst US undergraduates is estimated at between 15 to 20 percent. With college t-shirts advertising: “Adderall – Can’t Pass Without It!”</p> <p>2013 – GlaxoSmithKline announces it will STOP paying doctors to promote its drugs</p> <p>2014 – the ADHD continuum expands with a new condition called “Sluggish Cognitive Tempo” (SCT). Children with SCT are anything but hyperactive; they’re at the other end of the spectrum (...they move too slow)</p> <p>2015 – study discovers more than 10,000 toddlers in the US (age 2-3) were diagnosed with ADHD and put on medication</p> <p>ADHD meds expand to the workforce - a growing number of adults are using ADHD medications as a performance-enhancing drug</p>
<p>2020</p>	<p>2020 – ADHD expands to include another potential symptom called “Rejection Sensitive Dysphoria” (RSD)</p>