ADHD Australia – response to question on notice – public hearing 29 June 2023

Please see below our response to Senator LIDDLE: ***I am interested in understanding a bit more about the comorbidity and what tends to happen to individuals where there is comorbidity. The FASD diagnosis, for example, is another whole kettle of fish. I want to understand some of the complexities that individuals are trying to work through. Can you give me an indication of the challenge of comorbidity in terms of, I guess, a diagnosis hierarchy? You mentioned earlier the hereditary nature of some ADHD. How do families work through those issues? How does that push out the time line for an appropriate level response?***

Response: It is important to understand ADHD symptoms occur across a continuum, and are not categorical. They arise from the interplay between combinations of a large number of genes (more than 100 currently recognized); typically when there has been duplication of the genetic material. The larger the number of these genes with duplications (and the greater the number of repeat sequences in each gene) the more the severe and extensive the ADHD symptoms are likely to be. The ADHD symptoms (phenotype) depends on which genes and gene combinations occur in an individual. ADHD is a highly inheritable condition (among the highest recognized from twin studies). Inattention hyperactivity and impulsivity are referred to as core (diagnostic) symptoms of ADHD. With core ADHD symptoms some people have language or other learning difficulty; others have emotional dysregulation and anxiety.
These other symptoms (mood learning etc) are currently seen as co-occurring or "comorbidities".

There remain many barriers to families being able to access help. Stigma is diminishing over the last 5 years, with successful media campaigns from ADHD Australia and other similar organisations making a significant contribution.
Cost and availability of diagnostic services remains a major barrier for most Australian families, and particularly those in rural and remote areas. Training of specialist and skilling of primary care clinicians is needed to provide timely and local assistance to families. Other professionals in education and community welfare need programs and adjustment to curriculum to better engage students with ADHD and keep them engaged in mainstream education.

Thank you

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Chief Executive Officer

ADHD Australia

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