Response to Questions raised by **Senator LIDDLE:**

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

Question 1:

Understanding a bit more about the comorbidity and what tends to happen to individuals where there is comorbidity,

Comorbidity is defined as the simultaneous presence of two or more diseases or medical conditions in a patient. It is common for many people with ADHD to have comorbidities. Professionally trained psychiatrists are the best to determine the primary condition and treatment interdependencies. If patients are not treated for their primary condition such as those with ADHD, health and wellbeing outcomes are compromised and could lead to serious negative ramifications.

Global studies have identified that the most common co existing conditions that present with ADHD are.

- Anxiety impairment or disorder
- Personality disorders
- Depression
- Bipolar disorder
- Autism
- Dyslexia
- Oppositional Defiance

With ADHD not recognised as a mental condition over the past 50+ years we now face a chronic dilemma of improving services and support to a growing number of children and adults who are coming forward to gain understanding and treatment for unexplained, under diagnosed or mis diagnosed conditions which have led to other conditions developing putting stress, strain on individuals, families, communities and of course the public health system and government.

Adults with undiagnosed ADHD and comorbidities have been more likely to seek treatment because of problems associated with a co-occurring disorder, not because of ADHD symptoms. Therefore, clinicians should screen patients for ADHD as well as other disorders as recorded in the *Diagnostic and statistical manual of mental disorders: DSM-5*™ (5th ed.)

Adults presenting with symptoms of ADHD should be screened for these frequently comorbid conditions, and vice versa, to identify patients who could potentially benefit from optimal management of ADHD and its comorbidities. Further, the presence of comorbid psychiatric conditions can affect the presentation and course of ADHD and may require treatment for these conditions, independent from that of ADHD.

Question 2:

Impact of FASD and ADHD

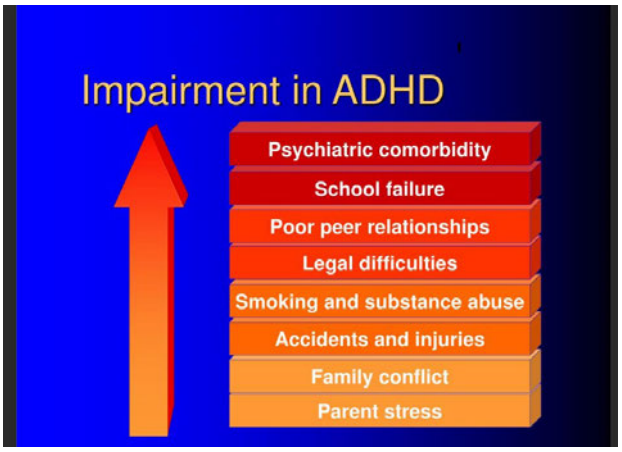
ADHD is considered the most prevalent psychiatric disorder in the adult population that is frequently misunderstood, unrecognized, under-diagnosed, and under-treated. lifelong mental conditions. Foetal Alcohol Syndrome (FASD) is an aspect of association discovery, as identified in the Australian Guide to the diagnosis of FASD where executive functioning including impulse control and hyperactivity forms part of the FASD diagnostic criteria.

We can, however, say certain groups have suggested there may be a link, however, it remains clinically unsubstantiated.

Question 3:
I want to understand the complexities that individuals are trying to work through.

As one can imagine a lifetime of living with this impairment is a daunting task for any adult. parent or family. A child or an adult with ADHD may have neuropsychological difficulties associated with deficient inhibition [22], memory [22], executive functioning [23, 24], decision making [25], and emotional dysregulation [26]. Adult ADHD can have negative consequences for individuals' self-esteem and the quality of interpersonal relationships, with both colleagues and significant others [27, 28].

In the Deloitte report , 2019, evidence presented highlighted the burden of ADHD in Australia, including on health system, productivity and carer costs, other financial costs, and quality of life. The key findings include ADHD affects approximately 281,200 children and adolescents (aged 0-19) and 533,300 adults (aged 20+) in Australia. In 2023, this figure will certainly have increased due to a reduction of stigma, and those struggling with mental conditions are reaching out for help.



A community sample of 1001 adults, those with ADHD were significantly more likely to have been divorced (28% vs 15% controls, $P \leq 0.001$) and were significantly less satisfied with their personal, social and professional lives [29]. ADHD is associated with educational difficulties, requiring extra help, attending special classes, repeating grades [30], as well as higher rates of academic suspension and drop outs [31]. With statistics like these it is obvious that early intervention, recognition, and treatment for ADHD as early as possible will have profound result on lowering the high potential of developing other comorbidities such as anxiety, depression etc., and vastly reduce the statistics of coping behaviours such as alcohol dependency, addictions, found in the Deloitte report not to mention the financial burden on government in managing behaviours that follow.

Question 4
Can you give me an indication of the challenge of comorbidity in terms of, I guess, a diagnosis hierarchy?

ADHD rarely occurs in isolation. Most children and adults with ADHD have one or more co-occurring conditions, which always impact treatment and outcomes. “Complex ADHD” is a new term that reflects this phenomenon. Here, learn more about complex ADHD, including how it is diagnosed, and how clinicians should approach treatment Given people with ADHD often present with comorbidities such as anxiety and depression, medical practitioners will often treat the comorbidity which often masks the primary condition of ADHD As a consequence often treatment for a symptom which will never improve and may get worse as their primary condition remains untreated.

In the process of assessment and diagnosis of ADHD a doctor will indicate the severity in levels of

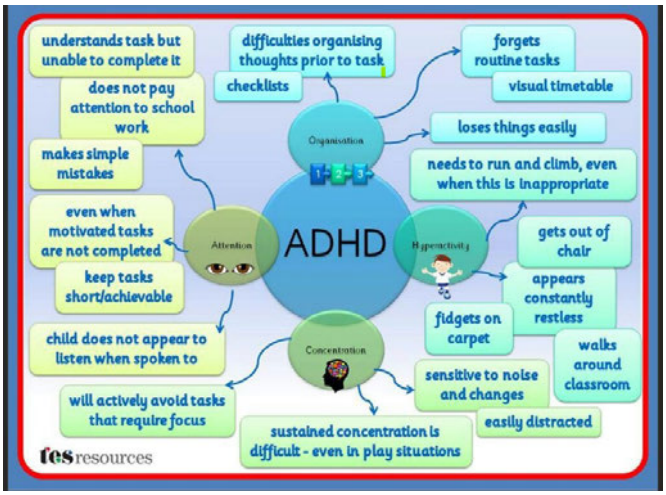
Mild Minor impairment in functioning while having enough symptoms to meet the criteria for a diagnosis. May not require medication to function.

Moderate: Clear impairment which is likely to require medication to function normally. Moderately symptomatic.

Severe: High impairment with many more symptoms present than would normally be required for an ADHD diagnosis.

In October 2022, the NHMRC approved the Australian Evidence based Clinical Practice Guideline for ADHD which allows GP’s to be the front-line health professionals in not only identifying patients with ADHD, but also in diagnosis and treatment however the Australian medical system will not allow GPs to diagnose ADHD and medicate for the condition This would go some. way to addressing the supply and demand imbalance.

ADHD is a chronic, lifelong condition, signs of ADHD can be visible before the age of 7 years. Children tend to be unnerved by sensory overstimulation such as transition from one activity to another. Children with ADHD tend to have trouble falling asleep and difficulty calming down.



Question 5

How do families work through those issues? How does that push out the timeline for an appropriate level response?

Young children who have displayed issues, have trouble at school, being expelled as they reach their teenage years are subjected to behaviours that do not bring positive outcomes. Those families who have secured early diagnosis and treatment have reported positive health and wellbeing outcomes including the amelioration of the symptoms and with the child reaching high levels of potential.

Unfortunately for those who failed to be diagnosed and treated, by adulthood many are severely impaired in terms of academic achievement, employment and criminality, and had very high levels of comorbidity, especially alcohol and drug abuse, antisocial personality disorder and depression.

These parents have come forward to seek assistance to help them navigate the world of either ADHD or a potential ADHD diagnosis for their child only to realise that in fact they may also have untreated ADHD. Having a supressed, stigmatised and misunderstanding about the reality of ADHD over the past 50+ years has led to the tsunami of families, individuals and agencies wanting to learn more, have more access to information and clear pathways towards support.

In conclusion ADHD is a lifelong condition, and 90% of adults seeking support from the ADHD Foundation do so because they have reached the end of their tether and are in the 30 to 60 age range.

The team at the ADHD Foundation have a combined total in excess 160 years of support this neglected cohort of society, pushing the barriers forward towards recognition that ADHD is in fact a serious lifelong condition that needs to recognise in the public health system.

Although unfunded the ADHD National Helpline is 100% volunteer operated fielding 1000s of calls for not only ADHD but ADHD related comorbidities including some people contemplating suicide.

The service offered by the ADHD Foundation National Helpline provides psychological support services, accurate information and resources and professionally qualified practitioner referrals. It is a vital community service that requires more funding to meet the growing demand.

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