



Should we abandon the ADHD label / diagnosis !?

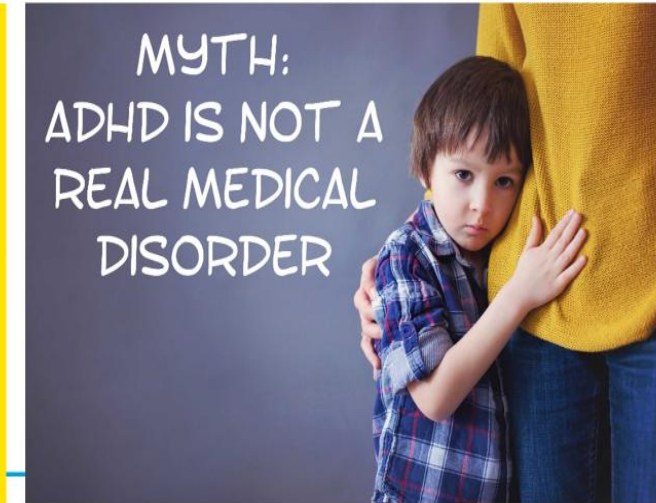
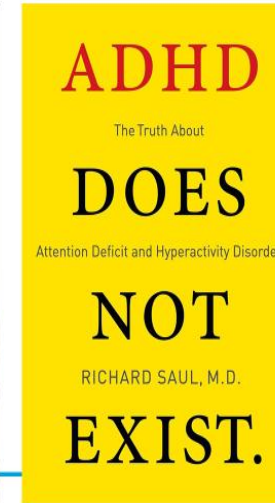
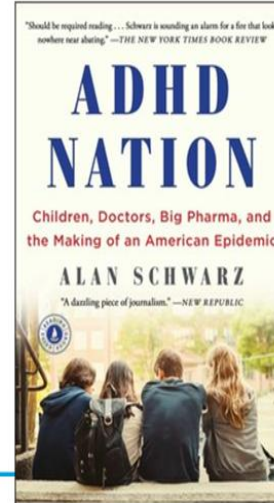
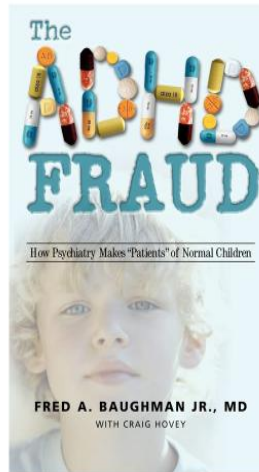
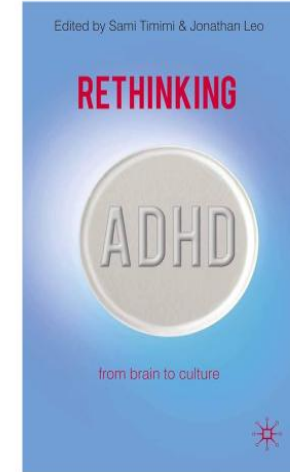
Marina Danckaerts, MD, PhD, KU Leuven

ADHD controversy



Minister van Onderwijs Zuhair Demir (N-VA) wil het buitengewoon onderwijs hervormen © Photo News / Getty Images/Maskot

Demir wil af van 'wildgroei' van kinderen met medisch labeltje: "We duwen kinderen te snel naar buitengewoon onderwijs"



EDITORIAL PERSPECTIVE

Editorial Perspective: Overdiagnosis of ADHD? Here we go again



Anita Thapar

18 augustus 2026: The Great ADHD Myth



New Channel 4 documentary, *The Great ADHD Myth?*, seeks to determine whether ADHD is a genuine neurodevelopmental disorder, or a social construct

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While the traits of ADHD undeniably exist – the question is *why* they exist. Is ADHD actually a neurodevelopmental disorder? Do people with ADHD have differently wired brains? Or does our world – with phones, ultra-processed food, and regimented education system – serve as the catalyst for certain responses and patterns of behaviour?

“It is certainly not a medical condition as far as I’m concerned” –
Dr Iona Heath, Former President of the Royal College of General Practitioners

“We’ve replaced corporal punishment with giving [children] a pill”
– Dr Sami Timimi, consultant child and adolescent psychiatrist and psychotherapist

With so many questions on what ADHD is, should we really be giving so many children powerful psychiatric drugs to medicate it?

Dr Max Pemberton said: " As a psychiatrist, I've watched ADHD go from a diagnosis that was only occasionally made and after careful assessment, to one that is increasingly demanded and dispensed, and I wanted to understand why. There's no doubt that the people seeking these diagnoses are genuinely struggling; that isn't in question. What the film asks is whether ADHD is really the best explanation for that struggle and my hope is that we come away with permission to ask better questions about what modern life is doing to all of us. "

<https://www.youtube.com/watch?v=Kg4Fq3VVuzs>

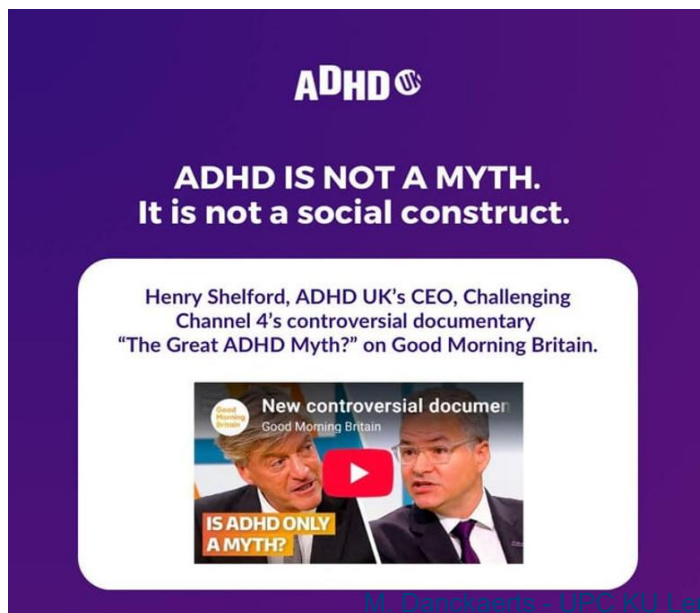
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Good
Morning
Britain

IS ADHD ONLY A MYTH?

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ADHD is not a myth. But neither is the environment.

Why a viral documentary asked the wrong question

School and Parents
put a lot of pressure
on this kid

The boy is happy, why
intervene ?

But, ADHD is a
valid disorder !

Parents and
teachers agree
over the problems

This kid is not made
for studying...

With this behavior,
he is really at risk

He's very sportive
though...

Medication may have side
effects, now or later

I know medication
can really work



Conceptual frameworks

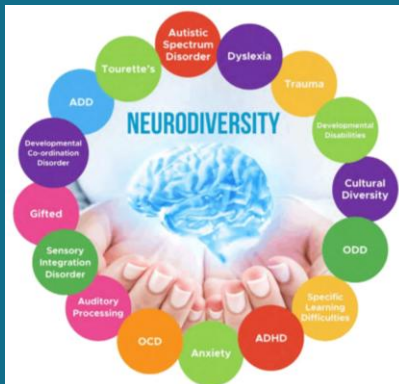


Clinical Diagnosis DSM-5-TR



Social Constructionist View (Peter Conrad, Paul Verhaege)

Neurodiversity



Needs Based Assessment (Jim van Os)

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Van der Oord ea 2026, J Att Dis; Banaschewski ea 2024, Frontiers in Psychiatry

Partially overlapping different views

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4	Neurobiological Social	Neurobiological	Societal norms	/	Neurobiological Social
5	Treatment	Accommodation Medisch	Societal	Choice	Choice

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Sonuga-Barke & Thapar 2021, Lancet; Banaschewski ea 2024 Frontiers in Psychiatry; van der Oord ea 2026 JCPP

Mentimeter

BEST
FRAMEWORK ?



Categorical or Dimensional ?

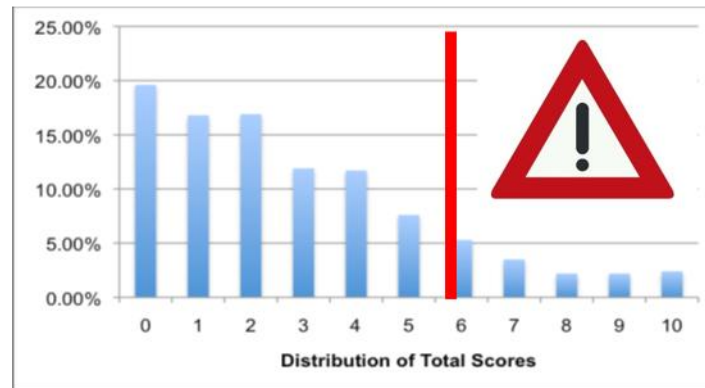
1. Categorical OR Dimensional ?

2. If dimensional: which ?

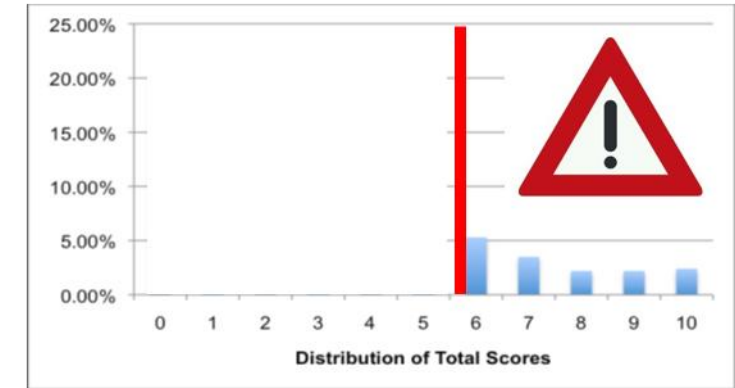
Simple Spectrum model



Far End model



Emergent Far End model



“disorder”

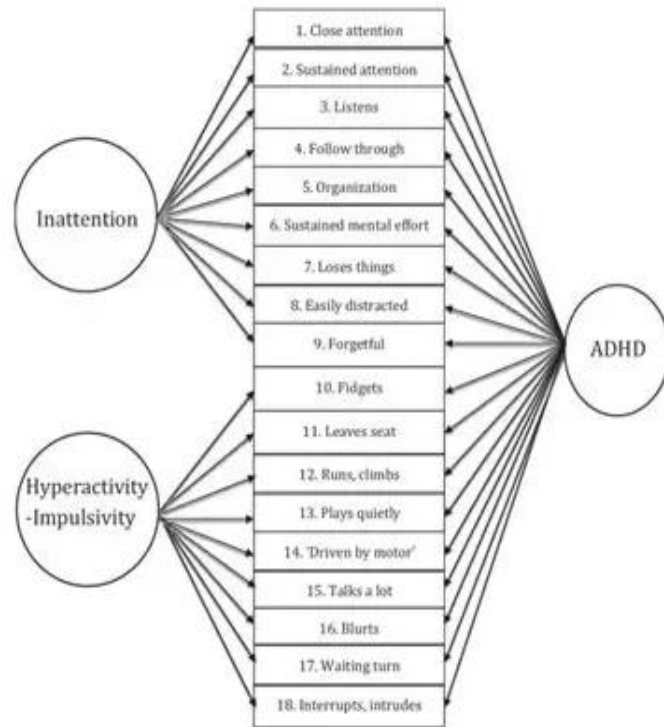
Mentimeter

RIGHT
FRAMEWORK ?



What is the evidence ?

Symptom distribution is dimensional (bifactorial)



- Both ADHD-subdimensions are highly heritable, mainly through additive genetic effects
 - Inattention: 71%
 - Hyperactivity-impulsivity: 73%
- ADHD-liability is highly dimensional: the same genes are at play across the dimension(s), with near continuity between diagnostic and subthreshold symptoms

Associated endophenotypes are also dimensional

Differences at brain level (eg. volumetric) correlate with symptom severity across the dimension

Shaw ea 2011, Am J Psychiatry

Neurocognitive deficits are lineary associated with symptom severity across the dimension

Salum ea 2014, Psychol Med

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Categorical / Dimensional ?

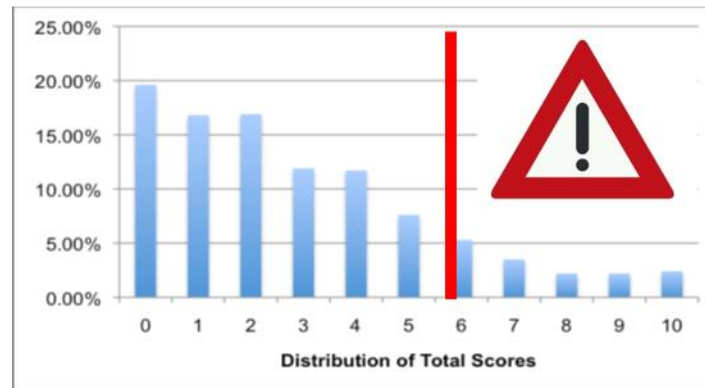
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2. If dimensional: which ?

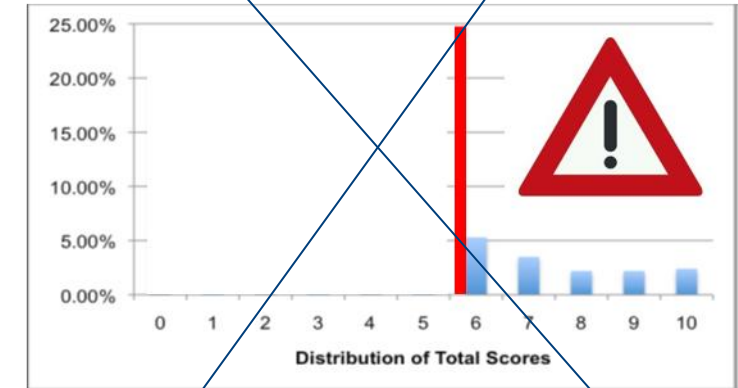
Simple Spectrum model



Far End model

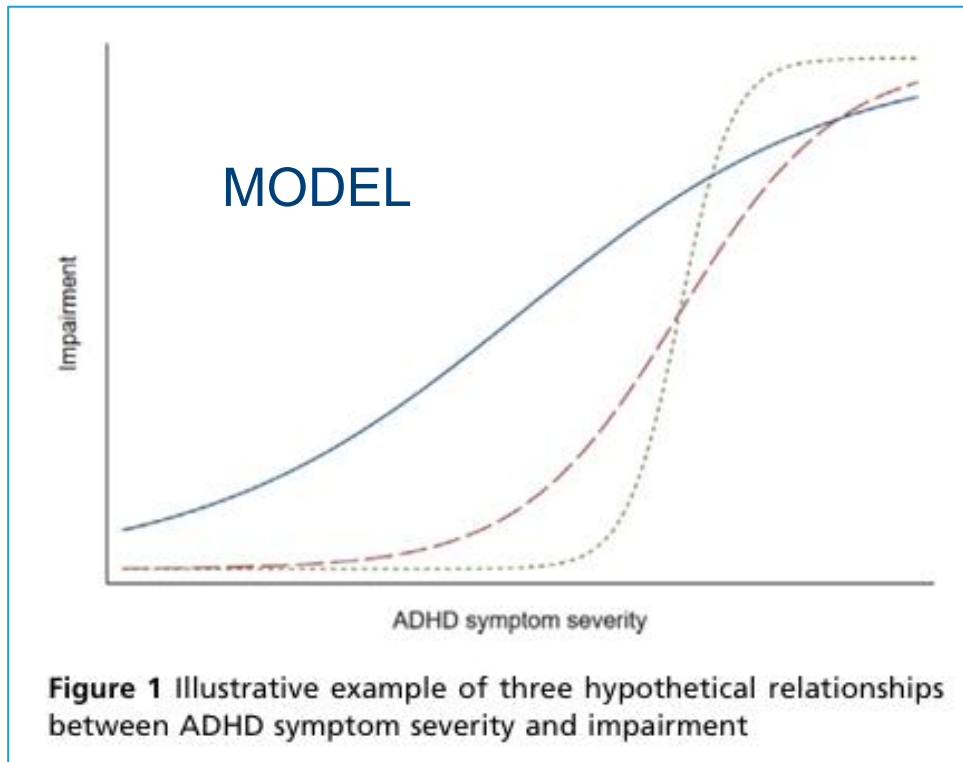


Emergent Far End model



“disorder”

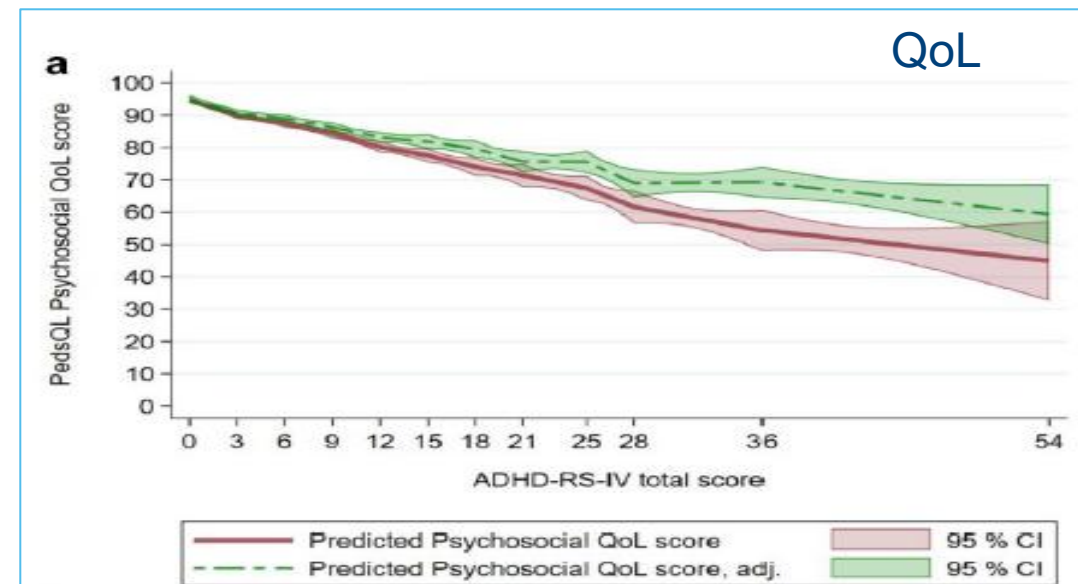
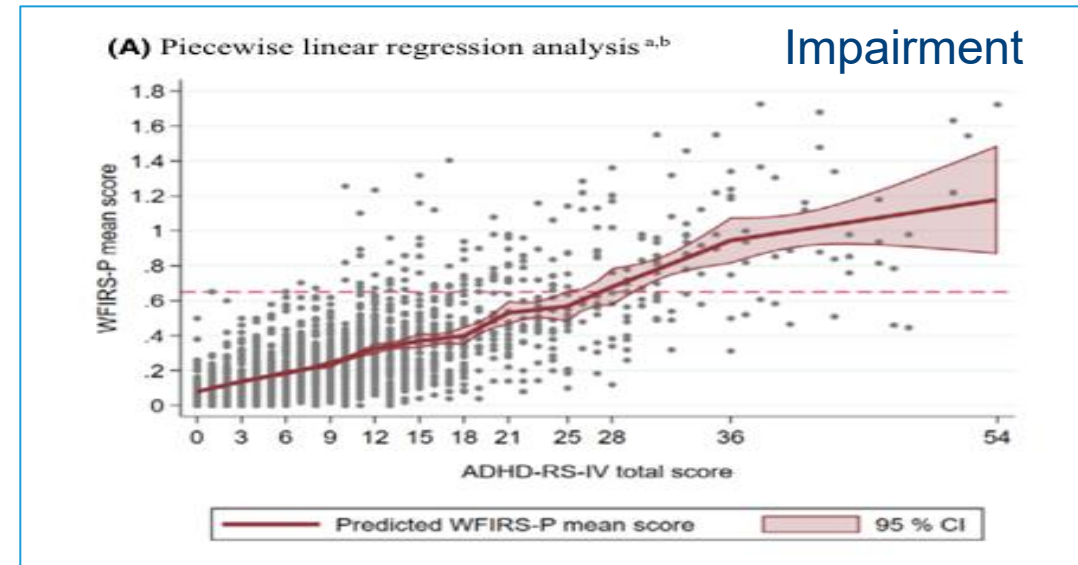
What is the evidence ? Relationship with impairment & QoL



Conclusion: there was no evidence for non-linearity in the association between symptom severity and impairment / QoL

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Categorical / Dimensional ?

1. Phenotypically and Genotypically dimensional
2. Simple Spectrum Model

Conclusion: clinicians are supposed to make categorical decisions on symptom severity and impairment, whereas both are dimensional, which means cut-offs are based on (social) consensus

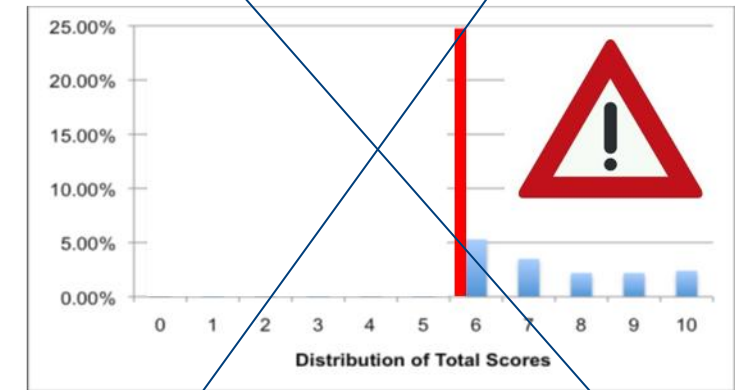
Simple Spectrum model



Far End model



Emergent Far End model



“disorder”

IF ADHD AND ITS CONSEQUENCES
ARE TRULY DIMENSIONAL,
WE MAY NO LONGER CALL IT A “DISORDER”

Partially overlapping different views

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Measurable, observable or self-reported criteria ?

RESEARCH REPORT

(*World Psychiatry* 2023;22:129–149)

Candidate diagnostic biomarkers for neurodevelopmental disorders in children and adolescents: a systematic review

Review van

- 374 biochemische
- 203 neuroimaging
- 133 neurofysiologische
- 65 neuropsychologische
- 5 genoom-associatiestudies (GWAS)



Geen biomarker met minstens 80% specificiteit en 80% selectiviteit in minstens 2 onafhankelijke studies !



No objectively measurable biomarkers with diagnostic accuracy

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Cortese ea. 2023, *World Psychiatry*

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Measurable, observable or self-reported criteria ?

(Humans report/observe = subjective)

Clinical Diagnosis (DSM-5):

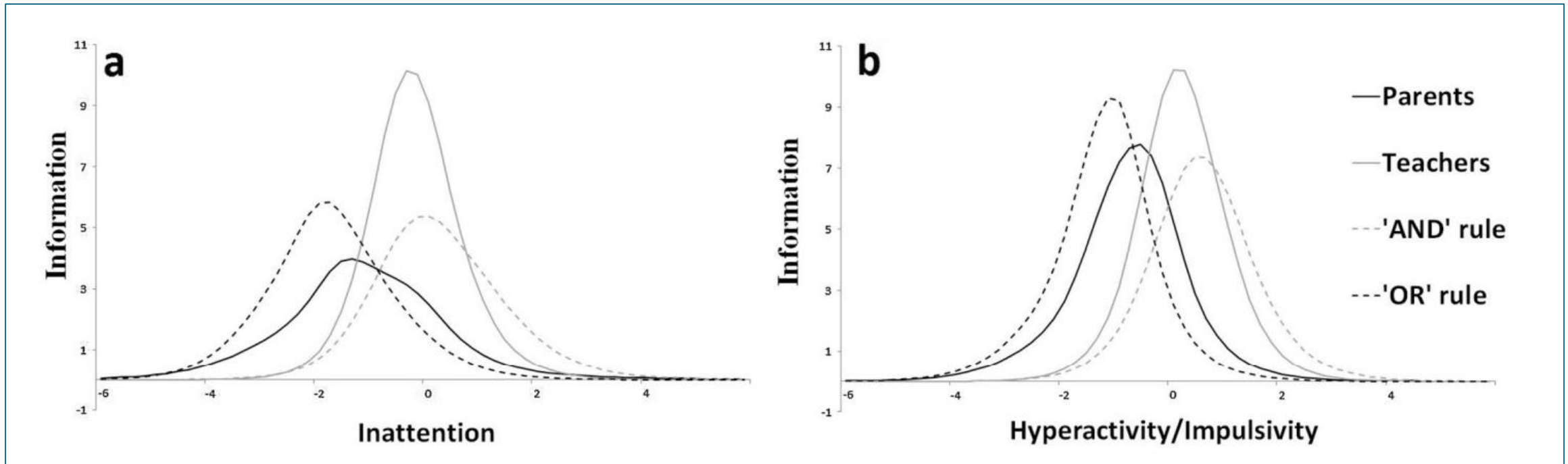
- **Observed problems** in at least two contexts (parents & teachers)
- Self report is considered less valid/reliable

Neurodiversity approach: a shared set of **experiencing and engaging** with the world (lived experiences highly important)



Who is the best source of information ?

ADHD endorsement = source dependent



- Validity (in terms of correlation with severity and diagnostic accuracy) is higher for **teachers**
Parents are more accurate to discriminate between lower levels of symptoms
- Parents endorse more symptom
 - Inattention: median 7 versus 6 symptoms endorsed
 - Hyperactivity/impulsivity: median 7 versus 4 criteria endorsed

Importance of Pervasiveness ?

ALSPAC COHORTE ~20.000 8 jaar ~7500 10 jaar ~7500 20 jaar ~3500				
	Clinical	Disfunction	Stability	Prognosis
Pervasive Combined	XX	XX	0,50	Conduct problems, Substance use
School Combined		X	0,27	Depression, Anxiety
School Inattentive	X		0,34	
Home Combined			0,42	
Unaffected			0,78	

- Pervasive Combined most symptomatic, disfunctional, stable & prognostic
- Situational profiles less valid; Teachers more than Parents

Pervasiveness criterion is very important in the diagnostic assessment !

Cross-informant correlation = low !

	Inattention	Hyperactivity-Impulsivity
Parent - Teacher	$r = 0,29$ (CI -0,02 to 0,55)	$r = 0,27$ (CI -0,03 to 0,52)
Parent - Adolescent	$r = 0,33$ (CI 0,19 to 0,46)	$r = 0,32$ (CI -0,28 – 0,74)

- Different source reports should not be treated as interchangeable in clinic
- Correlation estimates should not be interpreted as universal levels of agreement (highly heterogeneous)

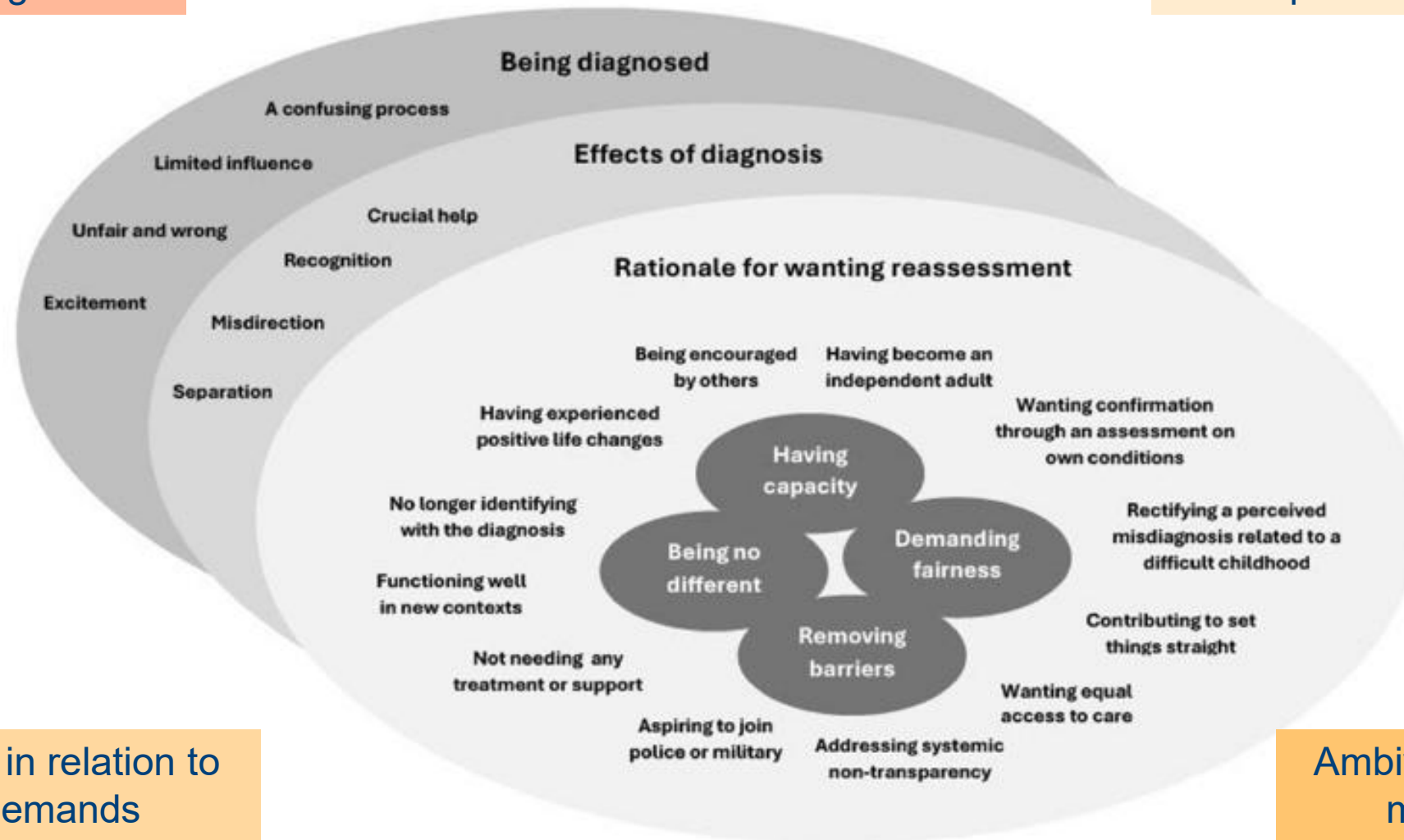
Adolescent = unique source of information

BUT: current concept of ADHD is validated with parent-teachers report

Lived experiences

Ambivalence about the getting a diagnosis

ADHD not just a deficit, also positive assets



Problems vary in relation to environmental demands

Ambivalence about medication

Lived experiences

Lived experiences are...

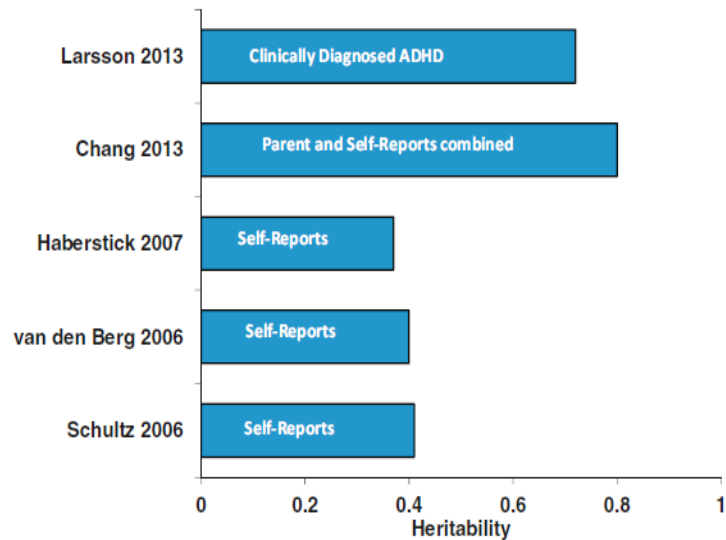
- **Ambivalent** within and across individuals
- **Diverse** across individuals
- **Qualitatively** illustrated
- Not yet translated into “a shared set of experiencing and engaging with the world” (they share the diagnosis)
- Indispensable to **UNDERSTAND** each individual and to ask about theories about reasons for symptoms (which may falsify a diagnosis)
- Not yet helpful for current concept of ADHD



Who is the best source of information ?

Potential paradigmshift in adult ADHD

- Erfelijke bepaaldheid is hoog op kinderleeftijd (70%), maar later lager (40%)
- Quid: reëel effect ?
- Of: verandering van bron van informatie ?



Self-report and lived experiences may ultimately **CHANGE** the concept of ADHD (i.e. shift it to a different concept) which then will need validation again

Partially overlapping different views

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Impairment & Strengths ?

- Premise: all views allow for a “strengths assessment”
- But not all will consider specific strengths to be part of the ADHD-concept

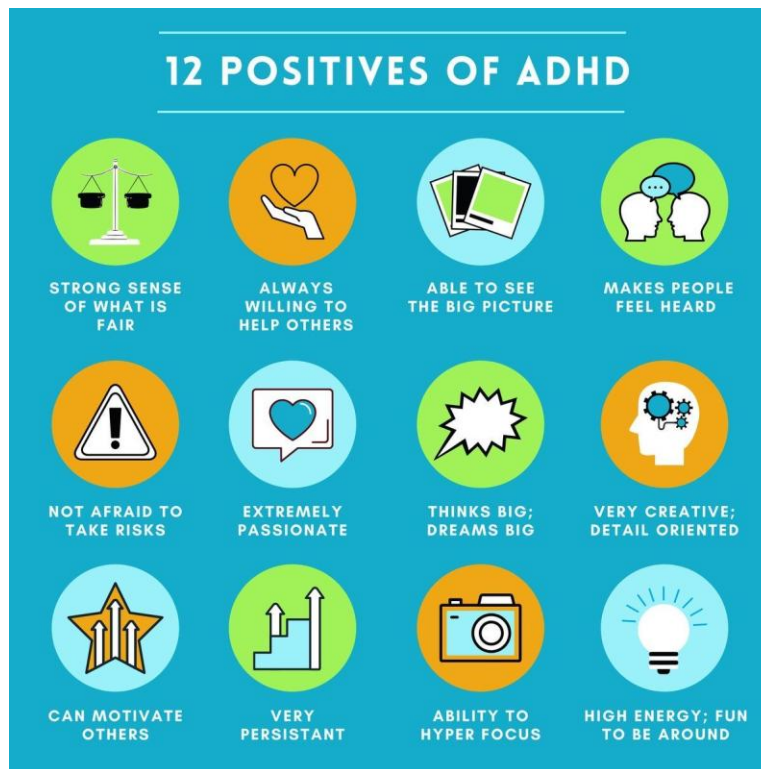
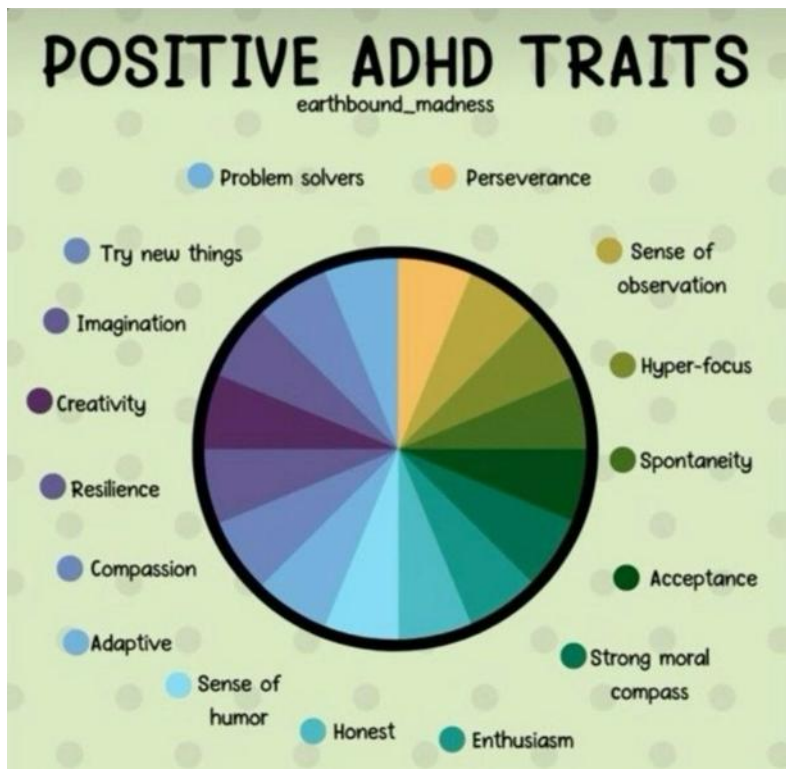
Research is still scarce, mainly qualitative and self-reported

Mentimeter

Strengths ?



ADHD STRENGTHS PROMOTION



Impairment & Strengths ?

Review listed all strengths mentioned, but did not study their empirical (specific) association with ADHD

Symptoms redefined as strengths
(may be strengths in some contexts & challenges in others)

- Interest based attention & hyperfocus
- Energy
- Adaptive risk taking

Attention Deficit/Hyperactivity Disorder (ADHD)-Related Strengths in Adults: A Scoping Review

Rivqa B. Rafael¹ , Hongwei Jia¹, Melissa Rouel¹, Bethany M. Wootton¹, and Deborah Mitchison¹ 

Journal of Attention Disorders
2026, Vol. 30(10) 1207–1232
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DOI: 10.1177/10870547261425737
journals.sagepub.com/home/jad



61 qualitative studies, 59 quantitative studies, 5 mixed methods studies

Specific strengths

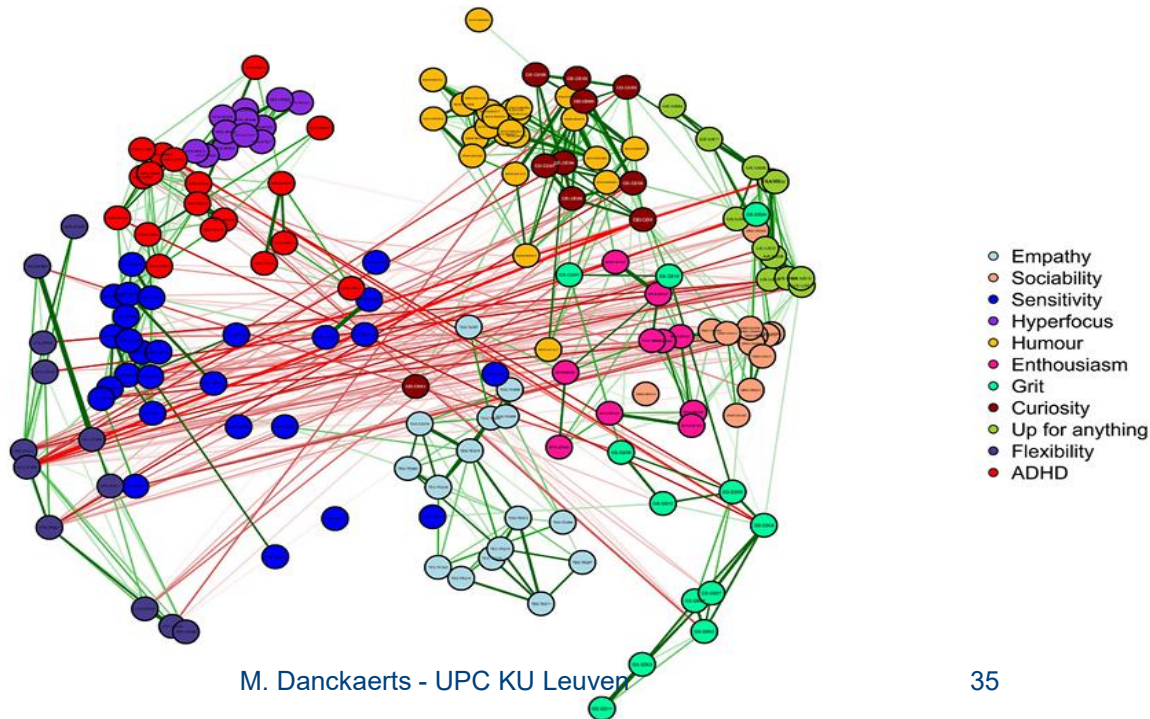
- Creativity (artistic ability, creative problem solving (convergent & divergent thinking))
- Prosocial attributes
- Entrepreneurship
- Resilience
- Flexibility
- Uniqueness

Impairment & Strengths ?

ADHD-dimension correlated with

- Sensory sensitivity
- Hyperfocus
- Cognitive flexibility

- Self-report
- General population
- 18-60y



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Correlations between ADHD traits and strengths.

Positive aspects	Correlations between ADHD (ASRS) score and total score strengths	Correlations between ADHD (ASRS) score and subscales*
Empathy (TEQ)	$r = -0.04, (p = .11)$	
Sociability (CBSS)	$r = -0.20, (p = 8.42 \times 10^{-15})$	
Sensitivity (HSP)	$r = 0.36, (p = 5.24 \times 10^{-46})$	• Ease of excitation: $r = 0.31, (p = 2.24 \times 10^{-34})$ • Aesthetic sensitivity: $r = 0.21, (p = 1.34 \times 10^{-16})$ • Low sensory threshold: $r = 0.34, (p = 2.17 \times 10^{-41})$
Hyperfocus (AHQ)	$r = 0.31, (p = 7.82 \times 10^{-34})$	
Humour (MSHS)	$r = 0.07, (p = .008)$	• Production and Social Use of Humour: $r = 0.10, (p = 6.61 \times 10^{-5})$ • Adaptive Humour: $r = 0.12, (p = 9.32 \times 10^{-7})$ • Negation to use Humour: $r = -0.08, (p = .003)$ • Attitude towards Humour: $r = -0.06, (p = .013)$ • Appreciation of Humour: $r = -0.04, p = .16$ • Stretching: $r = 0.03, (p = .27)$ • Embracing: $r = 0.05, (p = .11)$
Curiosity (CEI)	$r = 0.04, (p = .17)$	
Enthusiasm (BFAS)	$r = -0.14, (p = 5.74 \times 10^{-6})$	
Up for anything (IUS)	$r = -0.20, (p = 1.50 \times 10^{-1})$	
Flexibility (CFS)	$r = 0.20, (p = 5.96 \times 10^{-11})$	
Perseverance (Grit)	$r = -0.34, (p = 7.66 \times 10^{-29})$	• Grit consistency of interest: $r = -0.17, (p = 2.10 \times 10^{-8})$ • Grit perseverance of effort: $r = -0.37, (p = 4.47 \times 10^{-34})$

Impairments & Strengths

Creativity and ADHD: review of behavioral studies

- Divergent thinking:
 - No association with ADHD in children; association with subthreshold ADHD
 - Mixed results in adults
- Creative abilities / achievements
 - No studies in children
 - Positive association with ADHD in adults (self-reported creative accomplishments)
 - Likelihood of ADHD in creative jobs is lower



Impairment & Strengths ?

- Premise: all views allow for a “strengths assessment”
- But not all will consider specific strengths to be part of the ADHD-concept

Evidence ?

- A wide variety of self-reported strengths
- So far, no clear evidence of ADHD-specific strengths in children, beyond self-report

However: this does not preclude a strengths-oriented assessment, since positive identification with ADHD-characteristics is important

Partially overlapping different views

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NEUROBIOLOGICAL DISORDER >< CONTEXT- DEPENDENT (or DRIVEN)

- ADHD is a bifactorial construct of two subdimensions of intercorrelated symptoms
- ADHD is (dimensionally !)
associated with many measures of genetics, neurobiology, neurocognition, etc...
- ADHD is predictive of a range of negative outcomes
- = a valid diagnosis,
neurobiologically underpinned

- ADHD-symptoms are highly context-dependent
 - Intrinsic/extrinsic motivation
 - Structured, paced activity
 - Monitoring
 - Novelty
- Impairment / depends on
 - Social expectations
 - Support
 - Internalized expectations

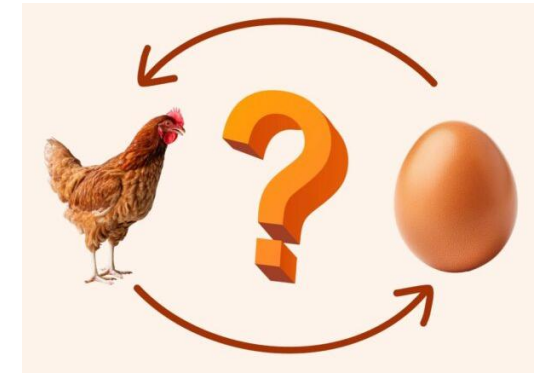
CONCL: EVIDENCE FOR BOTH

.... and evidence for transactional effects

ADHD



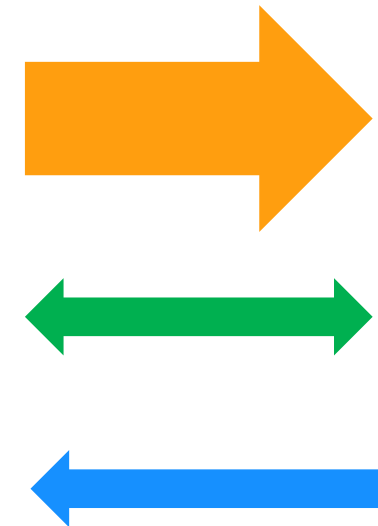
- Maltreatment
- Negative P-Ch relationships
 - Bullying, being bullied
 - Comorbidity
- Cognitive problems



- Genetic liability to ADHD causes more
 - Depression
 - Smoking
 - Higher BMI
- Bidirectional effects for
 - Cognitive problems
- Intergenerational transmission is largely genetic with small extra genetically driven nurture effects (rGE)
- Higher sensitivity to environmental influences (GXE)
- Environmental influences (family conflict) independent additive effect



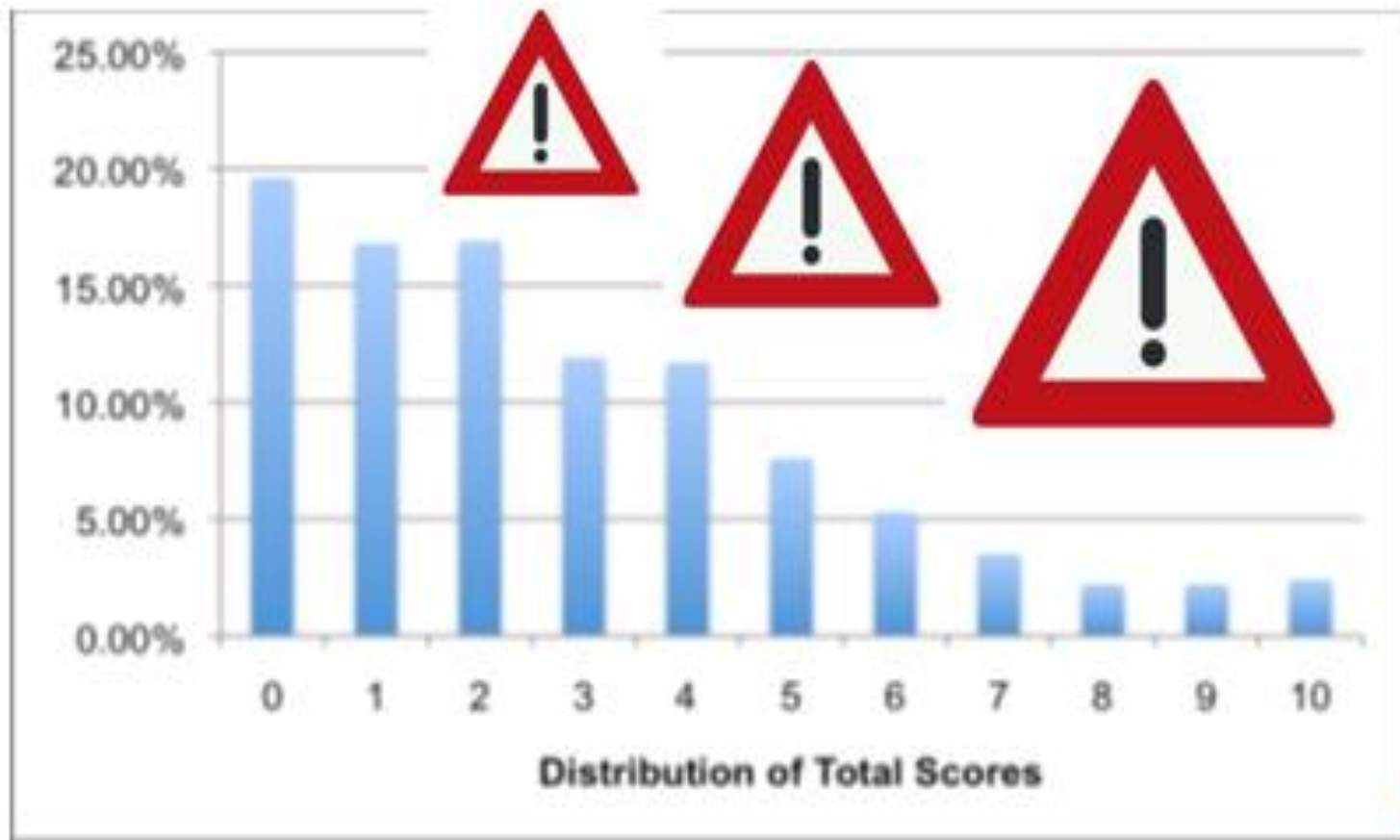
Causal direction?



Partially overlapping different views

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Treatment: if ADHD and impairment are dimensional...



“The dimensional nature of ADHD has wide-ranging implications. If we view ADHD as analogous to cholesterol levels, then diagnostic approaches should focus on defining the full continuum of “ADHD-traits” along with clinically meaningful thresholds for defining who does and does not need treatment and who to call for careful monitoring”.

(Faraone & Larsson, 2019: 569)

Proportional Treatment

- Onderwijs- en opvoedingsbehoeften
- o Kleurrijke, aantrekkelijke, gezellige omgeving
 - o Lesroosters, takenlijsten zichtbaar maken
 - o Afspraken over praten / stil zijn zichtbaar maken (groen = praten mag/ oranje = alleen stil praten / rood= stilte)
 - o Dicht bij leerkracht, naast modelleerling 😊
 - o Time-out hoek
 - o Begeleiding bij taken op afstand (weekplanning)
 - o Frequent oogcontact / stille wenken / aanmoediging
 - o Effectieve instructies: laten herhalen
 - o Leren met context (rijmen, zingen, ezelsbruggetjes,...)
 - o Beweging, ontsnapping inbouwen

Universal Prevention

- Positief schoolklimaat: waarden, normen en gewoonten
- o Verdraagzaamheid **t.a.v. het ADHD-gedrag !!!**
 - o Pestbeleid
 - o Prosociaal gedrag en sociale vaardigheden **aanleren**
 - o Emotie-uiting, emotie-herkenning, emotieregulatie
 - o **Positief geformuleerde gedragsregels**
 - o Preventieve tuchtprocedure (?)
 - o **Herstelgerichte houding**
 - o **In gesprek gaan – investeren in persoon / relatie**
 - o Afwezigheden / spijbelen opvolgen
 - o **Conflicten hanteren**

Indicated Prevention (subclinical)

Planning & organization
Paint Intervention

- o Diversifiëren: minder oefeningen ?
- o Remediëren: taakklas ?
- o Compenseren: afdekken, aanvullen, koptelefoon
- o Dispenseren: symptomen door de vingers zien (friemelen, impulsiviteit, afleiding, dromen, tekenen,...)

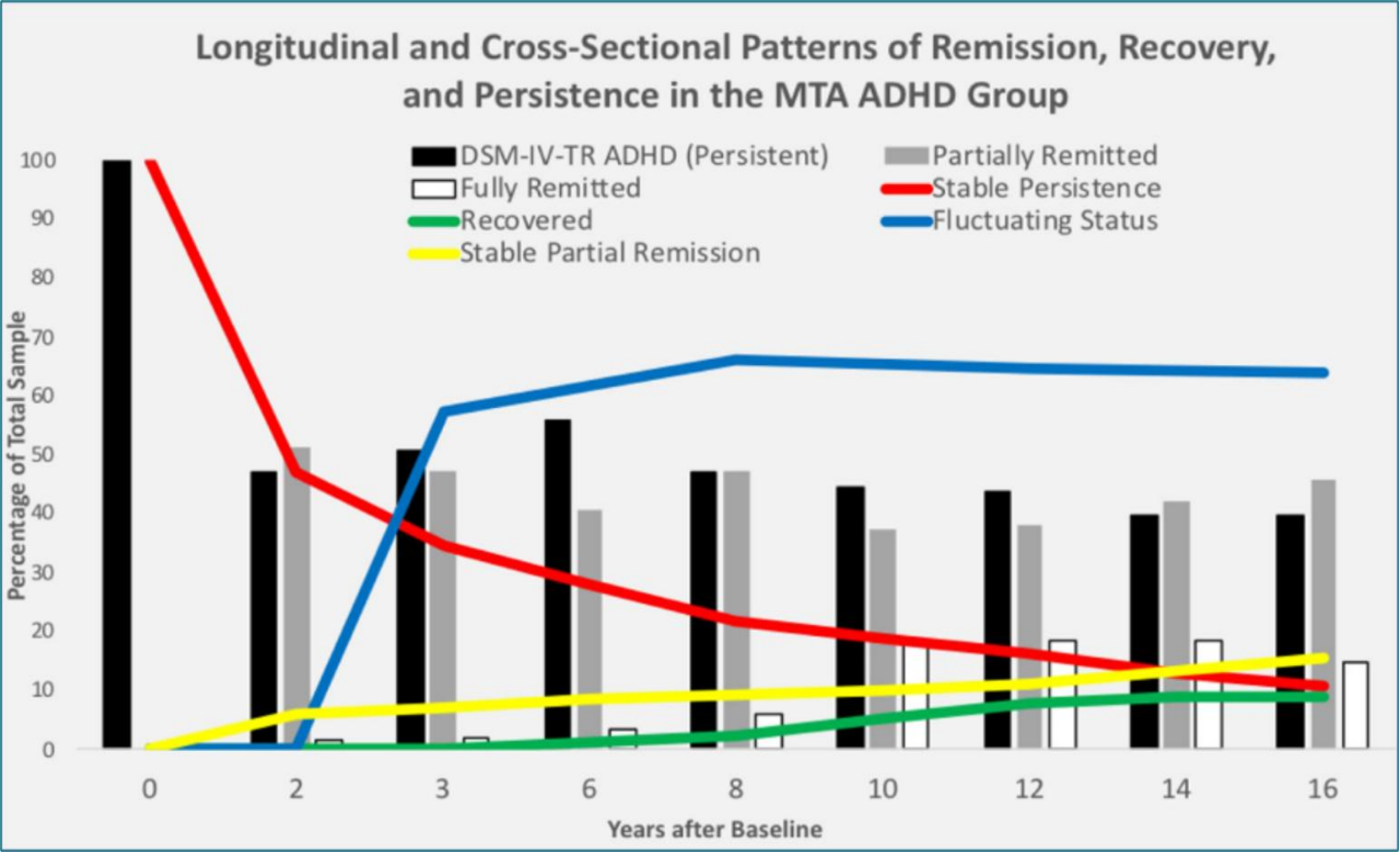
Treatment

Intensive Parent training

Medication

Prodia protocollen
Eerstelijnspsychologisch model

BUT: measurement over time ...



MTA-follow-up16y

- Combined type
- 7-23y
- Remission 9%
- Full persistent 10%
- Consistent partial remission 15,6%
- **Fluctuating: 63,8%**

Onset Recovery	%
childhood	2
adolescence	21,5
young adulthood	76,5

ADHD-severity is fluctuating ; diagnostic level is waxing & waning ; ADHD = dynamic

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Proportional treatment: guidelines

European Guidelines have always advised

- Psychoeducation first:
 - in a lot of these accommodation towards the child is included (diversify, compensate, dispense)
- Medication to be used only
 - As first choice in very severe cases
 - After parent training in moderate cases
- ADHD-management included monitoring over time, but more with the expectancy of remission than of fluctuation

However, clinical guidelines have rarely promoted or sought for more structural changes to social norms and/or expectations in function of neurodiversity

Partially overlapping different views

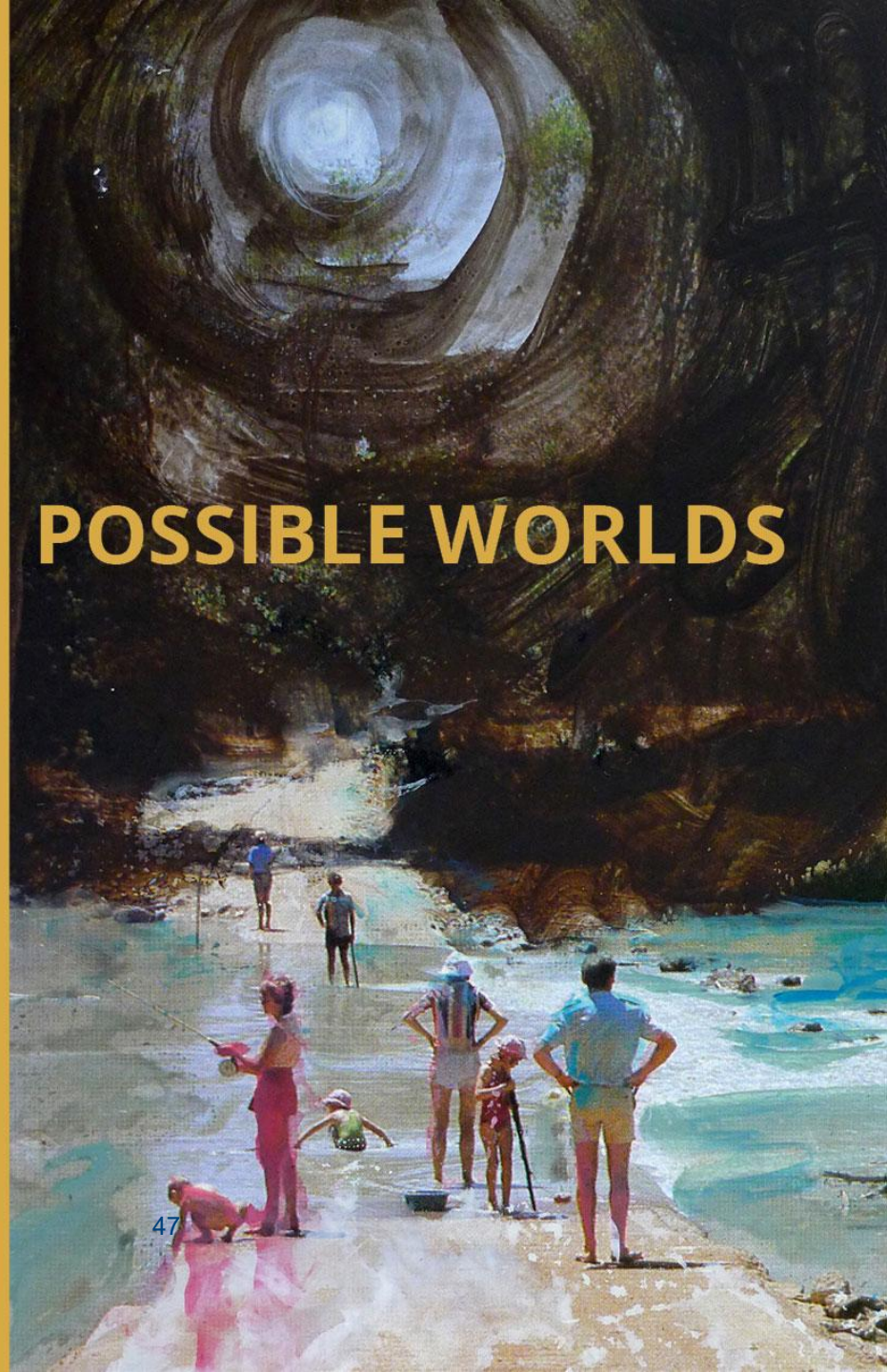
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Categorical/ Dimensional	Categorical	Dimensional	Dimensional	Categorical
Observable/ Subjective	Observable	Subjective	Subjective	Observable & Subjective
Impairment/ Strengths	Impairment	/	Needs	Strengths Impairment Needs
Neurobiological/ Social	Neurobiological	Social	/	Neurobiological Social
Treatment	Accommodation Symptomatic	Societal	Choice	Choice

**THE BEST
OF ALL**

POSSIBLE WORLDS



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Resume

ADHD is a valid
dimensional risk
factor

Attention Deficit
/ Hyperactivity
Disorder is a
misnomer

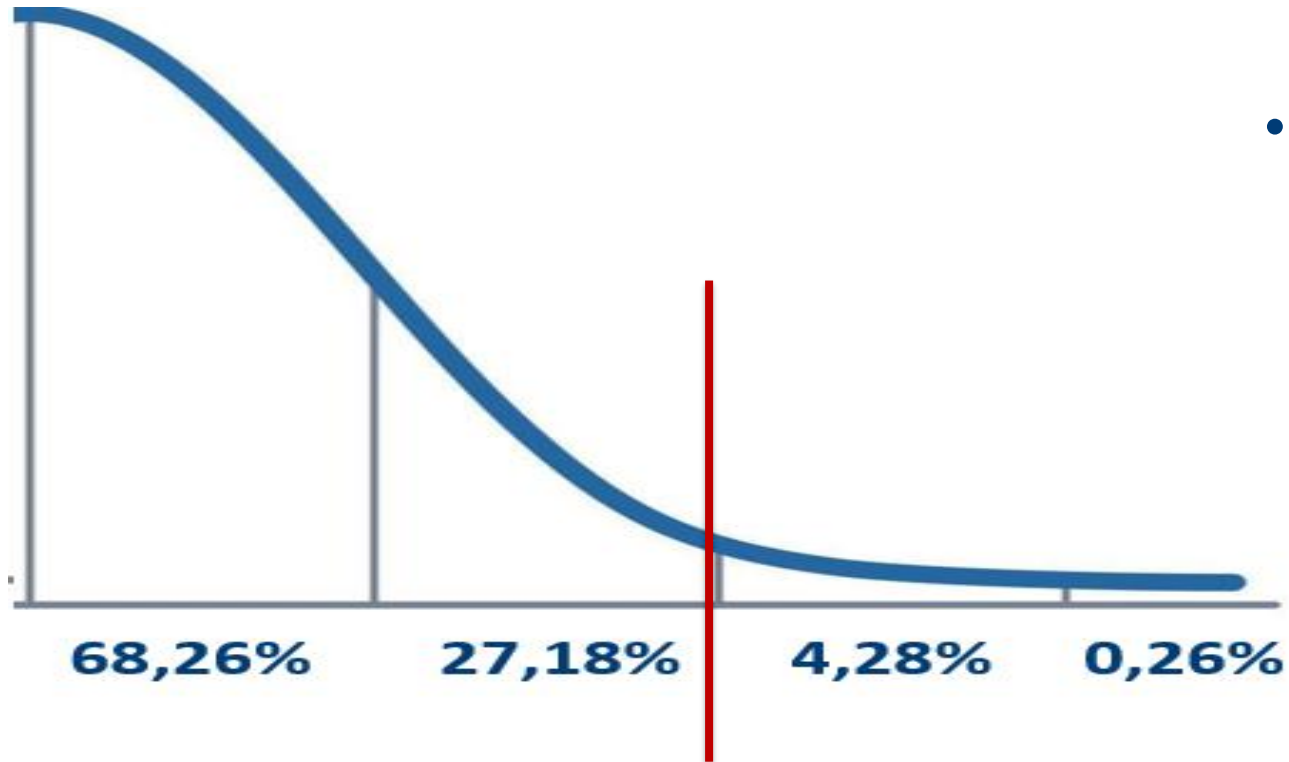
Symptom
severity
fluctuates over
time

and

The ADHD concept may shift further through
impact of the neurodivergence movement (lived
experiences) on societal phenomena and research

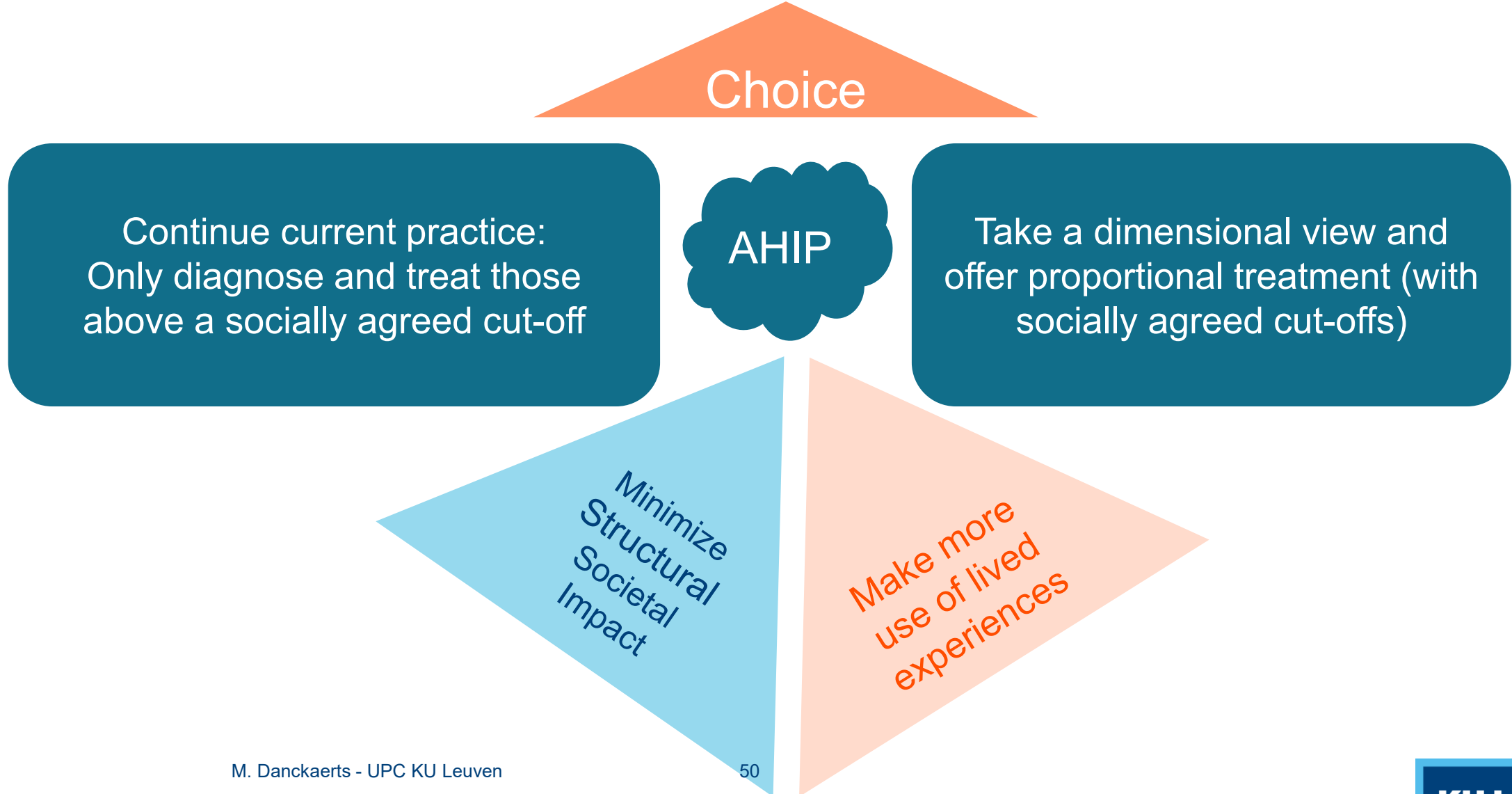
Placing cut-offs is challenging for everyone

- *For disabilities such as autism and ADHD, however, the placement of the threshold touches on issues of identity and of stigma.*
- *Individuals (or parents, or teachers) often have strong views concerning which side of the boundary their individual phenotypic presentation belongs*



- Dimensional concept leads to frustration, discussion, "symptom bidding", in order to arrive at the right side of the cut-off (subjectivity)

Where do we stand now ?



THIS IS WHY MENTAL HEALTH IS SO FASCINATING



**A tribute to core
members of Eunethydis !**