Does your paediatrician have difficulty concentrating during lectures, particularly those on molecular biology and healthcare planning? When taking a history, does your paediatrician not listen properly and keep asking the same questions? Is your paediatrician too busy to spend any time with his or her own children? These are all signs of ADHD(P), a newly described phenotype of attention deficit hyperactivity disorder, one confined to paediatricians.

**SYMPTOMS**
Another worrying early feature of ADHD(P) is an exaggerated tendency to repeat the same jokes, and not particularly good ones at that. Paediatricians with ADHD(P) are easily irritated by paperwork, particularly any relating to Continuing Medical Education, and by all circulars from the Health Department. ADHD(P) sufferers feel electronically overwhelmed, complaining repeatedly of the number of emails they receive. They are known to have a short fuse when it comes to directives from the Hospital Administration. ADHD(P) is a genuine entity, because it has its own DSM and ICD-9 codes.

**SIGNS**
Paediatricians are often considered a bit odd by their other consultant colleagues, because of a worrying tendency to talk to children's parents and other relatives. Such practices amaze anaesthetists, puzzle adult physicians, and disgust surgeons. Paediatricians have even been known to talk to children. What is more, paediatricians often decline to wear white coats and ties. The doctor’s brain is usually a highly complex organ, and the exact aetiology of the deviant behaviour of paediatricians is, as yet, poorly understood. Fortunately, treatment options are now available, to ensure that paediatricians conform to the standards of behaviour and dress code demanded by their consultant colleagues, and expected by society in general.

**EVIDENCE**
RCTs (random clinical trials) have proven beyond reasonable doubt that stimulant medications work in paediatricians with classic symptoms of ADHD(P). Because over 80% of paediatricians have ADHD(P), and because stimulants have minimal side effects, it is a logical step to prescribe stimulant medications to all paediatricians.

**CONCLUSION**
We have argued convincingly that almost all paediatricians are suffering from ADHD(P), henceforth known as Stimulant Deficiency Syndrome. This can easily be rectified by making it a requirement of membership of Colleges of Paediatricians that, in order to remain registered, all paediatricians must take regular stimulant medication. Compliance could be improved by Directly Observed Therapy, and would be monitored by mandatory random drug testing.
REFERENCES


