Introduction

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Professor Peter Hill, Honorary Consultant in Psychological Medicine at Great Ormond Street Children's Hospital, introduces this supplement on attention deficit/hyperactivity disorder

Attention deficit/hyperactivity disorder (ADHD) is a pattern of pervasive behavioural and cognitive symptoms, characterised by excessive and impairing hyperactive, inattentive, and impulsive behaviour. It is one of the most frequent childhood behavioural disorders, with symptoms often persisting across adolescence into adulthood.

The Diagnostic and Statistical Manual of Diseases - Fourth Revision (DSM-IV)¹ allows for the differentiation of ADHD into three subtypes: (1) predominantly inattentive, (2) hyperactive/impulsive, and (3) combined.² The International Classification of Diseases—10th Revision, (ICD-10)³ is a much narrower diagnosis whereby only a subset of the DSM-IV ADHD group is identified, equivalent to a severe combined type.

Existing epidemiological data suggest that 1% of school age children in the UK are affected by the severe combined form and around 5% to some lesser degree, though still within the diagnostic boundary.⁴ This equates to around 69 000 6–16 year olds in England being severely affected and 345 000 mild to moderately affected. ADHD is 2–3 times more frequent in boys than in girls and is often associated with a number of comorbid psychiatric conditions.⁵ Although ADHD has been described as a fad or social construct, compelling neurobiological evidence supports the validity of the syndrome, which has significant impact on sufferers and their

families. Indeed, ADHD is, by definition, associated with impaired academic and social performance and causes emotional distress for both patient and family.

It is important that experienced clinicians are skilled in the assessment and diagnosis of the disorder and associated comorbidities. Early diagnosis and treatment can transform the lives of sufferers and those around them. Untreated, the outcomes may be underachievement at school, antisocial behaviour, and occupational failure or substance misuse.^{6,7} Pharmacological treatment, particularly with stimulant medication, has been shown to be generally effective and safe in the management of ADHD, although other less powerful forms of treatment (for example, behavioural therapy, parent training) can contribute.⁸

This supplement brings together a collection of papers discussing the diverse aspects of ADHD and its treatment. The first paper is a discussion of the burden of ADHD illustrating that the disorder affects all aspects of an individual's life [see page i2–7]. A parent's account of life with an ADHD affected child is also included [page i8–9]. Subsequently, the relation between ADHD and ethnicity is reviewed [page i10–2], followed by a paper on the ethical and practical issues involved in the development of drugs for children [page i13–6]. Discussions of issues surrounding off licence and off label prescribing in children [page

i17–8], and unmet needs and limitations of current medications, as well as future directions succeed this [page i19–25]. The final paper represents a summary of the current evidence for the use of atomoxetine, a novel non-stimulant drug, in the treatment of ADHD [page i26–9].

It is hoped that the discussion of the issues surrounding ADHD and its treatment in this supplement will further contribute to our understanding of the disorder, which will ultimately benefit the patients in our care.

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