

ADD – Hidden Obstacles: Navigating the Detours, by Karin Windt.

Original title in Dutch: ADD-Onzichtbare Obstakels; K. Windt Van Den Berg Publishers, Almere Enschede, The Netherlands. 1st Edition, 2009, 168 pages (paperback).

Notable in the growing literature base on attentional difficulties, distractibility and impulsivity currently described and studied as Attention Deficit Hyperactivity Disorder (ADHD), is that studies focusing on the non-hyperactive subtype of the disorder or Attention Deficit Disorder (ADD) are relatively lacking. While the Diagnostic and Statistical Manual of Mental Disorders - Text - Revised, 4th edition includes the diagnostic category ADHD, Predominately Inattentive Type, much study is still needed of this disorder in terms of phenomenology, treatment and outcomes in individuals of all ages. In addition, nomenclature of this and other ADHD subtypes is likely to change in the next edition of this diagnostic manual, anticipated in 2012.

While ADHD occurs more commonly in males, the inattentive form or ADD is thought to be more common in girls and women. ADD is more likely to be missed due to its lack of overt disruption in the school setting and general lack of awareness of the diagnosis. Therefore, Ms. Windt's introspective and sensitive contribution is most valuable. The author starts the text off well, with a conversation between herself and a friend, explaining her subjective experience of ADD. "Well, ADHD is different from ADD, but just as serious". No scientific or other references are used at all in the text, although the author has clearly read broadly on the topic. Individuals who possibly have ADD are urged to seek medical advice, referral and treatment by psychiatrists. Readers are alerted to a possible brain dopamine deficiency, "a deficiency of a substance in your brain that helps you deal with tedious matters". The issue of comorbidity is also included, "This ADD demanded so much energy/mental effort on my part that I became mentally exhausted for the first time at a young age and developed depression at the age of 19." Indeed, the "racing thoughts" and "mood swings" in the comprehensive lists of characteristics of ADD presented in the book may relate not only to frustration and anxiety, but also to possible Bipolar Mood Disorder comorbidity. Such issues of comorbidity present not only to individuals seeking help in clinical practice, but also as possible diagnostic confounds to their treating professionals. The author includes information on learning disorder comorbidity, "…my developmental arithmetic disorder meant that having to redo a year of school was a very real possibility almost every year".

The language in the text is both sensitive and deliberately simply written as well as and easy to understand. Also, as clearly stated, "To assist those with concentration problems or dyslexia, this publication uses a larger font and expanded spacing". The many lists of symptoms are useful, including symptom comparisons between ADD and ADHD, "Ways to Hide ADD" and "Consequences of Hiding ADD". Some other lists are "Dopamine-Enhancing Characteristics of ADD Children", and "Greatest Problems for ADD Adolescents". Chapter 10 has a good list of strategies aimed at helping the child with ADD. The discussion of ADD, personality style and insecurity in relationships, including intimacy is important. Individuals with this disorder may be empowered by such knowledge and selfrealization. Another important piece is the author's inclusion of proneness to addiction, as well as details of her own personal strategies to try and prevent this, for example, "…if I buy alcohol, I buy tiny bottles…".

As usual, the challenge is to not ascribe every perceived strength or weakness to ADD. At times, one wants the author to forget the ADD in her life experiences and just be who she is. However, her genuine effort to focus on ADD as part of her awareness of these events comes across as aimed to help others be aware of possible ADD in themselves. Some of the descriptions and experiences may be colored by social anxiety and past depression, also. Perhaps without these qualities and experiences, the author may not have written this valuable book. The book covers both good and bad aspects of ADD self-realization, and useful strategies to accommodate to allow maximum achievement with it. For example she states, "my first priority is to figure out what works best for me". "This is in turn enables me to give the best of myself to others and to relax and recharge"; and " I need help managing my finances".

The person with ADD "lives from distraction to distraction", is frequently considered "lazy or stupid" at school, and the author points out that due to unawareness of the condition, individuals may not mention it to their family doctor. "Even in 2008, large numbers of people…suffer from ADD in silence", and children with ADD are not receiving special help in school. The increasing demands of adult life and the need to multitask are discussed with sensitivity, balancing failures with optimism, for example, "ADD-prone individuals are an essential part of every society", and "more schools are willing to treat students as

individuals". "Persons with ADD have reason to be proud", and likewise the author should be extremely proud of this work.

Readers should include interested individuals, parents and potential candidates for the diagnosis and comorbidities, educators and professionals and researchers serving individuals of all ages. It will be interesting to compare future publications and findings from research with this present work. Page 145 includes the website for the ADD Netherlands Foundation at www. sadd.nl, and English and Dutch versions are available. The author also organizes a National ADD Day in Holland.

Disclosure: The reviewer reports previous consultation to, and study funding by, Abbott Laboratories, Inc., and study drug and placebo supplied by Janssen Pharmaceutica. Other past funding agencies include National Institutes of Mental Health, and National Institute of Child Health and Human Development.

Jessica A. Hellings, M.D.



Jessica A. Hellings, M.D.

Jessica A. Hellings, M.D. completed her medical training in 1978 and earned a medical doctor's degree from Witwatersrand University, South Africa. Dr. Hellings has completed residencies in Child and Adolescent Psychiatry and General Psychiatry at the University of Kansas Medical Center. Since that time, she has held positions as Director of Psychiatric Services for the Mentally Retarded and Developmentally Delayed and, most recently, Dr. Hellings was promoted to Associate Professor. Throughout the years, Dr. Hellings has been recognized with many honors and awards such as Jawhawk Resident of the Year, KUMC, and a K08 Award from NIMH. She has been a reviewer on the study section of NIMH. Hellings has earned many grants exploring the effects of neuroleptics and other psychotropic medications on aggression in children, adolescents, and adults diagnosed with mental retardation and autism. Her primary research interests include the biology, phenomenology, psychopharmacology and behavioral pharmacology of aggressive and destructive behavior, and mood disorders in persons diagnosed with mental retardation and autism. Together with her considerable interests and involvement with research and publication and presentation of results, Dr. Hellings maintains clinical and teaching activities. She is also a member of the Women in Medicine Executive Committee at KUMC, and is interested in women's issues in general as well as in academia.

Jessica A. Hellings, M.D. Associate Professor The University of Kansas School of Medicine Department of Psychiatry and Behavioral Sciences Division of Child and Adolescent Psychiatry 3901 Rainbow Boulevard Kansas City, Kansas 66160 Phone: 913-588-6499 Fax: 913-588-1305 Email: jhelling@kumc.edu