

Welcome to Our World



INVITED ESSAY

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ABSTRACT

Richard Branson, David Neeleman and Paul Orfalea – what do these entrepreneurs have in common, other than wealth? They have a disorder that affects about one in 25 adults in North America – Attention Deficit/Hyperactivity Disorder. In this article, comedian and TV producer Rick Green outlines some of the history and costs of the disorder, and shares with us first-hand insight into the struggles – and rewards – this disorder can present.

IMAGINE AN EMPLOYEE who is bright, fun and energetic. Someone who is empathetic while being open and unsecretive. A person who doesn't harbour resentment. Someone who is a natural networker, who works hard for approval and responds to positive feedback with enthusiasm and loyalty. Ideal, right?

Let's go further. What if this colleague is inventive and can think outside the box? Perceptually acute and able to see past the surface to the core issues. Moreover, what if

this person is cross-disciplinary and interdisciplinary, with knowledge about a wide range of areas and the willingness to take risks to make ideas happen? Extraordinary, right?

Someone like billionaire entrepreneur/adventurer Richard Branson. Or JetBlue founder David Neeleman. Or the visionary philanthropist who created Kinko's, Paul Orfalea.

Someone who has adult attention deficit hyperactivity disorder (ADHD). Just like

Richard Branson, David Neeleman and Paul Orfalea do.

What Is ADHD?

These entrepreneurs share more than wealth. They have a disorder that affects about one in 25 adults in North America (Barkley 1996; Kessler et al. 2005). They have achieved success by understanding what ADHD is, and they have created strategies to minimize the challenges and maximize their potential. They have learned to bend themselves to fit how the world works, but also to bend their world to work for them.

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ADHD involves problems in three areas: inattention, hyperactivity and impulsivity. Two thirds of diagnosed children, mostly boys, have problems in all three areas. The rest, about equal numbers of boys and girls, have problems with only inattention, and this is known as Attention Deficit Disorder (ADD) (Barkley 1996). These are your classic daydreamers. For our purposes, in this article I refer to both subtypes as *ADD*.

The cluster of symptoms that make up ADD was first recognized back in the 1800s. The name evolved (in the early 1900s doctors actually called it a “defect of moral control!”), but it was always considered to be a childhood disorder until about 20 years ago (Weiss 1993, cited in Weiss 2008, November). The prevailing wisdom was that kids outgrew ADD during their teens, so that by adulthood, they were no longer showing the symptoms. In fact, adults simply outgrow the obvious hyper-

activity, or internalize it into restlessness.

By 1989, the first long-term follow-up studies of the “Ritalin kids” (children who were given methylphenidate, an ADD medication) from the 1960s and 1970s revealed that they were still struggling with many of the same problems in adulthood (DuPaul et al. 1997; Heiligenstein et al. 1997; Murphy and Barkley 1996a, 1996b; all cited in Weiss 2008, November).

The problems and behaviours just looked different. After all, kids don’t get divorced or face bankruptcy. These adults with ADD still wrestled with procrastination, managing focus, staying on task, over-focusing, impatience, anger, impulsivity, frustration etc. Children who constantly lost schoolwork, toys and gloves became adults who lose valuable time and energy looking for their keys, cell phone, wallet or tax papers.

Costs of the Disorder

Undiagnosed and untreated, this disorder can wreak havoc on every area of life. One study done at Harvard estimated the cost to the United States for judicial, medical and workplace problems at US\$77 billion per year (“ADHD Costs U.S. Nearly \$77 Billion Each Year” 2005, May 23; “ADHD Costs USA More Than Drug Abuse and Depression” 2004, September 12; Biederman 2008, cited in Weiss 2008, November). A report by the British Columbia Medical Association suggested that undiagnosed and untreated ADHD/ADD costs that province half a billion dollars a year (British Columbia Medical Association 2009). Extrapolated across Canada, that’s close to the per-capita costs shown in the Harvard study.

The good news is that this is a disorder that responds well to treatment. Getting a diagnosis and understanding what this disorder is and what it isn’t can be transformational. I know this first hand as I was diag-

nosed when I was 47. About one in 25 North American adults have ADD. Most of them are unaware of it and therefore do not seek help. (Kessler, Adler, Barkley, Biederman, Conners, Demler et al. 2006)

Understanding and Education

Unlike many other mental health issues, ADD is not an illness. It's not something you catch or a state you fall into, like depression. ADD runs in families; it's genetic. We "ADDers" are born this way. When you have ADD, it is all you have ever known. It is normal. You feel like you're just who you have always been – it's the world that is confusing, frustrating and slow.

The first identification of a gene identified as a marker for ADD, called *DRD-4.7*, occurred in the late 1990s (Hamarman et al. 2004).

It's a gene involved in producing dopamine. And, not surprisingly, ADD medications help your body produce slightly higher levels of dopamine and another chemical called norepinephrine. It seems those with ADD are slightly short in these chemicals, just as people with depression seem to be low in serotonin.

Another challenge to understanding what's going on is that the "impairments" are not exotic or unique to ADD: "trouble completing tasks," "appears to not listen," "forgetful, easily frustrated, easily distracted" and "talks too much, intrudes and interrupts." Many of these overlap depression, anxiety and other issues. That's why it's difficult to diagnose.

Many people struggle with distraction. Every student tunes out in class, now and then. But studies have shown that students with ADD stop paying attention two and half times more often (Dr. S. Kurtz, personal communication, September 2008). Whereas their peers tune out for 20% of the class, kids with ADD miss half of what's said.

Studies have shown that children with ADD who are undiagnosed and go untreated have far more fights, accidents and visits to the emergency room. They have fewer friends, lower self-esteem and three times the rate of drug use (NICE 2006, cited in Weiss 2008, November). By their teenage years, they have far higher rates of sexually transmitted infections, unplanned pregnancies, automobile accidents and dropping out of school (Pelham 2007, cited in Weiss 2008, November). In adulthood, they have dramatically higher rates of addiction, job loss and even incarceration. They're nine times more likely to be in multiple car accidents – and to be at fault. They have higher rates of divorce, and the household earnings are between \$8,900 and 15,400 a year less than those in non-ADD households (Biederman 2008, cited in Weiss 2008, November). Keep in mind, though, that all of these statistics refer to ADD that is *undiagnosed and untreated*.

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Studies and first-hand experience show that the core symptoms of ADD have a huge response rate to treatment (Barkley 2006, cited in Weiss 2008, November; Jensen and Cooper 2002). When my colleagues and I began constructing our interactive website, TotallyADD.com, we interviewed a number of experts. Several admitted that they had been drawn to specialize in ADD after seeing how patients turn their lives around: "It's so rewarding."

The Good News

This brings us to the potential and the strengths. Many people with ADD are wildly successful. You may work for one of them. When people with ADD understand how

they are wired, they can win Stanley Cups, Grammy Awards or Oscars, or set sales records. They can transform the world through new technologies, become powerful problem solvers or be the people we turn to in a crisis.

The ADD brain loves novelty and excitement. Introverted people with ADD find novelty in lavish daydreams. If they harness that creativity, they can become prodigious artists.

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For extroverted people with ADD and also issues with hyperactivity or impulsivity, the novelty may come from trying new things, moving forward, following their curiosity. They start up an innovative business; and as soon as it's thriving, they know they must hand it off to a "manager" who will not keep tinkering and thereby mess with success. This leaves the "innovators" free to do what they do well – go exploring and start another new enterprise.

This craving for novelty explains why people with ADD are drawn to high-risk jobs such as police, firefighter, paramedic or ER nurse. We make great pilots, entertainers, comedians, journalists and soldiers. You'll find us thriving on the stock market floor or in a Silicon Valley laboratory. Children with ADD who are over-talkative and interrupt can find great success in adulthood as lawyers, public speakers, comedians or disk jockeys – even auctioneers!

When we are engaged in something we like, something we find fascinating, we can stick with it far longer than our peers. This is one of the many contradictions of ADD. We can be super-focused or hyper-focused. Alas,

not always on what's urgent, or for the right length of time.

We are sprinters, not marathoners. We are better at seeing the big picture than details. We can be lateral thinkers and problem solvers.

When we find a workplace that recognizes our strengths and a boss who offers frequent positive feedback, we soar. When a workplace makes accommodations for ADD, it gains employees who can produce powerful results. For example, take the case of a boss who is frustrated because his best salesperson (who, incidentally, has ADD) is always late with invoicing. Rather than trying to force the talented salesperson to do the paperwork, he gives her a part-time assistant to handle the routine billing. This frees up the salesperson to do what she does best – make sales!

So many adults who have ADD live in luxurious mansions. Many others are homeless. Adults with ADD seem to be wildly successful or constantly struggling with failure. As Dr. Umesh Jain, an expert in ADD, explains, "It's like a reverse bell curve. I have clients who are millionaires, Oscar winners and top athletes. And I have clients who have never held a job for more than two months" (personal communication, September 2008). Success hinges on seeking a reliable diagnosis, educating yourself about what ADD is (and is not) and then taking it on. Accepting this unique mindset. Understanding the impairments and appreciating the potential. Impulsivity becomes creativity. Restlessness becomes energy. Risk taking becomes innovation.

The Key Is Education

Educating yourself is important because you know yourself best. I am shocked by how many people who come to our website, TotallyADD.com, and share their stories in our forums about being misdiagnosed with depression or anxiety disorder. Many people spent years, even decades, getting treatment,

taking medication and wondering why they never really got better, only to find out later in life that they had undiagnosed ADD. On the surface, ADD can look very much like depression, anxiety or even bipolar disorder. And, in fact, because many people with ADD struggle against a hidden saboteur their whole lives, they often do end up dealing with depression or anxiety in adulthood.

When I was producing my first television project on my own, *History Bites*, I used to lay awake at night. The fear? “How will I manage budgets with hundreds of thousands of dollars when I can’t even sit down and figure out my own GST?!” It was only when I received a diagnosis of ADD and I did the reading and really understood what was going on, that I had some genuine power. Suddenly my failures made sense. And so did my successes. No wonder I was a skit comedy writer and couldn’t bear the thought of writing a long screenplay! When I began treatment, including medication for seven months, I was able to put strategies in place and build habits that made me just as productive and creative, with far less wear and tear on my soul. When I’m “on,” I feel like a baseball batter who is in the zone, standing in the batting cage as one ball after another flies at me and I hammer it out of the park: “Done! What next? Right ... there, done! What next? Great ... I’m done! What next?”

I waste far less time spinning my wheels. Now when I get stuck or lost or distracted, I have learned how to get back on track, fast. When I have a large, complex task ahead of me, I have learned how to break it up into easy-to-manage steps. The strategies for managing ADD can work for anyone. But they are especially powerful for our particular mindset.

So while people with ADD are leading the way in many different fields, what they do to manage their symptoms is actually valuable for anyone living in today’s fast-paced, fractured, noisy, multi-tasking, overwhelming,

understaffed, deadline-driven society.

Welcome to our world.

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