



“Everybody Has ADHD!” Really?

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YOU'RE STANDING IN A CHECKOUT LINE. Now the woman in front of you is at the register but frantically burrowing through her oversized bag looking (unsuccessfully) for her wallet. Hoping, one supposes, to amuse (divert?) the line behind her, she announces loudly, “Oh, it’s just my ADHD! I can never find anything. Have you noticed that EVERYbody has ADHD?! We ALL have it!”

No, madame, we all do NOT.

Sadly, this is just one example of the many widespread and completely inaccurate assumptions about ADHD that continue to circulate. Perhaps we’ve changed the conversation from “ADHD does not exist” in recent years. But when we hear such comments or get drawn into conversations like this, those of us in the bona fide ADHD population are left feeling frustrated and even more misunderstood.

What makes people think we all have ADHD?

Everyone actually does experience *some* ADHD behaviors *sometimes*, particularly when they are stressed, multitasking, overwhelmed, or sleep deprived. Neurotypical people lose their keys and phones and parked cars. They forget appointments and people's names, procrastinate with unpleasant tasks, lose track of time and show up late. But this does not mean that they qualify for an ADHD diagnosis, any more than someone who experiences sadness is clinically depressed, or someone who worries has generalized anxiety disorder, or someone who forgets names has Alzheimer's disease or another dementia.

The most important word in an ADHD diagnosis

ADHD is not defined by behaviors alone, but by their severity, persistence, and *cumulative consequences over a lifetime*. Valid mental health diagnoses like ADHD require more than symptoms; they require clinically significant *impairment*.

For an accurate ADHD diagnosis, clinicians must first determine factors that distinguish a medical condition from ordinary human variability, such as:

- Have the problematic behaviors been present since childhood?
- Do they occur in multiple settings (in school, at work, in public, at home)?
- Do they interfere with success despite adequate intelligence and motivation?
- Have other conditions—such as anxiety, depression, trauma, sleep disorders, allergies, and so forth—been ruled out?

But the most significant factor required for a valid ADHD diagnosis is the *degree of impairment* caused by the behaviors, as measured in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) by very specific behaviors and their outcomes. Do the behaviors lead to ongoing, repeated, predictable failures on a daily, weekly, or monthly basis? Do they persistently impede success?

In other words, do these behaviors cause persistent impairment, or cumulative impairment to one's personal, social, professional, psychological, interpersonal life?

Without persistent impairment, an ADHD diagnosis is unlikely.

The difference is measured in consequences

The strongest evidence that ADHD is a genuine neurodevelopmental disorder not shared by the general population, is that across thousands of studies and millions of individuals, *untreated ADHD* predicts remarkably consistent life outcomes.

Compared with people without ADHD, individuals with untreated ADHD have statistically higher rates of:

- academic failure
- job instability, unemployment
- traffic violations and auto accidents, jail time

- accidental injuries, emergency room visits
- depression and anxiety disorders
- substance use disorders
- relationship breakdown, unplanned pregnancies, divorce
- elevated rates of suicidal thoughts and suicide attempts
- financial mismanagement, credit problems
- markedly reduced lifetime earnings.

These findings have been replicated across many countries and over decades of research. If ADHD were simply “normal distraction,” we would expect everyone to experience these outcomes at similar rates.

They do not.

People who have never actually experienced or lived with ADHD have no idea how painful, pervasive, and exhausting it can be. And it never goes away! That woman in the checkout line has clearly never felt the daily chaos, anger challenges, disappointments, battle fatigue, and pure heartache of real ADHD. She hasn't watched a really good-hearted but defenseless little fifth-grade whirlwind with real ADHD shunned by his friends, cry every day over his homework, and experience failures and criticism, correction, and disciplinary treatment every day, everywhere he turns.

Nor has she lived with a lifetime of internal negative self-talk—messages of shame, guilt, sadness, frustration, hopelessness, failure—that usually ride along with this diagnosis. Real ADHD is an unrelenting life challenge no matter who's got it, and if I'm being honest here, nothing to joke about in a checkout line, or anywhere.

Here's a radical idea: if you have a friend or relative who is similarly misinformed, give them a copy of this article. It might help. It might not. But we have to keep trying, even beyond October—ADHD Awareness Month!

To that end, the editorial advisory board of *Attention* magazine plans to continue including myth-busting articles we hope will help our readers dispel the ADHD misinformation they encounter every day. The goals of this community-wide project are to share clear facts, stop negative social views, and build better support systems for all children and adults who are living with ADHD.

Please feel free to contact us at attention@chadd.org with ADHD myths that *you* would like to see busted. We'll do our best. 



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