

Book Review

The complete guide to ADHD: nature, diagnosis, and treatment

Katerina Maniadaki & Efthymios Kakouros
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Review by Sven Bölte, PhD, Professor of Child & Adolescent Psychiatric Science, Karolinska Institutet

I kindly received a copy of this new textbook from the authors some months ago, and now finally found the time to study it in more detail. Authors Katerina Maniadaki and Efthymios Kakouros are Professors of Developmental Psychopathology at the University of West Attica, and summarize here 25 years of clinical experience of working for children and adolescents with ADHD and relatives. Still the guide is also richly and excellently taking into account the perspective on ADHD in adulthood. The cover and foreword of the guide tells that it has already been endorsed by several recognized authorities in the field, such as Edmund Sonuga-Barke, Russell A. Barkley, Rosemary Tannock, and others which increased both my expectancies and excitement when starting to read. To make a long story short, I can sincerely recommend it to Scandinavian clinicians and researchers in the field. Even other stakeholders and advanced laymen will find this comprehensive summary of the ADHD accessible and valuable. The authors mastered the difficult task of organizing our knowledge and views of ADHD in an up-to-date and well-structured fashion. It definitely competes with - and partly outperforms - others textbooks of ADHD in my personal library that I have enjoyed consulting over the years. My positive judgement is related to several key aspects. The guide is a joint effort by two experienced clinicians with an own research track record, who apparently in a very skilled way succeed to compose one piece of work with little redundancies, that disentangles important from insignificant information. The authors dare to make summarizing evaluations of the evidence presented in the chapters that guide and teach the reader on ADHD factfulness. The guide has few blind spots, does not avoid sensitive areas, and cannot easily be accused to be hampered by any ideology. There is always the safe impression of a balanced awareness when

weighting experience, facts and multiple perspectives. This is quite an achievement in an area of science that is confronted with controversy and doubts from parts of the society, whether we like it or not.

So, what's in it? As can be concluded from the title, the guide is divided into three parts: basics, assessment and intervention. *Part 1* (chapters 1 to 7) starts with the history of ADHD and the significant early contributions by Crichton (1798), Hoffmann (1856), Still (1902) and others as well as a description of the development and change in the models and thinking around ADHD over the last decades from minimal brain damage and its questioning, to hyperkinetic syndrome, and attention and inhibition, and the operationalization of what we call ADHD today in DSM-I to DSM-5. This gives a lucid picture of the many legitimate and obsolete way experts and society have tried to capture the phenomena associated with ADHD. The chapter also addresses the recurring discussions about the mere existence of ADHD, it potentially being a social or cultural construct, an invention by the pharmaceutical industry, or an evolutionary adaptation. The behavioral presentation of ADHD is vividly described in the first part via cases stressing the heterogeneity of appearances, owing to age- and sex related differences, context and demands, personality, intellectual capacity, and, of course the multiple potentially co-existing complications, neurodevelopmental, psychiatric and somatic ones. I particularly appreciated the illustration of ADHD from infancy to adulthood with the immanent characteristic of the persistence of its nature, and the space given to topical issues such as ADHD and gambling, sleep/circadian rhythm, substance abuse and eating disorders. In the chapter on epidemiology, I like that the authors not simply provide the numbers, but reason about the skewed sex-ratio and

cultural influences. The genetic and environmental contributions to ADHD and their neurological and physiological correlates are well summarized in the basic part, but are not the core of the guide.

Part 2 (chapters 8 to 10) describes the clinical assessment and diagnosis of ADHD and their purpose using a multilevel approach, and provides a work-up of the diagnostic criteria in ICD-10, DSM-IV, and DSM-5. While this is mostly standard information, I was happy to see that the authors mention the discussion around the age of onset criterion, validity of subtypes, acknowledgement of gender differences, and even managed to include an impression of the suggested modifications for ADHD criteria in ICD-11. There are multiple suggestions made to standardize assessment of symptomatology using rating scales and interviews, and what to include in the medical and neuropsychological assessment. In this chapter, I was happy to see the section on functional behavioral analysis in ADHD.

The concluding *part 3* (chapters 11 to 14) provides thoughtful information of intervention options. Of course, pharmacological treatment is given a good deal of attention, and pros and cons and evidence is reported in a sober manner. Nevertheless, the space on non-pharma intervention is far more comprehensive and comprises treatment directly to the client, relatives and context. State-of-the-art is presented for cognitive training, psychoeducation, neurofeedback, social skills training and diets. While it is hard to give a good overview on this area of ADHD, I found especially the section on pharmacological vs. psychosocial treatment comparative studies helpful, as well as those on school-based intervention. Furthermore, the section on early intervention and secondary intervention are thoughtful and pointing the way. The chapter on the multilevel approach to ADHD is instructive by describing more detailed behavioral intervention techniques directed to the client, collaboration between parents and clinicians, parent education and counseling, and teacher and school participation in the intervention on children and adolescents with ADHD. In a similar way the guide approaches the treatment of ADHD in adulthood, starting with the specificities of pharmacological treatment in adults and concluding with coaching, a section that I found of paramount relevance for intervention in ADHD in adulthood. The guide ends as it starts with case descriptions across the life span, but taking into account adequate assessment and treatment strategies for each individual, a good educational wrap-up.

A review should include lines on the less attractive aspects, too. There is not much that I would criticize on what is actually reported in the guide. If anything,

I missed at least some mention of the International Classification of Functioning, Disability and Health (ICF) and its use in ADHD, a discussion of neurodiversity in the context of ADHD, information and perspectives of interest organizations and self-advocacy, and of quality of life findings. Still, there are limits to what can be presented in a guide, and the authors made their choices of focus.

I repeat my recommendation from the start of this review and wish this guide many readers in the Scandinavian countries and elsewhere!