We should not screen for ADHD

With regards to the Back to Back in the last issue of the JPHC on population-based screening for ADHD,1 I wish to support Ross Lawrenson’s objections to Tony Hanne’s proposal for population-based screening for attention deficit hyperactivity disorder (ADHD) from a non-medical perspective. The problem with viewing behaviours of concern from a medical viewpoint is that the process of diagnosis, assignment of cause and the mode of intervention are all regarded primarily from a physiological or organismic position. The contextual and ecological contributors which may generate, maintain and elaborate such behaviours thus remain ignored or, at best, poorly analysed and consequently go unresolved. Further, screening instruments are notoriously coarse-grained, often of poor validity, and are likely to provide, at best, numbers of false positives and negatives. Asking parents and teachers to make appropriate judgments in a questionnaire upon which a diagnosis is then based exposes the process to bias because both may simply be seeking a solution which does not involve either party to examine or modify their behaviour management methods, even though these may be major contributors to the behaviours of which they complain.

Letters may respond to published papers, briefly report original research or case reports, or raise matters of interest relevant to primary health care. The best letters are succinct and stimulating. Letters of no more than 400 words may be emailed to: editor@rnzcgp.org.nz. All letters are subject to editing and may be shortened.
A one-off screen and a consulting room assessment cannot provide an adequate basis for diagnosis or intervention. Working, as I do, with families and in schools with children who are deemed problematic by parents and teachers emphasises the role of adults in mismanaging children’s behaviour. Teachers frequently identify children as ‘hyperactive’ when they cannot manage them or find them disruptive. Closer analysis can reveal that the teacher provides high rates of attention for disruption and little encouragement for desired behaviour when it occurs. Sometimes the child lacks the entry skills into the academic programme or comes to school troubled and/or hungry from a dysfunctional family and so engages in alternative activities which attract adult attention. Failure to identify and deal with these ecological factors or simply masking them with methylphenidate begins to verge on the irresponsible in my opinion. I have systematically observed the classroom behaviour of children diagnosed as ADHD by paediatricians and psychiatrists. Some have remained non-medicated by parental request and my data have shown them to be functioning as well as, if not better than, peers in terms of on-task behaviour, compliance and disruption. Such data raise questions of the validity of diagnosis by those currently assigned the role and, consequently, questions about the utility of population-based screening and treatment of ADHD by GPs.

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References

Too many articles by nurses

Thank you for the last edition of Journal of Primary Health Care (better to be named ‘Journal of RNZCGP’). I enjoy reading the articles in every issue. The last edition was hugely changed in format. There were so many articles by nurses I wondered whether I was reading a nursing journal?

Why don’t you encourage and stimulate young doctors to do research and write some learning and educational articles which will be useful for GPs? If you advertise in the NZ Doctor magazine and primary health journals inviting the doctors and registrars to write, definitely all will get the message. Also you could give them awards or certificates for doing such research activities and writings.

Hope you welcome our comments in a positive way.

Dr Mrs M Ramanathan

A well designed journal for the primary care sector

As Editor of the Journal of Primary Health Care, we applaud you for re-launching the traditional GP journal (New Zealand Family Physician) as a primary care, rather than solely GP-orientated publication. Likewise, we believe that by supporting the Journal of Primary Health Care, the Royal New Zealand College of General Practitioners (RNZCGP) demonstrates a commitment to the wider view of the primary care landscape. There is an expectation by health policy-makers that the primary care sector delivers high quality health care through the development of effective multidisciplinary teams. Patients also assume this happens but, sadly, it is not always the case. Your journal supports a step in the right direction.

In terms of ‘usability’ as a resource, this new look journal has a lot to offer the primary care sector. There is clinical material which will assist general practitioners, practice nurses, community pharmacists and PHO-based clinical advisory pharmacists to stay current. The Back to Back section engages specialists into the primary care arena and allows informed debate to be facilitated in peer group sessions. For academics and applied health services researchers, the Journal of Primary Health Care provides a platform for publishing robust research which is locally relevant and interesting. There is a Gems section which refers us back to the good work that New Zealand primary care researchers are publishing abroad. Finally, for the more political amongst us there is a commentary/essay/viewpoints section.

In addition to the vigorous, multidisciplinary nature of the journal, we really like the multiple categories under which we can publish. There is no need for themed issues as the regular journal, we really like the multiple categories under which we can publish. There is no need for themed issues as the regular categories within the journal cater for a myriad of topics. As researchers we don’t need to wait any longer than we should to have our papers reviewed and accepted, but can feel reassured that speed of publication is not at the expense of thoughtful and robust review from experts in the field, as well as practice-based academics.

Based on our experience of reading, reviewing and publishing in local and international journals over the past few years we think that the Journal of Primary Health Care fulfils an important role in bringing together primary care researchers from a range of disciplines to publish and comment on the issues that are relevant to primary care practitioners and policy-makers alike. We would like to thank you and the RNZCGP for the energy and insight in bringing us the Journal of Primary Health Care.

Shane Scahill (Doctoral candidate, School of Pharmacy and Clinical Advisory Pharmacist), Dr Jeff Harrison (School of Pharmacy), Dr Peter Carswell (School of Population Health—Division Health Systems), Prof. John Shaw (School of Pharmacy)