International Consensus Statement on ADHD

January 2002

We, the undersigned consortium of international scientists, are deeply concerned about the periodic inaccurate portrayal of attention deficit hyperactivity disorder (ADHD) in media reports. This is a disorder with which we are all very familiar and toward which many of us have dedicated scientific studies if not entire careers. We fear that inaccurate stories rendering ADHD as myth, fraud, or benign condition may cause thousands of sufferers not to seek treatment for their disorder. It also leaves the public with a general sense that this disorder is not valid or real or consists of a rather trivial affliction.

We have created this consensus statement on ADHD as a reference on the status of the scientific findings concerning this disorder, its validity, and its adverse impact on the lives of those diagnosed with the disorder as of this writing (January 2002).

Occasional coverage of the disorder casts the story in the form of a sporting event with evenly matched competitors. The views of a handful of nonexpert doctors that ADHD does not exist are contrasted against mainstream scientific views that it does, as if both views had equal merit. Such attempts at balance give the public the impression that there is substantial scientific disagreement over whether ADHD is a real medical condition. In fact, there is no such disagreement—at least no more so than there is over whether smoking causes cancer, for example, or whether a virus causes HIV/AIDS.

The U.S. Surgeon General, the American Medical Association, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, and the American Academy of Pediatrics, among others, all recognize ADHD as a valid disorder. Among scientists who have devoted years, if not entire careers, to the study of this disorder there is no controversy regarding its existence.

ADHD and Science

We cannot overemphasize the point that, as a matter of science, the notion that ADHD does not exist is simply wrong. All of the major medical associations and government health agencies recognize ADHD as a genuine disorder because the scientific evidence indicating it is so overwhelming.

Various approaches have been used to establish whether a condition rises to the level of a valid medical or psychiatric disorder. A very useful one stipulates that there must be scientifically established evidence that those suffering the condition have a serious deficiency in or failure of a physical or psychological mechanism that is universal to humans. That is, all humans normally would be expected, regardless of culture, to have developed that mental ability.

And there must be equally incontrovertible scientific evidence that this serious deficiency leads to harm to the individual. Harm is established through evidence of increased mortality, morbidity, or impairment in the major life activities required of one’s developmental stage in life. Major life activities are those domains of functioning such as education, social relationships, family functioning, independence and self-sufficiency, and occupational functioning that all humans of that developmental level are expected to perform.

As attested to by the numerous scientists signing this document, there is no question among the world’s leading clinical researchers that ADHD involves a serious deficiency in a set of psychological abilities and that these deficiencies pose serious harm to most individuals possessing the disorder. Current evidence indicates that deficits in behavioral inhibition and sustained attention are central to this
disorder—facts demonstrated through hundreds of scientific studies. And there is no doubt that ADHD leads to impairments in major life activities, including social relations, education, family functioning, occupational functioning, self-sufficiency, and adherence to social rules, norms, and laws. Evidence also indicates that those with ADHD are more prone to physical injury and accidental poisonings. This is why no professional medical, psychological, or scientific organization doubts the existence of ADHD as a legitimate disorder.

The central psychological deficits in those with ADHD have now been linked through numerous studies using various scientific methods to several specific brain regions (the frontal lobe, its connections to the basal ganglia, and their relationship to the central aspects of the cerebellum). Most neurological studies find that as a group those with ADHD have less brain electrical activity and show less reactivity to stimulation in one or more of these regions. And neuro-imaging studies of groups of those with ADHD also demonstrate relatively smaller areas of brain matter and less metabolic activity of this brain matter than is the case in control groups used in these studies.

These same psychological deficits in inhibition and attention have been found in numerous studies of identical and fraternal twins conducted across various countries (US, Great Britain, Norway, Australia, etc.) to be primarily inherited. The genetic contribution to these traits is routinely found to be among the highest for any psychiatric disorder (70–95% of trait variation in the population), nearly approaching the genetic contribution to human height. One gene has recently been reliably demonstrated to be associated with this disorder and the search for more is underway by more than 12 different scientific teams worldwide at this time.

Numerous studies of twins demonstrate that family environment makes no significant separate contribution to these traits. This is not to say that the home environment, parental management abilities, stressful life events, or deviant peer relationships are unimportant or have no influence on individuals having this disorder, as they certainly do. Genetic tendencies are expressed in interaction with the environment. Also, those having ADHD often have other associated disorders and problems, some of which are clearly related to their social environments. But it is to say that the underlying psychological deficits that comprise ADHD itself are not solely or primarily the result of these environmental factors.

International Consensus Statement on ADHD

This is why leading international scientists, such as the signers below, recognize the mounting evidence of neurological and genetic contributions to this disorder. This evidence, coupled with countless studies on the harm posed by the disorder and hundreds of studies on the effectiveness of medication, buttresses the need in many, though by no means all, cases for management of the disorder with multiple therapies. These include medication combined with educational, family, and other social accommodations. This is in striking contrast to the wholly unscientific views of some social critics in periodic media accounts that ADHD constitutes a fraud, that medicating those afflicted is questionable if not reprehensible, and that any behavior problems associated with ADHD are merely the result of problems in the home, excessive viewing of TV or playing of video games, diet, lack of love and attention, or teacher/school intolerance.

ADHD is not a benign disorder. For those it affects, ADHD can cause devastating problems. Follow-up studies of clinical samples suggest that sufferers are far more likely than normal people to drop out of school (32–40%), to rarely complete college (5–10%), to have few or no friends (50–70%), to underperform at work (70–80%), to engage in antisocial activities (40–50%), and to use tobacco or illicit drugs more than normal. Moreover, children growing up with ADHD are more likely to experience teenage pregnancy (40%) and sexually transmitted diseases (16%), to speed excessively and have multiple car accidents, to experience depression (20–30%) and personality disorders (18–25%) as adults, and in hundreds of other ways mismanage and endanger their lives.

Yet despite these serious consequences, studies indicate that less than half of those with the disorder are receiving treatment. The media can help substantially to improve these circumstances. It can do so by portraying ADHD and the science about it as accurately and responsibly as possible while not purveying the propaganda of some social critics and fringe doctors whose political agenda would have you and the public believe there is no real disorder here.

To publish stories that ADHD is a fictitious disorder or merely a conflict between today's Huckleberry Finn and their caregivers is tantamount to declaring the earth flat, the laws of gravity debatable, and the periodic table in chemistry a fraud. ADHD should be depicted in the media as realistically and accurately as it is depicted in science—as a valid disorder having varied and substantial adverse impact on those who
International Consensus Statement on ADHD

may suffer from it through no fault of their own or their parents and teachers.

Sincerely,

Russell A. Barkley, PhD
Professor
Departments of Psychiatry and Neurology
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655

Edwin H. Cook, Jr, MD
Professor
Departments of Psychiatry and Pediatrics
University of Chicago
5841 S. Maryland Avenue
Chicago, IL

Adele Diamond, PhD
Professor of Psychiatry
Director, Center for Developmental Cognitive Neuroscience
University of Massachusetts Medical School
Shriver Center, Trapelo Road
Waltham, MA

Alan Zametkin, MD
Child Psychiatrist
Kensington, MD

Anita Thapar, MB BCh, MRCPsych, PhD
Professor, Child and Adolescent Psychiatry Section
Department of Psychological Medicine
University of Wales College of Medicine
Heath Park, Cardiff CF14 4XN, United Kingdom

Ann Teeter, EdD
Director of Training, School of Psychology
University of Wisconsin – Milwaukee
Milwaukee, WI 53201

Arthur D. Anastopoulos, PhD
Professor, Co-Director of Clinical Training
Department of Psychology
University of North Carolina at Greensboro
P. O. Box 26164
Greensboro, NC 27402-6164

Avi Sadeh, DSc
Director, Clinical Child Psychology Graduate Program
Director, The Laboratory for Children’s Sleep Disorders
Department of Psychology
Tel-Aviv University
Ramat Aviv, Tel Aviv 69978
Israel

Bennett L. Leventhal, MD
Irving B. Harris
Professor of Child and Adolescent Psychiatry
Director, Child and Adolescent Psychiatry
Vice Chairman, Department of Psychiatry
The University of Chicago
5841 S. Maryland Ave.
Chicago, IL 60637

Betsy Hoza, PhD
Associate Professor
Department of Psychology, #1364
Purdue University
West Lafayette, IN 47907-1364

Blythe Corbett, PhD
M.I.N.D. Institute
University of California, Davis
4860 Y Street, Suite 3020
Sacramento, CA 95817

Bennett L. Leventhal, MD
Irving B. Harris
Professor of Child and Adolescent Psychiatry
Director, Child and Adolescent Psychiatry
Vice Chairman, Department of Psychiatry
The University of Chicago
5841 S. Maryland Ave.
Chicago, IL 60637
International Consensus Statement on ADHD

Caryn Carlson, PhD
Professor
Department of Psychology
University of Texas at Austin
Mezes 330
Austin, TX 78712

Charlotte Johnston, PhD
Professor
Department of Psychology
University of British Columbia
2136 West Mall
Vancouver, BC, Canada V6T 1Z4

Christopher Gillberg, MD
Professor
Department of Child and Adolescent Psychiatry
University of Gothenburg
Gothenburg, Sweden

Cynthia Hartung, PhD
Assistant Professor
Oklahoma State University
213 North Murray
Stillwater, OK 74078

Daniel A. Waschbusch, PhD
Assistant Professor of Psychology
Director, Child Behaviour Program
Department of Psychology
Dalhousie University
Halifax, Canada NS, B3H 4R1

Daniel F. Connor, MD
Associate Professor
Department of Psychiatry
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655

Deborah L. Anderson, PhD
Assistant Professor
Department Pediatrics
Medical University of South Carolina
Charleston, SC 29425

Donald R. Lynam, PhD
Associate Professor
Department of Psychology
University of Kentucky
125 Kastle Hall
Lexington, KY 40506-0044

Eric J. Mash, PhD
Professor
Department of Psychology
University of Calgary
2500 University Drive N.W.
Calgary, Alberta T2N 1N4

Eric Taylor
Professor of Psychiatry
Institute of Psychiatry
London, England

Erik Willcutt, PhD
Assistant Professor
Department of Psychology
Muenzinger Hall D-338
345 UCB
University of Colorado
Boulder, CO 80309

Florence Levy, MD
Associate Professor, School of Psychiatry
University of New South Wales
Avoca Clinic
Joynton Avenue
Zetland, NSW 2017, Australia

Gabrielle Carlson, MD
Professor and Director
Division of Child and Adolescent Psychiatry
State University of New York at Stony Brook
Putnam Hall
Stony Brook, NY 11794

George J. DuPaul, PhD
Professor of School Psychology
Lehigh University
111 Research Drive, Hilltop Campus
Bethlehem, PA 18015

Harold S. Koplewicz, MD
Arnold and Debbie Simon Professor of Child and Adolescent Psychiatry and Director of the NYU Child Study Center, New York 10016

Hector R. Bird, MD
Professor of Clinical Psychiatry
Columbia University
College of Physicians and Surgeons
1051 Riverside Drive (Unit 78)
New York, NY 10032
International Consensus Statement on ADHD

Herbert Quay, PhD
Professor Emeritus
University of Miami
2525 Gulf of Mexico Drive, #5C
Long Boat Key, FL 34228

Howard Abikoff, PhD
Pevaroff Cohn Professor of Child and Adolescent Psychiatry, NYU School of Medicine
Director of Research, NYU Child Study Center
550 First Avenue
New York, NY 10016

J. Bart Hodgens, PhD
Clinical Assistant Professor of Psychology and Pediatrics
Civitan International Research Center
University of Alabama at Birmingham
Birmingham, AL 35914

James J. McGough, MD
Associate Professor of Clinical Psychiatry
UCLA School of Medicine
760 Westwood Plaza
Los Angeles, CA 90024

Jan Loney, PhD
Professor Emeritus
State University of New York at Stony Brook
Lodge Associates (Box 9)
Mayslick, KY 41055

Jeffrey Halperin, PhD
Professor, Department of Psychology
Queens College, CUNY
65-30 Kissena Avenue
Flushing, NY 11367

John Piacentini, PhD
Associate Professor
Department of Psychiatry
UCLA Neuropsychiatric Institute
760 Westwood Plaza
Los Angeles, CA 90024-1759

John S. Werry, MD
Professor Emeritus
Department of Psychiatry
University of Auckland
Auckland, New Zealand

Jose J. Bauermeister, PhD
Professor, Department of Psychology
University of Puerto Rico
San Juan, PR 00927

Joseph Biederman, MD
Professor and Chief
Joint Program in Pediatric Psychopharmacology
Massachusetts General Hospital and Harvard Medical School
15 Parkman Street, WACC725
Boston, MA 02114

Joseph Sergeant, PhD
Chair of Clinical Neuropsychology
Free University
Van der Boechardstraat 1
De Boelelaan 1109
1018 BT Amsterdam, The Netherlands

Keith McBurnett, PhD
Associate Professor, Department of Psychiatry
University of California at San Francisco
Children's Center at Langley Porter
401 Parnassus Avenue, Box 0984
San Francisco, CA 94143

Ken C. Winters, PhD
Associate Professor and Director, Center for Adolescent Substance Abuse Research
Department of Psychiatry
University of Minnesota
F282/2A West, 2450 Riverside Avenue
Minneapolis, MN 55454

Kevin R. Murphy, PhD
Associate Professor
Department of Psychiatry
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655

Laurence Greenhill, MD
Professor of Clinical Psychiatry
Columbia University
Director, Research Unit on Pediatric Psychopharmacology
New York State Psychiatric Institute
1051 Riverside Drive
New York, NY 10032

Lawrence Lewandowski, PhD
Meredith Professor of Teaching Excellence
Department of Psychology
Syracuse University
Syracuse, NY
International Consensus Statement on ADHD

Lily Hechtman MD, FRCP
Professor of Psychiatry and Pediatrics, and Director of Research, Division of Child Psychiatry
McGill University and Montreal Children’s Hospital
4018 St. Catherine St. West
Montreal, Quebec, Canada H3Z-1P2

Linda Pfiffner, PhD
Associate Professor, Department of Psychiatry
University of California at San Francisco
Children’s Center at Langley Porter
401 Parnassus Avenue, Box 0984
San Francisco, CA 94143

Lisa L. Weyandt, PhD
Professor, Department of Psychology
Central Washington University
400 East 8th Avenue
Ellensburg, WA 98926-7575

Marc Atkins, PhD
Associate Professor
Department of Psychiatry
Institute for Juvenile Research
University of Illinois at Chicago
840 South Wood Street, Suite 130
Chicago, IL 60612-7347

Margot Prior, PhD
Professor
Department of Psychology
Royal Children’s Hospital
Parkville, 3052 VIC
Australia

Mark A. Stein, PhD
Chair of Psychology
Children’s National Medical Center
Professor of Psychiatry and Pediatrics
George Washington University Medical School
111 Michigan Avenue NW
Washington, DC 20010

Mark D. Rapport, PhD
Professor and Director of Clinical Training
Department of Psychology
University of Central Florida
P. O. Box 161390
Orlando, Florida 32816-1390

Mariellen Fischer, PhD
Professor, Department of Neurology
Medical College of Wisconsin
9200 W. Wisconsin Avenue
Milwaukee, WI 53226

Mary A. Fristad, PhD, ABPP
Professor, Psychiatry and Psychology
Director, Research and Psychological Services
Division of Child and Adolescent Psychiatry
The Ohio State University
1670 Upham Drive Suite 460G
Columbus, OH 43210-1250

Mary Solanto-Gardner, PhD
Associate Professor
Division of Child and Adolescent Psychiatry
The Mt. Sinai Medical Center
One Gustave L. Levy Place
New York, NY 10029-6574

Michael Aman, PhD
Professor of Psychology and Psychiatry
The Nisonger Center
Ohio State University
1581 Dodd Drive
Columbus, OH

Michael Gordon, PhD
Professor of Psychiatry
Director, Child & Adolescent Psychiatric Services, and Director, ADHD Program
SUNY Upstate Medical University
750 East Adams Street
Syracuse, NY 13210

Michelle DeKlyen, PhD
Office of Population Research
Princeton University
286 Wallace
Princeton, NJ 08544

Mina Dulcan, MD
Professor
Department of Child and Adolescent Psychiatry
2300 Children’s Plaza #10
Children’s Memorial Hospital
Chicago, IL 60614

Oscar Bukstein, MD
Associate Professor
Department of Psychiatry
Western Psychiatric Institute and Clinic
3811 O’Hara Street
Pittsburgh, PA 15213

Patrick H. Tolan, PhD
Director, Institute for Juvenile Research
Professor, Department of Psychiatry
University of Illinois at Chicago
840 S. Wood Street
Chicago, IL 60612
International Consensus Statement on ADHD

Philip Firestone, PhD
Professor
Departments of Psychology and Psychiatry
University of Ottawa
120 University Priv.
Ottawa, Canada K1N 6N5

Richard Milich, PhD
Professor of Psychology
Department of Psychology
University of Kentucky
Lexington, KY 40506-0044

Rob McGee, PhD
Associate Professor
Department of Preventive and Social Medicine
University of Otago Medical School
Box 913 Dunedin
New Zealand

Ronald T. Brown, PhD
Associate Dean, College of Health Professions
Professor of Pediatrics
Medical University of South Carolina
19 Hagood Avenue, P. O. Box 250822
Charleston, SC 29425

Rosemary Tannock, PhD
Brain and Behavior Research
Hospital for Sick Children
55 University Avenue
Toronto, Ontario, Canada M5G 1X8

Russell Schachar, MD
Professor of Psychiatry
Hospital for Sick Children
555 University Avenue
Toronto, Ontario
Canada M5G 1X8

Salvatore Mannuzza, MD
Research Professor of Psychiatry
New York University School of Medicine
550 First Avenue
New York, NY 10016

Sandra K. Loo, PhD
Research Psychologist
University of California, Los Angeles
Neuropsychiatric Institute
760 Westwood Plaza, Rm 47-406
Los Angeles, CA 90024

Sheila Eyberg, PhD, ABPP
Professor of Clinical & Health Psychology
University of Florida
Box 100165
600 SW Archer Blvd.
Gainesville, FL 32610

Stephen Houghton, PhD
Professor of Psychology
Director, Centre for Attention and Related Disorders
The University of Western Australia
Perth, Australia

Stephen P. Hinshaw, PhD
Department of Psychology
University of California at Berkeley
3210 Tolman Hall
Berkeley, CA 94720-1650

Stephen Shapiro, PhD
Associate Professor of Psychology
Harvard University
750 Washington Street, Suite 255
South Easton, MA 02375

Stephen V. Faraone, PhD
Division of Child and Adolescent Psychiatry
University of Texas Health Sciences Center
7703 Floyd Curl Drive
San Antonio, TX 78229-3900

Steven R. Pliszka, MD
Associate Professor and Chief
Division of Child and Adolescent Psychiatry
James Madison University
Harrisonburg, VA 22807

Steven W. Evans, PhD
Associate Professor of Psychology
MSC 1902
Harrisonburg, VA 22807

Susan Campbell, PhD
Professor
Department of Psychology
4015 O’Hara Street
University of Pittsburgh
Pittsburgh, PA 15260
International Consensus Statement on ADHD

Terje Sagvolden, PhD Professor Department of Physiology University of Oslo N-0316 Oslo, Norway

Terri L. Shelton, PhD Director Center for the Study of Social Issues University of North Carolina – Greensboro Greensboro, NC 27402

Thomas E. Brown, PhD Assistant Professor Department of Psychiatry Yale University School of Medicine New Haven, CT

Thomas Joiner, PhD The Bright–Burton Professor of Psychology Florida State University Tallahassee, FL 32306-1270

Thomas M. Lock, MD Associate Professor of Clinical Pediatrics Acting Chief, Division of Developmental Pediatrics and Rehabilitation Center State University of New York at Buffalo School of Medicine and Biomedical Sciences 936 Delaware Ave. Buffalo, NY 14209

Thomas Spencer, MD Associate Professor and Assistant Director, Pediatric Psychopharmacology Harvard Medical School and Massachusetts General Hospital 15 Parkman Street, WACC725 Boston, MA 02114

William Pelham, Jr. PhD Professor of Psychology Center for Children and Families State University of New York at Buffalo 318 Diefendorf Hall, 3435 Main Street, Building 20 Buffalo, NY 14214

CONSENSUS STATEMENT—SUPPORTING REFERENCES


International Consensus Statement on ADHD


International Consensus Statement on ADHD

101


Fischer, M., Barkley, R. A., Smallsell, L., & Fletcher, K. R. (in press). Young adult outcome of hyperactive children as a function...
of severity of childhood conduct problems: Comorbid psychi-
Corticosteroids and intermittent mental health treatment. Journal of Abnormal Child Psychology.
Frank, Y., & Ben-Nun, Y. (1988). Toward a clinical subgrouping of hyperactive and nonhyperactive attention deficit disorder: Results of a comprehensive neurological and neuropsycholog-
Frigg, P., & Eikanie, B. (1983). Lead and hyperactivity revis-
Ghods, H., Stevenson, J., & Sundet, J. M. (1996). Genetic in-
International Consensus Statement on ADHD

103


psychiatric disorder among parents and their offspring.


Lapoue, R., & Monk, M. (1958). An epidemiological study of behav-
ioral characteristics in children. American Journal of Public
Health, 48, 1134-1144.

Last, C. G., Hersen, M., Kazdin, A., Orvaschel, H., & Perrin,
Archives of General Psychiatry, 48, 926–934.

Laufer, M., Denhoff, E., & Solomons, G. (1957). Hyperkinetic im-
mulse disorder in children’s behavior problems. Psychosomatic
Medicine, 19, 38–49.

Lapouse, R., & Monk, M. (1958). An epidemiological study of be-
havioral characteristics in children. American Journal of Public
Health, 48, 1134-1144.

Lavoie, J. V., Gibbons, R. D., Christoffel, K., Arcia, R.,
Rosenbaum, D., Binas, H., et al. (1996). Prevalence rates and
and correlates of psychiatric disorders among preschool children.
Journal of the American Academy of Child and Adolescent
Psychiatry, 35, 204–214.

Lecendreux, M., Konoval, E., Bouvard, M., Falissard, B., Simeoni,

Preschool behavior can predict future psychiatric disorders.
Journal of the American Academy of Child Psychiatry, 24,
42–48.

Lave, P. M. (1938). Restlessness in children. Archives of Neurology 
and Psychiatry, 38, 764–770.


Levy, F., Hay, D. A., McStephen, M., Wood, C., & Waldman,
I. (1997). Attention-deficit hyperactivity disorder: A category or
a continuum? Genetic analysis of a large-scale twin study.
Journal of the American Academy of Child and Adolescent
Psychiatry, 36, 737–744.

Levy, F., & Holmes, G. (2001). Reading, spelling, and vigilance in
attention deficit and conduct disorder. Journal of Abnormal
Child Psychology, 1, 291–298.

Levy, F., & Holmes, G. (2001). Reading, spelling, and vigilance in
attention deficit and conduct disorder. Journal of Abnormal
Child Psychology, 1, 291–298.

Levy, F., & Holmes, G. (2001). Reading, spelling, and vigilance in
attention deficit and conduct disorder. Journal of Abnormal
Child Psychology, 1, 291–298.

Levy, F., & Holmes, G. (2001). Reading, spelling, and vigilance in
attention deficit and conduct disorder. Journal of Abnormal
Child Psychology, 1, 291–298.

Levy, F., & Holmes, G. (2001). Reading, spelling, and vigilance in
attention deficit and conduct disorder. Journal of Abnormal
Child Psychology, 1, 291–298.

Ley, F., & Holmes, G. (2001). Reading, spelling, and vigilance in
attention deficit and conduct disorder. Journal of Abnormal
Child Psychology, 1, 291–298.

Ley, F., & Holmes, G. (2001). Reading, spelling, and vigilance in
attention deficit and conduct disorder. Journal of Abnormal
Child Psychology, 1, 291–298.

Lou, H. C., Henriksen, L., Bruhn, P., Borner, H., & Nielsen, J. B.
(1989). Stria-oral psychiatric status of hyperactive and hypo-
motor disorder in children’s behavior problems. Psychosomatic
Medicine, 19, 38–49.

Lou, H. C., Henriksen, L., Bruhn, P., Borner, H., & Nielsen, J. B.
(1989). Stria-oral psychiatric status of hyperactive and hypo-
motor disorder in children’s behavior problems. Psychosomatic
Medicine, 19, 38–49.

Lou, H. C., Henriksen, L., Bruhn, P., Borner, H., & Nielsen, J. B.
(1989). Stria-oral psychiatric status of hyperactive and hypo-
motor disorder in children’s behavior problems. Psychosomatic
Medicine, 19, 38–49.


International Consensus Statement on ADHD


