



**The complexities of ADHD**

Cries unheard. A new look at attention deficit hyperactivity disorder. George Halasz, Gil Anaf, Peter Ellingsen, Anne Manne, Frances T Salo. Alton, VIC: Common Ground, 2002 (x + 91 pp, \$24.00). ISBN 1 86335 497 2.

THERE HAVE BEEN CONTROVERSIES about the existence and nature of attention deficit hyperactivity disorder (ADHD) since George Still first described it in 1902. The “new look” presented here is the notion that the diagnosis is used as a quick fix to deal with complex situations, allowing one to write a prescription rather than attempt to understand a complex psychodynamic problem. There can be no objection to this approach as our profession has some expertise in producing epidemics which disappear as rapidly as they have appeared — consider the rise and fall of repetitive strain injury (RSI).

This book argues that there are many pressures in modern society urging us to find a quick fix, ranging from the activities of the pharmaceutical companies, to the DSM-IV-driven push to confine human distress within categorical boundaries. This is true, however one must examine the total situation, and this is where the authors’ bias shows.

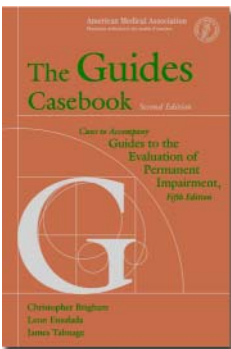
Being psychodynamically oriented, they see it as likely that wisdom is to be found in that direction. So it may be, but it is not many years since their antecedents proclaimed that schizophrenia was due to the activities of “schizophrenic” mothers, autism to cold-hearted parents, and the “psychosomatic” disorders to psychodynamic mechanisms. For example, Alexander regarded ulcerative colitis as a regression to the anal stage of psychosexual development, while Szasz and Cushing emphasised the orality of the disease. There were descriptions of the “typical conflict situation” associated with peptic ulcer and asthma. No theoretical position has a mortgage on wisdom.

There are some facts about ADHD which will not go away. They emerge most clearly when one deals with adults who are able to give a good account of themselves. It has a firm correlation with dyslexia and anomalies of motor dominance, such as being left-handed and right-footed. Recent work suggests that chromosome 6p may be involved. There are well-established neuroimaging anomalies and there is the paradox that the hyperactivity calms with stimulants instead of being exacerbated.

By all means let us look carefully, but let us look in all possible directions.

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**Quest for objective assessment of impairment**

Guides casebook. Cases to accompany Guides to the evaluation of permanent impairment, 5th ed. Christopher R Brigham, Leon H Ensalada, James B Talmange. Chicago: AMA Press, 2002 (xi + 384 pp, \$135.00). ISBN 1 57947 264 8.

IMPAIRMENT EVALUATION using the American Medical Association (AMA) *Guides* is an important requirement in the medico-legal arena, but correct application can be a daunting process given the *Guides*’ complexity.

the rating according to the 4th and 5th editions, one exception being impairment of the spine. The other differences are mostly with regard to musculoskeletal disorders.

Given the current preponderance of claims for loss of sexual function following spinal injury, and cognitive loss following relatively mild traumatic head injury, the detailed discussion of these cases is particularly relevant. Problems associated with impairment evaluation in the presence of pain behaviour and in patients with poor credibility are also discussed.

This book is topical, user friendly and essential for clinicians who carry out independent impairment evaluations. Although many insurance companies require clinicians to complete a certified course before undertaking evaluations, this casebook illustrates that being certified in the use of the *Guides* is not sufficient. Thorough and objective clinical examination remains a necessity for impairment evaluation, particularly in musculoskeletal injury.

My experience in reading medico-legal reports is that while ratings according to the AMA *Guides* are frequently quoted, the clinical findings of the examiner often do not stand up to close scrutiny, and incorrect impairment ratings are sometimes provided. Hopefully, this casebook will assist both doctors and lawyers in their quest to provide objective and accurate evaluation of impairment. The book is value for money and essential reading for those who are called upon to provide an assessment of impairment.

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ity. This casebook highlights the need for a good understanding of how to apply the *Guides* correctly and for a thorough objective assessment. For clinicians involved in impairment assessment, this book provides an insight into the methods of evaluation as well as some of the shortcomings of these methods.

Sixty-eight cases are presented, most of them relating to musculoskeletal disorders. There is a broad spread of clinical cases; ranging from the more severe and catastrophic injuries, to more common conditions. The more controversial and ill-defined conditions, such as complex regional pain syndrome, fibromyalgia and the curiously termed “elusive cumulative trauma disorder”, are discussed in detail.

Each case is presented with a history and physical examination followed by a discussion of the rating according to the 4th and 5th edition of the *Guides*. After each case, there is a useful explanation of the differences between the ratings as well as relevant discussion on the difficulties of evaluating impairment. In most cases, there is little difference between