Attention deficit disorder

Condition requiring "chronic disease" management strategies

Garey Mazowita, MD, CCFP

Successful diagnosis and effective treatment of attention deficit disorder (ADD), regardless of a patient's age, require physicians to be available, vigilant, and knowledgeable. Continuity of care, collaboration with other professionals and patients' families, and strong case-management skills are also necessary. While these are precisely the attributes that patients value in their family physicians, they are often not well supported and facilitated by current health care systems, office processes, and information technology capabilities. For a condition such as ADD, barriers to care can endanger patients and can be difficult to overcome.

Attention deficit disorder is a relatively common condition that can present subtly or overtly. It often has a profound effect on patients' health and social functioning. Management of ADD is frequently and necessarily intraprofessional, interprofessional, and intersectoral. Teachers and other educators, guidance counselors, psychologists, psychiatrists, employers, justice systems, social service workers, labour organizations, addiction specialists, and pharmacists are among the human resources that must be called into play if the diagnosis is to be correct and treatment is to be effective.

Patients with ADD are challenging for all family physicians, but can be particularly so for more isolated practitioners. While isolation can be influenced by geography and the availability of resources, we must not forget that it can also be "self-imposed" through "isolating" office processes or practice styles. Attention deficit disorder is a compelling example of why we need a primary care system that supports collaboration.

Attention deficit disorder that has been overlooked in childhood is now increasingly diagnosed in adults. It must, therefore, be on the "radar" of family physicians at all times. Because many patients with ADD are likely to have comorbid psychiatric or psychological issues, ADD must necessarily be considered when diagnosing and treating the many mental and social health concerns that family doctors so frequently encounter.

Family physicians are usually the first professional contacts people with ADD and their families make when coping strategies have failed. Those failures could have occurred at home, at school, or in the workplace. We as family physicians, after taking time to listen to and explore the stories our patients bring to us, are then challenged to consider symptoms coloured by the context of myriad human actions, reactions, personalities, cultures, generational values, and social mores. Diagnosis of ADD will not always "jump out" of this complex synthesis. Adults can present a series of challenges different from the challenges children present.

Perhaps it is the unconditional nature of the doctor-patient relationship that is most important to those with ADD and their families. Given the psychic pain, stigmatization, and poor self-esteem that frequently accompany ADD, strong relationships with caring and nonjudgmental health professionals will themselves be therapeutic.

In this issue, Kates (**page 53**) provides readers with clear identification and management algorithms that will ensure family physicians have the knowledge and skills that, when applied to a family-centred, attitudinal framework, will help care for patients with this most distressing condition.

Dr Mazowita *is Chair of the Department of Family and Community Medicine at Providence Health Care in Vancouver, BC, a Clinical Associate Professor in the Department of Medicine at the University of British Columbia, and a member of the CFPC-CPA Shared Mental Health Care Working Group.*

Correspondence to: **Dr Garey Mazowita,** *DFCM Providence Health Care, c/o St Paul's Hospital, 1081 Burrard St, Rm 9007, Vancouver, BC V6Z 1Y6; telephone (604) 806-8444; fax (604) 806-8556; e-mail* **gmazowita@providencehealth.bc.ca**

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