

Muhammad Kaleem Arshad MD addresses the concepts and controversies regarding Attention Deficit Disorder

Muhammad Kaleem Arshad MD, a board certified psychiatrist discusses the controversies surrounding ADD and attention deficit hyperactivity disorder (ADHD).

NEW ORLEANS, LOUISIANA, UNITED STATES, October 19, 2018 /EINPresswire.com/ -- Muhammad Kaleem Arshad, a diplomate of American Board of Psychiatry and Neurology says that these controversies have surrounded this subject over last 50 years. The discussions in the medical field and general population have centered around the legitimacy of [ADHD as mental disorder](#), its causes, prevalence and use of medications to treat the disorder, specifically stimulants.

Muhammad Kaleem Arshad MD indicates that the diagnosis of ADHD is accepted as legitimate in psychiatric profession based on the fact that the signs and symptoms of ADHD are persistent and rise to the degree where they affect individual's ability to function in society. In some circles the very existence of this disorder or illness are being questioned and skeptics claim that the medical profession may have chosen to slap a label on the normal variant of human behavior. These critics feel that the symptoms attributed to ADHD are just extreme expressions of normal human behavior. There are very vocal critics who have called ADHD a fraud.

Muhammad Kaleem Arshad, MD who sees patients with this disorder in his practice, points out that some of these controversies exist because the diagnosis is based on entirely on the history of certain signs and symptoms without any objective tests. We can't see ADHD on X Rays, scans, MRI 's, EEGs or laboratory tests. The same is true about multiple widely accepted psychiatric and neurological diagnoses. Only because we don't see any readily grossly identifiable anatomical or pathological findings, we shouldn't question the very existence of disorder. We can't always see environmental stressors and biochemical changes on scans or slides.

It has been widely debated whether some of the differences seen in neuro-imaging of the brain like the thinning of cerebral cortex seen in patients really account for or explain the symptoms of ADHD. ADHD is inherited but but the environment does play a role. We are gradually beginning to accept that some interactions between genetics and the environment contributes to the disorder. Some have argued that ADHD may not be just one illness. It may stem from multiple genetic and environmental sources which converge to cause similar changes in the nervous system causing symptoms of disorder.



Dr. M Kaleem Arshad

Muhammad Kaleem Arshad MD says that even if ADHD remains a fussy clinical entity, it is a general consensus that it is deficit of executive function mostly originating from frontal lobe in brain. This deficit affects a persons ability to pay attention, maintain focus, filter out distractions and control impulses.

Muhammad Kaleem Arshad MD says that there is significant debate concerning the prevalence of ADHD. Some experts believe that current rates still underestimate the prevalence of this disorder even if there have been significant increases in the rates that ADHD is being diagnosed in USA and United Kingdom. The increased environmental demands in this highly technological world and contemporary lifestyle changes may account for true increase in rates or just draw more attention to the symptoms. Some of the under diagnosis may be attributable to the stigma attached to being diagnosed with an illness at a young age and having to go on medications. Conversely some argue that disorder is being over diagnosed. Fairly general criteria for ADHD diagnosis lends to other disruptive behaviors and learning difficulties being diagnosed as ADHD. The subjective nature of assessments and reliance on self reports may lead to over-diagnosis as well. We need more research as to whether gender, socioeconomic status or racial biases influence prevalence rates.

Dr Muhammad Kaleem Arshad states that controversies around the use of psychotropic medication specifically stimulants. In the United States these medications are widely accepted means of treatment. Use of these medications increased almost 4 fold from 1987 to 1997. Over the last 10 years the rate of medication use has not increased. Frequently these medications are being used by non psychiatric physicians without a thorough assessment to establish a correct clinical diagnosis. The unnecessary or inappropriate use of these medications can actually cause more harm than good. Some would argue that while involvement of general practitioners in prescribing stimulants may have increased the access to care, it can actually lead to inappropriate use of these medications.

Muhammad Kaleem Arshad MD further elaborates that adverse reactions from the use of stimulants cause many parents to seek complementary or [alternative treatments](#). Many individuals use complementary and alternative medicine (CAM) because they are attracted to CAM concepts and health beliefs, dissatisfied with the results of the conventional care with stimulants.

Use of these alternative approaches directly reflects on the complexity and heterogeneity of the disorder. Individualized dietary management and trace element supplementation may be beneficial in some children with ADHD. Self-regulatory techniques such as hypnotherapy and biofeedback do not alter the core symptoms of ADHD but may be helpful in controlling secondary symptoms. At present, nootropics, homeopathy and herbs are being researched regarding their role in neurologic regeneration but evidence to support their role in the specific treatment of ADHD is inconsistent.

Muhammad Kaleem Arshad MD has practiced psychiatry in New Orleans area over last 30 years. He has directed several psychiatric hospitals and programs in the city .

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