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Stigmatization and self-perception of youth with attention deficit/hyperactivity disorder

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Increasing numbers of families must learn to manage their child's attention deficit/hyperactivity disorder (ADHD) through multimodal interventions that may include psychosocial, educational, and medication treatments. Like others with mental disorders, youth with ADHD face significant stigma in its various forms, including public (expressed as prejudice and discrimination), courtesy (stigma suffered by family members or associates of individuals with ADHD), and self-stigma (stigmatized individual's acceptance of negative views by others). Successful ADHD management requires awareness of stigma and of its potential adverse consequences on treatment initiation and persistence, but also calls for effective means to combat it. This review on stigmatization and self-perception of youth with ADHD first considers the current context of management and treatment options. Next, we appraise recent research in ADHD stigma measurement, identifying a dearth of validated tools and a need for additional instrument development, especially brief measures suitable for clinical encounters. The review then addresses studies of public stigma from the perspectives of youth and adults. A number of qualitative studies document the ubiquitous nature of public stigma experiences associated with ADHD from the perspectives of caregivers. Notably, impressions gathered in qualitative research are confirmed through quantitative studies of representative youth and adult samples, such as the National Stigma Study – Children, which report considerable stigmatization of ADHD by the general public. Unlike public stigma, courtesy stigma has not been examined through large-scale quantitative studies. However, courtesy stigma has been amply documented in qualitative research as a phenomenon experienced at various ecological levels, within the dyadic relationship with the affected child to interactions with immediate and extended family, community, and health and educational systems. Very limited research could be identified for self-stigma of youth affected by ADHD, with reports of lowered self-esteem in response to public stigma. General societal antistigma programs have been developed and implemented, consisting of three paradigms – protest, education, and contact – but insufficient guidance exists for ADHD treatment providers on how to combat stigma experienced by individual patients with ADHD and their families.