
The last well person

EDITORIAL

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ADHD diagnoses in children and young people have increased dramatically. We need to be careful that a prediction made in 1994 is not realised.



Photo: Sturlason

The proportion of teenage girls in Norway with an ADHD diagnosis tripled between 2010 and 2022, while the proportion among young boys nearly doubled [\(1\)](#). In 2024, 5.79 % of boys aged 13–17 and 4.35 % of women aged 18–29 were using medication for ADHD [\(1\)](#). Never before have so many children and young people in Norway received a medical diagnosis or used prescribed medication on a daily basis.

This trend is not unique to Norway. In the United States, 11.4 % of children have an ADHD diagnosis, and the proportion may be as high as 22 % among 17-year-old boys [\(2\)](#).

The inherent expansionism of medicine is not a new concept. Indeed, the biomedical model tends to be the dominant framework for explaining and understanding human difficulties. In 1994, the American physician Clifton K. Meador postulated that by 1998 only one well person would be left in the world, as everyone else would have been diagnosed with a medical condition [\(3\)](#).

The reasons for the dramatic increase in ADHD diagnoses are widely debated [\(4, 5\)](#). There is broad agreement that the aetiology of ADHD is multifactorial, with genetic, environmental and social factors all playing a role. Several factors have been suggested, including the broadening of diagnostic criteria, which has increased the proportion of the population meeting the criteria [\(5\)](#). Changes in the education system, such as earlier school entry and greater emphasis on self-directed learning, may also contribute. Later school entry appears to be

associated with a lower risk of an ADHD diagnosis [\(6\)](#). A Norwegian study from 2017 found that boys and girls born late in the year were approximately 1.4 and 1.8 times more likely to be prescribed ADHD medication, respectively, compared with those born earlier in the year [\(7\)](#).

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Media interest in ADHD has also increased. Globally, there were more than three times as many press articles on ADHD in the first five months of 2025 compared with the previous year [\(4\)](#). In Norway, the tabloid press readily promotes self-tests for ADHD ('Try it now!') without critical scrutiny [\(8\)](#). There is also a societal trend towards attributing diagnoses to what was previously regarded as normal human variation [\(5\)](#). Furthermore, diagnoses play an important structural role in society: they open doors and trigger rights that are not accessible to those without a diagnosis, thereby increasing the pressure to make a diagnosis.

Some also argue that social media is fuelling the tendency among young people to describe normal emotional responses in diagnostic terms. An international study found that almost 70 % of content presented as ADHD symptoms in popular TikTok videos under the hashtag #ADHD actually reflects completely normal everyday experiences [\(2\)](#).

Nearly half of all children and young people referred to mental health services in Norway are assessed for ADHD [\(9\)](#). This not only takes up capacity that could be used for children with other conditions but also creates a market for commercial providers. There is no overview of the scale or quality of this market in Norway. In Sweden, a recent government inspection of private neuropsychiatric services for children delivered a damning verdict: 'The inspection also found that, in several cases, treatment for ADHD consisted of initiating ADHD medication as the first or only intervention, contrary to national clinical guidelines. Deficiencies in history-taking, physical examination and follow-up of pharmacological treatment were also identified, which entails risks to children's health' [\(10\)](#).

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The Norwegian Directorate of Health will shortly publish a report on ADHD, commissioned by the Ministry of Health and Care Services. The Director General of Health has already expressed concern about the large number of children and young people being diagnosed with ADHD and the increasing use of medication [\(11\)](#). The report proposes several measures, including a revision of the national ADHD guidelines, a strengthened role for primary care prior to referral to the specialist health service, and improved understanding of the quality and scope of the private market for ADHD assessment [\(11\)](#).

ADHD can cause severe symptoms and functional impairment, which may be substantially improved with appropriate treatment, making it all the more important to apply diagnostic criteria correctly. The size of the 'true' ADHD population is unknown, but no one will benefit if the explosive increase in diagnoses observed in recent years continues. The Norwegian Directorate of Health's proposals are therefore to be welcomed. It is also reasonable to suggest that some of those already diagnosed may benefit from reassessment in the future. Ultimately, no one benefits if Meador's 1994 prediction is realised.

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