

# Debate: 'Neurodiversity' – has it outrun its usefulness?

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I am a Child Psychiatrist. I spend most of my time these days being asked to make diagnoses of ASD/C (Autism Spectrum Disorder/Conditions) and ADHD (Attention Deficit Hyperactivity Disorder). There are three problems with these:

- 1 They are syndromes not diseases – collections of symptoms.
- 2 Many people need these diagnoses to get resources in schools or Society, not for any intrinsic benefits of a 'diagnosis'.
- 3 I no longer know what they are or their (other) use.

Often these conditions are increasingly subsumed under the heading of 'Neurodiversity'. I am not sure what that is either and have never heard or read a useful definition. I have certainly not heard what constitutes Neuro-typicality or Neuro-orthodoxy. I often see female patients where such conditions are being queried. In line with other observers and clinicians in this area, I usually if not invariably see sensory sensitivity as a first symptom or presentation/difficulty. Sensory overwhelm is virtually universal in these clients. This is so much so that I began some time back to ask whether this was the core condition, not the checklist of other original symptoms that led to the current constituent parts of the diagnosis of ASC/D. I note that a recent paper (Green, 2023) implies this too and asks, as I have for some time, whether we might be better off considering a constitutional predisposition of aroused nervous system or sensitivity that is then either impacted upon, or leads to, certain interactions with the environment which in turn creates the more familiar and typical pictures that we have until now called Autism Spectrum.

I seem to spend a lot of time talking about this in sessions these days and have yet to meet a family or parent(s) who do not immediately understand this idea. The area in which I may differ from others is to ask why there is this apparent increased awareness or prevalence of such predisposed personalities, or cognitive make-ups. My response is to then move to considering how the environment may impinge on and influence very early development, prior to the establishment of such neurological sensitivity. This in turn leads me, for example to questions around toxic environments both prenatally and during pregnancy in mothers and postnatally in the early weeks and months of life (Costas-Ferreira, Durán, & Faro, 2022; Moore et al., 2022). However, those are another issue.

My point here is that if we are indeed seeing the increased prevalence of a type of predisposition to neurological 'upregulation', as I would term it, would it not make more sense to discard the diagnoses as they stand and look in a more mainstream medical fashion at the aetiology of such conditions and label that condition as a diagnosis, not the consequences of it later in life (autism). We might then have a condition termed something like *Neuro-upregulation due to (...)* – you may fill in your own brackets here. One such example or suggestion might be, 'excessive exposure to glyphosate' (Costas-Ferreira et al., 2022) or similar. Others might include suboptimal maternal biome or related issues (Clapp et al., 2017).

What are the downsides to this approach? Well, one is quite political – although it might be argued that all diagnoses are ultimately political. It would be the establishment of causes in the environment that are controversial – for example, some agri-companies might object to the glyphosate example above. Or implied statements about causality in medicine that the regulatory bodies find hard to accept. An example of this is PANS/PANDAS, a condition (or constellation of conditions) I undoubtedly see in practice (Cooperstock, Swedo, Pasternak, & Murphy, 2017) but which still causes some professional people in the United Kingdom to deny its existence and threaten to close down practitioners who (believe they) see and (dare to) treat it (UK Parliament EDM, 2023). So, diagnosis is undoubtedly a political act both in terms of its statements about the world and causes, and in terms of its possible impacts on resources to change and support lives (see reason (2) above re the utility or otherwise of current diagnostic protocols).

Where does this leave us in terms of ADHD and ASD/C? I no longer diagnose ADHD in patients without the following caveat: 'In offering this diagnosis I would say that in my view there are many causes of being unable to sustain attention or focus, or impaired routes to produce outputs from cognitive processes, or pair up cognitive processes to outputs using intermediates like processing speed or short-term memory. To suggest that these are all one and the same and only constitute one condition called 'ADHD' seems to oversimplify matters. I prefer to seek the root causes for such symptoms (remember ADHD is a syndrome not a disease entity), and then treat or support if I can'. I acknowledge that giving stimulants or related treatments can often help but this says nothing about aetiology and does not address or solve the causes. That is to say it is not healing, which in my

rather quaint old-fashioned away is what I still try to do rather than just manage symptoms, as useful as that may be. The fact that I spend much of my time now treating poor gut function and badly balanced microbiomes (Cenit, Nuevo, Codoñer-Franch, Dinan, & Sanz, 2017; Neufeld, Luczynski, Oriach, Dinan, & Cryan, 2016), or toxin elimination (see references above) is neither here nor there but it is often what I do alongside medication prescriptions. Similar but different issues may apply in ASD/C presentations (Xu, Xu, Li, & Li, 2019).

In conclusion, I propose these diagnoses (ADHD ASD/C) and associated notions of Neurodiversity be abandoned in favour of more specifically targeted labels and aetiologically derived categories of presumed disease or states. The consequence of such actions cannot be underestimated in terms of political and individual disruption and challenges, but we need to move from 20th (and even 19th) century psychiatric labels and ideas to 21st century ones based on the clinical evidence in front of us.

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### Ethical information

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