NeuroFX
Changing Minds

LATER LIFE DIAGNOSIS GEN X · 13.2

Why ADHD Was Missed in the 1970s, 80s and 90s

ADHD as a clinical diagnosis was barely available in UK schools through the 1970s, 80s and most of the 90s. The framework was changing, UK clinical culture was sceptical, and the screening tools looked for the wrong picture. The recognition wave now in adult clinics is the result.

FOR
Generation X adults reading their school reports differently

AUDIENCE AGE
18+

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PART OF
The NeuroFX resource library

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IN SUMMARY

Why ADHD Was Missed in the 1970s, 80s and 90s

Why the framework was not in place

- **The clinical name kept changing.** Minimal brain dysfunction in the 1960s. Attention Deficit Disorder in DSM-III in 1980. The subtypes appeared, disappeared and came back across editions. A child going through school in the 1970s, 80s and early 90s was moving through a shifting clinical concept.
- **UK clinical culture was slow to adopt it.** Through the 1980s and most of the 1990s the dominant UK view in NHS paediatrics was that ADHD was an overdiagnosed American phenomenon. NICE did not publish formal UK guidance until 2008, with the current pathway NG87 first appearing in 2018.
- **The screening tools looked the wrong way.** The Conners Teacher Rating Scale, in use from 1969, was designed around visible classroom disruption. Quiet inattention barely registered. The inattentive picture, at least as common as the hyperactive one, was largely invisible to the system tuned to spot the loud version.

Who got missed

- **Girls with inattentive presentation.** Quiet, dreamy, conscientious-looking, doing fine on tests until the load got serious. Without overt hyperactivity, they were invisible to a system tuned to spot it.
- **Bright children buffering with IQ.** Top sets, last-minute application, persistent under-achievement relative to ability. The gap between potential and output was read as motivation.
- **Restlessness routed into something legible.** Sport, drama, the army cadets, music, a trade. The hyperactivity had a socially acceptable outlet and looked unremarkable from outside.
- **Children of parents with undiagnosed ADHD.** If a parent quietly had it too, the family normalised the pattern. The late diagnosis often comes when the parent's own child gets identified first.

What this means now

- **It was not anyone's personal failure to notice.** The diagnostic framework, the screening tools, the clinical culture and the school system together produced a generation of unidentified adults.
- **The pathway is in place now.** NICE NG87 sets out the adult assessment pathway. The recognition wave in clinics is the system finally being used at scale. There is no upper age limit.
- **Three UK routes to assessment.** GP referral on the NHS (often long waits). Right to Choose in England (legal route to a CQC-registered provider). Private self-referral to a CQC-registered clinic such as NeuroFX.

> **WHEN TO SPEAK TO A PROFESSIONAL**
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> Speak to your GP if the history in this piece is recognisable and the difficulty is genuinely affecting your work, your relationships or how you see yourself. Ask about referral for adult ADHD assessment; in England, ask specifically about Right to Choose if the local NHS wait is long. The private route via a CQC-registered clinic such as NeuroFX is the faster option where that is workable.

SOURCES

Lange 2010 history of ADHD; DSM-III 1980 and DSM-IV 1994; Conners 1969; Polanczyk 2014; Asherson 2012; NICE NG87

NEXT STEPS

Speak to NeuroFX

Private ADHD and autism assessment for adults and children aged 6 and upwards. CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

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