

DIET AND SUPPLEMENTATION · 14.7

Sugar and ADHD: The Persistent Myth and What the Evidence Says

The belief that sugar causes hyperactivity is one of the most widely held and most thoroughly disconfirmed claims in paediatric nutrition. Three decades of randomised trials say dietary sugar does not produce behaviour change. The reasons the belief persists are interesting and worth understanding.

FOR

Parents and adults asking whether sugar makes ADHD worse

AUDIENCE AGE

ADHD

REVIEWED

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PART OF

The NeuroFX resource library

IN SUMMARY

Sugar and ADHD: The Persistent Myth and What the Evidence Says

What the evidence says

- **The Wolraich 1995 JAMA meta-analysis was unambiguous.** Sixteen randomised, double-blind, placebo-controlled trials pooled. Sugar did not produce statistically or clinically meaningful effects on behaviour or cognitive performance in children, including children with ADHD. Effect size was effectively zero.
- **The earlier Wolraich 1994 NEJM trial showed the same.** Children on high-sucrose, high-aspartame and high-saccharin diets for three weeks each in a crossover design showed no behavioural difference between the diets.
- **Replicated across populations, age ranges and sugar types.** Few questions in clinical nutrition are settled as cleanly as this one. The Faraone consensus does not list sugar restriction among the dietary interventions with evidence in ADHD.

Why the belief persists

- **Hoover and Milich 1994 demonstrated the expectation effect.** Mothers who believed their child had been given sugar rated the child as more hyperactive than mothers who believed their child had been given a placebo, even though every child had received the placebo. Parental rating is shaped by parental expectation.
- **Sugar contexts also include other contributors.** Birthday parties, Halloween, Christmas, sleepovers: late bedtimes, over-stimulation, novel environments, sometimes caffeine, sometimes food colourings, disrupted routine, missed meals. The behaviour change is real; the sugar is not the cause.
- **Confounding effects are real, individually and combined.** Any one of these factors alone produces behaviour change in many children. All of them together reliably do.

What is worth thinking about

- **Regular mealtimes and protein at each meal.** Particularly relevant on stimulant medication where appetite drops during the day. An early high-protein breakfast and a substantial evening meal often work better than three light meals.
- **Glycaemic stability across the day.** Slow-release carbohydrates with protein produce more stable blood sugar than a high-sugar meal followed by a long gap. Avoiding hypoglycaemia at predictable points matters more than avoiding sugar specifically.
- **Sensible sugar intake for general health.** Sugar consumption matters for dental health and long-term metabolic health regardless of ADHD. NHS guidance on UK sugar intake applies to children with or without ADHD; sugar restriction specifically for ADHD symptom control is not supported by evidence.

WHEN TO SPEAK TO A PROFESSIONAL

If your child's behaviour at predictable times of day is a concern, a registered dietitian or your GP can help review mealtime patterns, particularly where appetite suppression on stimulant medication is part of the picture. NeuroFX assessment includes review of relevant lifestyle factors as part of the clinical workup.

SOURCES

Wolraich 1995 JAMA; Hoover & Milich 1994; Krummel 1996; Wolraich 1994 NEJM; NHS sugar guidance; Faraone consensus 2021

NEXT STEPS**Speak to NeuroFX**

Private ADHD and autism assessment for adults and children aged 6 and upwards.
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