

ADHD foundation, Sweden



Welcome to get info about the ADHD foundation
greeted Bo von Scheele, Ph. D. and professor, Sweden

Knowledge about “neuro psychiatric disorders” are weak but not completely absent, which it sometimes seems to be – in regards to how diagnostics are mostly done as well as how pharmacological (read pills) substances are used, the latter preferably based on profits interests and not humanity and care!

Hard words? Maybe, but this is the situation which gradually is revealed by scientists and clinicians, see reference examples! At the same time (a) more diagnoses give more money to health care services, I did not first believe it, how far can manipulations go? (b) in spite of increasing knowledge about pills not only is not satisfying functional for its purpose (not reliable research) it seems to over time worsened individuals’ problems (where not easy observable placebo effect can prevent its dysfunctional development in the beginning) simply while we do not know how individuals are influenced, and also (c) it prevent more adequate biopsychosocial measures/approaches. The danger is; quite fix is not always good fix but at best hide the dysfunctional development!

Backing up my argument above is done at websites where I also refer to others argument as well as scientific/clinical paradigms (while no one has absolute knowledge but different degrees of limited, we must as clear as possible present our paradigm platform where we base our thinking and argument on)!

Here I also briefly describe what I hope ADHD foundation could via R&D work accomplish

1. Change the name e.g. to HIP, Highly Intense People (while most “taken for granted” ADHDs are not associated with “neuropsychiatric based disorders investigation) – motivate scientifically, clinically and socially why it must be changed!
2. Increased knowledge based understand of ADHD from a BioPsychSocialCultural perspective!
3. Increase efficacy in assessments and diagnostics where capacity tests influencing observed dysfunctions is crucial – here a neuro-psychophysiological social-cultural approach is so far a prerequisite
4. Based on the above more effective interventions need to be developed including psychosocial ones – at home, in school, in leisure time
5. Based on the above develop a sound clinical educational program based on the approach “learning while doing while seeing”, where the pilot in the process is ... the patient! Health care providers (relevant educated) are focusing on education, biopsychosocial supervision, encouragement,
6. Based on the above an AI-ReLy system (refers to an interactive Artificial Intelligence-Reference Library) need to be development – for continuing R&D work as well as a database for scientists, clinicians and patients.

If you find anything above of value also for prevention of HIP as well as biopsychosocial interventions where the individual is superior and profits not – and all Health Care Providers who will improve their work (while working full-time and have time for families and leisure) – PLEASE TAKE ACTIONS - not at least to the words as spreading “the rings on the water”

For a more health caring humanistic future

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