Review Article

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Overdiagnosis and Unnecessary Prescription of Psychotropic Drugs in Disorders of Human Relationships. The "New" Case of Attention Deficit Hyperactivity Disorder

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Globally, attention deficit hyperactivity disorder (ADHD) affects up to 8% of children and adolescents and often persists into adulthood. Although ADHD affects both boys and girls, there is a significant discrepancy in the diagnosis rate, with boys being diagnosed two to three times more often. Females with ADHD are diagnosed, on average, five years later than their male counterparts [1,2]. Most adolescents experience the addictive pull of social media, but those with ADHD are particularly vulnerable due to differences in how their brains regulate attention and reward. This makes these young people more likely to use social media in risky ways. Addressing this issue is complex for parents and requires careful management.

Rates of ADHD have risen rapidly in recent decades, for reasons that are not entirely clear—a mystery that underscores how much we still have to learn about this condition [1]. ADHD diagnoses are multiplying, but the reason is not so simple. The prevalence of ADHD is skyrocketing, especially in children, but there is no scientific consensus to explain the trend. Approximately 1 in 9 children in the United States has at some point received an ADHD diagnosis, and so ADHD is a "growing public health problem." Debates revolve around overdiagnosis, changes in criteria, the influence of social media, and other factors.

Diagnoses of ADHD have reached record numbers in various countries over the past two decades. This trend is especially visible in high-income nations. However, the scientific community has yet to reach a consensus on the causes, which has generated new concerns about the effectiveness of detection mechanisms, available treatments, and the understanding of a condition that historically "seems" to have been underestimated.

The global prevalence of ADHD symptoms is estimated at approximately 5% in the child population and around 3% in adults. Reported rates in countries like the United States considerably exceed these levels [3]. Experts explain that these differences are related to factors such as identification methods, access to the healthcare system, and population census mechanisms, among other aspects [4].

The symptoms of ADHD have been known for over 100 years, although the condition was not formally recognized until the 1960s and did not receive its current name until 1980. ADHD has a significant genetic component, but environmental factors also play a role. It is one of the most controversial mental health problems due to its diagnostic and treatment processes. The diagnostic process, based almost exclusively on the presence of behavioral symptoms, raises concerns due to the high level of subjectivity required in their assessment, as crossing the line of normality becomes a matter of degree. Additionally, these symptoms are more clearly expressed in the school setting and are almost nonexistent during clinical evaluation sessions [5].

Furthermore, the traits of inattention or hyperactivity can vary widely among individuals, and it is still unclear whether the level of impairment should be measured in relation to personal potential or to the population average [4]. On the other hand, an ADHD

diagnosis could actually mask other problems, such as a low mood resulting from family issues. Case-by-case evidence shows that there is sometimes an underlying emotional problem. It has been stated that 60% of adults with ADHD have a second co-occurring disorder, which is often substance abuse [6].

Thus, overdiagnosis is very likely and is attributed to several factors: on the one hand, to the interests of the pharmaceutical industry and to misinterpretation by professionals, but, on the other hand, also to social changes and the stressful and hectic lifestyle of adults [7]. Overdiagnosis is especially worrying because it is associated with overtreatment with psychotropic drugs. The “dramatic” increase in medications to treat ADHD has recently been reported [8].

ADHD does not have a clear organic cause that allows for an accurate diagnosis. For this reason, the trend toward increased administration of pharmacological treatments to control the symptoms of the disorder globally has sparked several controversies, including, on the one hand, its short- and long-term side effects, and on the other hand, the role of pharmaceutical companies in the consolidation of the disorder and the increase in its prevalence [5]. General practitioners and psychiatrists are increasingly prescribing psychotropic drugs to treat disorders in human relationships [9], "adding fuel to the fire." Whether it's smoking, depression/anxiety, or now ADHD, which is replacing those old frameworks, it's becoming important part of the medicalization of everyday life, even though there are dissenting voices, important and valuable exceptions [8,10,11]. And so, doctors have become traffickers of psychotropic drugs [12].

Fortunately, a reasonable lack of adherence to treatment counteracts this risk of medicalizing human relationships and indicates that the treatment was inadequate [13]. In general, the patients' parents and teachers stated that the medication does not improve academic performance, but rather favors school dynamics by reducing children's hyperactivity and impulsivity. It can therefore be said that there is a political character to the administration of psychotropic drugs, insofar as it has the function of restoring social order by guaranteeing the effectiveness of institutions [5].

There is a specific alternative perspective within general medicine that acknowledges the existence of mutual causal relationships. Therefore, there are differences between a pharmacological approach to ADHD intervention (focused on a cause-and-effect relationship) and a multicausal or relational approach. There is a close relationship between ADHD and the family environment, characterized by circular causality where genetic factors and relational dynamics constantly influence each other. Parenting and the family environment influence ADHD symptoms and can affect the likelihood of a child being diagnosed with ADHD [14].

The child's symptoms generate high levels of stress, conflict, and imbalances in family dynamics. Authoritarian or permissive parenting styles, resulting from stress, can exacerbate the child's maladaptive behaviors. The lack of a structured environment makes managing symptoms more difficult. Higher rates of conflict, family dysfunction, and divorce are observed in families with diagnosed cases of ADHD [15,16].

The biological approach in psychiatry leads to the increasingly early, intensive, and prolonged use of psychotropic drugs for mild clinical conditions and mental health situations arising from everyday life contexts (personal, relationship, family, work, socioeconomic, etc.). Psychotropic drugs act on symptoms and modify thoughts, feelings, and behaviors; they can generate physical and psychological dependence; they can discourage the in-depth search for real solutions, both by the physician and the patient; they can affect the physician's access to the patient, leaving the problem beyond their reach. Psychotropic drugs can hinder the physician's own effectiveness as a "medicine" [17].

Furthermore, practical experience in general medicine indicates that psychotropic drugs cause permanent biological changes that can structure and chronicize mental illnesses that would have improved without them: they produce functional changes in thoughts, feelings, and behaviors that, over time, become structural/organic and permanent [18].

However, officially, pharmacotherapy with stimulant or non-stimulant medications is recommended as first-line treatment for ADHD. Among patients prescribed stimulants, concomitant opioid use may increase the risk of drug dependence, exacerbate comorbidities, and compromise treatment adherence. On the other hand, there is limited evidence regarding risk factors for initial prescription in this population. Several demographic (e.g., age, sex, geographic region) and clinical (e.g., history of mental disorders and substance use disorders) factors are associated with the initiation of opioid use in ADHD patients treated with stimulants [19].

Ultimately, psychotropic medication is limiting: it considerably reduces the possibility of bonding with the child and limits the professional's ability to intervene. The medicalization of ADHD begins with its neurobiological cause; Dopamine signaling has long been a therapeutic target, but researchers are still learning exactly how this neurotransmitter affects ADHD. However, the link is more complex than a simple deficiency in a brain chemical. Psychotropic medications have problematic specific and nonspecific side effects [1,20].

In short, the environmental context interacts with genetic predisposition in ADHD. Pharmacological treatment is a subject of debate and is not always the only answer, nor does it guarantee long-term academic or learning outcomes on its own, with short- and long-term pharmacological and relational side effects. International consensus recommends that the approach to ADHD should not rely solely on medication. The most effective treatment is usually multimodal, combining medication, if deemed appropriate in a particular case, with therapeutic interventions (cognitive-behavioral therapy, guidance for parents and teachers) to address both the biological and the social and relational environment. Overdiagnosis of ADHD leads to unnecessary

medication and clinical labeling, obscuring a child's potential. Expanding therapeutic capacity for ADHD in general practice is not about increasing medication use extensively, but rather about opening new avenues to address the underlying conflicts patients face: unresolved crises, dysfunctional interpersonal interactions, etc. The goal is to ensure that the intervention is meaningful: helpful for the patient and their family. Successful management of ADHD requires a comprehensive family approach, understanding that the best combination may be different for each person.

References

1. Owens B. ADHD is on the rise but why The more we learn the less we seem to understand this condition. Nature. 2026. https://www.nature.com/articles/d41586-026-00093-y
2. Anonimo. Why do women like me get diagnosed with ADHD late Emily Bates was diagnosed with ADHD at the age of 34. She explores how the condition presents in women and why so many are diagnosed later in life. Nature. 2026. https://www.nature.com/articles/d41586-026-00260-1?utm_source=Live+Audience&utm_campaign=0de342b0d0-nature-briefing-daily-20260127&utm_medium=email&utm_term=0_-33f35e09ea-49813052
3. Pearson H. ADHD diagnoses are growing. What's going on. Nature. 2025. https://www.nature.com/articles/d41586-025-03855-2
4. González F. ADHD diagnoses are multiplying, but the reason is not so simple. Wired 26 de noviembre de. 2025. https://es.wired.com/articulos/los-diagnosticos-de-tdah-se-multiplican-pero-la-razon-no-es-tan-simple
5. Vargas Rodríguez AM. Controversies between parents and teachers of children and adolescents in Bogotá against the pharmacological treatment of ADHD. Rev Iberoam de Psicol. 2020; 13. https://reviberopsicologia.ibero.edu.co/article/view/rip.13202
6. Mallo R. ADHD and diagnostic labels. Psicoafirma. 2015. https://psicoafirma.com/blog/ninos-adolescentes/tdah-deficit-de-atencion-e-hiperactividad-etiquetas-diagnosticas/
7. Editorial staff. Experts warn that ADHD is being overdiagnosed. Salud y Medicina. 2017; 13. https://saludymedicina.org/post/expertos-advierten-de-que-hay-un-sobrediagnostico-del-tdah
8. Wise J. ADHD Medication use among UK women increases 20-fold over the past decade study suggests BMJ. 2026; 392: s140. https://www.bmj.com/content/392/bmj.s140
9. Turabian JL, Perez Franco B. More Drugs to Cure Disorders in Human Relations The Case of Addiction to Tobacco. Aten Primaria. 2006; 37: 62-63. https://www.elsevier.es/es-revista-atencion-primaria-27-articulo-mas-farmacos-curar-las-alteraciones-las-relaciones-13083930
10. Turabian JL. More timber More drugs to cure disorders in human relationships The new case of ADHD. BMJ. 2026; 392: s140. https://www.bmj.com/content/392/bmj.s140/rr
11. Moncrieff J. A Straight talking introduction to psychiatric drugs. PCCS Books Ross-on-Wye Herefordshire UK. 2009. https://www.academia.edu/2923384/Psychiatric_drugs_a_straight_talking_introduction_to_Joanna_Moncrieff_HEREFORDSHIRE_UK_PCCS_Boo
12. Turabian JL. The Wrong Transformation of Doctor-Patient Relationship in Drug-Patient Relationship From the Doctor Himself as A Drug to Doctor as Drug Dealer. Chronicle of Medicine and Surgery. 2018; 3: 298-301. https://www.researchgate.net/publication/328631575_The_Wrong_Transformation_of_Doctor-Patient_Relationship_in_Drug-Patient
13. Turabian JL. Epidemiology of Adherence and Nonadherence as Indicator of Inappropriate Treatment Adherence Useless And Nonadherence Adequate. Arch Health Sci. 2023; 7: 1-10. https://gudapuris.com/articles/10.31829-2641-7456-ahs2023-7(1)-006.pdf
14. Claussen AH, Holbrook JR, Hutchins HJ, et al. All in the Family A Systematic Review and Meta-analysis of Parenting and Family Environment as Risk Factors for Attention-Deficit/Hyperactivity Disorder ADHD in Children. Prev Sci. 2024; 25: 249-271. https://pubmed.ncbi.nlm.nih.gov/35438451/
15. Wymbs BT, Pelham WE Jr, Molina BS, et al. Rate and predictors of divorce among parents of youths with ADHD. J Consult Clin Psychol. 2008; 76: 735-744. https://pmc.ncbi.nlm.nih.gov/articles/PMC2631569/
16. García-Galicia A, Tapia-Venancio M, García-Vargas MÁ, et al. Correlation of anxiety in parents and children with attention deficit/hyperactivity disorder. Rev Med Inst Mex Seguro Soc. 2024; 62: 1-6. https://pmc.ncbi.nlm.nih.gov/articles/PMC12204715/
17. Turabian JL. Psychotropic drugs prescription block the positive effects of the doctor-patient communication and relationship. Arch Psychiatr Ment Health. 2021; 5: 014-017. https://www.heighpubs.org/files/hjcap/pdf/apmh-aid1029.pdf
18. Turabian JL. Psychotropic Drugs Originate Permanent Biological Changes that go Against of Resolution of Mental Health Problems. A View from the General Medicine. J of Addict Dis & Ment Heal. 2021; 1. https://unisciencepub.com/wp-content/uploads/2021/12/Psychotropic-Drugs-Originate-Permanent-Biological-Changes-that-go-Against-of-Resolution-of-Men.pdf
19. Shrestha M, Okeke CM, Shen C, et al. Risk Factors Associated With Incident Opioid Prescription Among Attention-Deficit/Hyperactivity Disorder Patients Prescribed Stimulants. Ann Pharmacother. 2026. https://journals.sagepub.com/doi/abs/10.1177/10600280251413628
20. Jones N. ADHD treatments move beyond stimulants. Researchers are developing drugs to broaden the options on available therapies. Nature. 2026. https://www.nature.com/articles/d41586-026-00095-w