



By Jenny Demark

Attention deficit hyperactivity disorder, or ADHD, is very common. Approximately five per cent of Canadian children aged six to 11 years will receive the diagnosis. But there is still a lot of confusion as to what it is and what it is not.

Let's start by saying that ADHD is a real thing. It is a neurobiological condition affecting many areas of the brain, most notably the frontal lobes. Brain scan research has demonstrated significant differences in brain activity and brain volume between people with ADHD and people without it. There is a strong genetic component to ADHD, with studies showing that 25 to 35 per cent of parents of children with ADHD have it themselves. In fact, ADHD is more heritable than height, intelligence, anxiety or depression.

To be clear, ADHD is *not* something that is caused by bad parenting, bad teaching, poor diets, vaccines or too much screen time.

#### Executive functions

People with ADHD have a hard time with executive functions. In fact, some experts feel that Executive Function Disorder would be a better term than

Attention deficit hyperactivity disorder.

Executive functions are a range of central control processes in the brain (primarily the frontal lobes) that allow us to connect, integrate and prioritize our cognitive functions. Some have referred to them as the “conductor of the orchestra” or the “CEO of the brain.” Executive functions are separate from intelligence and most people with ADHD have average IQs. Specifically, our executive functions control:

- Motivation (How can I write this report when I am not interested in the book?)
- Initiation (How can I get started on my chores when I'd rather watch YouTube?)
- Timing (How long will it take for me to make dinner?)
- Planning (What is the best way to clean my room?)
- Organizing (How should I set up my workspace?)
- Focus (How can I pay attention during this boring meeting?)
- Effort (How can I sustain my energy and focus until my work is complete?)
- Emotion Regulation (How can I control my frustration in a socially acceptable way?)
- Self-Monitoring (How do I appear

to others at this moment?)

- Prioritizing (What should I do first?)
- Remembering (How can I remember to do everything for work, for school, for my friends and at home?)

The frontal lobes are the slowest part of our brains to develop, so it is not surprising that executive functions do not fully mature until our early 20s. For people with ADHD, there is up to a 30-per-cent delay in the rate at which executive functions mature. This means that a nine-year-old child may function more like a 6-year-old child, despite being just as smart as their peers.

Keep in mind that everybody has problems with executive functions from time to time, especially when tired, sick, stressed or overwhelmed. The pandemic has certainly brought about executive function challenges for many of us as we have had to pivot in our work, school and other day-to-day activities at a moment's notice. But for those with ADHD, their executive functions are chronically impaired and that has a substantial detrimental impact on their work, school, homelife and relationships.

Still, people with ADHD can demonstrate good executive functioning in certain activities, especially when their interest is high. Many report becoming completely absorbed in preferred activities, to the point where it can be difficult to get their attention or for them to realize how much time has passed. This causes others to think that ADHD is a problem of willpower, but it is not. People with ADHD *want* to be successful, but they *lack the skills* to be so.

Let's not forget that people with ADHD have many positive characteristics. They often have truly sparkling personalities. They are funny, enthusiastic, spontaneous and generous. Many are creative and able to think “outside the box.” Their hyper-focus allows them to be very productive on tasks of interest. They tend to live in the moment, free from stress and worry. Moreover, people with ADHD are often very resilient. Going to work or school every day when it is hard, when they get into trouble for things that are outside their control, when they are teased and criticized for their mistakes – this is true resilience!

*Jenny Demark, Ph.D., C.Psych, is a psychologist who lives in the Glebe and works nearby.*

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## Do you experience urine leakage?

By Nadine Dawson

If you are still reading, either you are shocked at such an explicit question in a community newspaper and want to know what craziness will follow or you leak urine. Not that women call it that. It's the medical lingo for an experience that one in three women shares and that nobody seems to talk about. Oh, sure, we see the ads for adult “briefs.” We hear whispers about Kegels while attending to our children in parks and schoolyards – children whom we may envy as they hang unconcerned upside down from structures and run about with wild abandon playing grounders. Who cares to share such intimate details of our lives, especially when the condition not only restricts our freedom but also threatens our wellbeing in myriad other ways?

Wouldn't it be lovely to be so free again, to run without fear, to cough without embarrassment, to laugh with impunity? Alas, birthing children has long-term physical implications beyond lack of sleep and the kind of fatigue that threatens parents' ability to put together coherent sentences for years after their little bundle of joy arrives in the world. But while the condition of “leaking urine” may be common, it is not normal and it can be treated.

Enter the University of Ottawa's MFM Lab, Lees Avenue Campus,

under the direction of Linda McLean, Ph.D. There, health care professionals including pelvic-floor physiotherapists are undertaking various studies involving women's health, including the kind of stress incontinence described here.

Currently, they are actively recruiting participants for two studies: the first on sensory and motor correlates of stress urinary incontinence in women and their influence on pelvic floor muscle training; the second on the effects of hypopressive exercises on intra-abdominal pressure and on pelvic floor muscle activation.

Sound intriguing? Good news! You may be able to help. While there are specific eligibility criteria for each study, you may qualify for one or both if you are vaccinated against COVID, female and over 18. While neither study offers compensation or treatment per se, both provide training and information as well as referrals that may be of personal benefit to individual participants. Further, your participation will help expand knowledge of women's health with the potential to enhance the lives of women all over the world.

Participation is voluntary and confidential. For more information, please contact Silvia Saraiva, PT, at 613.562.5800 x7438 or [mfmmlab@uottawa.ca](mailto:mfmmlab@uottawa.ca).

*Nadine Dawson is a teacher and artist who lives in Old Ottawa South*



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