

ing given to making permanent measures that prevent open visits to hospital patients. After the trend in recent years toward more patient-centred care, we seem to be returning to the older practice of isolating patients from family and friends, an ill-conceived approach that fails to recognize the importance of emotional support in healing.

As a caring medical community, we must avoid accepting the most convenient solution in a crisis situation.

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## ADHD and driving safety

Margaret Weiss and Candice Murray's article on the management of attention-deficit hyperactivity disorder (ADHD) in adults<sup>1</sup> was exemplary but did not mention one important area of functional impairment: problems with driving.

The greater prevalence of motor vehicle collisions among ADHD patients was first described in follow-up studies of childhood ADHD<sup>2</sup> and has since been confirmed by other researchers.<sup>3-5</sup> Adults with ADHD who have been characterized as impulsive, fast drivers with attention problems are also prone to aggressive driving and so-called "road rage."

Although CMA recommendations on assessment of fitness to drive<sup>6</sup> now include uncontrolled ADHD as a medical condition reportable to the provincial ministry of transport, the efficacy of medical interventions in reducing driving risk in adults with ADHD is not well established. In a case series of 100 adults with ADHD whose symptoms were effectively treated with stimulants (either methylphenidate or dextroampheta-

mine), spouses rated the patients as significantly less impulsive and generally safer while driving over a 36-month follow-up period.<sup>7</sup> Similar supportive studies have demonstrated better driving performance with stimulants than without any medication.<sup>8</sup>

Inquiring about driving history would now seem to be an important part of establishing a profile of functional impairment among adults with ADHD. Further research is needed to establish the efficacy of stimulants and newer non-stimulant medications in reducing collisions in this high-risk population.

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### [The authors respond:]

We thank Laurence Jerome for pointing out this omission from our article.<sup>1</sup> One of the highlights of recent research on ADHD in adults has been the demonstration that this disorder is associated with increased risk for specific areas of impairment. Some of this impairment

was anticipated clinically, such as the impairment in work and educational achievement predicted by long-term prospective follow-up studies.<sup>2-4</sup> The increased risk for motor vehicle crashes, speeding and traffic violations,<sup>5-7</sup> substance abuse<sup>8</sup> and smoking<sup>9</sup> clearly indicate that this disorder presents a serious public health concern. We agree that assessment of these specific areas of impairment should be part of both the clinical assessment and the outcome evaluation. In addition, we anticipate that other areas of impairment, such as difficulty with some aspects of parenting and activities of daily living, will be the subject of research evaluation in the future.

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