

In 2016 a national survey from the Centers for Disease Control and Prevention (CDC, 2019) found 11 percent of the American population between 2 to 17 years of age, 6.1 million people are diagnosed with Attention Deficit Hyperactivity "Disorder." ADHD is associated with a low density of gray matter, consisting mainly of neurotransmitter cells between the prefrontal cortical and basal ganglia areas of the brain; they modulate attention, learning, and memory (Dr. Liji, 2019). Popular online resources elicit tendencies of this neurological physique with a limited perspective and negative connotation. The National Institute of Mental Health (NIH et al., 2016) claims, "symptoms get in the way of functioning or development."

Psychologists accredit conformity to transient social and societal standards as a plausible reason to prescribe mind-altering drugs. (ADHD Editorial Board, 2020) notes, 62 percent of young people with ADHD are habitually consuming "ADHD medication." The subliminal disposition does not increase the susceptibility to endanger personal health nor that of others. Table 1 (WebMD Medical Reference, 2019) clarifies how side effects of corresponding pharmaceutical "treatments" risk both.

Table 1

Potential Side Effects of Drugs Given to ADHD Patients

Drug Group	Potential Side Effects
Non-stimulants	Suicidal thoughts, death by suicide, crankiness, behavioral problems, liver damage, and low blood pressure. Stopping this medicine can suddenly result in high blood pressure.

Stimulants	Heart disease, high blood pressure, seizure, irregular heartbeat, tics, abuse and addiction, weight loss, loss of appetite, sleep problems, and psychiatric problems.
Antidepressants	Anxiety, seizure, dizziness, higher heart rate, and risk of heart arrhythmias.

Austere institutions indict affinity as an “impulsive distraction” (NIH et al., 2016) from preordination. With ADHD, concentration on tasks that emote disinclination sustains only through conscious psychological ardor. The (CDC, 2019) insinuates that ADHD inconveniences authoritative systems, as one may “not follow through on instructions, fail to finish schoolwork, chores, or duties in the workplace, or start tasks but quickly lose focus and get easily sidetracked.” If someone with ADHD and a “normal” person is bored with a job, the latter is disposed to a more efficient performance and competitive results.

Autonomy accretes “unrelated thoughts or stimuli” (NIH et al., 2016) into pursuable ideas or subjects of rumination. (Tonti, 2013) was diagnosed with ADHD as a youth; he delineates “ADHD as a difference in cognition, not a disorder...misunderstood as an inability to maintain attention.” Hyperfocus is an aphorism for ADHD, it augments the perception of a predilection and nullifies superfluities (Nall, 2019). What originates as childhood “hyperactivity and impatience” (CDC, 2019) flowers into energy for passions.

Relationships that denigrate ADHD as a “problem” (Angel, 2020) are unlikely to be empathetic. Those affected are distinctive to the (CDC, 2019) when “blurting out an answer before a question has been completed, finishing other people’s sentences, or speaking without

waiting for a turn in conversation.” Misreading social cues is not histrionic behavior, imputing it as so is the iniquity of ignorance.

The global population of approximately 193,076,000 adults with ADHD (ADHD Editorial Board, 2020) was born with a human right to an idiosyncratic cognition. Attenuating the proclivities of ADHD with pharmaceuticals before someone could maturely and independently assess the decision to do so is an imposition on equality and mental diversity. The stigma that young people must embody an ideal character is ludicrous. Boundless career paths are accessible, or to be conceived for individual interests.

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