The Gold Medal Face of ADHD

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As the dust settles on the recently completed Beijing Olympic Games, reflection and a final analysis is warranted. By virtually every measure, these were a very successful Games and the Beijing Olympic Organizing Committee is deserving of congratulations. There were the usual controversies over judges scoring, the tragic murder of the father-in-law of the U.S. men’s Volleyball coach, and positive drug tests (less than expected), but the headline stories were the outstanding performances of the world’s ultra elite athletes. The Opening and Closing ceremonies were nothing short of spectacular. Two hundred and four countries participated. There were many compelling stories. Dara Torres, a 41-year-old five time Olympic swimmer coming out of retirement after having a baby and winning a silver medal (missing the gold by .01 seconds), a 21 year Jamaican sprinter breaking the world record in the 100 meters and 200 meters (matching Carl Lewis’ 1984 feat), and the unforgettable achievements of Michael Phelps winning 8 gold medals in swimming (beating Mark Spitz’ 1972 7 gold medals in Munich).

The Olympic Games are all about inspiration. As psychiatrists, we strive to understand how our patients think, feel, and behave and use our knowledge and skills to help them achieve their maximal potential by maintaining emotional homeostasis (Baron & AbolMagd, 2009). An ongoing issue, which complicates our work, is the stigma associated with having a psychiatric disorder. Although advances in neuroscience have helped “medicalize” the diseases we treat, and decrease stigma somewhat, this continues to be an ongoing dilemma. In addition to scientific discoveries, which legitimize psychopathology as being real and not merely a flaw in ones moral fibers, the news of highly successful individuals having been successfully treated for their psychiatric disease can be a source of inspiration and hope for patients and their families.

Patients with ADHD often report feeling like underachievers, the “I could have been a contender” phenomena. Many believe the core symptoms of ADHD: inattention, hyperactivity, and impulsivity and the associated emotional dysregulation, will prevent them from ever reaching their true potential. The Michael Phelps story can be a source of inspiration, motivation, and hope. Phelps did not proclaim, “I’m Michael Phelps and I have ADHD.” In fact, it was his mother, a middle school principle, that informed the world Michael had ADHD as a child and was treated with medication. His ADHD did not drive him to greatness as an athlete, nor did it hinder him from achieving his goals. In all of his televised interviews, he was gracious and humble, frequently crediting his teammates for his success. A son who made his mother, and his country, proud of the way he handled being under the ultimate spotlight. His behavior in and out of the pool demonstrated a level of focus and poise worthy of praise.

What prompted me to write this editorial was the response of three patients I am treating for ADHD. All three have experienced significant relief of core symptoms with a combination of pharmacotherapy and psychotherapy. Unexpectedly, each one reported a desire to elevate their short and long term life goals based on Phelps’ success. “If he can win 8 gold medals, why can’t I get a 3.0 GPA this semester and apply to Grad School?” pretty much sums it up. Listening to their collective enthusiasm made me think of a glass ceiling being broken by the force of eight Olympic gold medals. I doubt Michael Phelps will ever become a spokesperson for CHADD. He may choose to never discuss it in public, as have other Olympians with asthma or diabetes who has chosen to focus on their athletic performance rather than their disease. His accomplishments speak for themselves. My response to the patient with ADHD wanting to set their own personal bar higher after seeing Phelps, “Why not!”

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If there were medals for class, poise, and inspiration he might have won nine gold.

**Post Script**

After this editorial was accepted for publication, a picture of Phelps smoking marijuana at a party at the University of South Carolina was published in a British tabloid. The editor-in-chief kindly offered me the opportunity to edit my submission. Although I in no way condone the use of illegal drugs, even once, I chose not to change my submission, or my opinion of Mr. Phelps. He most certainly made a mistake and is being punished. He has accepted full responsibility, offered no excuses (like “I have been under great pressure”), and has apologized to the USOC and the Chinese Olympic Committee for his actions. This is not a case of tainted records through the use of performance enhancing agents. As an ultra elite swimmer, he has been subject to ongoing drug testing for years without ever testing positive.

He is not a cheat, but rather a young adult who made a mistake in judgment. He may be superman in the pool, but is human at the end of the day.

Tim Wilens and others have documented the relationship between ADHD and substance abuse (Wilens, Faraone, & Biederman, 2003). Our experience and data at Temple confirms this relationship. Could this explain Phelps’s transgression? An impulsive action without regard to potential consequences? What matters is that we are all held accountable for our actions, some a bit more than others. If Phelps had failed in Beijing, would anyone have bothered to pursue this story? For me, it doesn’t really matter. He made a mistake, apologized and is accepting his punishment, and will move on. Hopefully, wiser from the experience. I expect him to continue to dazzle us in the pool. It will be interesting to see how he chooses to handle this episode as he moves on in his life. Everybody will be watching.

For my patient who was inspired by his performances, he still is. As a former swimmer, swimming coach, Olympic Doping Control officer, sports psychiatrist, and ADHD researcher, Michael Phelps is still the gold medal face of ADHD.

**References**
