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Editorial

Attention Deficit Hyperactive Disorder and Atopic Diseases: How Much Do We Care?

Mustafa Afifi*¹

¹Ass. Professor K. Medical & Health Sciences University, UAE

*Corresponding author: Mustafa Afifi, MBChB, MMed, DrPH, MPHPE, Community Medicine Department- Room 243, RAK College of Medical Sciences, RA Consultant Mental Health & Ass. Professor K. Medical & Health Sciences University, UAE, P.O.Box: 11172, RAK, UAE, Tel: +971 72269000- Ext 243; Email: -mustafa@rakmhsu.ac.ae ; afifidr@gmail.com

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Psychiatric disorders are common among young people of Arab origin attending primary care facilities in Gulf countries [1]. However, mental health research published from the 6 Gulf countries over the past 20 years, constituted less than 1% of their total biomedical research [2]. Attention Deficit Hyperactive Disorder (ADHD) is of high prevalence due to many reasons of which is high rates of consanguinity or toxic metal exposure [3-4]. ADHD persists into adulthood in a high proportion of cases, causing social difficulties and affective problems [5]. Moreover, adult ADHD full remission is less common than in childhood [6]. The overall estimate of relative risk of road traffic accidents (RTAs) for drivers with ADHD is 1.36. ADHD-drivers speed more frequently than controls because it stimulates attention and reaction time [7]. In Arab countries, RTAs kills more than cardiovascular diseases [8].

Given the aforementioned there is an urgent need to detect the comorbid conditions of ADHD among children as well as adults to aid us in early diagnosis of cases. One of these controversial comorbidities is atopic disorders. Skin mirrors many diseases including human aging [9]. However, dermatological disorders being recognized with some neurological diseases as Parkinson's disease are often overlooked [10]. In late 60s, the German started to investigate the association

between ADHD and atopic diseases [11]. Then in late 80s and early 90, they started to ask whether it is just a coincidence or there is a hypothetical background behind [12-14].

After circa 20 years, researchers started to dig behind such controversial issue to prove the robust association [15-27]. They proved the association between ADHD and atopic diseases among adults [15] and children [16,20-21]. Articles published were of different designs as cross sectional design [16], case- control [20-21], cohort studies [25] or review articles [18,23].

Atopic dermatitis (AD) is a common chronic inflammatory disease that is associated with significant psychosocial morbidity and a decrease in health-related quality of life.¹⁵ The most robust and recently published cohort study by Genuneit and colleagues [25] proved the association of early atopic eczema (AE) with early ADHD. The association was strong (adjusted relative risk (aRR): 5.17, 95% CI: 2.18; 12.28) for children. However, the association of early AE among children with late ADHD was not statistically significant [aRR: 0.50 (0.13; 2.02)]. Also, the association of late AE with late ADHD [aRR: 3.03 (0.75; 12.29)] was not statistically significant. Cicek and colleagues [15] established the co-presence of ADHD in AD patients in the adult age group but in only

a case control study design. Therefore, there is still a need to replicate cohort studies to (dis)prove such association.

To conclude, both disorders are common among children and adults, still the association is neglected among many specialists in both fields. Management of one of these two conditions necessitates the care of the other. Tsai and colleagues recommended that evaluation of ADHD is advised for treatment of atopic rhinitis (AR) children [26]. Pelsler and colleagues also concluded that if hypersensitivity to environmental stimuli contributes to the development of ADHD, the assessment and treatment of ADHD will have to be reconsidered, thereby improving the quality of care for these patients [27].

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