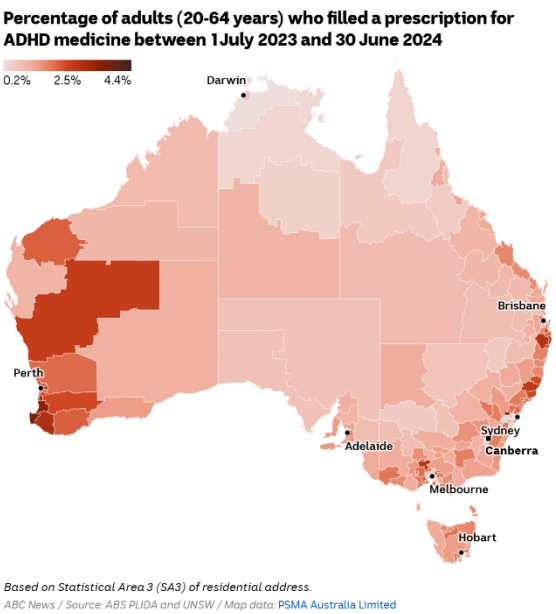
The Adult ADHD diagnosis divide

A recent Four Corners investigation has put adult ADHD diagnosis rates in Australia under the microscope, and what it found is harder to summarise than a simple overdiagnosis story. Working with data experts at UNSW Sydney, the program analysed prescription fill rates for ADHD medications, currently the only available proxy for diagnosis given there is no national register, and the variation by postcode is striking.

What's showing up in practice looks different depending on the patient. Some arrive with a diagnosis already in hand, obtained through a telehealth service, sometimes without what most clinicians would consider a thorough assessment. Others have been living with significant symptoms for years, never assessed, never treated. One patient is asking you to renew a script for a diagnosis you had no part in making. Another is describing something that has never been named. Both are common. Both require a different response.

The clinical conversation worth having right now isn't about validating or challenging an existing diagnosis. It's about what a thorough assessment actually involves, and why it matters. That means taking a full history, ruling out other explanations for the symptoms, and not rushing. For patients who've had a quick telehealth consultation, that's worth naming directly: not as a challenge to their experience, but as a way of making sure nothing else is being missed. Depression and anxiety can present in ways that look a lot like ADHD, and if they're mislabelled, they go untreated.



The accepted adult prevalence of ADHD is around 3%. In parts of Fremantle, Western Australia, up to 8% of women under 44 have received a diagnosis, a figure that has emerged rapidly over just five or six years. Marrickville in Sydney and Brunswick in Melbourne also show elevated rates.

Dr Norman Swan AM and Dr John Aloizos AM

It is hard to explain why rates are so high in these areas. Social influencers have raised awareness, and it seems some telehealth psychiatrists are quick to write a script without a proper assessment. But the data cuts the other way too. In parts of Southwest Sydney, an estimated 90% of people with ADHD are not being treated, missing out on treatment that could make a significant difference to their lives. Overdiagnosis in one suburb and significant underdiagnosis in another are both failures of the same system.

On the other hand, there are many parts of Australia where diagnostic rates are so low that people with genuine ADHD are missing out on treatment that could make a significant difference to their lives. There are parts of Southwest Sydney where 90% of people with ADHD are not being treated. Overdiagnosis in one suburb and significant underdiagnosis in another are both failures of the same system.

Proper adult ADHD assessment is time-consuming and, without public sector options, expensive. There are no shortcuts that serve the patient well. The picture may shift as more GPs are trained to diagnose and prescribe. Queensland GPs can already do so without specialist referral, though the safety and effectiveness of that model is yet to be formally evaluated. What's clear is that the right diagnosis, made carefully and thoroughly, is the thing most likely to change the outcome for the person sitting across from you.

References

References Four Corners. ADHD diagnosis rates in adults: Australia. ABC News, April 2026. https://www.abc.net.au/news/2026-04-20/adhd-diagnosis-rates-adults-australia-data-four-corners/106557646

Dr Norman Swan AM and Dr John Aloizos AM

HPV vaccination and the long game on cervical cancer

The human papilloma virus vaccine is, at its core, a cancer prevention vaccine. HPV causes cervical cancer, pharyngeal cancer (especially in boys), probably oesophageal cancer, and anal cancer. The question that has hung over the program since its introduction has always been durability: how long does the protection actually last?

A large Swedish study of over 900,000 women, many followed for 18 years, now provides a clear answer. There was no reduction in cancer protection over that time. The greatest benefit was seen in girls vaccinated under the age of 17, presumably because they were less likely to have been exposed to HPV through sexual contact before vaccination.

The second study shifts focus to screening, specifically the uptake and reliability of self-collection of cervical samples, which is increasingly becoming standard practice. One of the persistent problems with cervical cancer screening has been reach. Women living in disadvantage, in remote and rural areas, and older women have historically been under-screened because they find the traditional screening process uncomfortable or culturally inappropriate.

Australian researchers investigated whether self-collection could close that gap. It did. Self-collection proved popular particularly among these underserved groups, significantly extending screening reach across populations that had previously fallen through the cracks. Critically, the self-collected samples were, if anything, more likely to detect HPV infection than practitioner-collected samples, making it not just more accessible but more effective.

Australia has set itself the goal of eliminating cervical cancer. It is a particularly aggressive malignancy, and elimination is an ambitious target. But with an HPV vaccine that holds its protection for nearly two decades and a screening method that reaches women who were previously unreachable, the pathway is clearer than it has ever been.

References

Lei J et al. Long-term effectiveness of HPV vaccination against cervical cancer: Swedish population-based cohort study. BMJ, 2025. https://www.bmj.com/content/392/bmj-2025-087326

Sultana F et al. Self-collection for HPV-based cervical screening in Australia. The Lancet Public Health, 2025. https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00304-4/fulltext

Dr Norman Swan AM and Dr John Aloizos AM

Treating childhood sleep apnoea without surgery

About one in 10 children snore regularly, breathe noisily during sleep, or have short episodes where they stop breathing altogether. It understandably frightens parents, and often leads to trials of nasal steroid sprays, referral for sleep studies, or a visit to an ENT surgeon to discuss removing the adenoids and tonsils.

That last option is more common than many people realise. Tonsillectomy is the most common elective surgical procedure in Australian children, with more than 40,000 performed each year. Many hospitals carry long waiting lists for the procedure, and while it's generally effective, it's costly, involves a recovery period, and carries the risks that come with any surgery in a young child.

An Australian randomised trial, the MIST+ study, led by Monash University, Monash Children's Hospital and the Murdoch Children's Research Institute, set out to test whether something much simpler might work first. The trial involved 150 children aged three to 12 who had been referred to specialists for sleep-related breathing difficulties, all with reasonably severe obstructive sleep disordered breathing. All children were given a daily saline nasal spray for six weeks, after which those still symptomatic were randomised to either continue with saline or switch to a steroid spray for another six weeks.

Here's what's interesting: before the randomisation even happened, nearly one in three children had no remaining symptoms. That could have been the saline doing its job, or natural resolution. It's hard to separate the two. But in the second six weeks, saline and steroids performed equally well. The saline actually had a more sustained effect than the steroids, with no differences in side effects such as minor nosebleeds or nasal irritation.

Across the 12 weeks, half of the children had recovered without needing specialist care or surgery. The need for sleep studies and referral to ENT dropped by around 60%.

The practical takeaway for general practice: in children with obstructive sleep disordered breathing, a 12-week course of once-daily saline spray is a low-cost, low-risk first step that could spare a significant number from the surgical pathway altogether, and meaningfully reduce pressure on already stretched specialist waitlists.

References

Nixon G et al. Intranasal treatments for children with sleep-disordered breathing: the MIST+ trial. *JAMA Pediatrics*, January 2026. Monash University / Monash Children's Hospital / Murdoch Children's Research Institute / Royal Children's Hospital. https://jamanetwork.com/journals/jamapediatrics/fullarticle/2844085

Dr Norman Swan AM and Dr John Aloizos AM