Is ADHD Hereditary? What Families Need to Know



A conversation with a teacher, a paediatrician or another family member can bring a difficult realisation into focus: similar attention, organisation or emotional-regulation patterns may have appeared across generations. For many families, the first question is, is ADHD hereditary? The short answer is yes, ADHD often runs in families. But inheritance is not the same as certainty, and family history is only one part of a careful assessment.

Is ADHD hereditary?

Research consistently shows that genetics make a substantial contribution to ADHD. A review by Faraone and Larsson published in 2019 in *Molecular Psychiatry* reported that twin studies estimate ADHD heritability at about 74 per cent. Heritability is a population measure. It describes how much variation in ADHD traits within a studied group is associated with genetic differences. It does not mean that 74 per cent of one child's ADHD, or one adult's ADHD, came from a parent.

This distinction matters. A parent can have ADHD and have a child who does not. A child can meet criteria for ADHD without a known family history. Some relatives may have had similar lifelong patterns but were never assessed, particularly when they grew up at a time when ADHD was less often recognised in girls, quieter children, or adults whose difficulties were not disruptive at school.

ADHD is not inherited through one single gene. It is considered polygenic, meaning many genetic variations each make a small contribution. A large genetic study by Demontis and colleagues in 2019 in *Nature Genetics* identified common genetic variants associated with ADHD, while also showing that each individual variant has a very small effect. This is why a family history can be informative without being able to predict exactly who will have ADHD or how it may present.

What family patterns can, and cannot, show

Within a family, ADHD-related patterns may be recognised in different ways. One person may have struggled with deadlines and paperwork, another may have been described as restless or impulsive at school, and another may have managed well academically while finding everyday organisation exhausting. These observations can help build a developmental picture. They cannot establish a diagnosis by themselves.

Family resemblance can also reflect shared routines, expectations, stressors and environments. Genes and environment do not operate as separate, competing explanations. Development occurs through their interaction over time. Research has identified associations between ADHD and several developmental and environmental

factors, but association does not show that a single factor caused ADHD in a particular person. The International Consensus Statement on ADHD, led by Faraone and colleagues in 2021 in *Neuroscience and Biobehavioral Reviews*, describes ADHD as arising through complex developmental pathways involving both genetic and environmental influences.

This is also why families should be cautious about explanations that place blame on parenting, diet, screen use or one event during pregnancy. These explanations are usually far too simple for a neurodevelopmental condition with a strong genetic contribution. Parenting does not cause ADHD. At the same time, family supports, school adjustments, sleep routines and psychological strategies can still be relevant to managing the functional difficulties that may accompany ADHD.

Why siblings can be different

Siblings share some genes and much of their early environment, but they do not share all genetic variations or all experiences. Their temperaments, learning demands, friendships, health, school settings and family roles can differ as well. As a result, one sibling may show clear difficulties early, while another may have less obvious challenges or may not meet diagnostic criteria.

Presentation can also change as demands change. A child may cope in a structured primary-school classroom but find the move to secondary school harder when there are multiple teachers, greater homework demands and more independent planning. An adult may have compensated through intelligence, supportive relationships or a highly structured job, then notice greater difficulty when work, parenting or study demands increase. These patterns may prompt assessment, but they do not change the need to look carefully at the full history.

A genetic link is not a genetic test

There is currently no genetic test that can diagnose ADHD in routine clinical practice. Genetic information cannot show whether a person meets diagnostic criteria, explain every day-to-day difficulty, or replace a clinical assessment. The 2022 Australian ADHD Professionals Association guideline, published by Bellgrove and colleagues in

the *Australian and New Zealand Journal of Psychiatry*, recommends comprehensive assessment rather than relying on a single test or source of information.

A diagnosis is based on a pattern of symptoms and functional impact, not on a family tree alone. Clinicians also consider whether the pattern began during development, occurs across more than one setting, and is better explained by another condition or circumstance. Anxiety, depression, trauma, sleep difficulties, learning differences, autism spectrum disorder, hearing or vision concerns, and some medical conditions can overlap with or add to attention and executive-function difficulties.

For this reason, an assessment may identify ADHD, another explanation, more than one relevant issue, or a need for further information. This is not a failure of the process. It is the purpose of assessment: to understand the pattern carefully enough to guide the next clinical steps.

What a child ADHD assessment involves

When ADHD is being considered for a child or adolescent, an assessment generally begins with a detailed developmental history. This includes early development, behaviour and learning over time, school experiences, family history, health history and current daily functioning. The psychologist may use structured interviews and standardised questionnaires completed by parents or caregivers, teachers and, where appropriate, the young person.

Information from school can be useful because it helps show how attention, activity level, impulse control, learning and organisation look in another setting. School reports do not diagnose ADHD, and neither does a rating scale. They are pieces of evidence considered alongside developmental history, clinical interview and other assessment findings.

The assessment may also consider learning difficulties, anxiety, mood, sleep and social or sensory concerns where these are relevant. A child who finds it difficult to complete work may be dealing with more than one factor. Separating these possibilities helps families, schools and involved health professionals make decisions based on the actual pattern rather than assumptions.

At Behavioural Neurotherapy Clinic, registered psychologists provide psychological assessment and diagnostic support for children, adolescents and adults. Assessment can be followed by a multimodal plan that may include psychological support, practical strategies for home and school, and coordination with a GP, paediatrician or psychiatrist where medical input is needed. Psychologists do not prescribe medication; medication decisions sit with an appropriate medical prescriber.

When family history is useful to share

A known ADHD diagnosis in a parent, sibling or close relative is worth mentioning during an assessment. So are broader family patterns, even where no one has received a diagnosis. Information about learning difficulties, autism, mental health conditions, substance use, sleep problems or developmental concerns in the family may also help clinicians understand the context.

Families do not need a complete or certain family history before seeking assessment. Older relatives may have limited records, different language for their experiences, or understandable reluctance to discuss past difficulties. It is enough to share what is known and to identify where information is uncertain.

For parents, the more helpful question is often not whether ADHD was passed down in a simple way, but whether the current pattern needs a careful explanation. A developmental assessment can place family history alongside school information, daily functioning and other possible influences, giving the family a clearer basis for support and next steps.

For more information

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