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Commentary

Preferred terminology for adults with ADHD: looking beyond the majority preference

Yudai Kaneda

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Response

I read with great interest the study by Cooper and colleagues on attention-deficit hyperactivity disorder (ADHD) identity and the preferred terminology among adults with ADHD in the UK.[1] This study is clinically important because it shows that ADHD is not only a diagnosis, but also a term through which some adults understand themselves. One of the most practical findings was that 247 of 319 participants, or 77.4%, preferred the term 'person with ADHD'.[1]

However, this majority preference should be interpreted with caution. In the same sample, 23 participants preferred 'ADHDer', 30 preferred 'AuDHDer' and 77 participants reported co-occurring autism.[1] These findings suggest that terminology preferences may differ among people with overlapping neurodivergent identities. This caution is also relevant to broader debates about ableism and person-first diagnostic language. Although person-first expressions such as 'a person with a disorder' have been used to avoid reducing individuals to a diagnosis, Cherney and Malhi highlight that the misuse of psychiatric, psychological and disabling terms can reinforce stigma, depending on social context and the perspectives of those being described.[2] Indeed, similar work in the UK autism community has shown marked variation in preferred terminology. In Kenny and colleagues' survey of 3470 UK autism community members, about 40% of autistic adults endorsed 'autistic' whereas only 18% endorsed 'person with autism'; by contrast, 'person with autism' was endorsed by almost half of professionals.[3] The same may be true for adults with ADHD.

Therefore, I would encourage the authors to show terminology preference by key subgroups, such as co-occurring autism, age, sex/gender, diagnostic status and sources of learning about ADHD. This would help clinicians avoid overgeneralising the majority preference and choose language more carefully in patient-facing communication.

Yudai Kaneda, Clinical Training Center, Jyoban Hospital of Tokiwa Foundation, Fukushima, Japan; and Health in Humanitarian Crises, London School of Hygiene & Tropical Medicine, London, UK

Email: nature271828@gmail.com

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Declaration of Interest

None.

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References

1 Cooper K, Thomas K, Burnley A, Smith LGE. Understanding ADHD identity and preferred terminology for adults with ADHD in the UK: associations with medication use, well-being and mental health. *Br J Psychiatry* [Epub ahead of print] 4 May 2026. Available from: https://doi.org/10.1192/bjp.2026.10652.

2 Cherney JL, Malhi GS. Stigma and the pejorative use of disabling conditions. *Br J Psychiatry* 2025: **226**: 197–9.

3 Kenny L, Hattersley C, Molins B, Buckley C, Povey C, Pellicano E. Which terms should be used to describe autism? Perspectives from the UK autism community. *Autism* 2016: **20**: 442–62.

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