

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The silver lining of ADHD: A thematic analysis of adults' positive experiences with living with ADHD
AUTHORS	Nordby, Emilie; Guribye, Frode; Nordgreen, Tine; Lundervold, Astri

VERSION 1 – REVIEW

REVIEWER	Martine Hoogman Radboudumc
REVIEW RETURNED	27-Mar-2023

GENERAL COMMENTS	<p>The authors describe a qualitative study on strengths in ADHD (n=50), a timely topic because of the deficit oriented studies in the past, despite reports of strengths in ADHD. In the current study, adults with ADHD who were seeking treatment enrolled in an online intervention study, of which one of the seven modules was about reporting positive aspects. The open-ended questions in this module were analyzed using thematic analysis. Four themes were identified which add to a more complete picture of ADHD besides the negatives/ deficits that are well known for ADHD.</p> <p>Major issue: Although the design of the study is of qualitative nature, adding quantitative data/analysis to the paper would result in more information which leads to a more detailed interpretation of the study results, and could really strengthen the paper. The authors should consider adding gender, medication status or ADHD severity (ASRS scores) analysis in relation to the reported themes as additional analysis.</p> <p>Major issue: It is unclear what happened to the 109-50= 59 subjects that did not answer the 6th module. It is mentioned in the limitation section but more can be done here. This is highly relevant for the interpretation of findings. Why did they not answer the question, did they not experience positive aspects? There is for example data on the ASRS for all subjects, could the authors look at this and analyze if there are differences between the responders and non responders. Did the non-responders in module 6 also not respond in module 7? This would indicate whether it was too long, but if they did participate in module 7 this would indicate that they did not experience positive aspects.</p> <p>Other comments: Introduction: The problem and necessity to investigate positive aspects of ADHD are clearly described. However, the novelty of researching positive aspects in the current study population can be highlighted more. What makes this study unique in comparison with the previous studies, is that the previous studies have a small and high-functioning sample, while the current study has a larger sample that is seeking treatment. It is very interesting to investigate whether</p>
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	<p>this group also experiences positive aspects associated with the diagnosis. Moreover, I think it would be good to expand a little bit on the methods in the introduction, at least by mentioning that this is a qualitative study. Please update the literature in the introduction and include the recently published Schippers et al 2022 study on positive aspects here as well.</p> <p>Methods: In general, the methods are clearly described. However, it is not clear which of the questions asked in the module about positive aspects is used in the thematic analysis, there were multiple. Moreover, is there a preregistration of the original clinical trial? If so, please include this in the methods. Figure 1 is missing a title.</p> <p>Results: It unclear how the themes in Figure 1 relate to the themes in Table1. If they have nothing to do with each other I would still like to see a description of which codes belong to which themes from the table.</p> <p>The description of the sample is sufficient, but please consider adding the mean ASRS score of the participants and confidence interval, both for the total score and for the hyperactive/impulsive and inattentive subdomains of the questionnaire. This will give a more complete overview of the sample.</p> <p>The descriptions of the themes is clear with suitable examples that help understand the content of the themes better. Since the authors have a larger sample with good background information, I think the authors have the possibility to add some more quantitative data. Please consider to add the percentage of people that has mentioned a certain theme. This helps understanding which themes are more prevalent. Moreover, could the authors say something about how medication use influences the experience of positive aspects. This has not been investigated before and is a question that is often asked by people with ADHD.</p> <p>Discussion: The implications are clearly described, but the implication for societal impact is missing, such as to reduce stigma, which was a topic prominently mentioned in the introduction. Limitations are realistically described, with justification or suggestions for future research. More emphasis on the strengths of this study should be mentioned. This study is not only one of the few studies investigating positive aspects of ADHD, but is within those studies one of the two with a larger sample size, and the only study investigating positive aspects in a sample of adults who seek help for their ADHD.</p> <p>In the limitations section the issue of the examples of positive aspects was mentioned. To better understand the influence of these examples on the outcomes, the authors could present data on the number of times the examples were mentioned versus the number of times other aspects were mentioned.</p> <p>Could the authors add /expand a section about the generalizability of the findings, and place the selected group in the context of this aspect. (female, facebook users, seeking help, plus maybe some information of the quantitative data)</p>
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REVIEWER	Callie Ginapp Yale University
REVIEW RETURNED	19-Apr-2023

GENERAL COMMENTS	This is an excellent manuscript detailing how participants enrolled in a clinical trial responded to a question on the positive aspects of
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	<p>ADHD. I agree that the data are rich and are deserving of their own manuscript separate from the clinical trial. However, the paper would benefit from a more thorough review of the literature and explanation of how this article contributes findings not previously described. I also have concerns that the data collection method may have biased participant responses.</p> <p>Introduction</p> <p>Clarify that the ADHD persistence rate of 90% is new and that it refers to some level of ADHD symptoms over time as opposed to continuing to meet full criteria continuously.</p> <p>There are additional qualitative studies that provide data on the positive aspects of ADHD beyond what you cite here. Ginapp et al's review summarizes several articles that although they do not primarily focus on positive aspects of ADHD still provide qualitative data on the topic. Please expand your review of the literature. (Ginapp, C. M., Macdonald-Gagnon, G., Angarita, G. A., Bold, K. W., & Potenza, M. N. (2022). The lived experiences of adults with attention-deficit/hyperactivity disorder: A rapid review of qualitative evidence [Review]. <i>Frontiers in Psychiatry</i>, 13.).</p> <p>Methods</p> <p>I appreciate the transparency of how this project emerged naturally and unintentionally from the clinical trial.</p> <p>Please provide a complete list of the example positive characteristics that were provided in the module either as supplementary material or in the main text. How did you factor in the potentially leading questions when conducting data analysis? I believe this is the main weakness of the article and should be more thoroughly addressed.</p> <p>Excellent detail describing the data analysis process. Also, it is amazing that you involved patients and the public in development of the larger project.</p> <p>"We have therefore strived to be reflexive" This is an important aim to strive for, but the reflexivity of the researchers conducting data analysis is not clear. What biases did the researchers bring? How familiar were they with ADHD in their clinical duties, previous research experience, and personal lives? How might these perspectives have biased the data analysis and prompt generation and what strategies were employed to mitigate these biases?</p> <p>Results</p> <p>How did the participants who responded to this question differ demographically from participants of the overall project? Were there differences in age, gender, likelihood of being medicated, time since diagnosis, or ASRS scores?</p> <p>Discussion</p> <p>Further attention is needed to how the findings from this study are unique or go beyond what is currently in the literature.</p> <p>It appears the theme of resilience and growth is in line with</p>
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	<p>Dabrowski's theory of positive disintegration, please discuss. (Schläppy, M.-L. (2019). Understanding Mental Health Through the Theory of Positive Disintegration: A Visual Aid [Opinion]. <i>Frontiers in Psychology</i>, 10.)</p> <p>Discussion of the neurodiversity movement and how it relates to your findings is warranted. You may also find it relevant to discuss the neurodiversity movement in the introduction. (Sonuga-Barke, E., & Thapar, A. (2021). The neurodiversity concept: is it helpful for clinicians and scientists? <i>Lancet Psychiatry</i>, 8(7), 559-561.)</p> <p>Implications</p> <p>Although it feels intuitively true, please expand on how understanding the full range of ADHD experiences could lead to more effective therapeutic interventions. What kinds of therapeutic modalities may be amenable to this approach?</p>
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REVIEWER	Małgorzata Nermend University of Szczecin, Wydział Nauk Społecznych
REVIEW RETURNED	29-Apr-2023

GENERAL COMMENTS	<p>Currently in the literature, it is written a lot about the problems concerning people with Attention Deficit Hyperactivity Disorder in biological, psychological and social terms and also as the realization of social inclusion and the inclusion of people with various dysfunctions in active life. In the view presented by the authors, a new perspective on ADHD deserves special recognition. In my opinion, this research is crucial and valuable in the context of changing social awareness, acceptance and equal treatment of these people. This article and the findings presented in it are essential and fill a certain research gap in this area. The authors, through their non-stereotypical approach to the issue under study, drew attention to the positive experiences and not only, as can be found in many articles, only about the negative aspects. Such an approach can lead to changes in people's consciousness which in consequence can decrease social discrimination against people with ADHD. The undertaken topic of research is extremely important, desirable and very interesting in the context of the proper functioning of a person with ADHD in society. The obtained results can be useful for creating awareness among parents, teachers, children and the whole environment, showing how people affected by this dysfunctional condition function in the school environment and later in adult life.</p>
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REVIEWER	Melissa Raven The University of Adelaide Faculty of Health and Medical Sciences
REVIEW RETURNED	04-May-2023

GENERAL COMMENTS	<p>This paper is a useful contribution to the very limited evidence base on positive experiences of adult ADHD (and the more general dearth of good evidence about the experiences of people with ADHD).</p> <p>However, I think the authors (Nordby et al.) should acknowledge the contested nature of the status of ADHD as a neurodevelopmental disorder, which is widely accepted but has very little good evidence to support it. For example, see Koutsoklenis & Honkasilta (2023) 'ADHD in the DSM-5-TR: What has changed and what has not' https://www.frontiersin.org/articles/10.3389/fpsy.2022.1064141/full</p>
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	<p>and other articles in that issue of Frontiers https://www.frontiersin.org/research-topics/25235/adhd-science-and-society#articles</p> <p>Reference 2 (Sibley et al.) has the wrong date (2021) in the reference list. It was officially published in 2022 (see https://ajp.psychiatryonline.org/toc/ajp/179/2).</p> <p>Nordby et al.'s citation of Sibley et al. is somewhat problematic:</p> <p>'The persistence of impairing symptoms into adulthood is common and reported by up to 90% of childhood cases [2].'</p> <p>Firstly, It is important to make it clear that Sibley et al. were reporting the outcomes of treated childhood cases, not childhood cases more generally. Furthermore, the relevance of Sibley et al.'s findings to Nordby et al.'s study of adults, only one of whom was diagnosed in before adulthood, is unclear.</p> <p>More broadly, I think the introduction should briefly discuss the fact that most evidence about ADHD comes from clinical samples of children diagnosed and treated, and make it clear which cited references are about adult ADHD and which are about child/adolescent ADHD and which (if any) are about non-clinical samples.</p> <p>Also it is important to discuss the fact that diagnoses of adult ADHD have increased greatly in recent years, and the validity of adult ADHD as a mental disorder is contested, e.g. see: Moncrieff & Timimi (2011) Critical analysis of the concept of adult attention-deficit hyperactivity disorder. <i>The Psychiatrist</i>, 35(9), 334-338, doi: 10.1192/pb.bp.110.033423. https://www.cambridge.org/core/journals/the-psychiatrist/article/critical-analysis-of-the-concept-of-adult-attentiondeficit-hyperactivity-disorder/08A941DC5B98FAF2E876E8DA0B651960</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1, Dr. Martine Hoogman

Comments to the Author: The authors describe a qualitative study on strengths in ADHD (n=50), a timely topic because of the deficit-oriented studies in the past, despite reports of strengths in ADHD. In the current study, adults with ADHD who were seeking treatment enrolled in an online intervention study, of which one of the seven modules was about reporting positive aspects. The open-ended questions in this module were analyzed using thematic analysis. Four themes were identified which add to a more complete picture of ADHD besides the negatives/ deficits that are well known for ADHD.

Thank you for reviewing our manuscript and for your kind comments.

Major issue: Although the design of the study is of qualitative nature, adding quantitative data/analysis to the paper would result in more information which leads to a more detailed interpretation of the study results, and could really strengthen the paper. The authors should consider adding gender, medication status or ADHD severity (ASRS scores) analysis in relation to the reported themes as additional analysis.

Thank you for this suggestion. We have included more quantitative data in the result section of the revised manuscript, including ASRS scores, gender and age distributions for each of the included quotes. We have also examined whether there were any gender differences in demographic variables between the participants (Please see results, page 13).

Major issue: It is unclear what happened to the 109-50= 59 subjects that did not answer the 6th module. It is mentioned in the limitation section, but more can be done here. This is highly relevant for the interpretation of findings. Why did they not answer the question, did they not experience positive aspects? There is for example data on the ASRS for all subjects, could the authors look at this and analyze if there are differences between the responders and non-responders. Did the non-responders in module 6 also not respond in module 7? This would indicate whether it was too long, but if they did participate in module 7 this would indicate that they did not experience positive aspects.

Thank you for letting us clarify the number of participants included in the study. Among the 109 participants of the intervention study, 62 participants read the question on positive aspects to ADHD (i.e., opened the module page that included the question), of whom 50 gave their responses. The remaining 47 participants never opened module 6 and thus never saw the question on positive aspects related to ADHD. These 47 participants did not complete module and were considered as drop-outs. We have further examined whether there were any differences in gender, medication status, age, ASRS scores, education and employment among the responders and non-responders. This information is included in the revised manuscript on page 12 and 13.

Other comments: Introduction: The problem and necessity to investigate positive aspects of ADHD are clearly described. However, the novelty of researching positive aspects in the current study population can be highlighted more. What makes this study unique in comparison with the previous studies, is that the previous studies have a small and high-functioning sample, while the current study has a larger sample that is seeking treatment. It is

very interesting to investigate whether this group also experiences positive aspects associated with the diagnosis. Moreover, I think it would be good to expand a little bit on the methods in the introduction, at least by mentioning that this is a qualitative study. Please update the literature in the introduction and include the recently published Schippers et al 2022 study on positive aspects here as well.

Thank you very much for these useful inputs. We have now included your arguments regarding novelty in the introduction (Please see page 6). We have also included Schippers et al. 2022 in the introduction (See page 5) together with other studies that recently have focused on positive aspects with ADHD.

Methods: In general, the methods are clearly described. However, it is not clear which of the questions asked in the module about positive aspects is used in the thematic analysis, there were multiple. Moreover, is there a preregistration of the original clinical trial? If so, please include this in the methods. Figure 1 is missing a title.

Sorry for being unclear. The participants answered the following question "What do you experience as positive aspects with ADHD". Examples were added to help the participants with ideas about such positive aspects related to ADHD. They were only given one textbox to answer the main question. We have now clarified this on page 9 (data collection). We have also included the pre-registration of the clinical trial in the method section (See study context page 7) and added a title to Figure 1 (page 11).

Results: It unclear how the themes in Figure 1 relate to the themes in Table1. If they have nothing to do with each other, I would still like to see a description of which codes belong to which themes from the table.

The Figure included in the original manuscript showed the first visual map (before creating the themes). We see that this can be confusing and have added a figure that shows which codes belong to which themes in the revised manuscript (See Figure 1, page 11).

The description of the sample is sufficient, but please consider adding the mean ASRS score of the participants and confidence interval, both for the total score and for the

hyperactive/impulsive and inattentive subdomains of the questionnaire. This will give a more complete overview of the sample.

We have now included the mean ASRS score and the SD of the sample (Table 1, Page 13).

The descriptions of the themes is clear with suitable examples that help understand the content of the themes better. Since the authors have a larger sample with good background information, I think the authors have the possibility to add some more quantitative data. Please consider to add the percentage of people that has mentioned a certain theme. This helps understanding which themes are more prevalent. Moreover, could the authors say something about how medication use influences the experience of positive aspects. This has not been investigated before and is a question that is often asked by people with ADHD.

Thank you for these suggestions. We have now included some quantitative data in the manuscript, including information about age and gender related to each of the quotes. We have further added information about the participants who reported pharmacological treatment (See page 14). However, it is somewhat tricky to present percentages of people who responded to specific themes as the themes are more than the sum of the codes ("the whole is more than the sum of all the parts"). For instance, "ability to hyperfocus" is a code that is included in theme 1 "the dual impact of ADHD characteristics", with a total of 12 participants being referenced under this code. However, many of the 12 participants merely responded with a few words such as "hyperfocus is good" or "hyperfocusing". As such, it would thus be misleading to summarize the frequency for each of the codes that constitute a particular theme, as this could be interpreted as "60% of participants reported that core ADHD symptoms are both positive and negative" (e.g., theme 1). To avoid any potential misinterpretations of the findings, we have instead included the frequency of each code, which can be seen in Figure 1 (See page 11).

Discussion: The implications are clearly described, but the implication for societal impact is missing, such as to reduce stigma, which was a topic prominently mentioned in the introduction. Limitations are realistically described, with justification or suggestions for future research. More emphasis on the strengths of this study should be mentioned. This study is not only one of the few studies investigating positive aspects of ADHD but is within those studies one of the two with a larger sample size, and the only study investigating positive aspects in a sample of adults who seek help for their ADHD.

Thank you for these suggestions. We have added implications for societal impact (See page 23, implications) and emphasized the strengths as well as the limitations of the study (See page 23, strengths and limitations).

In the limitations section the issue of the examples of positive aspects was mentioned. To better understand the influence of these examples on the outcomes, the authors could present data on the number of times the examples were mentioned versus the number of times other aspects were mentioned.

We have included these numbers in the revised manuscript (See page 24, strengths and limitations).

Could the authors add /expand a section about the generalizability of the findings, and place the selected group in the context of this aspect. (female, facebook users, seeking help, plus maybe some information of the quantitative data)

We have now included more information about the generalizability of the findings in the limitations (See page 24).

Reviewer: 2, Dr. Callie Ginapp

Comments to the Author: This is an excellent manuscript detailing how participants enrolled in a clinical trial responded to a question on the positive aspects of ADHD. I agree that the data are rich and are deserving of their own manuscript separate from the clinical trial. However, the paper would benefit from a more thorough review of the literature and explanation of how this article contributes findings not previously described. I also have concerns that the data collection method may have biased participant responses.

Thank you for taking the time to review our manuscript. We have addressed your comments in the introductory part of the revised manuscript.

Introduction: Clarify that the ADHD persistence rate of 90% is new and that it refers to some

level of ADHD symptoms over time as opposed to continuing to meet full criteria continuously.

We agree that our citation of Sibley et al .is too general and by this problematic. We also agree that the reference is not as relevant for the current study. We have therefore removed this reference in the revised manuscript (See page 4).

There are additional qualitative studies that provide data on the positive aspects of ADHD beyond what you cite here. Ginapp et al's review summarizes several articles that although they do not primarily focus on positive aspects of ADHD still provide qualitative data on the topic. Please expand your review of the literature. (Ginapp, C. M., Macdonald-Gagnon, G., Angarita, G. A., Bold, K. W., & Potenza, M. N. (2022). The lived experiences of adults with attention-deficit/hyperactivity disorder: A rapid review of qualitative evidence [Review]. Frontiers in Psychiatry, 13.).

Thank you for letting us include this important review. It is included and the included studies and shortly commented on in the introduction part, page 5. We have also referred to this paper in the discussion (See Page 20).

Methods: I appreciate the transparency of how this project emerged naturally and unintentionally from the clinical trial. Please provide a complete list of the example positive characteristics that were provided in the module either as supplementary material or in the main text. How did you factor in the potentially leading questions when conducting data analysis? I believe this is the main weakness of the article and should be more thoroughly addressed.

Thank you for this comment. We agree that the potential impact of leading questions / examples is a limitation of this study. All examples of positive characteristics given in the module have been provided in the main text (See page. 9) added by the sentence: "These guiding questions were intended to act as examples to help the participants reflect on possible positive aspects related to having ADHD." As suggested by reviewer 1, we have included how many times these examples were mentioned in the data material (See page 24, strengths, and limitations). When conducting the analyses, we were careful to examine richness and depth in the participants answers, where most participants answers went beyond the examples provided (See page 24, strengths, and limitations).

Excellent detail describing the data analysis process. Also, it is amazing that you involved patients and the public in development of the larger project.

Thank you for the positive comment.

“We have therefore strived to be reflexive” This is an important aim to strive for, but the reflexivity of the researchers conducting data analysis is not clear. What biases did the researchers bring? How familiar were they with ADHD in their clinical duties, previous research experience, and personal lives? How might these perspectives have biased the data analysis and prompt generation and what strategies were employed to mitigate these biases?

Thank you for this comment. We have elaborated on this and added a new subheading to the method called “reflexivity”. In this section we have clarified potential biases and strategies to employed to mitigate such biases (See page 11).

Results: How did the participants who responded to this question differ demographically from participants of the overall project? Were there differences in age, gender, likelihood of being medicated, time since diagnosis, or ASRS scores?

We have now examined whether there were any differences age, gender, medication status, age, ASRS scores, time since diagnosis, education and employment among the responders and non-responders. This information is included in the revised manuscript on page 12.

Discussion: Further attention is needed to how the findings from this study are unique or go beyond what is currently in the literature.

We have included statements about the novel aspect of the study in the introduction (page 6) and the strengths and limitations sections of the revised manuscript (See page 23).

It appears the theme of resilience and growth is in line with Dabrowski’s theory of positive disintegration, please discuss. (Schläppy, M.-L. (2019). Understanding Mental Health Through the Theory of Positive Disintegration: A Visual Aid [Opinion]. *Frontiers in Psychology*, 10.)

Thank you for this excellent suggestion. We have now added a reference to this theory in the discussion (See page 22).

Discussion of the neurodiversity movement and how it relates to your findings is warranted. You may also find it relevant to discuss the neurodiversity movement in the introduction. (Sonuga-Barke, E., & Thapar, A. (2021). The neurodiversity concept: is it helpful for clinicians and scientists? Lancet Psychiatry, 8(7), 559-561.)

Thank you for referring us to this paper. We have included comments about the neurodiversity movement in the introduction (See page 4).

Implications: Although it feels intuitively true, please expand on how understanding the full range of ADHD experiences could lead to more effective therapeutic interventions. What kinds of therapeutic modalities may be amenable to this approach?

We have now expanded on how this can be utilized in psychological treatment. Please see "implications", page 23.

Reviewer: 3, Dr. Małgorzata Nermend

Comments to the Author: Currently in the literature, it is written a lot about the problems concerning people with Attention Deficit Hyperactivity Disorder in biological, psychological and social terms and also as the realization of social inclusion and the inclusion of people with various dysfunctions in active life. In the view presented by the authors, a new perspective on ADHD deserves special recognition. In my opinion, this research is crucial and valuable in the context of changing social awareness, acceptance and equal treatment of these people. This article and the findings presented in it are essential and fill a certain research gap in this area. The authors, through their non-stereotypical approach to the issue under study, drew attention to the positive experiences and not only, as can be found in many articles, only about the negative aspects. Such an approach can led to changes in people's consciousness which in consequence can decrease social discrimination against people with ADHD. The undertaken topic of research is extremely important, desirable and very interesting in the context of the proper functioning of a person with ADHD in society. The obtained results can be useful for creating awareness among parents, teachers, children and the whole environment, showing

how people affected by this dysfunctional condition function in the school environment and later in adult life.

Thank you for the positive feedback on our paper and providing examples of potential implications. We have included your implications for societal impact under “implications” page 23.

Reviewer: 4, Dr. Melissa Raven

Comments to the Author: This paper is a useful contribution to the very limited evidence base on positive experiences of adult ADHD (and the more general dearth of good evidence about the experiences of people with ADHD).

Thank you for taking the time to review our manuscript and for your kind and important comments.

However, I think the authors (Nordby et al.) should acknowledge the contested nature of the status of ADHD as a neurodevelopmental disorder, which is widely accepted but has very little good evidence to support it. For example, see Koutsoklenis & Honkasilta (2023) 'ADHD in the DSM-5-TR: What has changed and what has not'

<https://www.frontiersin.org/articles/10.3389/fpsy.2022.1064141/full> and other articles in that issue of Frontiers <https://www.frontiersin.org/research-topics/25235/adhd-science-and-society#articles>

Thank you for this idea. We have now included a section about neurodiversity in the revised manuscript, where we acknowledge that there are different perspectives of ADHD (Please see page 4).

Reference 2 (Sibley et al.) has the wrong date (2021) in the reference list. It was officially published in 2022 (see <https://ajp.psychiatryonline.org/toc/ajp/179/2>).

Nordby et al.'s citation of Sibley et al. is somewhat problematic: 'The persistence of impairing symptoms into adulthood is common and reported by up to 90% of childhood cases [2].' Firstly, It is important to make it clear that Sibley et al. were reporting the outcomes of treated childhood cases, not childhood cases more generally. Furthermore, the relevance of

Sibley et al.'s findings to Nordby et al.'s study of adults, only one of whom was diagnosed in before adulthood, is unclear.

We agree that our citation of Sibley et al. is too general and by this problematic. We also agree that the reference is not as relevant for the current study. We have therefore removed this reference in the revised manuscript (See page 4).

More broadly, I think the introduction should briefly discuss the fact that most evidence about ADHD comes from clinical samples of children diagnosed and treated, and make it clear which cited references are about adult ADHD and which are about child/adolescent ADHD, and which (if any) are about non-clinical samples.

We have now included the sentence “Most studies on ADHD have included clinical samples of children, and less research has focused on adults’ experiences with the diagnosis”. Please see page 6. We have further emphasized throughout the manuscript when the studies include adult samples.

Also it is important to discuss the fact that diagnoses of adult ADHD have increased greatly in recent years, and the validity of adult ADHD as a mental disorder is contested, e.g. see: Moncrieff & Timimi (2011) Critical analysis of the concept of adult attention-deficit hyperactivity disorder. The Psychiatrist, 35(9), 334-338, doi: 10.1192/pb.bp.110.033423. <https://www.cambridge.org/core/journals/the-psychiatrist/article/critical-analysis-of-the-concept-of-adult-attentiondeficit-hyperactivity-disorder/08A941DC5B98FAF2E876E8DA0B651960>

Thank you for these suggestions. We have included information about the increasing prevalence of adult ADHD (page 4), Discussions related to the validity of adult ADHD are shortly commented on in the limitation part, on page 24 where we reflect on the impact of including participants with a self-reported ADHD diagnosis. We do, however, find a more extensive discussion of this topic to be beyond the scope of the present study.

VERSION 2 – REVIEW

REVIEWER	Martine Hoogman Radboudumc
REVIEW RETURNED	25-Aug-2023
GENERAL COMMENTS	The authors have done a great job improving the paper and addressing all the comments. I suggest to accept the paper for publication.

REVIEWER	Callie Ginapp Yale University
REVIEW RETURNED	06-Sep-2023
GENERAL COMMENTS	I believe the authors have done an excellent job responding to reviewer comments and that the manuscript is suitable for publication.