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Dear Editor,

RE: Ediriarachchi WM, Senanayake G, Jayasinghe HEH, et al. Classification of Children with Attention Deficit Hyperactivity Disorder and Healthy Subjects using Toro's Gyrification Index. J Med Imaging Radiat Sci 2022;53(4):S1-S56.

I would like to share my thoughts on the recent abstract publication "Classification of Children with Attention Deficit Hyperactivity Disorder and Healthy Subjects using Toro's Gyrification Index" [1]. I am disappointed to see ADHD being pathologised. Whilst it would be neglectful of me not to acknowledge that there are disabling aspects to ADHD, it is antiquated, unnecessary and offensive to refer to it as "unhealthy". What is the purpose of portraying ADHD in contrast to "healthy brains"?

Although there are several differences, ADHD and autism are both permanent and intrinsic aspects of a person's experience [2]. As a result of the neurodiversity model and movement, there has been a multitude of research examining the language used to describe autism [3, 4, 5, 6, 7]. It is argued, and I would agree, that we should apply the same consideration to the preferences of people with ADHD [3, 4, 5]. As experts in our own experience, it is up to our community to define our terminology and how it is used [6]. Language suggesting neurodivergence is unhealthy, diseased or disordered is unhelpful. We must move away from the normal-abnormal paradigm and thus, rather than viewing neurodivergent people as deficient or faulty, focus on language that is inclusive and respectful. This can bring about a reduction in stigma [7], dehumanisation [8] and marginalisation [9].

In the wider picture, science investigating themes of neurodivergence should address the key questions that materialise from stakeholder inclusion [3, 5]. This does not mean the cessation of research that investigates the mechanisms and negative aspects – that is important – however, a focus should be drawn towards what matters to those under the microscope [5]. I believe that neurodevelopmental research must live in harmony with social models, disability-inclusive culture, and invite and facilitate co-production.

Until then, the dismantling of barriers starts with language and simple changes, such as movements from "co-morbidity" to "co-occurring" and "intervention" to "support", are suggested [10]. Research communication must not alienate the most important stakeholders in this work, the ADHD and wider neurodivergent community.

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