Dr. Sasha Hamdani: Educating the masses & the benefits of TS...

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SPEAKERS

Katy Weber, Dr. Sasha Hamdani

Katy Weber  00:00

So, you have alluded to your diagnosis story and quite a few of your videos, I’m very excited to actually hear this story about you being diagnosed in the fourth grade after you started a riot in your class, or it was, so let’s backtrack a little bit. So first, I mean, it couldn’t have been out of nowhere, like what was happening? You know, I feel like I don’t get to interview a lot of women who are diagnosed with childhood, I feel like you guys are kind of your unicorns for you know. And so obviously, your parents were kind of pioneers, but like, what, what happened with this, this riot? And what were some of the signs that were going on in your life that your parents kind of looked into this diagnosis for you? I mean, I don’t know if they were pioneers, like had you met fourth grade me, you’d be like, Okay.

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Something you got to do. I think I got that enough, where they’re like, She’s smart. She’s definitely smart. She can figure out testing, she can do all of this stuff. But she is in everybody’s business. Like, I’m always talking, I’m always getting in trouble for leaving my seat and sharpening my pencil. When pencils were a thing, I guess, sharpening my pencil 40 times a day, and going on bathroom breaks and just like being found at different places in the school, and they’re like, What are you doing? I don’t know. So I mean, it. There were signs leading up to it. But yes, my right, sorry. Um, it. So there was substitute teacher that day, I got all the other kids to stand up on their desk. And we just like it, like it was an organized protest in fourth grade. And like it for no other reason. I don’t really remember all the details about it. But I mean, I remember just thinking it would be hysterical. And I remember seeing like, it was this young man, substitute teacher, and I remember seeing his face and like his face dropping, and then I’m like, oh, that’s probably not super nice for him. Like he probably probably bummed about. And like, I immediately felt really bad about it. And then I was like, I think this was a good idea. This is awful. And then, you know, then like, it got brought to my actual teacher’s attention. And then they brought it up. And like, I think your teacher conferences was like, right around the time they brought it up and parent teacher conferences. And then I, to be honest with you, I went to the pediatrician. And then like, My life just got much better. I was able to focus, I was able to pay attention in school, like, I really enjoyed school. All of I enjoyed school before for the social element. But I liked doing, I actually liked doing the work, I would get involved in the projects I would like it was really fun for me. My parents are well educated, but they were very concerned about the stigma of medication. So they were like, I recognize that this is a problem. So they wanted me to be on medication because they thought it would be helpful, but they didn’t want me to be
burdened, or what they assumed as burden with a diagnosis at that age. So they told me it was a vitamin. So all throughout fourth grade to high school, the end of high school, I was on the same milligram dosage of this vitamin and like I never skipped my morning, every morning like holidays, everything. I mean, I just was taking this vitamin every day. So then I ended up doing pretty well throughout high school. And then I got into medical school after high school. So I just, I was looking during high school, I was like, What's the fastest way to go to medical school because my mom's a physician. I knew I wanted to do exactly what my mom did. She's nutrition. And so I'm like, I just want to be a pediatrician like tomorrow. How do I do that? And so I ended up looking into these things and found some programs and I was like, Okay, sweet. They're these programs that you can enter med school, right out of high school. And it's all at the same time your undergraduate grad all of its together. So the shortest time that they would have as a six year program, there were two programs. There was one in Kansas City, there was one in Philadelphia, I went to both Philadelphia one was too far away from my parents. I started Kansas City. And then as soon as I got there, just sucked. I stopped. Like I went from being like, a pretty like, without having to try exceptionally hard. I did okay, in high school. But this I mean, I felt like I had had a stroke. I just, I could not function. I mean, I would've I remember on my first neuro exam, I got a 68% and I was the second lowest in the class. I was like, okay, something is alright. My parents were like, Oh, are you taking your vitamin? I was like, No, obviously not. I like I don't even know how to do my laundry and by myself for the first time, like, what is this? And they're like, Okay, well turns out it's Riverland surprise. And so I'm like, okay, that I felt very, I felt very betrayed. I felt really angry. At that time, because I felt like I like it just kind of eradicated everything that I knew because I felt like I was drugged into performing. And that all of my achievements were really male, that it was just like I took this medication helped me and I was fully convinced on like, there's no way I have ADHD. That's for boys. It's not like that's not a thing. And so I rebelled against the diagnosis, I went without medication for the first like year and a half of med school. And I just, I, like, I nearly got kicked out twice because it was so difficult for it was literally so difficult. I could not get my act together. And even simple things like I wasn't waking up for classes, I wasn't like, I would try so hard. And I would study for like three times as long as people and I would do, I would barely pass the test. And I was like, What is this? Why is this so hard for me? Why can I and what's hard? Is it with a program that case? Any pro program probably is that you? It really depends on foundational knowledge. And I just wasn't building anything, nothing was organized enough to go into my head. And so every day I was reinventing the wheel. And then, you know, I was just like, I can't be in this program anymore. I hate all of you to be around anybody. And I, like I hated seeing my teachers I was, I was so miserable like, and instead like I'd went the other way, like instead of like buckling down, I was so discouraged. I'm like, if I can't make it through it, and I know I'm going to take out anyway, I'm just gonna have fun. So then instead of studying, I would like go out with my friends, or I would do this and like, I was like, I'm gonna have a college experience, I'm going to do what I want to do. But then that further pushed me into this bowl of like, Well, who am I like, I used to be this really smart kid. And now what am I doing? So then I remember, I came home, and I was I told my parents, I'm like, I don't I, I'm not gonna do this, I cannot do this. And then we're like, I think it's I was supposed to be studying for a test. And they're like, You know what? We, we see the ADHD diagnosis, but you don't. So why don't you spend this time and you focus on ADHD. And you see if this makes sense to you, because I mean, if you don't figure this out, you're going to have to do something else. And you'll have to figure something else besides medicine, a path for you. So they were like, just sit and think about what you want to do. So look into ADHD look into other career paths. And they were actually really it was I mean, it sounds really judgmental and weird. It wasn't it was in like, will support you either way. But just look and see kind of if something tracks and so I'm like looking at shame. Oh, yeah, that's me. And so then I'm like, I want to do this on my own. And so you know, my parents were still very helpful for me, but, but I kind of had to limp through finding the right medication. And like the medication I had had it throughout high school just wasn't cutting it in terms of length of focus or anything. And I tried a couple which like blasted my appetite or messed up my sleep or may be so emotional. So it took me a while and I didn't actually get on the right medication till maybe like a year or two before medical school ended. And by that time, I was just kind of catching up and trying to course, correct this whole time. So NetVault was a dumpster fire. But it cemented you know, by the end of it, it cemented kind of my my passion and direction. And that's kind of why I ended up doing psychiatry and why I ended up specializing in ADHD. Yeah, that's a long explanation. And so sorry, no, it's great.
Finding the right medication just feels so meta when you have ADHD because it's so like, all of your barriers come to the fore when you're trying to find the right medication, right. Like it's your it's like, I have to, I have to understand what I'm even looking for with medication. And when it's working, you know, and I have to keep going back to the doctor and having this discussion and articulating. What is even happening to me is so difficult, much less getting the doctor's appointments and then paying for the damn medication and like all of that stuff, like were you when you were figuring all that out. Were you doing this with your mom because she's a pediatrician. Are we okay, so you had

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that I was really lucky I had I hadn't a mom to kind of help me and do that. So it was remote. So she was in California. I was in Kansas City. So she, you know, the thing is like, my mom knows me pretty well. I mean, to well probably. Like she couldn't even tell like from my the cadence of my voice or how I was talking and like even on a phone this was like, this is probably dating and this is before FaceTime. FaceTime wasn't a thing. Skype wasn't a thing. So like, you're gay. She's getting all of her data just from how my voice sounds and she is like, you know, I could tell that this medication is making more irritable. I can tell that you are you know, that have you eaten today? Have you done that? So it was nice to have that third party to kind of bounce those questions off of because then I knew like, this medication is probably not for me because it's so hard to have an accurate gauge of your own internal environment. It it's just hard like you're trying to verbalize stuff that intrinsically, you might not understand in and of itself, or like for years and years and years, you're like, I thought that was normal. So I mean, it's just weird. So you're trying to explain all of this stuff. So having someone else that you know, sees you on a regular basis is exceptionally helpful. Because it's kind of like they can observe symptoms and changes better than you can sometimes.

Katy Weber 10:39

Yeah, I've talked about this a lot a lot with antidepressants, right? Because I feel like a lot of us who were diagnosed in adulthood, were diagnosed with depression and anxiety. Yeah, and so I was on like a cocktail of SSRIs Wellbutrin and, and always sort of was falling down that hole of upping the dose, right. Like, I would go to my doctor and be like, I don't think this is working. I don't feel like I'm doing any better. And so the then it was like, well, let's try it a higher dose. And then I would get into that mindset of like, well, if it's not working, or no, if I'm this bad on the medication, imagine how bad I'll be off the medication, right? And so then you get you fall down that trap, which is sort of, you know, is this even the right medication? I don't know, let's try the upper dose, like, it just feels like you're constantly throwing darts at the wall.

Dr. Sasha Hamdani 11:29

And it's extra frustrating, frantic depressants, because sometimes, and this is what I tell people sometimes when they're like, I don't know if this is how they get off their medication for a couple days. And they're like, Oh, I feel much worse. And it must be that I need this medication. No, you could make a normal person, you could put a normal, like, I don't want to say normal, but like someone who is has absolutely no mood pathology, and you stick them on an antidepressant, if you pull them off of an antidepressant, they're going to have withdrawal. So it's not necessarily indicating that there is like this resurgence of pathology, it's saying that no, your buddy, those, those chemical receptors are empty, and now you're having symptoms. So it's, you know, it's difficult because you have this like feedback loop that's telling you like, I really need this. And maybe that's not the case. And especially it's not if you know, for people that have been misdiagnosed, because a lot of women, they get misdiagnosed with mood and personality disorders, because no one's working for ADHD. It's hard because I mean, I feel like half of what I do is I'm just cleaning up messes from other positions where I'm like, This is dumb. Why were you on this, but I think I know what I'm looking for, or what I'm not necessarily looking for. But ADHD is on my radar. So when I'm having people
who are describing, you know, that a certain set of criteria and they also have, you know, I have the additional benefit of seeing that they failed numerous antidepressant trials and went okay, we're missing something, either genetically, you just fade antidepressants, or it's not the permission.

Katy Weber  13:01

Yeah, I know. Right. And then not only that, but then, you know, ADHD kind of presents itself at some point as, as the the solution, not the solution, but at least the answer, right, so you're like, Oh, my goodness, I feel so seen. I feel so understood by tick tack, tick tack videos, the memes, however, it's coming at you, right? And you're sort of feeling like, Oh, my goodness, this could be the answer to everything. But then there's literally right, and but then I also sort of struggle with that. I think a huge part of the diagnosis journey is also the self doubt, right? So you're always like, well, maybe this is, maybe I'm just exaggerating. I did I really struggled because that's also the answer, right? Which is like, well, it's only ADHD if you really struggle. And I'm like, I don't know, how much did I struggle? How much am I struggling, right? I mean, I could get dressed in the morning. So I better off it's up people but like, you know, so you have to question that. And then also, there's this idea of like, Well, you shouldn't do you know, if you have ADHD, you should get professionally diagnosed for a lot of reasons. I think that's important, but like, it could be something else. And then it's like, well, what is it? I've been told I have depression and anxiety. So maybe it's just that but then on the same time, you're like, Well, it can't be you know, maybe the ADHD is causing the depression and anxiety so I really feel like it's come to come back to a medical professional who doesn't really know enough as much about ADHD as the frickin tick tack influencers do right? Because so much of this understanding is, is through the shared lived experiences. And you've talked about this too, right? This sort of dichotomy between like, you know, you are the expert of yourself, you are seeing these videos, you're seeing these lived experiences and they're relating to you know, you're relating to them on a deep, deep seated level. But at the same time, it's important to kind of talk to a professional, but oftentimes, the professionals where we're at that are available to us don't know enough about 80 HD or have a very different idea of what ADHD is, and then you're back at square one. And so it's sort of like, well, what do I do in this situation? Am I just grasping at straws? Is it ADHD? Or am I looking for an answer? And I'm finding it in this like perfect acronym that's summing up every struggle I've ever had in my life, or is, you know, or is this a misdiagnosis? You know, that's like I say that all the time where I'm like, maybe it's not ADHD, maybe I'm just a feminist living in a misogynist society and weird, like, still have this collective post Trump trauma that we're all living through, right. I mean, I was a pandemic diagnosis. So like, there's have there's, there's been a proliferation of diagnoses of ADHD since the pandemic at least feels like and I don't know, I haven't really looked into the Serhii stats, right? So there has so that I'm like, What is this even ADHD? Or are we just experiencing a collective trauma right now. And it's going to, at some point, settle down in

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mind, Katie, that part of it is also with this pandemic. It was just a huge functional and life change. Now, all of a sudden, we're out forced to work remotely. We're having isolation, we're more on our social media and our phones, and we're learning and identifying, identifying symptoms that maybe have gone unnoticed. And now this this perfect storm of changing your situation, and now working from home and being isolated, you know, and knowing more has led you to this diagnosis. So I don't so yes, definitely. There is a part of just how utterly traumatic the past 1824 months event but I think a lot of it was I don't necessarily think that's misdiagnosis, I think it's stuff that has been, you know, for women especially have gotten, like have had to go through life masking so significantly, for so long. This kind of probably was that, you know, catalysts that it's like, okay, this, this is a word you right now, especially like, during that time, really? Like yeah, to teach your kids from home and do all of that stuff. Like how

Katy Weber  17:12
horrible right? Yeah, terrible. Oh, I know. Yeah. I mean, that was really, I mean, I’ve spoken to so many women who, who were diagnosed recently because it just felt like the House of Cards got blown off the table. Yeah. And and then what was that? Oh, the misdiagnosis. I also sort of feel like at the end of the day, if you’re Miss if you miss diagnose yourself with ADHD, I still think you’re in a better place in terms of like understanding starting to understand who you are what you do. Instead of defaulting to the I am a failure, I am lazy, I am a terrible person, which I think a lot of us were doing for a myriad reasons. You know, it’s, you know, as, as women as in a western society, like, I think there’s lots of reasons why we might kind of feel terrible about ourselves, if we can’t do mundane domestic tasks, right, are some of the reasons why I feel like women in particular, are understanding how ADHD plays into some of the struggles that they’ve had as mothers and as wives and as, you know, at work and all that stuff. So I think it’s like, even if you’re Miss diagnosing yourself with ADHD, and not, you know, seeking a formal diagnosis, like, there’s not a lot of harm in that, you know, I think the benefits so greatly outweighs the harm in thinking you might have ADHD. So maybe you should go out for a run or, you know, be kinder to yourself for all of these things. I don’t think a lot of people are like, I’m going to go out and get blackmarket Ritalin

Dr. Sasha Hamdani  18:51

you’d be surprised. I mean, I felt was so here’s that here’s the deal. I actually I’m kind of on the same page. Initially, when I was on tick tack and things like that I was really, I really had an issue with self diagnosis and then I thought about it more critically. And I’m like, you know, a lot of people they just simply don’t have access to care. And this is their exposure and they’re resonating with something that they’ve seen and they’re like, this is an explanation for the symptoms I’m having. Alright, cool. There’s so much behavioral modification that you can do to help manage those symptoms. Better use appropriate self care do all of those things a little more soundly and appropriately love that. Here’s my issue with self diagnosis. My issue I think what it’s boiled down to is one exactly that you touched on some people they feel like and it’s not even like you know, we we have this this image of this like covert operation and like drug dealing in the park to get this off market, like black market Berlin? No like college campus. Is just like, you know, your roommate will be on Adderall or something and then you know, the other roommate, I’ll be like, Oh, can I have some? I think I have ADHD, it’s like that it’s like not, it’s not something that is, is, is, you know, this, this elaborate well thought out process, it can happen very easily. And, you know, accessibility to certain medications can be high. But it which is weird, because it seems like when, when people are diagnosed and really muted, it’s difficult to access it. But, but like, in certain situations, it’s high. And the problem with self diagnosis, and in those situations, and I’m talking almost not exclusively, but college campuses is a big, big one is that with taking a medication that you don’t you haven’t been prescribed. The problem is, is that you run the risk of you’re putting a neuro stimulant, I mean, if that’s what you’re taking, which is normally what people are taking, you might feel like, oh, this makes me feel better in the moment, well, that you’re getting a transient effect. It’s not actually indicative, and it’s not a diagnostic thing, like this is actually this is ADHD. This is not, it might temporarily make things better, but it could increase heart rate, it could cause problems with thyroid, it could cause it could cause a whole slew of emotional problems as well. And then that coupled with alcohol is just like an absolute dumpster fire. So like, there’s there’s is, I don’t really have issues with self diagnosis, if you’re using it for behavioral modification. I think anytime you think about medication, even if it’s really readily accessible to you, you have to do it through a physician. You have to because otherwise it’s too

Katy Weber  21:49

dangerous. Yeah. And I guess you’re right. I sort of feel like that goes without saying that you shouldn’t be taking somebody else’s prescription medication, but maybe it doesn’t go without saying what your what with the scenario you’re talking about, which is like I watch tick tack, I think I have ADHD. So this is ADHD medication. So why don’t I just kind of take a few shortcuts and try my roommate’s version of it, as opposed to actually all of the hurdles that we experienced in this country going through the process? And then also, like, how expensive it is you want, you might want to try? Yes, so that exactly. I think I think diagnosis for the sake of medication is absolutely important. But I also kind of I feel like we can’t deny the fact that there are so you know, that we’re almost at this impasse in terms of like
lived experience versus what medical professionals actually understand about ADHD like it’s almost like you know, we’re neck and neck and this horse race in terms of, you know, social media and and how this is being described to people versus how it is in the DSM and you know, who you know, the the lottery of terms of who you’re going to get as a medical professional and how, what they’re going to understand about your symptoms, and how if you’re even going to be able to articulate it like that’s the other thing, like the advice I always give to women when they’re seeking a diagnosis. I’m like, take a checklist, do not go there, unarmed, you know, you because the moment you get into that office, you’re not going to know what to say you’re going to feel overwhelmed. You know, you have 15 minutes like so you need to go with like an absolute list. Because you’re not going to remember that’s ADHD. But like, you know, I feel like that same idea. There’s just so many barriers to getting this diagnosis that I again, is it I feel like you know, social media is filling a hole. Whether that’s good or bad. I’m not sure Do you join tick tock a year ago, right?

Dr. Sasha Hamdani 25:04
I joined in in December, December of 20 1211 years ago. Yeah.

Katy Weber 25:10
So when you join it, were you like, there’s misinformation, and I want to set the record straight? Or were you just sort of like I’m bored? And this would be fun, or was there an official reason when you joined? Or were you just kind of like, because there’s a lot of doctors on on tick tock.

Dr. Sasha Hamdani 25:24
I know, I didn’t even know about that bit. Like might so for months, my sister had been like, you need to join tick tock, they have really good makeup tips. And no, no way. Like I spent most of 2020 Making fun of tic tac, I was just like, it’s for 12 year olds. This isn’t a failure I should be on. But then I like I the frequency of this. It just escalated. You know? Because we were doing telehealth, I would have patients hold their phone up to the screen. And they’re like, because this video says I sneeze multiple times in a row. I have ADHD. And I’m like, No, that’s stupid. That’s not a thing. And so like, I was just blown away. I mean, I’m not even kidding. Maybe like three or four times a week, I would see something where I’m like, how, how, how is that even on the internet? So then I was like, Okay, well, you know, there’s not a set, or like, this was my limited knowledge of it, because I wasn’t actually on tick tock and I didn’t wasn’t like, I didn’t get shunted into ADHD tick tock yet. So I didn’t think there were a lot of resources. So I started making videos on that, and it kind of, and then, you know, tick tock happened was just been it was my whole life. Um, but yeah, so I don’t know, it was like a 5050 split of me wanting to provide good information and also be wanting to have good eyebrows. So yeah, so I you know, that’s, that’s been, you know, since being on there, I there’s been a huge, huge amount of wonderful information, both, both coming from providers, where it’s like very good, clinically based information. There’s some fabulous therapists or some fabulous psychiatrist on there. That gives it information then there’s some, there’s some good lived experience, which are really, I mean, like, I love one of the first people I’ve followed on Tik Tok, she’s also an Instagram is your ADHD mom. And if you’ve seen her talk to her,

Katy Weber 27:30
I don’t know, maybe I probably.
Dr. Sasha Hamdani 27:33

I mean, she, like I started following her in the very beginning. And she was talking about like, her like on her thing, she calls herself an accidental ADHD advocate, because she just recorded her entire experience from beginning to end up getting diagnosed. Like, this is what I'm seeing, I'm thinking this is it. Okay, now I'm going to my doctor for the first time like, and so it was just such a cool experience, because you're, you're going through all the pitfalls, and the successes and all of that with her. And so I feel like that was such a vital and important thing to document and see. So I love things like that I do have some beef with some people providing information, like where it's not coming from a lived experience where they're trying to provide clinical data, because some of it is wrong. And some of it, the problem that I have, which I have with people that are giving clinical data that are not medical professionals, is that I don't think they can appropriately monitor what's happening in their comments. Maybe no one can do that. But like, then you get a lot of comments like that can't be ADHD because of this. And it's like, well, no, no, like, and so I feel like sometimes with misinformation that's put on there, it actually serves as a barrier to care. You know, it deters people from getting appropriate care, which is, which is a sneaky?

Katy Weber 28:55

Yeah. And I think it also kind of builds up a lot of stereotypes about what ADHD is, and is and isn't, which, you know, can increase stigma around, you know, brushing people off or, you know, or, or the other thing, which, you know, is using ADHD as an excuse versus using it as an explanation. So I'm always talking about that with my kids, right? Where I'm like, ADHD is not an excuse to be an asshole, you still have to figure out how to do the thing. But it can often it can give you an explanation as to what's happening in your brain and where you know, what you need in terms of, you know, getting from A to Z. But I think the, you know, I do see a lot of that stuff where I'm like, oh, you know, using ad you know, ADHD can be referred to quite flippantly sometimes and be like, oh, yeah, that's my ADHD and, and, you know, oftentimes I'm like, Well, you know, we do still have to take it seriously in terms of how, you know, destructive it could be or how, like you said, like, You know, sometimes they're, you know, I'm losing my train of thought, basically, I'm like, you know that your life is still hard. And, yeah, it's hard, right. And so if we start talking about ADHD like it's this, you know, adorable thing where you're like talking about squirrels all the time, then we're really just brushing over some of the, like real issues and the missed diagnoses, and you know, the real like, comorbidities that are out there.

Dr. Sasha Hamdani 30:28

And like, not just squirrel, but like, what I feel like is especially kind of traumatic for me, is like, when I was seeing this huge surge and stuff like ADHD is my superpower. And I'm like, I want to punch you in the face. Like, I don't, like, do you, like I get, I get the theories that they're trying to put a positive side and like, make you see that maybe there are some things about ADHD that can be referred to as a positive, but like, overwhelmingly, if you were to ask me any, any day of the week, would you rather have ADHD or not? I'd be like, No, I don't want we rather not up. So I feel like putting things into like, this is my superpower I need to hire, if you could just harness your hyper focus. I mean, it makes you feel like ADHD has this volitional component, where you can just be like, oh, I want if I just will myself into focusing at the certain time, I can do anything I want. And it's like, okay, that's how the brain works. Like, okay, this is perfect storm of you being absolutely engaged in something, then maybe you can kind of get it together in that time. And maybe you can behaviorally modified and make it easier. But it's not something that you can kind of turn on and off and it's the end, it's not, like if something becomes a superpower, it is by accident, right? But chance or like, something, something like that. It's just like a blessing difference. So I don't feel like utilizing terms like super power, and I hate that it drives me absolutely bonkers. I hate it.

Katy Weber 32:13
No, I'm the same. And you know, and I feel like with coaching, right? Like, I feel like coaching can be really, really predatory in terms of ADHD coaching, because it's like, we're gonna do this, and we're gonna, you know, I'm gonna, if you pay me, I'm going to help you transform your life overnight. And you're like, you know, and you're like, you are taking advantage of the impulse to want to kind of jump on these trains, right? And I just feel like of all people, you should understand how, how problematic that kind of like, you know, tapping into that need for for that, you know, impatience and impulsivity can be I feel like it's really it's just gross a lot of the times so

Dr. Sasha Hamdani 32:51

disgusting. It's so disgusting. And like, I, that's another thing, like, that's another thing that I've like, that has opened my eyes. I didn't actually know. This, like, maybe I'm a moron. And I should have known this. But like, I didn't actually know that ADHD. Coaching was a thing outside of like therapy. Like I thought if we were talking about like, I have this life coach or something like that. I was like, Oh, okay. But then when when I started going on TikTok, tick and Instagram and people started asking me questions about like, Hey, I've, you know, I just signed up for a course with this life coach, and then you click on them, and it's like, this shoddily done website, and it's like, these people are talking about this is guaranteed to make your to fix your brain. Oh, my God. I know, right? I am going to shut you down. Like, how dare you like, how could you take this extremely vulnerable population? And how can you make these promises? When you're not? What, what? What kills me? What absolutely kills me is that it takes there's no governing body for this. You don't pass any sort of like, I mean, the ones that I'm talking about that maybe there are some kind of certifications or things like that. But in general, you can, you could call yourself an ADHD coach, just because you have ADHD. That's what I do. I'm turning this into a positive. I'm going to teach people based on what I've experienced. But that I mean, everybody's brain is different. It's not coming from any sort of neurobiological basis or deeper understanding of how the brain works. And I think that's how you get better understanding of yourself. And because you start tying together things and you start seeing correlates, and so it just scares me when people are trying to push, maybe this is something that worked for them. Maybe it's not, maybe they're just saying that because it's convenient, and they feel like ADHD is lucrative. And so they're taking these people to just waste their time and money and potentially harm them more. It's your right it's yours.

Katy Weber 34:57

Yeah. And again, sort of ruin them for this idea of like, you know, I think we have a we have a tendency to chase things and lose a lot of money. I think it's an ADHD tax I've certainly experienced right which is like feeling like I'm going to get the quick fix feeling like this is the next answer. funneled money into things and then feeling like it's a waste and then you get triggered shy because trigger shy is that even a word? You know, you're just like, right where it's like I worried about doing anything constructive, because it's that sense of like, oh, I have a tendency to like just jump on things and waste money and, and so it is it's the wild west out there? For listeners, and for my sake as well, like, what would be the difference between seeking a psychiatrist versus a licensed therapist.

Dr. Sasha Hamdani 37:09

If you have ADHD, psychiatrists, I can prescribe medication. So that is the biggest difference between them. Psychiatrists have gone through medical school. And so I think that's actually really important. So in terms of going through medical school, because they can they can have at the time of your assessment, they can also do a more comprehensive look at everything going on, they can look at their other medications, they can look at medical disorders, and they can kind of feel like, okay, maybe this is actually a thyroid problem. Maybe this is actually autoimmune, maybe this is, and so they can kind of tease out is this from an underlying cause. They've also through their psychiatric residency, they have gone through a depending on the residency they do. Mine was very psychotherapy heavy. So you, we went through all the therapy modalities. So we can also kind of talk about and at
least direct you, some, some psychiatrist do their own therapy, some people are just like, they're too busy with it with their other medication based patients that they have to refer out. But they can identify if it's a psychological problem that’s kind of lending to this ADHD picture. And then they can diagnose and prescribe medications. So that's kind of the biggest difference. But I mean, in terms of, I mean, therapists are fabulous, in terms of ADHD diagnosis, because I think, to be totally honest with you, I think that they spend more time and can provide better skill sets, because with a psychiatrist, you going in there and like, you know, you have your initial evaluation, and then you have follow up appointments afterwards, which are shorter. So I like going to a psychiatrist for initial evaluation and for medication stuff. I really, I'm just biased. I think therapy is awesome. In the university to have a therapist, but I, I feel like it is so wonderful to be able to have that someone else who can get their hands on your brain and help optimize your life appropriately. That's so helpful. Because, like, for me, even when I was going through residency, I didn't recognize any patterns because every day was different. And it's when I started working through those therapeutic modalities. I was like, oh, okay, okay, this needs to change and so they can help you build habits they can help. So I think I think a combination of medication if it's appropriate, and for a lot of people it's not, but a psychiatrist, at least would be able to tell you, I would say at least 30% of people who come in I don't start on medication because I'm like, you don't like right now this mean I could probably get adequate results if you did therapy and try that first because I don't want you do a medication without building those good skill sets first.

Katy Weber 40:07

Yeah, pills don’t build skills. Right. Am I right? You’re correct. That’s very correct. So now I’m curious. I don’t know much I certainly haven’t talked too much about this on the podcast with trans magnetic stimulation. And I know that’s something that you work on with patients, what can you tell me a little bit more about what it is and kind of how it works in relation to ADHD.

Dr. Sasha Hamdani 40:31

So TMS is actually not something that’s FDA approved for ADHD. TMS is something that is a alternative method for right now treatment resistant depression, there’s more indications being added in terms of like, anxiety, and, and OCD and even some cases, bipolar, depending on the machine, because they’re different machines you can get. But basically, what it’s doing is instead of putting a pill in your mouth, and kind of helping and praying and ends up in the right place, this is you’re mapping out the brain, you’re figuring out where you need to stimulate, then you’re stimulating it with a magnetic impulse, with a repetitive, it’s kind of like if you ever been on an MRI? No, I’ve never had one, but they’re annoying. I mean, this isn’t actually you’re not like in an enclosed thing. But with an MRI, you get tapping like this. So it’s kind of like that you’re getting this repetitive tapping. But what that’s doing is it’s it’s formulating, and building a good healthy pathway. Now, what a lot of people see is with treatment resistant depression, and anxiety that often comes as a comorbidity, what happens is that your energy improves than the depression abates, and an anxiety gets better. So what I’ve seen is that for people who have ADHD, and also have these comorbidities, sometimes they can never truly get on top of their ADHD symptoms, because they’re writing this fine line of, okay, well, you know, I’m trying to treat ADHD, but if I start this medication, my anxiety goes way up. So then now I need to crank up my anxiety medication. But now I can’t focus anymore. And it’s just like, it feels overwhelming to try and treat to variables. And a lot of people are like, I am tired of medication. I can’t do this back and forth. I’m walking a tightrope. And depending on how my life looks at the moment, I’m out of whack. It just, it’s miserable. And so I like TMS because one, it’s not a medication, and I get it, I get a psychiatrist, and I’m supposed to push Phil’s like, okay, fine, whatever. But like, I don’t like the kitchen, I want me to see that there’s a medical use for it at times. But like, ideally, if we could be in a spot where we can behaviorally modify or be on the least amount of medication for the least amount of time possible, that’s always where we want to be. So I like TMS because you’re not using a medication. And it’s, it’s one of our greatest chances of reducing medication use. And then if you can adequately address the depression and anxiety, so it’s not really a variable. It’s like you have this fresh new lease on how to treat your ADHD. And it’s like your medications are working for the first time. So I bring up at TMS one,
because I love it, I think it's really helpful. But too, because I think it's one of those things that, you know, part of the journey with ADHD that can be so frustrating is you don't really know what variable is being impacted. And so you're like, I don't really get why this medication is not working? Is it that it's just not working? Because genetically I can't metabolize it? Or is there something else coming in the way? So for people that have both, and especially people who have struggled with trying so many antidepressants, and they just, you know, need something else? This is great. Yeah, I've

Katy Weber 43:40
talked about that a lot, which is like, you know, I'm not by any stretch of the imagination, anti medication, but I also kind of feel like sometimes, like you said, medication brings with it so many questions. And it can be really just overwhelming to think about, like, what is working? What isn't working? Who am I? Who am I? Not? That sometimes it's just quieter, to go back to your baseline and to kind of get off of it all, and just be like, who am I, without all of this and then start from scratch again, and again, you know, and because I feel like I can get so worked up in the like, is this placebo? Is this working? Is this not? What am I, you know, am I and then you start to fall down the rabbit hole of like, well, what am I combining it with? You know, and that is an endless question, right? This idea of like, well, you know, all of the different environmental issues that might be coming into play with the medication, and it's just when your brain is on hyperdrive anyway, like sometimes the addition of medication can, can do more harm than good. And so, yeah, I think it's really fascinating to find some of those other methodologies in terms of, you know, coming out this understanding, just like, you know, just like we were saying with therapy, like so much of the benefit of therapy is just parsing all of this stuff, you know, just like verbal processing, and being like, Okay, what is happening? What is going on? And just taking that chance to have a guided conversation about who you are and what's working and what isn't? Yeah, yeah. So now you were but you work with a lot of kids too, right? So six and up. And so that was sort of the your, your desire to be a pediatrician comes through with working with children, your face, just like lit up what I said, you work with children, that's always a nice side.

Dr. Sasha Hamdani 45:29
I know I love it. I love I love working with kids. And now you know, my practice has gotten out of control. Having kids of my own, it's just like, it's difficult, because my only work when I have childcare available to be that so now I've kind of limited my practice to like seeing adults of all kinds, but the kids that I see, I've only now I'm only seeing ADHD kidos. I mean, my existing patients, but like, my new patients are just ADHD. And it is like the most awesome and rewarding work ever. It's like so easy and fun. And like, you get it. And now it's all telehealth and you get to see them in their own environments. Now I want to see my real. Yeah. Oh, yes, I do. And so like you're seeing their pets, and you're seeing like, it's just so fun. It's so fun. It's a good job to have. Right you.

Katy Weber 46:24
Yeah, you know, I have a 10 year old and a 14 year old. And so the conversation since my diagnosis, obviously, it's been, you know, we've had a lot of conversations in our house about like, whether to get them diagnosed and what even you know, what is going on with them? And, and how do we talk about ADHD because I talk about it like this with such positivity, you know, like, I'm just like, it was this revelation to me, you know, and, and so I think it's so important to talk about it in this positive way. But my husband also has a lot of like, he's very nervous about getting them diagnosed, because he also feels like they're going to read, they're, they're going to get labeled, and there's going to be the stigma and they're going to get treated differently. Or, or they may feel like, you know, they might limit themselves, they might feel like I can't go to medical school, if I have ADHD or I can't eat, you know, like, all I do is talk about how hard motherhood was with a with undiagnosed ADHD. And then there's a part of, you know, there's part of me that's like, oh, maybe I should stop talking about how hard it is. Because maybe there's a 20 year old out
there that I’m gonna, who’s gonna say I shouldn’t have kids because I have ADHD. And I’m like, no, no undiagnosed, ADHD, totally different from diagnostic HD. You know, I just feel like it’s so like, I love the video, every time you have videos about like talking to children, or sort of like talking to, you know, parents about like, how to address and treat ADHD with their kids and how you know, to give that positive spin and be like, you have this amazing brain and I just think that’s so important to really kind of change the narrative at such a young age about what this is because right now, the only kids who are getting diagnosed are the kids who are being disruptive and their teachers are like, Oh, Jimmy, I can’t take it anymore. You know, you need to put them on medication. And it’s like, you know, we’re just we’re creating this generation after generation of kids who are like, who are you know, associate ADHD with being a bad kid. Right, and, or not talking about it at all? Like, you know, the dystopian give your kid a vitamin tactic does sound like the givers of big you know, one of those dystopian novels like just take your pill everybody.

Oh, it’s very real.

But I think there’s just so many questions as a parent where you want to do the right thing and you want to make sure that you know you’re not screwing them up right by how you address their brain so I so appreciate all of the kind of the way that you’re digging in and diving into this morass and really helping people understand one video at a time.

Katie I love your vocabulary a bit I haven’t heard that word and so on. And yeah, thank you for your knowledge. About so actually this morning I put a little I don’t know if it uploaded anything was being weird this morning. But on Instagram I was I partnered with understand that org. I don’t know if you’ve seen their website, but like, it’s a good thing to mention, just because like I try to bring to light as many like resources as possible. This is just like a free for people that are trying to navigate those waters of getting a kid through school, which is hard. And if you’re seeing stuff at home, these are resources where you can like how to do a parent teacher conference, how to bring up ADHD within these kinds of things. What if you’re concerned about this? How do you talk to your parents, your doctor things like this. How do you address a learning disability like stuff like that? Which I feel like One wonderful for kind of awareness. But two, from the logistical side of things. I think a lot of people have difficulty like, how do I even approach this? Who do I talk to? Who do I how do I get this information across if I have these concerns as a parent, so I think it’s really helpful. Then now this is just part, people are making it part of their agenda, you just need to know where to look for this is it has been really impressed by them. I thought they were fabulous. And I love that it’s free. Just click on it, and they’re like, infographics. It’s just very ADHD friendly. Yeah, right.

And you know, I think that’s something that we another thing we have a conversation about a lot on this, which is that there, you know, trying to do things on your own and trying to navigate things on your own and trying to just be like, Okay, I’ve got this new information what am I gonna do with it and just getting so you know, going from zero to 100 and getting so overwhelmed by the wealth of information that’s out there and not even knowing where to start and like who to go to and so you know, it’s like I said, like, I feel like it’s very meta when you get these diagnoses just like oh my god, I don’t even know where to begin it’s so overwhelmed.
Dr. Sasha Hamdani  51:11
It's it's overwhelming, it can totally be overwhelming for sure?

Katy Weber  53:00
So a question I asked my guests all the time is if you could rename ADHD to something else, what would you name it? And I know that you've called it in the past always doing 100 distractions? Which that's your answer. I mean, I'm, I'm here for it, because it's great. But if I hadn't

Dr. Sasha Hamdani  53:18
thought about if I were to, I have to, I mean, so I don't I don't like the name. And I think you're gonna if you take a poll 100 at 100 People aren't gonna like the name of ADC, but they all have different reasons. I don't necessarily like the name of ADHD, because I don't think it's an attention deficit. I think it's a regulation problem. So that's part of the issue. I don't mind that hyperactivity is in there, when that's just one subtype. So then I'm going to add a why why do we even need that in there? And then I would want them to include emotion, emotional stuff in there, which is right now not part of the diagnostic criteria, but it should be. I mean, it really should be I think, like almost 100% of people with ADHD deal with emotional regulation issues. Just like from a neurological perspective, it absolutely makes sense with that chemical firing, but to also if you are just, you know, beat down by society for years, years, you're gonna have problems, right. So I mean, I think what I would call it, attention and emotional regulation disorder, and I think the disorder, right, I know people will have beef with this, but I actually think the disorder part needs to stay in there. Because I think if you called it a dysfunction, or if you called it an A no an issue or you did something I think disorder needs to stay because disorder indicates that there is a clinical severity that needs to be taken seriously like a bipolar like in depression, that it's something that isn't just like this thing that you see in passing that it needs to be regulated and treated with the same kind of cynical, meticulous SNESs that a mood disorder would have, right? So yeah, and then I think with with getting accommodations and things like that, that that word disorder is very pivotal, which I think a lot of people get, like hung up on as like, I don't want to call it a disorder. Okay, fine. You don't call it a disorder. But I think it needs that in its name.

Katy Weber  55:16
Yeah, no, I agree, I go back and forth, because I feel like yes, it needs to be taken seriously. And I feel like that there is some way in which the the medicalization of it, has to exist. But I also feel like it kind of, there's a slippery slope when you get into curing your ADHD, right? And so I think you get into this damn right. But there's like that idea of like, if it's a disorder, then you're going to take this pill, you're going to cure it, you know, and then it starts to get into the same category as like as diabetes, or you know, some other medical diagnoses where you're like, this isn't actually what's happening, like the, the disorder is coming from, you know, the fact that you haven't had the accommodations and the environmental, you know, whatever care that you needed in your life, based on this neurodiversity, and so, again, like, I feel like, there's ways in which disorder can can hinder how it's treated, or how it's even looked at in society, right? Like I always talk about when I came out and said, I was diagnosed with ADHD, the vast majority of people were like, I'm so sorry. And I was like, No, that's actually the greatest thing that's ever happened to me. But that it was like that slow realization of how you actually add, you have no idea what I'm talking about when I talk about ADHD, so I'm just gonna stop talking about it with you.
Dr. Sasha Hamdani  56:42

I mean, I think disorder, it’s not necessarily coming from just environmental factors, I think a word like medication stuff, it’s not indicative, like, if you take a medication that’s going to fix it, I think that’s a very limited scope of how to look at this, I think disorder is coming from you were born with this, this is how your brain is wired. And it is, it is an, you know, a difference from neurotypical wiring. And that predisposes you to all of these different things. So I don’t think like, you know, when, when I have people that are, I think that’s what makes it a disorder, that it came from the very beginning and basis kind of form of like, your genetic data and code. So I, and, and you know, how dysfunctional it makes your life obviously, but, but I don’t know a lot of people with ADHD that it without significant modifications, that it’s not impairing their life in some degree right now. Yeah. They’re just rolling around. Like, I saw that, and it’s fine. And I was like, Okay, well, then you don’t really have it.

Katy Weber  57:48

Right, exactly. Or it’s a bad idea, like, well, if we were all just cavemen, and, you know, some of us would be hunter gatherers, and some of us would be farmers, and then nobody would be suffering. And I’d be like, I don’t know, I still think you’d probably have RSD if you were caveman.

Dr. Sasha Hamdani  58:04

Want to be a farmer?

Katy Weber  58:06

Yeah. I know, well, I certainly I feel like I, I haven’t stopped loving talking about it. And so I’m always so grateful to be able to have these conversations. And like I said, I’m so grateful to you and what you were doing out there on the internet and trying to put, you know, break down some of that misinformation that’s out there and have put a real face to what this is. And so I’m so enjoy your content. So thank you. I know. I’m sure I’m sure with with followers comes all of the annoying headaches of the comment section and

Dr. Sasha Hamdani  58:50

everything. No, I mean, a little bit on like some of my, like Tic TOCs sometimes maybe. But even then there, it’s been like overwhelmingly, overwhelmingly positive, which has been great, because I can’t handle negative comments. I don’t think about it for weeks now. Like it just I don’t deal with it well, but I think that it’s like even when there are things that are questionable, I think other other people step in and use that as a forum to gently educate, which I think is important like leaving those comments up there because I think that there is some value in seeing like this can be course corrected. That you know, and then judging on how the other person interprets it because you know, you do have to, in order to kind of maintain the integrity of the page, you do have to police those kind of comments a little bit better. Like if you’re gonna put something weird and racist or sexual on the page going, Yeah, it’s going. But like, but you know, when there’s misinformation about ADHD and stuff that sometimes I leave that up there because I think it’s important to look at both sides of the issue and show people that this is still something that exists and this is kind of the data to counteract this viewpoint. Mm hmm. Right.

Katy Weber  1:00:08

Yeah. This is what we’re up against. Yeah. Awesome. Well, thank you so much for your time. It was so lovely to talk
with you and really flies