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Dossier:

**Request for examining research forming the basis of the article “Natural Outcome of ADHD With Developmental Coordination Disorder at Age 22 Years: A Controlled, Longitudinal, Community-Based Study”, authors Peder Rasmussen, M. D., and Christopher Gillberg, M. D., published in J. Am. Acad. Child Adolesc. Psychiatry, 2000, 39 (11):1424-1431, with respect to suspected fabrication of data and incorrectly stating that the researchers were blind regarding the diagnoses of the respondents.**

Objections to the points of departure of this study, theoretical and methodological, are published in my book “Hjärnsjöken” (Stockholm: Symposium, 2000). When scrutinizing the validity of claims of the “DAMP” diagnosis, I focused on the earliest studies concerning children who were 6 and 7 years of age. As the follow-up studies, according to the researchers themselves, were not performed in order to test the validity of the diagnosis, they did not attract my attention until after my book was published.

The follow-up studies start out from a population of 112 children, almost half of which have a “DAMP” or other neuropsychiatric diagnosis of a similar kind, while the second half forms a control group. Studies have been made at ages 10, 13, 16, and 22.

The disposition and design of these studies entertain certain misgivings. Therefore, I have made a specification of problems encountered in the accounts of the studies concerning ages 10, 13, and 16, but I want you in the first place to focus on the latest study, at the age of 22.

The report from this study gives rise to several questions, which can be divided according to the directions given in SOU [the government’s official report] 1999:4, pp 54–55:

### **Manufacturing and forgery of data and sources.**

Pointing at this are, for instance:

- Accounts of attrition rates (no increase in attrition between the studies at 16 and 22 years of age, contradictory statements regarding the actual attrition group—in both studies 11 persons) and contradictory anamnestic statements regarding ability to read and write, “anti-social personality disorder”, and depression in a life perspective.

Moreover, the study presents a very brief and late report of a decisive part of an investigation in a longitudinal study which had been going on for fifteen years.

- Selection of data and scientific finds supporting the scientific hypothesis.  
Examples are:
  - The treatment of the finding of “depression” as a variable in the judgment of poor outcome.
  - The affirmation of the researcher (here: Christopher Gillberg) that he was unaware of the connections between the identity and the diagnoses of the test subjects.
- Including an author who has not given a substantial contribution to the content of the scientific study.
  - The co-authorship of child neurologist Peder Rasmussen in a report only presenting child psychiatric investigations.

These problems are dealt with in closer detail in Appendix 1. I also want to point out two aggravating circumstances:

- 1) The depiction of the original population and the group of examined children at ages 10 and 13 as larger than it really was, including faulty “numbers” reported in statistical tables, published by Christopher and I. Carina Gillberg in Rothenberger, Aribert (ed), *Brain and Behavior* (1990) (Appendix 3), and
- 2) The answer given to me by Peder Rasmussen when asked who had carried out the different examinations, where Rasmussen explicitly says that this is evident in the reports. This is not the case, and apparently the regulations of secrecy put forth by Ian Milsom, head of the department, do not apply. [Milsom stated that the identities of the examining doctors were secret.]

On account of these difficulties inherent in the studies, on the 19th of Febr. 2002 I asked Christopher Gillberg, Peder Rasmussen, and Lars Hellgren to allow me access to the research material. This was turned down by Peder Rasmussen, and according to a refusal signed by Ian Milsom, the dismissal was supported by ch.13, §13, Law of Secrecy. This message was brought forth to the Administrative Court of Appeals, whose decision, 1769-2002, was communicated June 1st, 2002, implying a demand of re-consideration. The request is now with Ian Milsom (this correspondence in its entirety is in Appendix 4).

I apply to the rector of Gothenburg University to make an examination in order to validate the statements made in the study under consideration—extending the prospective examination that I may have the opportunity to make—and ensuring that

- all 101 persons examined at age 22 belong to the original population described in the earlier studies at ages 10, 13, and 16,
- all of these 101 persons really have been traced and contacted as well as have taken part in interviews and reading tests and been neurologically examined.

I want to call your attention to the fact that this longitudinal study is of extreme importance, both scientifically and socially. It is based on the hypothesis that certain clusters of disturbed behaviors in children have an organic origin, and that these in many cases lead to a poor outcome [in life]. As the only study confirming this hypothesis, this 22-years-old study has played a major role as a reference in the ADHD State-of-the-Art document produced by the Swedish National Board of Health and Welfare, May 24th, 2002. This report has served as an argument when changes have been made in health politics. Thus it is of pronounced importance that this research has a solid foundation and gives no rise to suspicions of misconduct.

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