It is problematic to prove whether attention-deficit hyperactivity disorder (ADHD) is over- or under-diagnosed. However, a number of international studies have found that the youngest children in school classes are more likely to receive ADHD medication. If true, one credible explanation is that children are being medicated for immaturity. A West Australian study analyzed the use of ADHD medications prescribed through the Pharmaceutical Benefits Scheme to over 300,000 children, divided into two age bands, 6–10 and 11–15 years.[1] In children aged 6–10, boys and girls born in the last intake month, June, were twice as likely as those born in the first intake month, the previous July, to receive ADHD medication (relative risk (RR) = 1.93, 95% confidence interval (CI) 1.53–2.38 for boys; and RR = 2.11, 95%CI 1.57–2.53 for girls) (Fig. 1). The effect was less marked but still statistically significantly different in older children (RR = 1.26, 95%CI 1.03–1.73 for boys; RR = 1.43, 95%CI 1.15–1.76 for girls). Overall, 1.9% of study children were prescribed ADHD medication, lower than the 3.6–8.5% rate in US studies, showing that even at relatively low prescribing levels, there are concerns about diagnostic validity and appropriateness of prescribing.