Pyramidal neurons, shaped like a triangular pyramid, are key regulators of neuronal networks in the prefrontal cortex. These cortical networks send messages that can be either accepted as signals or ignored as noise. When the prefrontal cortex is functioning properly, pyramidal neurons within these networks can tell the difference between signals and noise. However, in attention-deficit/hyperactivity disorder (ADHD), pyramidal neurons seem to have problems distinguishing signals from noise. Another way to state this is that pyramidal neurons and their prefrontal cortex networks are "out of tune" (see Figures 1 and 2).

Theoretically, such problems with information processing in prefrontal cortex may be caused in part by imbalances in various neurotransmitters. Norepinephrine, for example, may be particularly important in enhancing signals, whereas dopamine may be particularly important in reducing noise. (These concepts were discussed in the last Brainstorms.) In this issue, we discuss the potential link of dopamine and norepinephrine imbalances at key neurotransmitter receptors that result in problems differentiating signals from noise in prefrontal cortex in ADHD. We also discuss where in the prefrontal cortex specific symptoms of ADHD may be hypothetically mapped (see Figure 3).

**Take-Home Points**

- In ADHD, pyramidal neurons in the prefrontal cortex are hypothetically "out of tune," causing either deficient signals, excessive noise, or both.
- Specific malfunctioning brain areas within the prefrontal cortex theoretically mediate the various symptoms of ADHD.
- Inefficient information processing in related areas of prefrontal cortex may also cause the specific symptoms of the common comorbidities of ADHD, such as bipolar disorder, anxiety disorders, conduct disorder, and oppositional defiant disorder.

**References**

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ADHD can often be comorbid with other behavioral problems, especially in children.\textsuperscript{1,2} Abnormalities in the ventromedial prefrontal cortical-limbic networks (VMPFC) are hypothetically involved in the aggressive and destructive symptoms of conduct disorder, the mood instability of bipolar disorders, the irrational fears of anxiety disorders, and the disobedient and oppositional symptoms of oppositional defiant disorder.\textsuperscript{1,2}