

ADHD in Adults?

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Until this decade, Attention-Deficit/Hyperactivity Disorder (ADHD) was only recognized as a disorder of childhood and perhaps adolescence. ADHD has been thought of as a disorder found predominantly in boys who are hyperactive with the ratio of boys to girls being approximately 5:1 to 3:1. It was also believed that children with ADHD outgrew the disorder as they approached adolescence, but that in some instances it could persist only into the teenage years. We now know otherwise.

The evidence of ADHD has existed for some time in children but it was not until 1990 that objective measures were able to detect ADHD in adults. Numerous research studies have been conducted since then and have provided biological and genetic evidence using brain scans, familial studies, and neuropsychological testing to detect the presence of the disorder. These studies have been able to determine that about 5% (4.7%) of adults have ADHD, that the majority of children with ADHD (about 50-70%) continue to experience symptoms of the disorder into adulthood, that ADHD is almost as common in women as it is in men (this may come as a surprise) and that ADHD is a biological/genetic disorder. Therefore, it is now becoming widely acknowledged that adult ADHD is a common neurobiological disorder that is highly familial (heritable).

In order to accurately diagnose ADHD, a clinician must first conduct a comprehensive clinical interview with the adult to determine if they meet the necessary criteria. This involves finding a professional who has the expertise and experience to evaluate ADHD in adults using DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders*) criteria published by the American Psychiatric Association (1994). Not unlike any other disorder (e.g. depression or anxiety) there is no readily available medical test that can be used to detect the presence of the disorder with absolute certainty. However, a thorough interview to determine the presence of childhood ADHD in combination with objective neuropsychological testing (measures of cognitive performance including computerized continuous performance testing) can help determine patient success and predict treatment response. It is also helpful to obtain a rating from someone who knows the individual well since self-ratings can be inaccurate (e.g. a client's behaviour can be out of control at times even though they think everything is fine). A recent example includes one client who described his symptoms (and behaviour) after treatment as "slightly better" and whose wife responded by saying, "slightly better?...it's like being married to a different man".

The symptoms of ADHD exist on a continuum. Therefore everyone experiences these symptoms at some time. But only those with ADHD are significantly impaired by these difficulties on a daily basis. The more well-known symptoms include hyperactivity (less common in adults), impulsivity, and/or inattention (not all three have to be present for a diagnosis). Other key features include having a possible history of:

- poor academic performance (despite adequate or even superior intellectual ability)
- difficulty with social interactions (conflict with peers, spouses or authorities)
- poor work history (absenteeism, task completion problems, low ratings or frequent job changes)

As well, current (and sometimes less recognized) symptoms frequently include:

- restlessness (physical or mental)
- distractibility and difficulty sustaining attention and following directions (avoidance of tasks requiring concentration and attention to detail including a possible hatred of reading)
- impatience and impulsivity (including interrupting others, talking quickly and speaking out of turn)
- difficulty completing tasks or frequently shifting from one task to another
- losing a lot of things and forgetting to do things (keeping track of appointments, problems with planning/organization, underestimating time)
- having "piles" of "stuff"
- mood fluctuation (can include hot or explosive temper, feelings of shame and stress intolerance)
- addictive and risk-taking behaviour (such as an unusual number of injuries or legal infractions)

- ❑ high rates of comorbid (coexisting) disorders [e.g. anxiety, depression, learning difficulties, substance use (including alcohol/drug use and cigarette smoking), antisocial and borderline personality disorders]

Based on the presence of a specific number of symptoms, a diagnosis of ADHD can be made. The three main types include: 1. ADHD, Predominantly Inattentive Type; 2. mainly Hyperactive-Impulsive Type; and 3. Combined Type. There is also the possibility of a residual type ADHD in which there had been a childhood identification of ADHD but that currently, only about one or two problematic symptoms are identified. Since most paediatric physicians (usually familiar with ADHD) do not follow their patients into adulthood and since many general practitioners are still not familiar with adult ADHD, under-recognition and misdiagnosis is quite common. This is accompanied by the fact that many adults were never identified because they have mild or moderate ADHD for which they may have been able to compensate for their problems with other strengths and weaknesses until they attempted to manage jobs or other adult responsibilities or because they have inattentive type ADHD (especially girls and women) which is less visible. Therefore, many adults are only now realizing what has actually been a long-standing problem. Fortunately, recognition of ADHD can be a watershed event in their lives and gives an adult renewed impetus to become more productive.

A final important point to note is that many professionals will not identify ADHD when there are other disorders present (some examples were listed above). Unfortunately, the use of such out-dated criteria make treatment of ADHD unlikely. Research has repeatedly demonstrated that not only is ADHD more treatable than many of its coexisting conditions but that treatment of ADHD can vastly improve the symptoms of the other disorder(s), symptoms which overlap with ADHD. Common examples include depression where problems like concentration and memory difficulties are usually also found with ADHD or substance abuse in which the treating physician will not prescribe medication until the substance use problem disappears. Unfortunately, this typically has the effect of prolonging the difficulties because an individual is often unable to progress in dealing with their comorbid disorder until the problems associated with ADHD are adequately addressed.

Treatment for ADHD typically consists of some combination of medical and psychosocial (non-medical) interventions. Medications have been shown to be very effective for the treatment of ADHD and many of its coexisting conditions. The most common medications include stimulant treatment (e.g. Ritalin/methylphenidate, Concerta, Dexedrine, and Adderall) or others such as antidepressants (e.g. Wellbutrin/ bupropion). When properly administered and closely monitored, medications are about 85% effective in treating the symptoms of ADHD and co-occurring conditions, can reduce the craving for addictive substances (e.g. cigarettes or alcohol), and can regulate mood, without any problematic side-effects. Psychosocial treatment often includes psychotherapy (individual, vocational, marital or group-based, sometimes involving a “coach”), psychoeducation, alternative learning and compensatory strategies (e.g. goal-setting, structuring tasks, and organization/time-management), proper nutrition and regular aerobic exercise.

There is now concrete, scientific evidence that ADHD is a common problem in adulthood. While there are some professionals who are still unaware of its existence, research is slowly changing that perception. Family-genetic and brain-imaging studies have now repeatedly demonstrated that ADHD can be reliably diagnosed and that such identification can predict complications and treatment response. Fortunately, the combined treatment of medication and psychotherapy for adult ADHD can offer-life-changing opportunities to individuals who suffer from the disorder.

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