



# **Attention Deficit Hyperactivity Disorder in Adults: The Hidden Disorder**

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# Overview

- ADHD in adults is often overlooked
- No longer a childhood disorder
- Yet, only 10% of adults with ADHD receive treatment
- Need accurate diagnosis of ADHD and co-morbid conditions
- Treatment spans a wide range of interventions



# ADHD in Adults: Background

- 3-5% of school age children have ADHD
- ~65% continue to have symptoms as adults
- So about 4% or 8 million adults have ADHD
- Only 10% of adults are diagnosed and treated
- ADHD children have a much higher risk of later maladjustment in school, work and relationships



# What is ADHD?

- A lifespan neurobiological condition characterized by behavioral difficulties in the areas of **inattention**, **poor impulse control**, and/or **hyperactivity** impacting relationships and/or activities of daily living such as work or school.
- Disorder is the dysregulation of attention.
- Likely affects adult males and females equally.



# Characteristics

- Frequent costly work errors despite knowing better.
- Detailed and tedious tasks are stressful and often incomplete.
- Trouble staying on tasks esp. when bored
- Difficulty reading “boring but important” material.
- Hard to focus during long conversations.



# Characteristics

- Complaints about not listening, forgetful.
- Trouble following instructions.
- Needs external deadlines to get things done.
- Frequently late, missed deadlines or appts
- Poor sequencing, timing or planning
- Long delays in responding, procrastination
- Often lose keys, phones, wallets, cars.
- Memory problems



# Characteristics

- Fidgety, restless, picks at hands.
- Trouble staying seated for long periods of time like movies, plays, lectures.
- Inside feels “on the go”. Internal restless
- Trouble relaxing
- Excessive talking, often with tangents.
- Always moving



# Characteristics

- Blurts out answers before questions are completed.
- Freq. puts foot in mouth.
- Irritated when waiting for others
- Thrill seeking behavior
- Interrupting in conversations

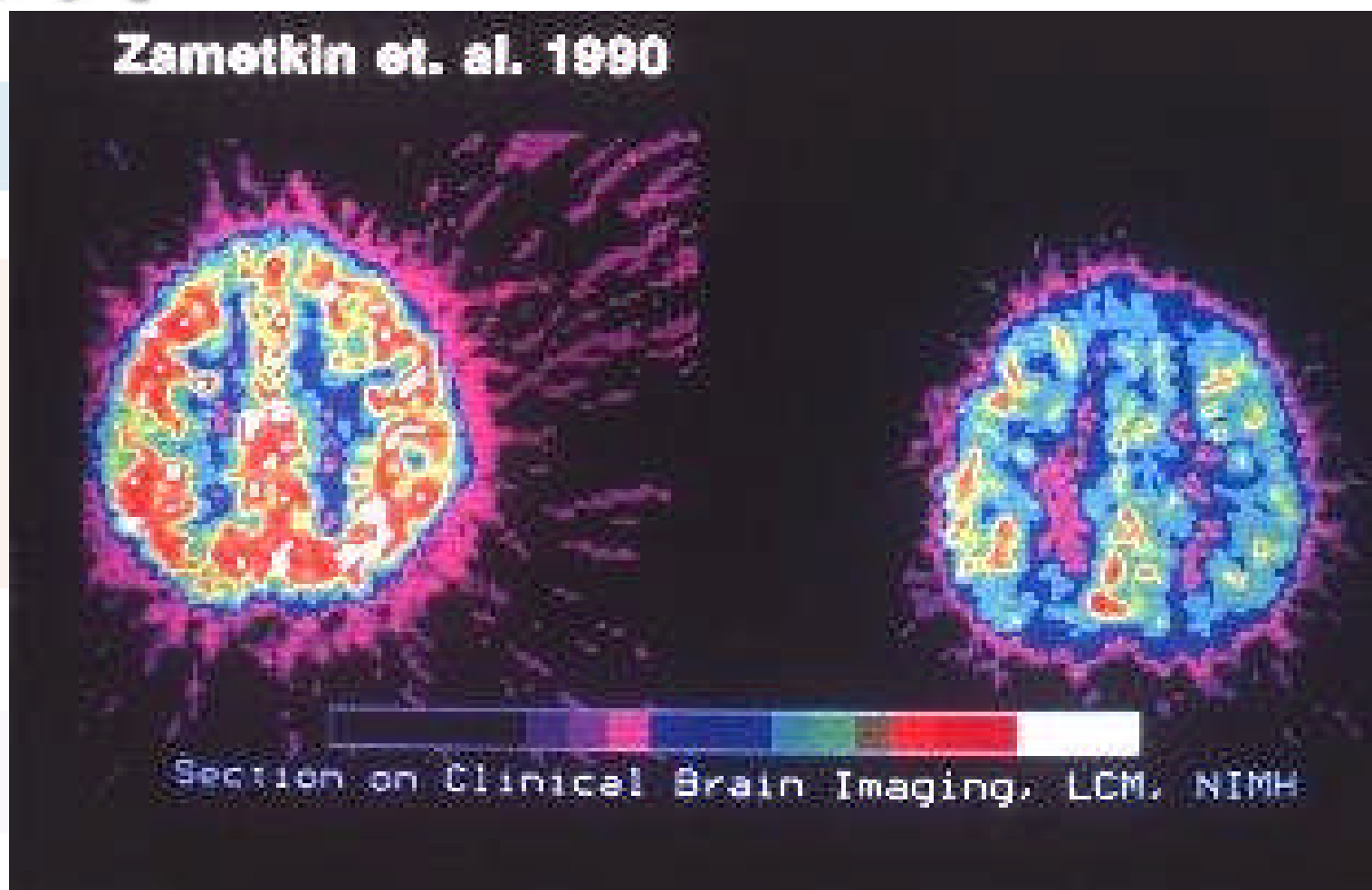


# Etiology

- Highly genetic. If one person has it in the family, very likely another one also does.
- Not just one gene, but multiple genes
- Neurochemical dysfunction with underrepresentation of dopamine in critical areas of the brain responsible for executive functions.



# Allen Zametkin 1990





# ADHD Risk Factors

- 2/3 more likely to have been fired
- 1/3 more likely to report chronic work difficulties
- 50% more likely to have changed jobs in a given period of time



# ADHD Risk Factors

- Young adults have greater driving difficulties
  - License suspensions and revocations
  - Accidents where the car is totaled
  - Hit and run accidents
  - Accidents with bodily injuries
  - All despite having equivalent knowledge



# ADHD Risk Factors

- ADHD adults with high school diplomas have annual household incomes that are lower by \$10,791.
- For college graduates, lower by \$4,334
- Twice as likely to separate or divorce
- Begin to abuse drugs at an earlier age and usage continues longer



# ADHD Risk Factors

- ADHD teens are 4-5 times more likely to be arrested
- Over half of school age children require academic tutoring; 1/3 may repeat a grade
- 1/3 may drop out and not finish high school



# ADHD Risk Factors

- Sleep difficulties
- Poor nutrition
- Inconsistent and ineffective exercise
- High likelihood of comorbidity with other mental health conditions.
- **Risk Factors highlight the need for earlier and more effective interventions**



# Consequences

- Decreased quality of life.
- Sense of demoralization.
- Trouble working up to their potential.
- Mood lability ranging over minutes, not days, weeks or months as in bipolar disorder.
- Low self-esteem.
- Shame from failed promises.



# Diagnosis

- Thorough clinical interview
- Developmental, school, work, family, and relationship history.
- Look for some evidence of ADHD in childhood; school records/comments
- Collateral parent or sibling interview
- Behavior rating scales like Achenbach, Barkleys, and BRIEF.
- Family history of ADHD



# Diagnosis

- Identification of co-morbid conditions
- Physical exam to rule out medical or neurological conditions.
- Psycho-educational testing to determine strengths or weaknesses in learning, information processing, planning, processing speed and memory.
- Continuous Performance Tests



# Treatment

- **Goal:** To be more consistent, predictable and independent!
- **Education** to increase client understanding, reduce blame, and build a framework for trying new strategies.
- **Medication** to reduce the negative effects of symptoms on functioning.



# Treatment

- **Psychotherapy** to challenge assumptions gathered from untreated ADHD and improve self-image and self-efficacy. Treat issues related to comorbid conditions.
- **Coaching** to build good habits at work and home by gaining a sense of competence from using specific strategies designed for the ADHD adult.



# ADHD Themes to Remember

- Structure
- Brevity
- Variety
- Simplicity
- Passion
- Rhythm
- Movement
- Balance
- Nutrition
- Exercise
- Sleep
- *Fidget to Focus*
- Immediacy



# MEDICATION: Stimulants

- Methylphenidate (Ritalin)  
LA & SR
- Dextroamphetamine  
(Dexedrine)
- Adderall & Adderall XR
- Concerta
- Metadate
- Focalin
- Patch formulas (new)
- \* Straterra (non-stimulant)
- Onset in 1/2 hour
- Effect seen in 1-4 days
- Typical effects:  
Increased focus and  
choice, less activity &  
impulsivity
- Side effects: Decreased  
appetite, dry mouth,  
nausea, headaches,  
tics, irritability, rebound
- Works on Dopamine  
neurotransmitters



# Psychotherapy

- Develop coping strategies (bag of tricks)
- Grief: loss of time, persistence of condition
- Couples therapy: Resolve and reframe conflicts and struggles in the relationship.
- Individual and/or group therapy: Rekindling hope for work, school and relationships.
- Treating co-occurring conditions in combination with AD/HD.
- Mindful meditation.



# Coaching

- Organizational strategies and behavioral management strategies; daily planner, notes in critical spots, alarm clocks, timers.
- Impulse control techniques. Non-interrupting and non-acquiring practice sessions.
- Build strategies for reducing distractions.
- Improve use of movement to focus.



**FidgetToFocus.com**

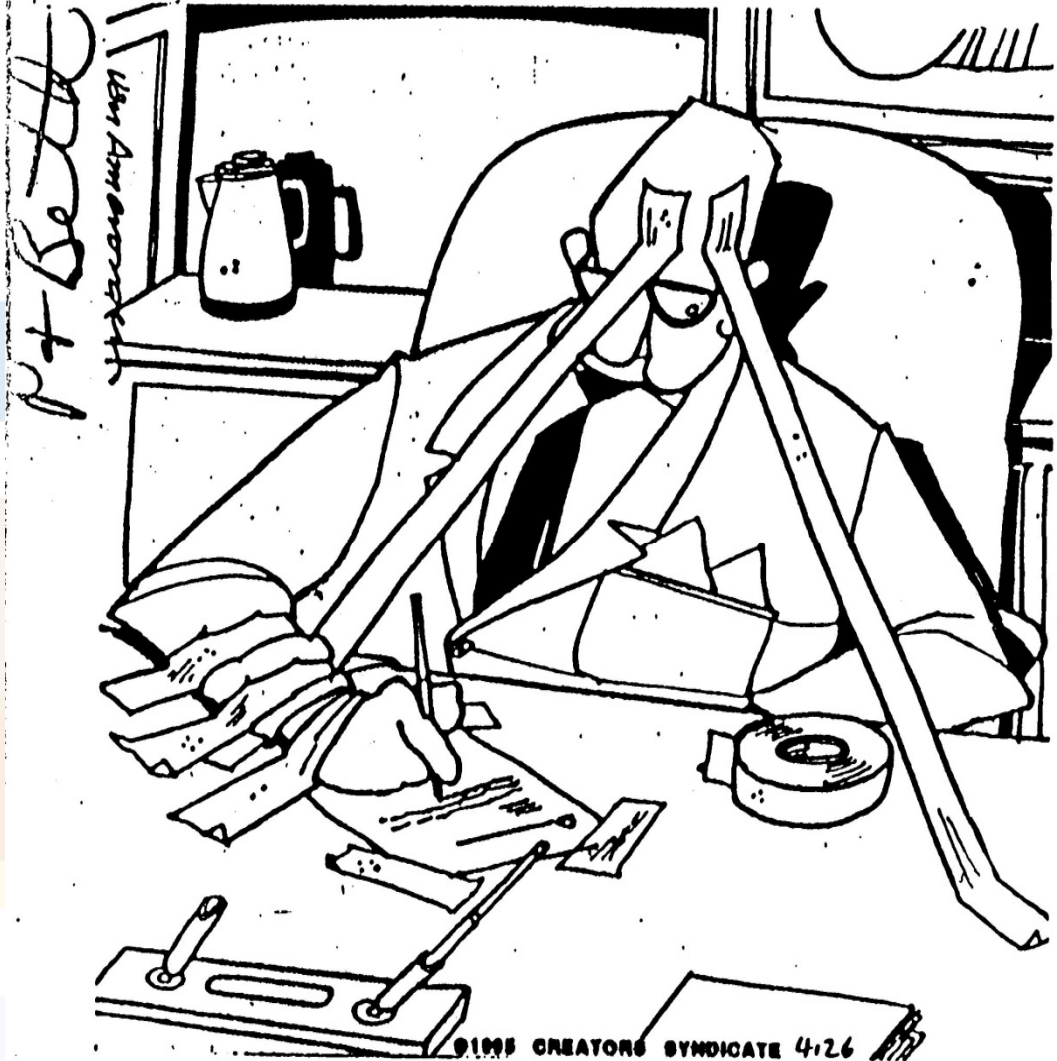
**For a copy of this presentation & more about my book.**

**Integrative Treatment for Adult ADHD by Ari Tuckman, PsyD, New Harbinger Publ.**

**ADDitude Magazine for practical skills**

**ADDitudemag.com**

**BALLARD STREET** By Jerry Van Amerongen



**Jonathan battles his loss of concentration with duct tape.**