

ADULT ADHD

Can I have Adult ADHD when I was not diagnosed with it as a child?

ADHD is a neurobiological disorder that is present from childhood, where the frontal lobe of the brain, the decision making center, is under-active. Therefore, if you have adult ADHD, you did have the symptoms in childhood, but they may not have negatively impacted your function until the demands of adulthood responsibilities became a greater challenge.

The symptoms are threefold: inattention, distractibility and impulsivity. 4.4% of adults have ADHD.

Work, family, finances and kids tax all adult's ability to filter out and prioritize the chores we must perform. It is of vital importance that we are able to attend to explicit and implicit instructions or needs arising from our bosses, spouses and children. In addition, as adults we must manage our impulsivity, and not instantaneously react to our anger or fear. We must be able to focus and concentrate, we must be able to follow instructions and carry out our obligations. This becomes a Herculean task for patients with ADHD. They can become riddled with guilt and disappointment in themselves, and also feel misunderstood and falsely accused of intentional wrongdoing. Sometimes these feelings lead to anxiety, depression and even drug, alcohol or medication abuse. In fact, having co-morbid problems like depression and anxiety along with ADHD is the rule rather than the exception. If only one or the other is treated, the struggle will continue, and so will the likelihood of more uncomfortable living and working situations, and the potential for substance abuse.

How is Adult ADHD diagnosed?

Only a trained clinician can diagnose ADHD. Questionnaires, computer programs and even psychological testing alone are not adequate, though any and all of these can be very valuable tools aiding in the diagnosis.

First, a very careful history must be elicited. It is best to get information from more than one source, for example a person's records may contain report cards that show ADHD behaviors, parents may recall the patient's history, as can friends and co-workers, in addition to the patient him or herself. Other conditions, both medical and psychiatric that can mimic ADHD must be ruled out. ADHD does not "come and go," but conditions, such as bipolar disorder, that can be present in a large percentage of patients with ADHD, can often be confused with ADHD itself.

There are criteria for impulsivity, hyperactivity and inattention that must be met that are outlined in the Diagnostic and Statistical Manual IV-TR that physicians use to diagnose psychiatric disorders. These criteria must not only be present in

sufficient quantity, and for a sufficient length of time, but also be present at a maladaptive level, interfering with daily function.

Next, questionnaires have been proven to help for both diagnostic purposes as well as to track progress over the course of therapy. You may be given one or two different questionnaires to fill out during the office visit, and these will be examined in some detail with you to see how the disease specifically affects you in your life. In subsequent visits, you may use rating scales or pre-set goals to determine if you are making progress in treatment.

What treatments help with Adult ADHD?

Targets of treatment in ADHD include the 1) core symptoms of inattention with or without hyperactivity and impulsivity, 2) the associated impairments, including occupational failure and social and academic deficits, and finally 3) the pattern of comorbid disorders that may be mood or anxiety disorders, difficult behaviors and substance use.

ADHD is a neurobiological disorder where the frontal lobe of the brain, the decision making center, is hypo-active. Randomized, controlled clinical trials show that it is one of the few psychiatric diseases where medication is the preferred, first line therapy, even over psychotherapy. Therefore, if you are diagnosed with ADHD, it is usually best to consider taking a medication, unless this is not possible in your specific case. This does not mean that therapy does not help—behavioral approaches have been shown to help, but they are not as effective as medication, and medication and therapy are most effective together. Psychotherapy may also be effective in resolving psychological and social consequences of ADHD, especially if medications have first reduced the core symptoms of inattention, impulsiveness, and distractibility. Behavioral interventions may lower the dose of medication required.

Medication for ADHD is most effective at addressing the inattentive symptoms, cognitive problems, job or academic performance and behavior problems that affect peer and family relations. They are less effective at helping with mood, anxiety and temper problems, specific learning disorders and behavior problems and social deficits not related to impulsivity.

There are two classes of medications for patients with ADHD. The first class of medications is the **psychostimulants**. These are further divided into two groups: the generic names are methylphenidate and amphetamine.

Methylphenidate is marketed under brand names Ritalin, Metadate, Methylin, Focalin XR, Concerta, and Daytrana (patch). Amphetamine is marketed under the brand names Vyvanse, Adderall, Adderall XR, Dexedrine, Dextrostat, and Dexedrine spanules.

The second class of medications is the **non-stimulant** ADHD medications. They include Wellbutrin, Strattera, Provigil, and Aricept.

Each class of ADHD medications has its own advantages and disadvantages.

The advantages of the stimulants are:

- Early onset of action—they start to work within one hour.
- Short half-life—they leave the blood quickly, so that the effect of the medications is gone within 4-12 hours. They do not need to be taken daily (though it is recommended for best effect).
- They work: 75-80% of people with ADHD improve with stimulant medication.

The disadvantage of stimulant medication is:

- The short duration of action means that concentration can diminish after the medication wears off in the late afternoon and evening when you still may need to concentrate. This requires additional dosing.
- There is usually an hour lag from the time the medication is taken to the time it begins to take effect. If you need to start your morning routine immediately, the medication may not help to get you “out the door” organized and on time.
- There is a chance for abuse or addiction to psychostimulant medication, though studies show that patients with ADHD who use stimulant medication have a lower rate of drug abuse than those who are not on medication.

The non-stimulant medications also have their own benefits and drawbacks:

The advantages of non-stimulant medication:

- The non-stimulants “work around the clock,” so they are helping you when you wake up and try to do your morning routine. They do not wear off in the evening, so late night work and study are not affected by inattention.
- These medications are more “forgiving” if you miss a single dose after having taken them regularly for several weeks.
- The non-stimulants are not habit-forming.

The drawbacks to the non-stimulant medications are:

- It takes 2-4 weeks for the non-stimulant medications to take effect. It can take between 2-3 months for the full benefit of these medications to take effect.

- Only about 50-70% of patient who utilize this group of medications get an adequate response.

Do ADHD medications have to be taken daily?

There are significant life risks associated with ADHD. For example, it has been found that people with untreated ADHD have more car accidents than their counterparts who are taking medication. So taking your medication every day prepares you for the unexpected – whether it be an accident or an unanticipated need to work late, take care of the kids longer, or perform in a measured, organized manner. Furthermore, it is felt that interpersonal relationships are benefited by taking daily ADHD meds. This is likely due to the continued ability to attend to your partner, job demands and children on a regular basis, making you more aware of implicit and explicit cues that they give you. Increased attention and decreased impulsivity also gives you the ability to respond to those cues in a way you choose, rather than just impulsively.

What are the advantages of having a psychiatrist diagnose and treat your adult ADHD?

Diagnosing ADHD can be challenging for a number of reasons. First, the symptoms of ADHD often overlap with other disorders, including bipolar disorder, anxiety disorders, and somatization disorders. In fact,

- 50% of adults with only ADHD were first mistakenly diagnosed with another disorder.
- 69% of adults with ADHD have at least one other co-morbid psychiatric disorder.

Therefore, while treatment of uncomplicated ADHD or mild cases of ADHD may be treated by your primary care physician or another therapist, complications are more often the rule than the exception with ADHD.