

ADHD In Adults

Many adults – even medical professionals – mistakenly believe that when it comes to Attention-Deficit/Hyperactivity Disorder, or ADHD, it's all about kids.

In some ways, that's understandable, since ADHD symptoms first appear in childhood, often first recognized in connection to school. Researchers estimate that ADHD affects 3-7 percent of school-age children in the United States, making it the most commonly diagnosed behavioral disorder of childhood.¹

Until the 1970s, researchers believed ADHD was strictly a childhood disorder, something that children outgrew as they reached adolescence. Gradually, scientists have realized that while hyperactivity may diminish, clinically significant inattentiveness and impulsivity can persist into adulthood. The medical community now recognizes that 60 percent of children with the disorder carry their symptoms into adulthood.² This implies that an estimated 4 percent of adults in the United States, more than 8 million people, may have ADHD.³

Adults with ADHD frequently are diagnosed after their son or daughter is diagnosed, as the parents recognize the symptoms of ADHD in themselves. Most children with ADHD have at least one relative with the disorder, and approximately one-third of men with a history of ADHD have children with ADHD⁴. Adult ADHD may go undiagnosed because other disorders can make it difficult for physicians to determine whether an adult has ADHD. Clinicians' concerns about prescribing controlled substances to adults may have been a contributing factor in the under-recognition of the disorder.

Symptoms and Diagnosis

ADHD is a condition that makes it difficult for children, adolescents and adults to stay on task (inattention), control their activity level (hyperactivity) and limit their behavior (impulsivity) in age-appropriate ways. As a result, people with ADHD may suffer significant impairment in many areas of their lives. School and work are most often affected, but so are social interactions, personal relationships, family harmony and perceptions of self-worth.

Diagnosing ADHD in adults can be challenging. As with many psychiatric disorders, there are no laboratory tests for ADHD. The diagnosis is based on a thorough diagnostic evaluation including review of behavioral and emotional symptoms, family history, social history and medical history. A recent survey of primary care physicians revealed that nearly half (48 percent) of the 400 respondents said they did not feel confident in diagnosing ADHD in adults. This may be because questionnaires and other tools typically used by physicians to evaluate a patient's behavior have focused on pediatric symptoms and do not reflect how the symptoms evolve as a patient matures.

Some experts believe the apparent remission of symptoms in many adolescents and adults may simply reflect inappropriate diagnostic criteria. Fortunately, a new symptom assessment tool, the Adult ADHD Self Report Scale V1.1 (ASRS V1.1), may assist physicians in evaluating symptoms of ADHD. The tool was developed by a group of ADHD experts from Harvard Medical School and New York University School of Medicine in conjunction with the World Health Organization, and is available at www.med.nyu.edu/Psych/training/adhd.html.

With adults, special care must be taken in the diagnostic process to distinguish between ADHD and other psychiatric disorders and/or other reactions to life stressors. ADHD does not spontaneously develop in adults, although the disorder may be recognized for the first time in adulthood. Some symptoms must have been present in childhood, usually before age seven, and current symptoms must cause significant impairment in at least two settings, such as at work and at home, to merit a diagnosis of ADHD.⁵ Finally, patients should be assessed for common coexisting conditions, such as depression or anxiety that may hide or mimic ADHD.⁶

Consequences of Untreated ADHD

Adults may develop coping mechanisms that help them deal with the challenges of work and family life, but these techniques often simply mask the underlying symptoms. As a result, adults with ADHD often have problems with procrastination, disorganization and mood swings. They may suffer from low self-esteem, a low tolerance for frustration and poor social skills.

As adults learn to cope with their disorder, physical hyperactivity, for example, may evolve into excessive talking or foot tapping, an inner restlessness or a feeling of being constantly overwhelmed. Impulsivity may remain, with potentially more serious consequences, such as having a very short temper, quitting jobs or ending personal relationships suddenly, getting frequent speeding tickets and having more car accidents. Inattention leads to poor time management, difficulty finishing tasks, and a tendency to miss deadlines and other important details at work, home and in social settings. All these symptoms can create enormous stress for adults with ADHD and their families.

ADHD also is a known risk factor among adults for higher rates of antisocial behavior, substance abuse, dropping out of high school or college, poor math and reading scores and low occupational success.⁷ Studies show that adults with ADHD tend to have lower rates of professional employment compared to adults without ADHD, and have more frequent job changes, are more likely to be fired or laid off, have lower self-esteem and are more likely to have had multiple marriages.⁸ The burden of illness of ADHD may also generate unrecognized costs in medical service utilization, employee management and possibly, judicial proceedings.

¹ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision*. Washington, DC, American Psychiatric Association, 2000.

² American Psychiatric Association: DSM-IV-TR.2000.85-93

Schweitzer JB, et al. Attention-deficit/hyperactivity disorder. *Med Clin of North Am.* 2001; 85(3):757-777

³ Heiligenstein, et al. 1997

United States Census 2000. Census 2000 Summary File 1 (SF 1) 100-Percent Data

⁴ National Institute of Mental Health (NIMH) – NIH Publication No. 01-4589: Attention Deficit Hyperactivity Disorder Overview.

⁵ American Psychiatric Association: DSM-IV-TR.2000.85-93

⁶ Clinical Practice Guideline: Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder *Pediatrics* Vol. 105 No. 5 May 2000.

⁷ Elia, J, Ambrosini, P, Rapoport, J: Treatment of Attention-Deficit Hyperactivity Disorder. *The New England Journal of Medicine.* 1999 Vol. 340 No. 10 780-788

⁸ Weiss G, Hechtman LT. *Hyperactive Children Grow Up.* 2nd Edition.

Barkley RA. *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment.* 2nd Edition. 1998:208, 212.