

Stonebriar Psychiatric Services News & Views

Adult ADHD

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Ages Served

Adult
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“Don't Worry, He'll Grow Out Of It...”

Although attention deficit/hyperactivity disorder is quite common, as evident when a recent National Comorbidity Survey Replication study showed that 4.4% of adults in the United States are affected by it but only about 11% of these individuals actually receive treatment. This would indicate that over 9 million U.S. adults may have ADHD, and the majority of these individuals are not being treated. It is also interesting that in adults, as compared to children, the gender gap seems to lessen regarding the number of males versus females affected. In children there tends to be a 4:1 ratio of males to females, but in adults it narrows to 3:2, and I tend to see a number of housewives coming in and being diagnosed for the first time. They may have finished college or held down jobs professionally and done fairly well, but when they find themselves having to manage multiple schedules in running a household, it can become quite difficult.

A Historical Perspective

Our understanding of ADHD has evolved over time. A condition similar to this was first described in 1902 and was first named in 1930, initially being called minimal brain damage and later changed to minimal brain dysfunction in 1937. In the 1940s the term hyperactive was often used in describing it, and in 1968 it was called hyperkinetic child syndrome. Until 1970, it was generally thought that children who struggled with this condition would tend to outgrow it, primarily because the hyperactivity frequently does decrease during adolescence. But as time has gone on, and our knowledge about it has increased, we now know that an individual who has ADHD in childhood does not tend to “just outgrow it” as an adult. Another source of confusion is terminology. Is it ADD or ADHD? The current diagnostic terminology would be ADHD, which would then be specified as being hyperactive/impulsive type, inattentive type (often the form which is called ADD by many), or combined type, which has aspects of both.

ADHD Across the Lifespan

The important point I would like to make today is that generally individuals do not outgrow ADHD. Most studies now indicate that at least 65% of those who have ADHD symptoms as a child have them persist into adulthood and often cause significant problems. There are many who question the current diagnostic requirement of having symptoms by at least age 7, as frequently the symptoms may not have been recognized during childhood for any number of reasons. Recent studies have also indicated that approximately 83% of individuals with what might be termed “late onset” ADHD have similar degrees of impairment, accompanying psychiatric disorders, and family genetics as those with symptoms reported before age 7. As individuals with ADHD become adults, their hyperactive and impulsive symptoms often diminish with 90% of adult showing more inattentive symptoms and about 45% still showing the hyperactive/impulsive symptoms.

However, one must also keep in mind that frequently the symptom presentation is different for adults than it is for children in these two categories. For example, school failure and under achievement in childhood frequently translate as an adult into job failure, unemployment, or frequent job changes. Accident proneness as a child often becomes risk-taking behavior as an adult, speeding tickets, or car accidents. A tendency for drug experimentation in adolescents often becomes drug or alcohol dependence in adults if not treated. Childhood impulsivity and descriptions of “carelessness” may in adulthood translate into sexual acting out, poor choices in relationships, or being overly influenced in one's behavior by “hanging out with a bad crowd.” Hyperactivity in childhood frequently translates into a feeling of restlessness and an inability to relax in adulthood. The inattentive type of ADHD in adults frequently presents as difficulty sustaining attention when reading, in meetings, or in performing paperwork associated with one's job. There frequently is extreme procrastination, particularly with regard to starting a large project, and therefore these individuals are frequently seen as rather slow or inefficient in the workplace. They also tend to struggle with disorganization, poor time management, and a tendency to frequently lose or misplace items such as keys, cell phones, or

wallets.

To me, one of the most unfortunate things that I often see in working with adults with ADHD, particularly if not recognized in childhood, is that they often grow up thinking that they were either “bad kids and troublemakers” or else “dumb kids.” The truth is that generally they are neither one. In my experience, many with ADHD tend to be brighter than average, frequently creative, and yet often very frustrated and down on themselves. Adults with ADHD frequently report feeling less satisfied in their personal lives as well as professional. They are less likely to have graduated from high school or college, have more frequent job changes, and tend to have higher rates of unemployment, divorce, and legal problems.

Diagnosing ADHD

Although certain tests can be helpful in diagnosing ADHD, there is no specific paper and pencil test, brain imaging test, or blood test that can diagnose ADHD. It eventually boils down to having a thorough assessment by a professional with the diagnosis being based upon clinical history and presentation. A great deal of research is currently being done looking at the significance of brain imaging, although this is still considered experimental and in the research realm without clearly defined criteria regarding its use in diagnosis and treatment.

Another complicating factor is that co-morbid psychiatric conditions tend to be the rule rather than the exception, which further complicates diagnostic assessment and treatment. In one study of adults with ADHD, 87% had at least one other psychiatric diagnosis and 56% had two additional diagnoses. This is in comparison to 64% and 27%, respectively, for those without ADHD. Mood and anxiety disorders, along with substance abuse issues, tended to predominate among the accompanying psychiatric conditions. Because of these associations, I feel that it is extremely important to at least consider the possible presence of ADHD when conducting any adult psychiatric evaluation.

Treatment

Although stimulant and non-stimulant medications can often play a significant role in the treatment of adult ADHD, there are limited specific treatment guidelines or associated research in this area. Most studies have indicated that the medications that are helpful with children and adolescents with ADHD tend to be similarly helpful in adults. However, many of these studies indicate that to get an effective response in adults often requires higher doses than those generally recommended by the FDA for children and adolescents. Adults with ADHD and a history of substance use disorder present some fairly unique issues, although the history of alcohol or substance abuse does not necessarily contraindicate the use of stimulants but may affect the form in which it is prescribed. Although the time released forms are most often used with many ADHD patients because of their smoother effect and not having to take them so frequently, this is particularly true when there's a history of substance abuse. This is because they are in a form that tends to be less abused and also more difficult to modify to a form that can be abused.

As with children and teenagers, medication alone, at least in the initial stages, is generally accompanied by counseling. This is frequently needed to deal with issues that may have developed over the years, possibly secondary to their ADHD related behaviors, and frequently to address issues relating to self-esteem and the "negative self talk" and behavior patterns which many of these individuals display. Regular follow-up is also needed to monitor for side effects. Early side effects may include upset stomach, jitteriness, headaches, potential mood changes, and one must also observe for any potential cardiac side effects, particularly in those individuals with a past history of cardiac problems either personally or in their family.

ADHD across the lifespan, whether in children, adolescents, or adults, can cause significant struggles academically, interpersonally, and professionally. But for many, treatment can also be extremely helpful and rewarding, both for the patient and the professional. If you are wondering whether this might apply to you or perhaps to someone you know, I would recommend an excellent book that was recently written by Dr. Lenard Adler, entitled, [Scattered Minds](#). If what is described in the book sounds familiar, I would encourage you to seek help.



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