

Adults with ADHD

The diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) remains highly controversial despite several decades of research into this condition and extensive clinical experience in many countries. A number of genetic studies suggest significant inheritance of this condition. These genetic factors cause disturbance in the regulation of transport of neurotransmitters in the prefrontal cortex, basal ganglia and parts of the cerebellum that affect information processing, attention, working memory, impulsivity and motor control.

While ADHD affects up to 6% of school age children in Australia, around 60-70% continue to have symptoms as adults, causing a profound impact on their personal, social and vocational functioning.

Presentation varies

The presenting problems include:

- ? social difficulties,
- ? emotional problems,
- ? problems at work,
- ? problems with studies,
- ? conflict within families.

ADHD encompasses three major subtypes:

- ? Inattentive ADHD – causing patients to be more passive, withdrawn and “daydreaming”; impulsivity and hyperactivity may be present but only to a lesser degree.
- ? Hyperactive and Impulsive ADHD – characterised by hyperactivity and impulsive behaviour; inattention may be present but is not as obvious.
- ? Combined type of ADHD – includes hyperactivity, inattention and impulsivity.

The primary condition of ADHD develops in childhood from less than seven years of age. It can develop secondary to other conditions such as head injury, use of illicit substances, mood disorders, anxiety disorders and psychosis.

Adults with ADHD are less likely to have intense hyperactivity. Instead of overt hyperactivity they more often complain of restlessness, fidgetiness and difficulty relaxing or “feeling continuously on edge”.

Clinical diagnosis

The diagnosis of Adult ADHD is more certain when there is:

- ? A longitudinal history of this condition.
- ? Consistent disturbance over time and in different situations.
- ? Supporting results of neuropsychological testing and SPECT scan.

Neuropsychological testing is useful for identifying intellectual capacity and specific learning disabilities. Typically, there is poor performance on the freedom from distractibility rating of the WAIS. Wisconsin Card Sort Test shows difficulty with impulse control. This testing can be performed by qualified neuropsychologists and clinical psychologists in Perth. Tests of vigilance have mainly been used in children and is available at Murdoch Uni. SPECT Scan is functional neuroimaging that shows blood flow in different parts of

the brain – patients with ADHD have remarkably decreased activity of the frontal lobes during cognitive tasks.

- ? Verification by multiple informants as to the intensity and severity of symptoms.
- Co-morbid conditions in adults are common:
- ? Substance abuse is often early onset, longer and with a lower recovery rate. It may be worsened by other co-morbid conditions such as antisocial personality disorder, anxiety, depression or bipolar disorder.
 - ? Antisocial personality disorder is significantly higher within the ADHD group (18-25% versus 2%).
 - ? Learning difficulties are common. Often they have left school early, have found it difficult to settle into a career, and there are other social problems.
 - ? Depression and bipolar illness are also common. Bipolar affective disorder is often a differential diagnosis as mania has a similar appearance to the hyperactivity and impulsivity of ADHD. In addition to a major depressive disorder there is often considerable grief from lost opportunities in earlier life, which contributes to depression, as do secondary social difficulties.
 - ? Anxiety disorders also contribute to difficulties of inattention and tend to be resistant to treatment with stimulant medication alone.

Treatment of adult ADHD

Treatment has largely been with stimulant medication, such as dexamphetamine. This medication is only available in a short-acting form, which wears off quickly, may cause withdrawal effects and has a great tendency for addiction or abuse.

New products provide better alternatives for management. Long acting forms of methylphenidate [Concerta; Ritalin LA] avoid most of the problems associated with dexamphetamine use i.e. compliance with subsequent daily doses, swings in therapeutic effect, limited duration and withdrawal. They are taken as a single daily dose.

Atomoxetine [Strattera] is a selective noradrenaline re-uptake inhibitor and a non-stimulant. It has been shown to be effective for ADHD in children and adults and provides an effective alternative to stimulant medications. It takes longer to work and care needs to be taken with potential drug interactions and in patients with narrow angle glaucoma, liver disease or cardiovascular problems. Decongestants such

as pseudo-ephedrine and phenyl-ephedrine should not be used with either stimulants or atomoxetine.

Dietary factors, considered important over the years by many, do not appear to be significant for the majority of ADHD sufferers. There is anecdotal evidence from case reports that omega 3 fatty acids and zinc could be useful in ADHD but no conclusive research data available as yet.

Psychological management is often needed to address a mindset of negativity in which there is a failure to develop a plan of action or to take charge of one's life. Treatment of co-morbid conditions is essential to optimise response. Earlier educational failure often needs specific retraining and re-education that incorporates strategies for improving planning and organisation, gaining greater emotional control and decreasing impulsivity.

References:

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Brown, T(ed.). *Attention-Deficit Disorders and Comorbidities in Children, Adolescents and Adults*. American Psychiatric Press, 2000.

Self-help books:

Seikowitz M. *ADHD: The Facts*. Oxford Press, 2004.
Kelly K, Ramundo P. *You mean I'm not lazy, stupid or crazy?! A self-help book for adults with attention deficit hyperactivity disorder*. Simon & Schuster, 1996.
Hallowell J, Ratey J. *Driven to Distraction*, Touchstone Books, 1995. (Also in audio)

Support Group:

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