

What is Adult ADHD?

What is AD/HD in adults?

AD/HD in children has been recognised and treated for many years, but the realisation that AD/HD often persists into adulthood is fairly recent. For a long time most professionals believed that children and adolescents outgrew AD/HD by adulthood. However, recent research has shown that as many as 67 percent of children diagnosed with AD/HD will continue to have symptoms of the disorder that significantly affect their academic, vocational and/or social functioning in their adult lives.

The core symptoms of AD/HD in adults are:

- Inattention
- Impulsivity
- Hyperactivity

AD/HD in adults is sometimes viewed as a “hidden disorder” because the symptoms of AD/HD are often obscured by problems with relationships, organisation, mood disorders, substance abuse, employment or other psychological difficulties. It is a complex and difficult disorder to diagnose, and should only be diagnosed by an experienced and qualified professional. Some adults are only identified as having AD/HD because of other difficulties they experience such as depression, anxiety, substance abuse or impulse control. Other people recognise that they may have AD/HD only after their child is diagnosed. Although there is an increased awareness and identification of the disorder in adults, many adults still remain unidentified and untreated.

What is the incidence of AD/HD in adults?

Research indicates that AD/HD occurs in approximately 2% - 4% of adults. Among adults, the male : female ratio is approximately 2:1. Research indicates that AD/HD is virtually universal among human populations.

What is the cause of adult AD/HD?

The short answer is no-one knows what causes AD/HD. To date, there are no biological, physiological or genetic markers that can reliably identify the disorder. However, research has demonstrated that AD/HD has a very strong biological basis. In instances where heredity does not seem to be a factor, difficulties during pregnancy, prenatal exposure to alcohol and tobacco, premature delivery, significantly low birth weight, excessively high body lead levels, and postnatal injury to the prefrontal regions of the brain have all been found to contribute to the risk for AD/HD to varying degrees. Research does not support the popularly held views that AD/HD arises from excessive sugar intake, food additives, excessive viewing of television, poor child management by parents, or social and environmental factors such as poverty or family chaos.

How is AD/HD in adults diagnosed?

A clinician or a team of clinicians who have experience and expertise in AD/HD and related conditions should make a comprehensive assessment and evaluation. This team may include a behavioural neurologist, psychiatrist, a clinical psychologist and/or an educational psychologist.

A comprehensive evaluation is needed for three reasons:

1. To establish an accurate diagnosis.
2. To evaluate for the presence of coexisting medical or educationally disabling conditions.
3. To rule out alternative explanations for behaviours and/or relationship, occupational or academic difficulties.

The assessment for AD/HD should review the individual's developmental history, medical history (including past and present AD/HD symptomatology, psychiatric history and prescribed medications), educational, social and employment histories and the individual's general ability to meet the demands of daily life. The interview is intended first to identify evidence of core AD/HD symptoms (hyperactivity, distractibility, impulsivity) and then to ensure that the history of these symptoms is both chronic and pervasive. The assessment should gather information from significant people within the individual's life such as a parent or partner and should survey behaviour from a variety of settings such as college, work and home. Psychological testing to determine any cognitive or learning weaknesses that may underlie functional impairment may also be carried out.

Why is it important to identify AD/HD in adults?

Growing up with undiagnosed AD/HD can be traumatic for many individuals. For some, the diagnosis and education that follows an assessment / evaluation can be extremely helpful and a healing experience. Proper diagnosis can help adults put their difficulties into perspective and also to understand the underlying reasons for their lifelong struggles. Adults with AD/HD have often developed negative perceptions of themselves and may regard themselves as "lazy", "stupid", or even "crazy." Correct diagnosis and effective treatment can help improve self-esteem, work performance and skills, educational attainment and social competencies.

What are the current DSM-1V Diagnostic Criteria for AD/HD?

The DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders*) criteria are currently considered the most empirically valid.

The following list is a slight rewording of the DSM-1V to make it more appropriate for adults.

- Fail to give close attention to details or make careless mistakes at work
- Fidget with hands or feet or squirm in seat
- Have difficulty sustaining attention in tasks or fun activities
- Leave seat in situations where seating is expected
- Don't listen when spoken to directly
- Feel restless
- Don't follow through on instructions and fail to finish work
- Have difficulty engaging in leisure activities quietly

- Have difficulty organising tasks and activities
- Feel “on the go” or “driven by a motor”
- Avoid, dislike, or are reluctant to engage in work that requires sustained mental effort
- Talk excessively
- Lose things necessary for tasks and activities
- Blurt out answers before questions have been completed
- Are easily distracted
- Have difficulty awaiting turn (impatient)
- Forgetful in daily duties
- Interrupt or intrude on others

These core symptoms of AD/HD frequently lead to associated problems and consequences that often co-exist with adult AD/HD. These may include:

- Problems with self-control and regulating behaviour
- Poor working memory
- Poor time management, chronic lateness and poor time perception
- Greater than normal variability in task or work performance
- Poor perseverance
- Difficulties regulating emotions, motivation and arousal
- Easily bored
- Low self-esteem
- Anxiety
- Depression
- Mood swings
- Employment difficulties
- Relationship problems
- Substance abuse
- Risk-taking behaviours

The impact that these difficulties have on the individual’s daily life (academic, social and vocational) can range from mild to severe.

It is important to remember that the symptoms of AD/HD are common to many other psychiatric and medical condition. Therefore, people should never self-diagnose but should seek a comprehensive assessment from qualified professionals.

How should ADHD in adults be managed?

Although there is no cure for AD/HD there is help available which can effectively assist in reducing the symptoms. Just as there is no single test to diagnose AD/HD, there is no single approach which is appropriate for everyone. The intervention needs to be tailored to the individual and should address all their areas of need. Education about AD/HD, the difficulties and its management are important for the adult sufferer and their family members.

Research comparing different types of treatment has found overwhelmingly that the greatest improvement in the symptoms of AD/HD results from treatment with stimulant medication combined with counselling. There is also evidence that shows that some tricyclic antidepressants are effective in managing symptoms of AD/HD as well as coexisting symptoms of mood disorder and anxiety. For some, just getting the diagnosis and understanding that there was a reason for many past difficulties can be extremely helpful.

Adults with AD/HD may also benefit from counselling about the condition, vocational assessment and guidance to find the most suitable work environment, time management and organisational assistance, coaching, academic or workplace accommodations, and behaviour management strategies.

A multimodal treatment plan combining medication, education, behavioural and psychosocial intervention is thought to be the most effective approach. Although there has yet to be a large volume of research on psychosocial treatment of adult AD/HD, several studies suggest that counselling which offers support and education can be effective in treating adults with AD/HD. A combined approach, maintained over a long period of time, can assist in the ongoing management of the disorder and help these adults lead more satisfactory and productive lives.

The following summarises the possible elements of an intervention plan for adult AD/HD:

- Consultation with appropriate medical professionals
- Education about AD/HD
- Medication
- Support groups
- Behaviour skill-building such as list-making, day planners, filing systems and other routines
- Supportive individual and/or marital counselling
- Coaching
- Vocational counselling
- Assistance with making appropriate educational and vocational choices
- Perseverance and hard work
- Appropriate academic or workplace accommodations

Suggested Reading

Barkley, R.A. (1998). *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment*. New York: Guilford Press.

Goldstein, S. (1997). *Managing Attention and Learning Disorders in Late Adolescence and Adulthood. A Guide for Practitioners*. New York: John Wiley & Sons, Inc.

Nadeau, K.G. (1995). *A Comprehensive Guide to Attention Deficit Disorder in Adults: Research Diagnosis and Treatment*. Brunner/Mazel.

Hallowell, E.M., and Ratey, J. (1994). *Driven to Distraction*. New York: Pantheon.

Murphy, K.R., and LeVert, S. (1995). *Out of the Fog: Treatment Options and Coping Strategies for Adult Attention Deficit Disorder*. New York: Hyperion.

Solden, S. (1995). *Women with Attention Deficit Disorder*. Grass Valley, CA: Underwood Books.

Useful Contacts:

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Hyperactive/Attention Deficit Disorder

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ASPIRE

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FACTS



