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ADHD Newsletter 1 Does ADHD Exist in Adults?

Attention Deficit Hyperactivity Disorder (ADHD) is well established in childhood. Some authorities dispute its usefulness as a concept. Nevertheless, follow-up studies of children with ADHD find that 15% still have the full diagnosis at 25 years, and a further 50% are in partial remission, with some symptoms associated with clinical and psychosocial impairments persisting.

Symptoms of ADHD are reliably identifiable. They cluster together in clinical and population samples. Studies in such samples also separate ADHD symptoms from conduct problems and neurodevelopmental traits.

Twin studies show a distinct pattern of genetic and environmental influences on ADHD compared with conduct problems and neurodevelopmental disorders such as autism and specific reading difficulties. Nearly 90% of adults diagnosed with ADHD have at least one other psychiatric diagnosis, including antisocial personality, substance misuse, and depression.

Diagnostic criteria for Adult ADHD overlap with various personality disorders, as well as depression, anxiety, and modern conceptions of bipolar and bipolar spectrum disorder.

This can make diagnosis challenging!

ADHD symptoms have been tracked from childhood through adolescence into adult life. They are relatively stable over time with a variable outcome in which around two thirds show persistence of symptoms associated with impairments.

Current evidence defines the syndrome as being associated with academic difficulties, impaired family relationships, social difficulties, and conduct problems.

Cross sectional and longitudinal follow-up studies of adults with ADHD have reported increased rates of antisocial behaviour, drug misuse, mood and anxiety disorders, unemployment, poor work performance, lower educational performance, traffic violations, crashes and criminal convictions.

Parents of children with ADHD and offspring of adults with ADHD are at high risk for the disorder. Heritability is around 76% and genetic associations have been identified. Consistently reported associations include structural and functional brain changes, and environmental factors (such as maternal stress during pregnancy and severe early deprivation).

Symptoms of ADHD are continuously distributed throughout the population. Most

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people have symptoms of ADHD at some time. Common behaviours, such as forgetting car keys, may lead adults to mistakenly believe they have the condition. Like other psychiatric disorders the condition is diagnosed by the severity and persistence of symptoms which are associated with high levels of impairment and risk for developing co-occurring disorders.

ADHD should not be diagnosed to justify the use of stimulant drugs to enhance performance in the absence of a wider range of impairments indicating a mental health disorder.

Stimulants are known to increase heart rate and blood pressure. Prolonged recreational use can result in myocardial infarction and stroke.

The effects of stimulants and atomoxetine on ADHD symptoms in adults are like those seen in children. Improvements in ADHD symptoms and measures of global function are greater in most studies than are reported in drug trials of depression. The longest controlled trial of stimulants in adults showed improvements in these response measures over six months.

Clinical experience confirms long term positive effects in most of those correctly diagnosed and treated. Stimulants may enhance cognitive ability in some people who do not have ADHD, but this should not, however, detract from their specific use to reduce symptoms and associated impairments in adults with ADHD.

Psychological treatments in the form of psychoeducation, cognitive behavioural therapy, supportive coaching, or help with organising daily activities are thought to be effective. Further research into their utility is needed