CHADD®

CHILDREN AND ADULTS WITH
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

AD/HD in Adults - Fact Sheet #7

AD/HD has been recognized and treated in children for almost a century, but the realization that AD/HD often persists into adulthood has only come over the last few decades. The prevailing belief among professionals for many years was that children and adolescents would outgrow their symptoms of AD/HD by puberty, and certainly by adulthood. However, contemporary 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 interfere with academic, vocational or social functioning in their adult lives.[1] The core symptoms of AD/HD — inattention, impulsivity and hyperactivity — appear in childhood (usually by age seven) and result in a chronic and pervasive pattern of impairment for most. AD/HD in adults is sometimes viewed as a "hidden disorder" because the symptoms of AD/HD are often obscured by problems with relationships, organization, 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. AD/HD is first recognized in some adults because of problems with depression, anxiety, substance abuse or impulse control. Others recognize that they may have AD/HD only after their child is diagnosed. Despite increased awareness and identification of the disorder in adults, many adults remain unidentified and untreated.

Characteristics of Adults with AD/HD

The growth of Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) and a renewed interest in research have contributed to the increased recognition of this disorder in both children and adults. Still, many adults grew up at a time when clinicians, educators, parents and the general public knew very little about AD/HD or its diagnosis and treatment. Consequently, greater public awareness has led to an increased number of adults seeking evaluation and treatment for AD/HD and its associated symptoms. The current diagnostic criteria for AD/HD (reworded slightly to be more appropriate for adults) according to the most recent *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* are:

This Fact Sheet was last updated: July 2001

Special Note: CHADD is aware that a new, non-stimulant medication option has been approved for the treatment of AD/HD. This fact sheet will be available Summer 2003.

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1. Fail to give close attention to details or make careless mistakes at work
2. Fidget with hands or feet or squirm in seat
3. Have difficulty sustaining attention in tasks or fun activities
4. Leave seat in situations where seating is expected
5. Don't listen when spoken to directly
6. Feel restless
7. Don't follow through on instructions and fail to finish work
8. Have difficulty engaging in leisure activities quietly
9. Have difficulty organizing tasks and activities
10. Feel "on the go" or "driven by a motor"
11. Avoid, dislike, or are reluctant to engage in work that requires sustained mental effort
12. Talk excessively
13. Lose things necessary for tasks and activities
14. Blurt out answers before questions have been completed
15. Easily distracted
16. Have difficulty awaiting turn (impatient)
17. Forgetful in daily duties
18. Interrupt or intrude on others

Although other symptom checklists are sometimes used in assessing adults for AD/HD, the above DSM-IV criteria are currently considered the most empirically valid. These core symptoms of AD/HD frequently lead to associated problems and consequences that often co-exist with adult AD/HD. These may include:

1. Problems with self-control and regulating behavior
2. Poor working memory
3. Poor persistence of efforts toward tasks
4. Difficulties with regulation of emotions, motivation and arousal
5. Greater than normal variability in task or work performance
6. Chronic lateness and poor time perception
7. Easily bored
8. Low self-esteem
9. Anxiety
10. Depression
11. Mood swings
12. Employment difficulties
13. Relationship problems
14. Substance abuse
15. Risk-taking behaviors
16. Poor time management

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The impairment from both the core symptoms and associated features of AD/HD can range from mild to severe in its impact on academic, social and vocational domains, and in daily adaptive functioning. Since the symptoms of AD/HD are common to many other psychiatric and medical conditions and some situational/environmental stressors, adults should never self-diagnose and should seek a comprehensive evaluation from a qualified professional.

Research indicates that AD/HD occurs in approximately three to five percent of school-age children and approximately two to four percent of adults. Among children, the gender ratio is approximately 3:1, with boys more likely to have the disorder than girls. Among adults, the gender ratio falls to 2:1 or lower. The disorder has been found to exist in every country in which it has been studied, including North America, South America, Great Britain, Scandinavia, Europe, Japan, China, Turkey and the Middle East. The disorder may not have the same name in these countries, and may be treated differently, but there is little doubt that the disorder is virtually universal among human populations.

What Causes AD/HD?

There are no definitive answers as yet. 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. Although precise causes have not yet been identified, there is little question that heredity makes the largest contribution to the expression of the disorder in the population. 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.

Diagnosis of AD/HD in Adults

A clinician or a team of clinicians who have experience and expertise in AD/HD and related conditions should make a comprehensive evaluation. This team may include a behavioral neurologist or psychiatrist, a clinical psychologist or an educational psychologist. Evaluation for AD/HD should include a comprehensive clinical interview surveying past and present AD/HD symptomatology, developmental and medical history, school history, work history, psychiatric history — including any medications prescribed, social adjustment and general day-to-day adaptive functioning (i.e., 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. This should not simply be a brief, surface-level exam. It usually requires one or two hours at minimum. Ideally, the interview should rely on several informants (a parent if possible, or a significant other,) and survey behavior from multiple settings (i.e., school, work, home). It is also imperative that the clinician attempt to rule in or rule out other psychiatric diagnoses that may better explain presenting symptoms. An adult evaluation should also use the DSM-IV AD/HD symptom rating scales, review any available past objective records such as report cards, transcripts or prior testing/evaluation reports, and in some cases use psychological testing to determine any cognitive or learning weaknesses that may underlie functional impairment. A comprehensive evaluation is needed for three reasons: to establish an accurate diagnosis, to evaluate for the presence of co-existing medical or educationally disabling conditions, and to rule out alternative explanations for behaviors and/or relationship, occupational or academic difficulties.

Why Identify AD/HD in Adults?

Growing up with undiagnosed AD/HD can have devastating effects on the adult. For some, the diagnosis and education that follows an evaluation can be a profoundly healing experience. Proper diagnosis can help adults put difficulties in perspective and better understand the reasons for many lifelong symptoms. Adults with AD/HD have often developed negative perceptions of themselves as "lazy," "stupid," or even "crazy." Proper diagnosis and effective treatment can help improve self-esteem, work performance and skills, educational attainment and social competencies. Many adults with AD/HD are offered protection under the Americans with Disabilities Act of 1990, which prohibits discrimination in employment and public accommodations against any individual who has a physical or mental impairment that substantially limits one or more major life activities — including learning and working — or who has a record of such impairment.

After Diagnosis, What Then?

Although there is no cure for AD/HD, many treatments can effectively assist in managing its symptoms. Chief among these treatments is the education of adults with AD/HD and their family members about the disorder's nature and management. However, well-controlled 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 counseling. Evidence shows that some tricyclic antidepressants may also be effective in managing symptoms of AD/HD as well as co-existing symptoms of mood disorder and anxiety. Just as there is no single test to diagnose AD/HD, no single treatment approach is appropriate for everyone. Treatment needs to be tailored to the individual and should address all areas of need. There may be a

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variety of behavioral, social, academic, vocational or relationship concerns for the adult with AD/HD. 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 counseling about the condition, vocational assessment and guidance to find the most suitable work environment, time management and organizational assistance, coaching, academic or workplace accommodations, and behavior management strategies.

In summary, some common components of treatment plans for adult AD/HD include:

1. Consultation with appropriate medical professionals
2. Education about AD/HD
3. Medication
4. Support groups
5. Behavior skill-building such as list-making, day planners, filing systems and other routines
6. Supportive individual and/or marital counseling
7. Coaching
8. Vocational counseling
9. Assistance with making appropriate educational and vocational choices
10. Perseverance and hard work
11. Appropriate academic or workplace accommodations

A multimodal treatment plan combining medication, education, behavioral and psychosocial treatments 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 counseling which offers support and education can be effective in treating adults with AD/HD. A combined treatment 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.

This article first appeared as CHADD Fact Sheet No. 7, Spring 2000.

Suggested Reading

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

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