

ADULTS

Overview

The manifestation of ADHD may change but impairments persist. The consequences of the impairments increase in severity with age.

Continuation of Impairment

Childhood

Underachievement - school

Injuries - minor falls

Drug experimentation

Oppositional behavior

Impulsivity in play

Repetitive failure

Adulthood

Underachievement - job

Injuries Major - motor vehicle

Drug dependence

Criminal behavior

Sexual impulsivity, HIV, pregnancy

Hopelessness and depression

Fundamental Concepts: ADHD Is Selective

- ❖ Attention is not absent
 - ❖ It is interest based
 - ❖ It varies from “hyper focus” to “multi-focus”
- ❖ Most adults are not hyperactive
- ❖ Motivation is not absent; it is selective

Childhood symptoms predict Adult patterns

- ❖ Attention and Motivation patterns appear as interruptions in work, family and interpersonal relationships
- ❖ Sleep onset or wakening patterns may continue
- ❖ As we age, life gets harder not easier

Detection of Adult ADHD

- ❖ Behavioral problems with impulse control are misinterpreted as “character defects”.
- ❖ Frustration expressed as Anger or Hopelessness is interpreted as situational. No link towards a pattern is sought.
- ❖ Childhood behaviors of hyperactivity, inattention or impulsivity in a classroom setting Do Not Obviously reflect Adult impairments...so they are misinterpreted.
- ❖ Inattentive ADHD in Women does not raise a Red Flag and is often mistaken as character defects.
- ❖ Variability in the appearance of symptoms requires a “camera with a longitudinal lens “ to make the diagnosis.

Fundamental Concepts

- ❖ ADHD is a genetic disorder with a 50% penetrance rate
 - ❖ dopamine transporter and receptor genes appear to be linked to the clinical features in set populations
- ❖ Medication affects the Dopamine and Norepinephrine systems that slow “signal decay” of information processing. This shifts “online time” for attention and motivation systems.
- ❖ Medication is Superior to diet, therapy or vitamin-mineral supplementation.
- ❖ Pills do not create skills...change requires coaching, therapy and lifestyle change
- ❖ Females may have better social compensation skills that prevent early detection

Fundamental Concepts: Interest-Based Performance

- ❖ Performance, mood and energy levels are determined solely by the momentary sense of interest, challenge and novelty
- ❖ ADHD is the only syndrome in which symptoms and impairments come and go
- ❖ About 45% of adults with ADHD can "hyperfocus".
- ❖ Interest based attention is the only feature all ADHD patients have in common!!!!

Core Adult impairments

- ❖ Mood Lability is both transient and enduring crossing multiple domains...personal intimacy, family, friends and career
- ❖ Hypersensitivity to criticism and perceived “rejection”
- ❖ Sleep disturbances; onset insomnia and awake onset hypersomnia
- ❖ Job performance varies as demands shift
- ❖ Procrastination on important, but boring tasks
- ❖ Self Esteem Does Not Fully respond to antidepressant medication or psychotherapy
- ❖ Financial impulsiveness and neglect

Distinguishing ADHD from Bipolar Disorder - Adult

ADHD

Enduring

Childhood onset likely

Moods Reactive

Instantaneous shift of mood

Thoughts "jump"

Family history of ADHD

Bipolar

Cyclical

Late Teen-early adult onset

Mood Swings cyclic

Gradual mood shifts usually

Thoughts "race"

Family history of Bipolar

Sleep Disorders and ADHD

- ❖ ADHD lasts all day and all night, symptoms wax and wane
- ❖ The initial sleep disorder is usually a perpetuation of the mental and physical restlessness of the day
- ❖ Treatment with the addition of another dose of stimulant at bedtime may correct the sleep problem

Sleep

- ❖ 70% of children and 25% of adults with ADHD do not have sleep disturbances initially
- ❖ Insomnia may be a dose related effect
- ❖ Lower the last dose of stimulant or try clonidine or small stimulant dose.

Then Choose from Time-Released Stimulant Formulations

- ❖ More consistent and stable benefits
- ❖ People with ADHD share these traits:
 - ❖ Forgetful
 - ❖ Misorganized as in disorganized in their Own way
 - ❖ Lose things
 - ❖ Get easily distracted from important activities
 - ❖ Often run late or on their Own schedule
 - ❖ Are Very sensitive to teasing and embarrassment

Time –Release Methylphenidate

<u>Product</u>	<u>Strength</u>
Methylin ER	10, 20 mg
Metadate ER	tablets
Concerta (OROS)	18,27,36,54 mg
Metadate CD	10, 20, 30 mg
Ritalin LA (SODAS)	20, 30, 40, mg
(Focalin LA)	(Coming next year)
(Methy-Patch)	(Coming?)

Time-Release Amphetamine Products

<u>Products</u>	<u>Strength</u>
Adderal XR	5, 10, 15, 20, 25, 30
Dexedrine	5, 10, 15 mg
Atomoxetine	10, 18, 2, 40, 60 mg

Acidifying Agents Prevent GI Absorption

- ❖ Acidifying agents, especially citric acid and vitamin C, ionize methylphenidate and amphetamine, preventing absorption from the GI tract
- ❖ Foods to avoid for 1 hour before and after dose
 - ❖ soft drinks, lemonade, Kool-Aid, Gatorade, high vitamin cereals, Pop-Tarts, granola bars, Power Bars, dietary supplements
- ❖ Medications to avoid
 - ❖ oral suspensions/antibiotics, vitamin C

Concurrent Stimulant Medications

- ❖ Produce side effects are blamed on ADHD medication
- ❖ Decongestants
- ❖ Caffeine
- ❖ Weight loss products
- ❖ Systemic steroids
- ❖ Asthma medications containing albuterol

Summary

- ❖ ADHD is a brain-based, genetic, developmental disorder that does not disappear with age
- ❖ Interest-based performance is the only feature that all patients share in common
- ❖ Co-existing conditions are common in adults with ADHD
- ❖ Management of adults with ADHD is best if “interest-based techniques” and proper medication treatment is fine-tuned