

Challenges in the Diagnosis of Adult ADHD

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Patients are more frequently coming to Physicians and mental health professionals with the assertion: "I think I have ADHD." The idea is promoted by the abundance of magazine articles on the subject and online screening instruments. This increase in the awareness of adult ADHD is good news for the following reasons.

...A recent survey of 12 longitudinal studies found that the persistence of childhood ADHD into adulthood could be as high as 40 to 50 percent (1).

...The prevalence of ADHD in adults is estimated at 4 to 5 percent of the population (2)

...Since only 10 to 11percent (of the 4 to 5 percent) are receiving treatment (3), the growing interest could lead to a significant increase in ADHD adults receiving appropriate treatment options.

This optimism is dampened somewhat by the fact that the diagnosis of adult ADHD presents significant challenges:

...A study on the comorbidity of adult ADHD with other psychiatric disorders found that individuals with attention deficit disorders are six times more likely than the general population to have conditions such as anxiety and mood disorders (2).

...Another study showed that individuals who experienced high levels of stress, anxiety or depression, particularly those with lower levels of coping skills, led to heightened reporting of ADHD-like symptoms (3).

...Data on 260 students at a university screening clinic for adult ADHD found that only 5 percent met DSM IV criteria for the diagnosis (4).

These studies indicate that increased depression, anxiety and stress cause a number of cognitive symptoms such as distractibility, difficulty focusing and memory issues that resemble those of ADHD and may make the correct diagnosis very difficult.

Stressed - Overwhelmed – Depressed – Anxious (SODA)

A comprehensive assessment of adult ADHD should include four components: A screening scale that identifies current symptoms; a clinical interview; a standardized ADHD instrument that compares scores to a normative population; an instrument that screens for anxiety, depression and other emotional issues.

During the clinical interview, I assess for conditions that may better explain the patient's symptoms, facilitated by the acronym SODA: Is the patient Stressed, Overwhelmed, Depressed and/or Anxious? One or more of these negative emotional states may account for symptoms of distractibility, difficulty focusing, memory problems, fidgeting, restlessness and other attention-like issues. On the other hand, since patients with ADHD often have other, coexisting disorders, I'm careful to check for comorbid conditions such as anxiety. The personality screener is invaluable for this determination as well as taking a complete history of the individual's symptoms.

I will illustrate with a case example. A patient was referred to me by his Family Physician because he was convinced that he had ADHD. He reported feeling that a motor was running inside of him, difficulty concentrating, procrastinating on home and work projects. The patient reported performance decrements at work and that his wife was concerned about his poor listening habits. His scores on the Attention Management Survey (5) were elevated on both the work and relationship scales. His score on the standardized ADHD scale was in the severe range. The clinical interview and the personality screener indicated elevated scores on negative affect, particularly the area of severe stress proneness and anxiety. Since the patient had both features of ADHD and anxiety, in consultation with his Physician, I recommended further medical consultation and short-term anxiety management training.

In sum, a comprehensive ADHD assessment can help diagnose adult ADHD, help discriminate between attention deficit and emotional problems, or diagnose the comorbid conditions of attention deficits with another psychiatric disorder.

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