

Symptoms of Hyperactivity often manifest differently in adults

Hyperactivity often changes to inner restlessness

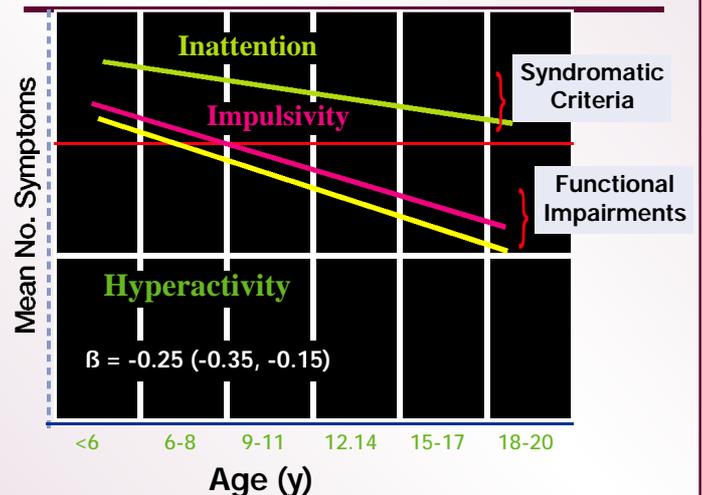
DSM-IV Symptom Domain

- Squirms and fidgets
- Can't stay seated
- Runs/climbs excessively
- Can't play/work quietly
- "On the go"/driven by motor
- Talks excessively

Common Adult Manifestation

- Workaholic
- Overscheduled/overwhelmed
- Self-selects a very active job
- Constant activity leading to family tension
- Talks excessively

Age-dependent decline of ADHD Symptoms



Symptoms of Impulsivity often manifest differently in adults

Impulsivity in adulthood often carries more serious consequences

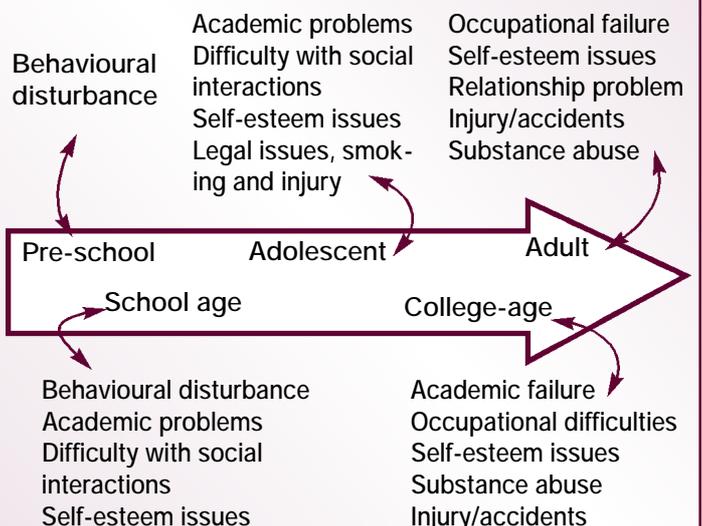
DSM-IV Symptom Domain

- Blurts out answers
- Can't wait turn
- Intrudes / interrupts others

Common Adult Manifestation

- Low frustration tolerance
- Losing temper
- Quitting jobs
- Ending relationships
- Driving too fast
- Addictive personality

Developmental Impact of ADHD



Symptoms of Inattention often manifest differently in adults

DSM-IV Symptom Domain

- Difficulty sustaining attention
- Doesn't listen
- No follow-through
- Can't organise
- Loses important things
- Easily distractible, forgetful

Common Adult Manifestation

- Difficulty sustaining attention
- Meetings, reading, paperwork
- Paralysing procrastination
- Slow, inefficient
- Poor time management
- Disorganised
- Poor financial management

ADHD in childhood: as adults

- Many adults who had ADHD in childhood continued to have:¹⁻⁶
 - Stuttering, speech and language disorders
 - Anxiety disorders
 - Restlessness
 - High impulsivity (e.g. more car accidents, move house more often)
 - Interpersonal problems and sexual problems (many divorced or separated)
 - Higher rates of antisocial personality disorders (e.g. contact disorder)
 - Substance abuse (particularly with co-existing conduct and antisocial disorders)

1. Seidman LJ et al. Biol Psychiatry 1998;44:260-268.
2. Biederman J et al. Am J Psychiatry 1993;150:1792-1793.
3. Gittelman R et al. Arch Gen Psychiatry 1985;42:937-947.
4. Weiss G et al. J Am Acad Child Psychiatry 1983;24(2):211-220.
5. Elia J et al. N Engl J Med 1999;340(10):780-788;
6. Reviewed in Mannuzza S & Klein RG. Child Adolesc Psychiatr Clinics N Am 2000;9(3):711-726

ADHD Signs & Symptoms

changes throughout the life cycle

Rates of ADHD persistence through adulthood vary widely, and range from 5%-75% (Am J Psych 1993;150:1792-1798) it has been well recognised that as many as 75% of children with attention deficit/hyperactivity disorder (ADHD) experience persistent ADHD into their adolescent years and 60% into their adult years. There is a dearth of research on the clinical diagnosis and management of adults with ADHD with a high response rate to available treatments with psychostimulants and atomoxetine. Adults with ADHD have more inattentive symptoms than hyperactivity and impulsivity and many associated features. Therefore, effective diagnosis and management of these patients requires recognising how the core ADHD symptoms of hyperactivity, inattention and impulsivity transform from their childhood manifestations to their adult signs and symptoms.

Self-reporting tends to under-recognise prevalence for every age, while external informants such as parents or spouses are more likely to recognise symptoms of ADHD. Using either reporting method will likewise yield different rates of persistence.

Difficulties in Diagnosis

Apart from the different symptomatology that should be looked for, diagnosing the adult ADHD patient differs from childhood diagnosis in other ways. For example, adults with ADHD tend to have a greater level of self-awareness and insight into their own behavior than children. This lessens the need for external sources in the diagnostic process. Since a history of childhood ADHD is a significant risk factor for adult ADHD, the first step in diagnosing the adult patient involves obtaining their developmental history. Once a history of ADHD is established, there is the need to meet Diagnostic and Statistical Manual - IV (DSM-IV) criteria for ADHD. However, this is often difficult because many of the items and criteria in the DSM -IV do not likely apply to adults. For example, "often runs about or climbs excessively; often has difficulty playing or engaging in leisure activities quietly; often avoids or strongly dislikes tasks that require sustained mental effort, such as schoolwork or homework," are usually not applicable to adults. Because the diagnostic criteria do not always describe the behaviour of adult ADHD patients, a diagnosis of ADHD: not otherwise specified (NOS), is often required. Supplementing the DSM criteria with scales such as the Brown Attention Deficit Disorder Scale and the Conners' ADHD rating scales can be helpful in diagnosing cases of persistent ADHD. Similarly, asking the right questions can help elucidate the extent of functional impairment in the suspected adult ADHD patient.

Different Comorbidities

Importantly, the paediatric and adult ADHD populations differ in the prevalence of comorbid disorders. In

children, comorbid psychiatric disorders include oppositional defiant disorder (approximately 60%), conduct disorder (15%), mood disorders (25%), anxiety disorders (27%) and learning disorders (25%) are the most common. In contrast, the most prevalent comorbidities among adults are anxiety disorders (50%), mood disorders (32%), antisocial disorders (28%) and substance abuse (26%) (Biol Psych 2005; 57:1215-1220) Adults with

ADHD are also more likely than children to initially present with these other comorbidities, while children who spend their days in the classroom are more likely to be referred for ADHD as the treatment focus. In children, therefore, comorbidities may be left untreated, while adults may leave ADHD untreated. A careful medical and personal history in these patients often reveals both ADHD and the comorbid disorder, both of which may require treatment.

Children Jump while Adults Speed

While the core ADHD symptoms of hyperactivity, inattention, and impulsivity are present in both adults and children, they manifest differently. Since children are limited mainly to the school setting, manifestations such as excessive jumping, running and climbing are quite visible. In contrast, adults are involved in a number of environments during their days. In the workplace they fidget and pace, excessively shake their legs, play with rubber bands, rustle papers, talk out of turn, blurt out inappropriate comments, miss appointments and deadlines, and repeatedly fail to file taxes. All of these manifestations can make it difficult for adult ADHD patients to keep a job down. Outside of work, adult hyperactivity and impulsivity can lead to stimulus-seeking behaviour, consequent poor health, vehicle speeding and accidents, unwillingness to wait in queues, emotional overreaction and a low tolerance to stress. All of these symptoms can impair a patient's ability to learn social skills and to adapt to social norms, leading to a high rate of divorce and multiple marriages.

Clearly, the up to 3/4 of children who grow into adults with ADHD can experience significant functional impairment if their ADHD is left untreated and assumed to be a disorder of childhood. In light of the possibility of such severe functional impairment in adults with ADHD, clinicians must consider all aspects of a suspected ADHD patient's functioning in determining the presence and severity of adult ADHD. ◆



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