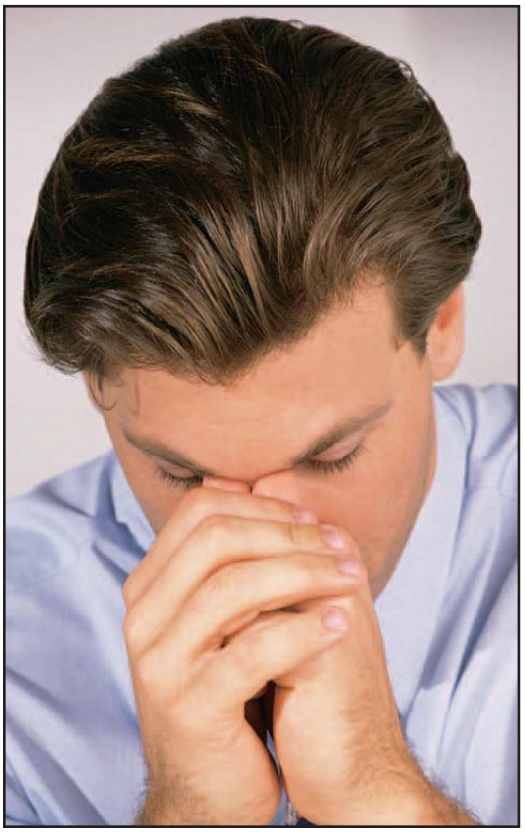
# When is it ADD in Adults?



By Nick Kates, MB, BS, FRCPC

## In this article:



## How prevalent is it?

Attention deficit disorder (ADD), with or without hyperactivity (ADHD), is one of the more common psychiatric disorders in adults. The prevalence in children has been estimated between 6% and 9%.[1] Of these children, 40% to 70% will continue to experience symptoms as adults,[2] although symptoms usually improve over time. While it is a common problem, ADD frequently goes unrecognized.

## Why is the diagnosis missed?

Often, the clinician is not thinking of the possibility of ADD. In addition, the symptoms are often non-specific (irritability, forgetfulness, lack

## Jerry's ADD

Jerry, 34, comes to see you because he is concerned about mood swings. It becomes clear during the assessment that his mood swings are relatively short-lived emotional outbursts that occur when he becomes frustrated. Much of his frustration comes from managing daily life situations including work, family and social issues. He describes himself as disorganized, frequently losing things, and has difficulty concentrating and completing tasks. He is often late for appointments and has a history of frequent job changes.

Further questioning identifies these problems have been present for many years, dating back to childhood. While never referred for assessment or treatment, he was described as a lazy student who underachieved. Jerry feels this was due to difficulties he had with concentration, being easily distracted, and problems completing homework.

# ADD in Adults

**Table 1**
**Seven categories of ADD**

**Four categories more closely related to symptoms associated with ADD in children:**

- Inattention
- Motor hyperactivity
- Impulsivity
- Disorganization

**Three categories also closely associated with mood disorders:**

- Emotional lability
- Hot temper and
- Mood swing

Adapted from: Wender P: Attention-deficit hyperactivity disorder in adults. Psychiatr Clin North Am 1998; 21(4):761-74.

of concentration), or can be associated with many other psychiatric syndromes. It may be attributed to a response to stress. ADD might also not be considered because a coexisting psychiatric disorder has been identified. There is no specific diagnostic test for ADD.

## What is the impact of ADD?

ADD is a syndrome characterized by distractibility, hyperactivity or restlessness, and impulsive behaviours. Its significance lies not only in the potentially disruptive nature of the symptoms, but also in the secondary consequences. Attention deficit increases the likelihood of experiencing other psychosocial problems, including school failure, difficulties with peer relationships, work instability, marital breakdown, substance abuse, and incarceration.[3] One of the most common and more damaging sequelae of ADD is the negative impact it has on an individual's self-esteem.

***Consider the possibility of ADD if your patient has a history of being disorganized, multiple job changes, recurrent relationship problems or trouble with the law.***

## What are the symptoms of ADD?

The diagnosis requires the presence of a cluster of symptoms or behaviours, occurring in more than one area of an individual's activities. Wender has grouped these into seven broad categories.[2] (See table 1). Symptoms of ADD are summarized in Table 2. Six or more symptoms suggest the presence of ADD.

## How do you confirm the diagnosis?

### *Do these behaviours occur in more than one domain of a person's life?*

If the behaviours occur only in the workplace, or in the presence of family, they probably represent problems in that particular environment.

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**Table 2**
**Symptoms of ADD**

- Difficulty getting organized
- Chronic procrastination and trouble getting started
- Many projects underway simultaneously
- Trouble completing projects
- Tendency to say what comes to mind without considering the timing, appropriateness or consequences of the remark
- Difficulty tolerating boredom
- Easily distracted
- Difficulty focusing or maintaining attention
- Impatience
- Impulsivity
- A frequent search for high stimulation
- Sense of restlessness
- Frequently losing things

## *Are the symptoms enduring?*

ADD symptoms are persistent. Someone who describes their symptoms as being present temporarily—resolving and then returning at a later date—probably does not have ADD.

## *Is there evidence of symptoms of ADD during childhood?*

To make the diagnosis, the symptoms must have been present since childhood (before the age of seven). It can be difficult to get accurate background information, particularly with older adults. Certain questions can elicit this information:

- Did you underachieve at school?

**Table 3**
**Increasing structure**

| |
|---|
| • Keeping lists of daily tasks and crossing them off as they are achieved. |
| • This list can be kept in two or three places (work, home, car). |
| • Using sticky "post-its" as reminders of things to be done. |
| • Using an alarm on a watch set at a pre-determined time as a reminder. |
| • Using a portable dictaphone or palm pilot to keep notes. |
| • Setting short-term attainable goals. |
| • Asking a family member to remind them of key events or deadlines |
| • Developing daily routines, keeping these written down in two or three places |
| • Storing things that get lost easily (keys, glasses) in the same place |
| • Reminding themselves to stop and evaluate a situation – and their options – before they act. |
| • When something doesn't work out, review why and look at future options |

- Did you get into problems at school because you were easily distracted?
- Did you have trouble completing homework or assignments?

## Completing the assessment

Bring in family members or close friends of the patient. They can describe the impact of the problem, provide background history, and corroborate or challenge descriptions provided by the patient.

Ask about the extent to which the symptoms are interfering with an individual's life (Table 4). If the impact is minimal, or if the patient has already developed specific techniques to reduce their effects, further treatment may not be necessary.

Enquire about the presence of other psychiatric disorders, especially mood disorders and addictions.

***20% of children with ADD will have a parent with the disorder. Ask about possible (undetected) symptoms of ADD in the parents of a child who has ADD.***

## How should the patient be managed?

A management plan should include:

***Educating the patient:*** Learning about ADD is an important step to overcoming it, particularly for individuals who are unaware this may be the reason for difficulties they have encountered, or who may blame themselves for their behaviours. Books worth reading are *"Driven to Distraction"*[4] and *"You mean I'm not lazy, stupid or crazy?"*[5]

***Maintaining self-esteem:*** Assist your patient in maintaining his/her self-esteem by challenging negative self-comments. Ask, "do you have any evidence that says you can't do this?" Highlight his/her accomplishments and set attainable goals.

***Involving the family:*** Involving other family members allow the patient to learn about ADD and offers patient and family the opportunity to ask questions. The family can also help with behavioural changes.

**Table 4**
**Specific questions for detecting ADD**

- Do you have problems with concentration or paying attention to specific tasks?
- Do you find you are easily distracted or leave tasks uncompleted?
- Do you lose things frequently?
- Do you have difficulty staying organized or arriving at places on time?
- Did you have problems with attention or concentration when you were at school?
- Do you feel you underachieved at school or in your work career?

***Increasing structure:*** Changes aimed at providing the individual with more structure and consistency are summarized in Table 3.

# What are the medications?

## *Antidepressants*

The most effective antidepressants are bupropion and venlafaxine.[6] Selective serotonin reuptake inhibitors (SSRIs) have little effect on the target symptoms of ADD, although they can be helpful in improving mood, which can contribute to an overall sense of improvement. Other antidepressants to consider are mirtazapine and nortriptyline. Dosages are similar to those used for the treatment of depression.

## *Stimulants*

The two stimulants currently available in Canada are methylphenidate and dextroamphetamine. Both come in short-acting and slow-release forms and are more effective on the cognitive, rather than the mood, symptoms of ADD.

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Initiate treatment with a small morning dose of a short-acting medication (10 mg of methylphenidate and 5 mg of dextroamphetamine) to see what effect it has. If side-effects are not a problem, the dose can be increased in small increments (half the starting dose) until an increase in the dose no longer brings further improvement in symptoms. The medications can be taken twice a day, usually after breakfast and lunch. If tolerated, an additional (usually smaller dose) can be taken later in the day if a patient needs to focus on a particular task in the evening. Some choose to take the medication on a regular basis, while others take it only when needed for a specific task. The maximum recommended daily dosages are 80 mgm of methylphenidate and 40 mgm of dextroamphetamine. The major side-effects include difficulty with sleep, a feeling of restlessness, and rebound symptoms when the medication wears off.

Long-acting forms are taken once a day, usually after breakfast, and last between seven and 10 hours. They can be combined with a short-acting pill, taken at the same time, which provides additional coverage until the long-acting drug kicks in.

If cognitive symptoms (distractibility and lack of concentration) are the primary concern, start with a stimulant. If mood symptoms (irritability and temper outbursts) are prominent, or if there is a coexisting mood disorder, start with an antidepressant. The drugs can be used in combination.

## Take-home message

- ***Suspect*** if there is a history of work instability, relationship instability, personal disorganization, forgetfulness, underachievement or trouble with the law
- ***Ask*** specific questions to confirm the diagnosis
- ***Corroborate*** the history by information from friends, family or school records
- ***Educate*** the individual and their family about ADD, its consequences and its management
- ***Increase*** structure and routines
- ***Consider*** medications to control symptoms

## Newer medications

A goal of treatment for ADD, in children and adults, is to find a once-a-day drug that will last for 12 to 14 hours with a smooth onset and withdrawal. Two new medications that may meet these criteria are likely to become available in Canada over the coming year. These include a stimulant that is a combination of four amphetamine salts, and a noradrenaline uptake inhibitor with no antidepressant activity. CME


References

1. American Academy of paediatrics Committee on Quality Improvement and Sub committee on Attention Deficit Hyperactivity Disorder: Clinical Practice Guideline Paediatrics 2000; 105(5):1158-70.
2. Wender P: Attention-deficit hyperactivity disorder in adults. Psychiatr Clin North Am 1998; 21(4):761-74.
3. Weiss M, Murray C: Assessment and management of attention-deficit hyperactivity disorder in adults. CMAJ 2003 168 (6).
4. Hallowell E, Ratey J: *Driven to Distraction*. Touchstone press, New York 1995.
5. Kelly K, Rumondo P: *You mean I'm not lazy, stupid or crazy?* Scribner Press, New York 1995.
6. Wilens TE, Spencer TJ, Biederman J: A review of the pharmacotherapy of adults with attention-deficit/hyperactivity disorder. J Atten Disord 2002;5(4):189-202.


## Net Readings

1. www.chaddcanada.org: Children and Adults with ADD
2. www.ldac-taac.ca: Learning disabilities association of Canada
3. www.addofoundation.org; ADD Canada
4. www.aqeta.qc.ca/index.html: Learning Disabilities Association of Quebec
5. http://www.addult.org/
6. http://www.ncpamd.com/adhd.htm

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