

Adult ADHD

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Disclosures

- ◆ Dr. Frenz has no financial disclosures no conflicts of interest to report

Outline

- I. What is ADHD?
- II. Diagnosis
- III. Treatment
- IV. Conclusions/Other thoughts
- V. Q& A



Do I have
ADHD?



From the Boston Globe

What is ADHD?

Common Presentation:

28 year old man with difficulty completing tasks read (most of) an article on ADHD and is sure he's had it his whole life and wants medication for it. Now what?

What is ADHD?

DSM-IV Criteria:

- ◆ Six or more of the following symptoms of inattention or hyperactivity
- ◆ Symptoms cause impairment before age 7 (age is a point of debate)
- ◆ Significant Impairment at 2+ settings (work, school and/or home)
- ◆ Not secondary to a medical condition, another psychiatric condition or substance abuse

Inattention

1. Frequent careless mistakes
2. Poor attention to details
3. Does not listen when spoken to
4. Does not follow through on instructions and fails to finish schoolwork or duties in the workplace (not due to oppositional behavior or failure to understand instructions)

Inattention

- 5. Has trouble organizing activities
- 6. Avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period of time
- 7. Loses things needed for tasks and activities (phones, keys, address books)
- 8. Easily distracted
- 9. Forgetful in daily activities

Hyperactivity

1. Fidgets with hands or feet or squirms in seat
2. Gets up from seat frequently
3. Restless, constantly moving
4. Has trouble playing or doing leisure activities quietly
5. Is often "on the go" or often acts as if "driven by a motor"
6. Talks excessively

Impulsivity

1. Blurts out answers before questions have been finished
2. Has trouble waiting one's turn
3. Interrupts or intrudes on others (e.g., butts into conversations or games)



Differences in Adult ADHD

- ◆ Core feature is disinhibition
- ◆ Feelings of restlessness and difficulty relaxing (as opposed to hyperactive)
- ◆ Feelings of being on the go all the time
- ◆ Desk is cluttered, and things are frequently lost
- ◆ Many projects are started and worked hard on, but then abandoned before completion

Differences in Adult ADHD

- ◆ Patients with ADHD frequently come not only late to appointments, but sometimes early or on the wrong day
- ◆ Frequent co-morbid substance abuse and psychiatric diagnoses
- ◆ Often in careers which ADHD can be helpful (like sales, emergency response)

"Bob"

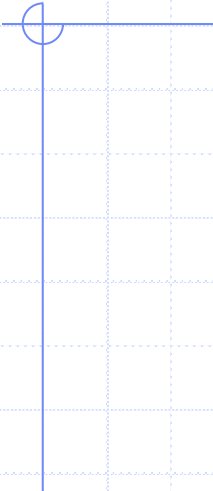
- ◆ 60 year old middle manager. Appears figidity, poor eye contact.
- ◆ History of losing jobs after making "inappropriate remarks", which he later realizes he should never have said
- ◆ Runs endless meetings that start late, end late and seem to have missed critical points. Lots of tangents.

"Bob"

- ◆ Powerpoint presentations have incredibly detailed pictures, yet critical data missing
- ◆ Frequently losing glasses, cellphone, keys and leaving the office to go look for them. Desk disorganized, spends 10 minutes trying to find a form.
- ◆ Misses deadlines, comes to work without sleep after key deadline days

"Bob"

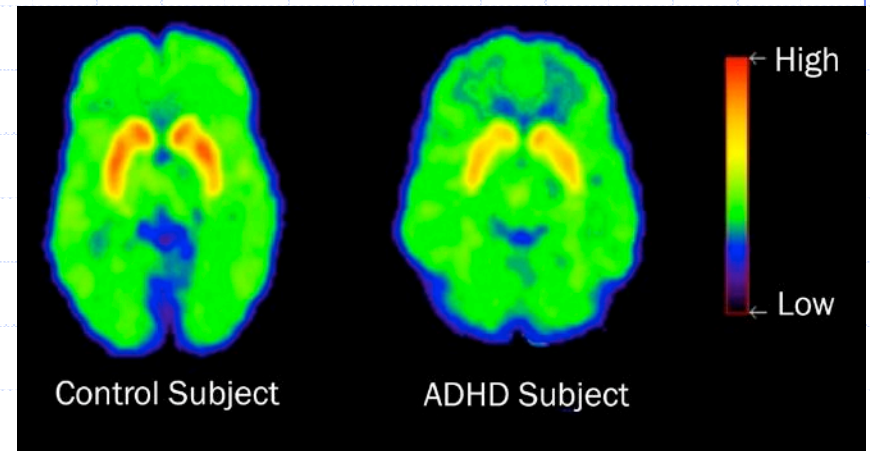
- ◆ Has come up with hundreds of new innovations to make work better and has started most of them
- ◆ He gets very excited on each one, spends hours collecting information and data and then gets distracted and never comes back to it
- ◆ Frequently irritable and grumpy
- ◆ Problems continue at home



Epidemiology

- ◆ 2.5-4.4% of adult population (depending on which study)
- ◆ Childhood ADHD continues into adult life at a 10-66% frequency (depending on the study)
- ◆ Incidence of adult ADHD increasing as children diagnosed with it are growing up

Pathogenesis



- ◆ Related to the noradrennergic system
- ◆ Noradrennergic system regulates attention, alertness, executive function
- ◆ Decreased Dopamine/ Increased Norepinephrine
- ◆ Dopamine DRD4 gene associated with short term memory, attention

II. Diagnosis

- A. What information do you need?
- B. Stimulant Seeking Behavior
- C. Differential Diagnosis/Rule outs

What information do you need?

- ◆ Much of the diagnosis of ADHD is by clinical interview and therefore involves a fair number of conditions to rule out first
- ◆ Adult ADHD handouts can be helpful in screening (but not diagnosis) (Greater than 40% false positive)
- ◆ Developmental history from multiple sources is very helpful as are school records and grades. These may not be feasible.
- ◆ Assessment of Impact on work/study/relationships is critical more than a list of symptoms
- ◆ Urine toxicology is essential on all patients

Watching for stimulant seeking behavior.

- ◆ Given the high prevalence of amphetamine abuse, be cautious of all patients seeking stimulants, especially for the first time
- ◆ Google “How do I get my doctor to give me adderall?”
- ◆ Some of the results are as follows:

The beauty of ADD lies in the fact that there is no standardized clinical test to diagnose the disorder. No one knows what causes it. The only thing the medical professionals know is that amphetamine delivered in small continuous doses relieves most of ADD's symptoms. So the trick is to convince your shrink that you have ADD. And what's nice is that anyone can fool the system, as long as they know what to say and how to act. It's all very simple, really, all it takes is a bit of memorization.

(<http://exiledonline.com/adderall-tips-how-to-convince-your-shrink-you-have-addadhd/all/1/>)

Stick to these sample Q's and you'll pass the ADD test with flying colors.

Childhood & School

Q: How did you perform in grade school?

A: Average to below average. Dependant on tutors just to keep up.

Q: Any behavioral problems?

A: Yes. Talking in class. (Add frequent parent teacher conferences to address school performance for extra ADD points.)

Q: How did you do on lectures in college?

A: Poorly. Trouble attending big lectures. Frequently zoning out, doodling and conversing with classmates. (For extra points, mention that you were only accepted into a community college.)

Q: How did you perform on college exams?

A: Poorly. Frequently cheated to pass. (For a bigger punch, mention

periodic self medicating with Sudafed – an over the counter stimulant.)



got
adderall?

Stimulant Seeking Behavior

- ◆ Detection of feigned ADHD in college students.
Sollman, Myriam J.; Ranseen, John D.; Berry, David T. R. Psychological Assessment, Vol 22(2), Jun 2010, 325-335
- ◆ The study concluded that if properly coached by information available on the internet, all standard screening tests could not differentiate the students with ADHD from those without.
- ◆ More specified tests, especially with scales to detect malingering were far more effective (but not very available)
- ◆ Common street names for Methylphenidate: Vitamin R, Skippy, Pineapple, R-ball, Smarties, kiddie cocaine

Stimulant Seeking Behavior

- ◆ Reasons people abuse stimulants: Academic performance, Athletic performance, Weight loss, Euphoria (usually crushed/snorted, occasionally IV use), Diversion (\$5-\$10/pill on college campuses)
- ◆ Amphetamines are stimulants (effect somewhere between caffeine and crystal meth/cocaine)
- ◆ Yellow flags: Patients with a rehearsed list of symptoms ; Medication history with regular fills of amphetamines and not other medications; Reluctance to give urine toxicology; Angry/Accusative response to questions.

C. Differential Diagnosis

Besides malingering there are a number of conditions that get confused as ADHD, and need to get ruled out in making the diagnosis.

They include:

1. Substance abuse (especially Cannabis)
2. Bipolar Disorder
3. Depression/PTSD/ Anxiety
4. Personality Disorders- ASPD/BPD
5. Medical Conditions



Substance Abuse

- ◆ Daily cannabis abuse (especially starting before 16) causes severe impairment to frontal lobes/ inability to concentrate
- ◆ People using active opiates, cocaine and or alcohol will focus poorly and not complete tasks. 3 months clean and sober is usually a minimum for thoughtful diagnosis
- ◆ Patients need a lengthy substance abuse history and random urine toxicology
- ◆ If history of being on stimulants, call pharmacy and get frequency of fills of both the stimulant and the other medications they are taking

Bipolar Disorder

- ◆ Patients with bipolar disorder have periods of time lasting weeks to month of decreased need for sleep, increased goal directed activity, racing thoughts, etc...
- ◆ These are episodic and not chronic in nature and the impulsivity can be confused with ADHD (and there is some comorbidity)
- ◆ Stimulants can worsen mania and psychosis so should be used with extreme caution (if at all)

Other Axis I disorders

- ◆ Patients with depression feel hopeless and cannot concentrate. They cannot accomplish many activities because of their downward mood (thus get confused as having ADHD)
- ◆ Patients with PTSD can be easily triggered, and switch from activity to activity to avoid an emotional stimulus.
- ◆ Patients with generalized anxiety have chronic worries which distract them.

Personality Disorders

◆ Antisocial Personality Disorder:

- Some patients lack a sense of remorse or empathy. They seem indifferent to pain they inflict on others. They lie, cheat and steal to get ahead.
- This subpopulation may seek stimulants, but it tends to worsen these behaviors. Be cautious.

◆ Borderline Personality –Emotional dysregulation and impulsivity which can sound like ADHD, but it is usually triggered by a real or imagined abandonment or interpersonal conflict

Medical Conditions

- ◆ Hyperthyroidism
- ◆ Sleep apnea
- ◆ Hearing Problems
- ◆ Partial-Complex Seizures

III. Treatment



- ◆ First, treat any comorbid psychiatric condition, once stable reassess
- ◆ If the patient has ADHD, the best treatment is stimulants +/- therapy
- ◆ Most commonly prescribed are:
 - Adderall (plain and XR) ; mixed amphetamine salts
 - Ritalin (plain, LA,ER); methylphenidate
 - Concerta; methylphenidate
 - These are schedule II and can only be given in 30 day scripts with no refills. If stable can preprint post-dated scripts, but must be seen every 3 months.

Mixed Amphetamine salts

- ◆ Adderall is a combination of dextroamphetamine and amphetamine
- ◆ Dosing is 5-40mg/day divided usually BID
- ◆ Contraindications: Breastfeeding, active cardiovascular disease, moderate to severe Hypertension, hyperthyroidism, glaucoma, past cocaine abuse...
- ◆ Use caution: history of psychosis, seizures, elderly...

Methylphenidate

- ◆ Plain Ritalin: Usually 5-15mg BID
- ◆ Ritalin LA 20-40mg qAM
- ◆ Ritalin SR 20mg Qdaily or BID
- ◆ Few differences noted between generic/brand name formulations



Concerta

- ◆ Given in 18mg –54mg doses
- ◆ Least likely (along with Vyvanse) to be abused, but also reportedly least powerful.
- ◆ Side effects of all stimulants include: Weight loss, psychosis, feelings of disconnection, tachycardia...

Strattera/Atomoxetine

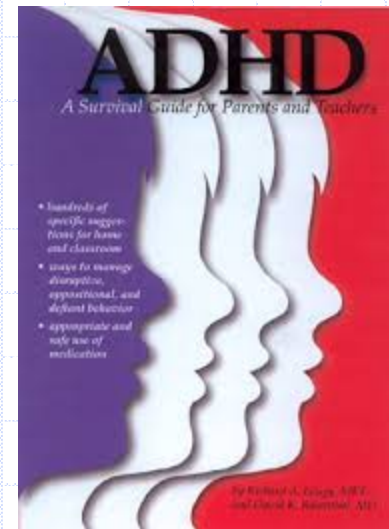
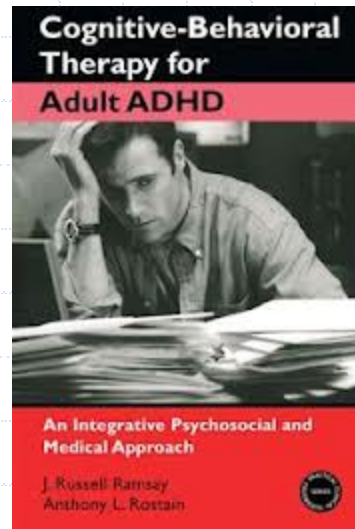
- ◆ Dosing: 40mg qdaily for three days then 80mg qdaily
- ◆ Non-stimulant Selective Nor-epi RI
- ◆ Ideal choice for patients with substance abuse history, however...
- ◆ Many patients find ineffective and unhelpful
- ◆ Contraindicated in cardiomyopathy

Other medications

- ◆ Bupropion has some efficacy
- ◆ Tricyclic antidepressants also have some efficacy
- ◆ Postulated to be secondary to Norepinephrine effects
- ◆ SSRIs are rarely helpful for ADD symptoms

Therapy

- ◆ Cognitive behavioral therapy very effective
- ◆ Skills-based therapies also effective
- ◆ Works well in addition to medication or on its own



IV. Conclusions

1. Diagnosis of ADHD requires a thoughtful history taking and clinical judgment as well ruling out most other possibilities
2. Treatment can be very helpful to some people and frequently requires treating other diagnoses first.
3. Abuse of stimulants is at an extremely high level, mostly in college campuses and most screening tests can be faked.
4. Watch for mania and psychosis these worsen significantly on amphetamines

V.

◆ Question and Answers/ Discussion

WHAT DO WE WANT?!



A CURE FOR ADHD!



WHEN DO WE WANT IT?!



SQUIRREL!

