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# ADULT ADHD: DIAGNOSIS & TREATMENT

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Definition:

## **Attention Deficit Hyperactivity Disorder**

is defined as a common neuropsychiatric disorder that is a long term condition that begins in childhood & continues throughout the patient's lifetime.



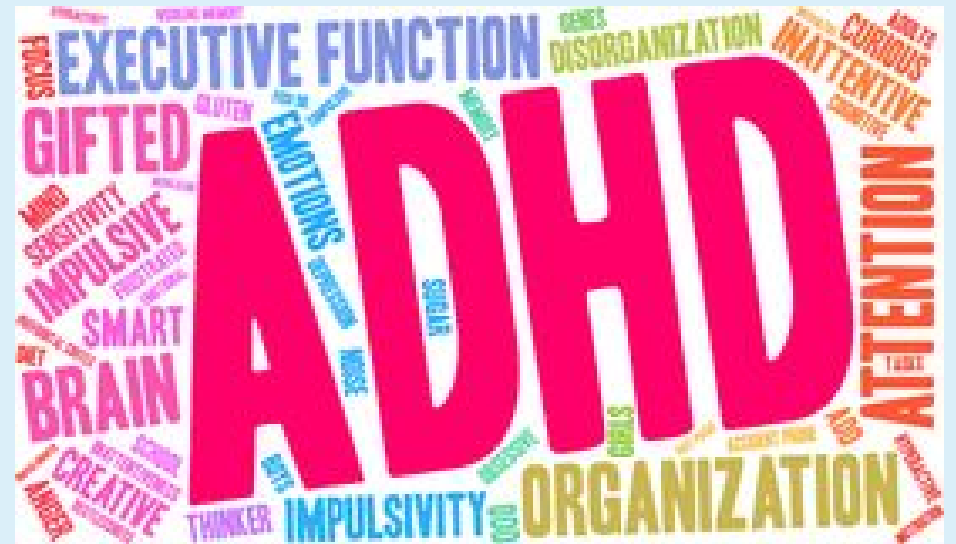
National Institute  
of Mental Health



According to the NIMH<sup>1</sup>, the Lifetime Prevalence Rate stands at 8.1%, with males having a higher prevalence rate than females<sup>2</sup>

# Clinical Criteria:

- Executive Functioning deficits
- Inattention
- Impulsivity
- Restlessness
- Emotional Dysregulation
- Other impairments including health and social issues





STUDIES SUGGEST TWO  
SYNDROMES:

Childhood Onset &  
Adult (Late) Onset

# Predictors from Childhood ADHD to Adult Symptoms:

- Severity of Symptoms as a Child
- Comorbidities <sup>3,4</sup>
- Parental Mental Health Problems

# Non-Influential Factors:

- SES
- Parent Education
- Parent-Child Relationship



# DIAGNOSIS:

(According to DSM-5)<sup>5</sup>

- A. A persistent pattern of inattention and/or hyperactivity that interferes with functioning or development, as characterized by five or more symptoms that have persisted for at least 6 months from category 1 – Inattention or category 2 – Hyperactivity or both (combined):
  1. Inattention
    - Fails to give close attention to details or makes careless mistakes
    - Has difficulty sustaining attention to details

# DIAGNOSIS:

(According to DSM-5)<sup>5</sup>

- Does not seem to listen when spoken to
- Does not follow through on instructions
- Has difficulty organizing tasks or activities
- Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort
- Loses things necessary for tasks or activities

# DIAGNOSIS:

(According to DSM-5)<sup>5</sup>

## 2. Hyperactivity

- Is easily distracted by extraneous stimuli
- Is forgetful in daily activity
- Often fidgets, taps hand or feet, squirms in seat
- Often leaves seat in situations where remaining seated is expected
- Feeling of restlessness

# DIAGNOSIS:

(According to DSM-5)<sup>5</sup>

- Unable to engage in leisure activities quietly
- Acting as if “Driven by a Motor”
- Often talks excessively
- Interrupts during conversation, completes people’s sentences
- Difficulty waiting in line

# DIAGNOSIS:

(According to DSM-5)<sup>5</sup>

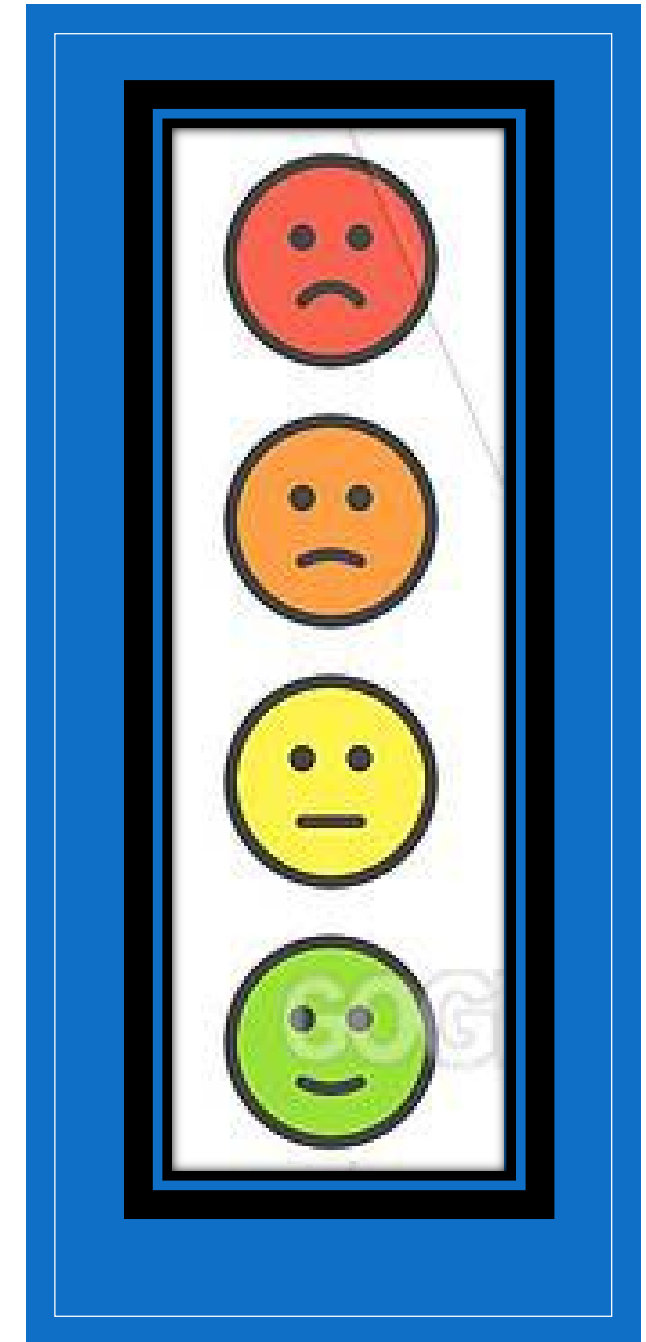
- B. Symptoms were present before age 12
- C. Several symptoms are present in 2 or more settings
- D. Symptoms interfere with and/or diminish the patient's quality of social, academic or occupational functioning
- E. Symptoms are not better explained by another mental health disorder or during the course of Schizophrenia

# Specify whether:

- Combined Type
- Predominantly inattentive presentation
- Predominantly hyperactive/inattentive presentation

# Specify if:

- In Partial Remission
- Mild
- Moderate
- Severe



# Frequent Differential Diagnosis:

- Depression
- Anxiety
- Mania
- Bipolar Type 2 Disorder
- Borderline Disorder



# ASSESSMENT:

- Clinical Interview
- Adult Neuropsychological History Questionnaire
- Million Clinical Multi-axial Inventory – IV (MCMI-IV)
- Wechsler Abbreviated Scale of Intelligence – Second Edition (WASI-II)
- Conner's Continuous Performance Test II (CPT II V.5)
- Beck Depression Inventory – 2 (BDI-2)
- Beck Anxiety Inventory (BAI)
- Brown Adult ADHD Scales (Brown)
- Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
- Trails Making part A & B
- Conners' Adult ADHD Rating Scales-Self-Report: Long Version (CAARS-S:L)



## Best Scenario is a Multimodal Approach <sup>7,8</sup>

### Medications

- i. Stimulants
- ii. Other Medications

### Psychological Counseling

- i. Cognitive Behavioral
- ii. Motivational Interviewing
- iii. Martial/Family Therapy

### Lifestyle Strategies

### Alternative Medicine

TREATMENT

## Best Scenario is a Multimodal Approach <sup>7,8</sup>

Support Groups

Phone Apps

- i. Evernote
- ii. Priority Matrix
- iii. Remember the Milk

On-Line Support Groups

- i. Webmd.com
- ii. CHADD.org
- iii. ADD.org

TREATMENT

## References:

1. The National Institute of Mental Health: [https://www.nimh.nih.gov/health/statistics/attention-deficit-hyperactivity-disorder-adhd.shtml#part\\_154905](https://www.nimh.nih.gov/health/statistics/attention-deficit-hyperactivity-disorder-adhd.shtml#part_154905)
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# QUESTIONS



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