Adult ADHD Guidelines:

1. What Do We Know about Assessment, Diagnosis, & Treatment?

2. Where Do We Need to Do Better (in US)

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Board Chair & Founder
The REACH Institute

Epidemiological Facts

Adult ADHD remains largely undiagnosed.

Incidence:

4.0-4.7%

10 million adults

Undiagnosed Cases

15% Diagnosed

85% Undiagnosed

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Epidemiological Facts

Adult ADHD remains largely undiagnosed.

Health Care System	Family	Employment & Education	Society
33% more ER visits[1] > 7 medical visits/yr[1] 2–4 x more motor vehicle crashes[2-4]	more parental divorce or separation[9,10]	greater absenteeism & decreased productivity[11] 46% expelled[5] 35% drop out[5] Lower occupational status[6]	Substance use disorders: 2 x risk[7] Earlier onset[8]

[1]Liebson et al, 2001.
[2]NHTSA, 1997.
[3-4]Barkley et al, 1993, 1996.
[5]Barkley et al, 1990.
[6]Mannuzza et al, 1997.
[7]Biederman et al, 1997.
[8]Pomerleau et al, 1995.
[9]Barkley et al, 1991.
[10]Brown & Pacini, 1989.
[11]Noe et al, 1999.

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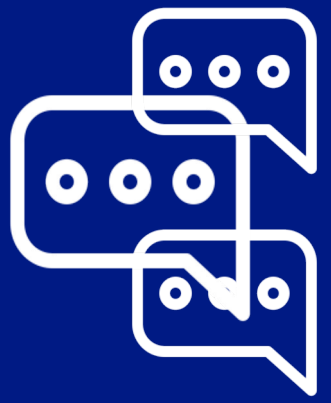

Why is ADHD so under-diagnosed & under-treated in adults?

Thoughts? Your Input?

Challenges in Diagnosing Adult ADHD

Persistent myths, e.g, “kids grow out of it”

No ADHD training during residency – both for psychiatrists and primary care providers!

Over focus on confounding comorbidities – anxiety, SUD

Adults are not reliable historians of childhood history

Negative findings on interview

Concerns about “drug seeking” vs. ADHD

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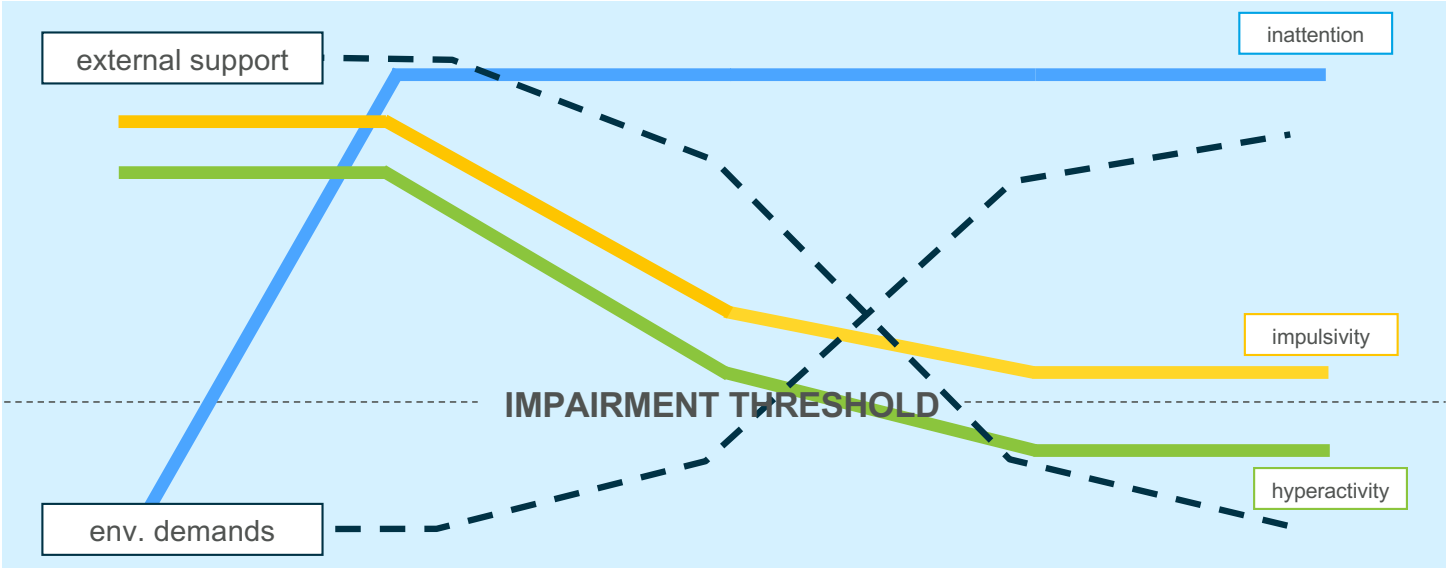
ADHD Developmental Trends by Age:
Adulthood



Preschool
Behavioral disturbances

School-Age
Behavioral disturbances
Academic problems
Social problems
Self-esteem issues

Adolescence
Academic problems
Social problems
Self-esteem issues
Smoking
Injury

College-Age
Academic failure
Self-esteem issues
Substance abuse
Injury/accidents
Work difficulties

Adulthood
Self-esteem issues
Substance abuse
Injury/accidents
Work difficulties
Relationship problems

Stahl. Stahl's essential psychopharmacology, 3rd ed, 2008.

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ADHD: DSM-5-TR Presentations

ADHD Predominantly Inattentive

Criteria met for inattention but not for impulsivity/hyperactivity

At least 5 symptoms of inattention present for at least 6 months

ADHD Predominantly Hyperactive-Impulsive

At least 5 symptoms of hyperactivity/impulsivity present for at least 6 months

Criteria not met for inattention

ADHD Combined

Criteria are met for both inattention and impulsivity/hyperactivity

5 symptoms of both inattention and hyperactivity/impulsivity

ADHD and Executive Functioning

Efficient executive functioning (E-F) consists of two forms of sustained attention:

Contingency-shaped (externally driven and maintained)

e.g., video games, immediate danger, threats of being fired, other emotionally-charged situations

Goal-directed (Internally guided and motivated)

i.e., homework, chores, paying bills, or completing other routine, tedious or future tasks, at home or work

This is the problem for those with adult ADHD

ADHD & Executive Functioning

Efficient executive functioning allows an individual to plan, prioritize, make immediate decisions, & follow through on a moment-to-moment basis to achieve one's immediate and long-term goals

Persons with ADHD are always paying attention to ***something***, just not to what they need to, i.e., deficient executive functioning (E-F).

Thus, ADHD is the result of ***inattention*** to key E-F mental events and ***excessive*** attention to other "distractions"

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Proper Steps in ADHD Assessment

There are no reliable or valid biologic tests to make diagnosis. Careful detective work, and obtaining a convincing history are essential!

1. Physical exam
2. Interview — patient, spouse/significant others, even parents!
3. Obtain childhood, teen, & adult history
4. Assess DSM-5-TR criteria
5. Obtain rating scales from multiple informants
6. Always examine/look for possible comorbidities, SUD

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Current Impairment

Do you experience difficulty with:

- Spouse?
- Bosses?
- Frequent job changes?
- Deadlines?
- Procrastination?

Do you have difficulty getting work tasks started or completed in a satisfactory manner?

Do you have trouble staying connected in:

- Conversation?
- Long term relationship?

Other Explanations

Situational stressors

Medical conditions:

- Chronic fatigue
- Thyroid conditions
- Diabetes
- Aging

Other psychiatric disorders

- Depression
- Anxiety
- SUD

What are the Implications of this Information, in Terms of Missing Knowledge/Skills among Providers?

Among Adults with Possible ADHD?

In the general population?

Comorbidity & ADHD

Is Inattention Really ADHD or a Symptom of Another Disorder?

DISORDER/ SYMPTOM	ADHD	BIPOLAR	Major Depressive Disorder (MDD)	Generalized Anxiety Disorder (GAD)	Substance Use Disorder (SUD)
Inattention/problem concentrating	+++	++	++	++	++
Difficulty completing tasks	+++	++	++	-	
Hyperactivity	++	++	-	-	-
Fidgetiness	++	+	-	++	
Impulsivity	++	+++	-	-	
Interrupting/talkativeness	++	++	-	-	-
Affective lability	+	+++	+++	+	+++
Sleepiness/fatigue	+	+	++	++	+

Stahl. Stahl's essential psychopharmacology, 3rd ed., 2008.
Culpepper L, Mattingly G. Postgrad Med 2008;120(3):16-26.

Coexisting Conditions in Adults with ADHD

Coexisting Condition	Estimated Prevalence (%)
Mood Disorder	19-30
Anxiety Disorder	25-50
Other Substance Abuse	10-30
Alcohol Abuse	15-35
Personality Disorder	10-20
Antisocial Behavior	18-25

General Guidelines: Comorbid Conditions

In patients with ADHD, comorbidity is the rule rather than the exception

Consider the possible existence of comorbidities when diagnosing ADHD

When diagnosing Anxiety, MDD, or SUD, look for ADHD!

Offer appropriate educational and intervention options for both ADHD and comorbidities, including

- Education – join NAMI, CHADD.org, or ADDA.org chapter
- Cognitive behavioral therapy
- Pharmacological treatment
- Environmental supports – coaches, executive assistants, etc.

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Assessment & Diagnosis Summary

ADHD is usually missed! Look for it!

Clinicians should consider ADHD as a potential missing piece of the diagnostic puzzle when there is:

- Poor resolution of other (comorbid) psychiatric conditions
- Evidence of chaotic lifestyle and history
- History of chronic obesity, substance use/ addictive behaviors
- Failure to attain educational and occupational goals

When ADHD is found, look for comorbidities

- Conduct a comprehensive assessment including childhood history
- Use validated rating scale: ASRS (Be aware of compensatory behaviors)

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Adult ADHD Treatment

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Why is it important to treat ADHD?

To save lives (Dalsgaard S, et al., 2015)

To prevent the development of comorbidities

To decrease the consequences and impact of impairment

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Dalsgaard,S. et al.(2015)Lancet Vol 385. *Mortality in children, adolescents and adults with ADHD: A nationwide cohort study*

Bio-psycho-social-intervention domains

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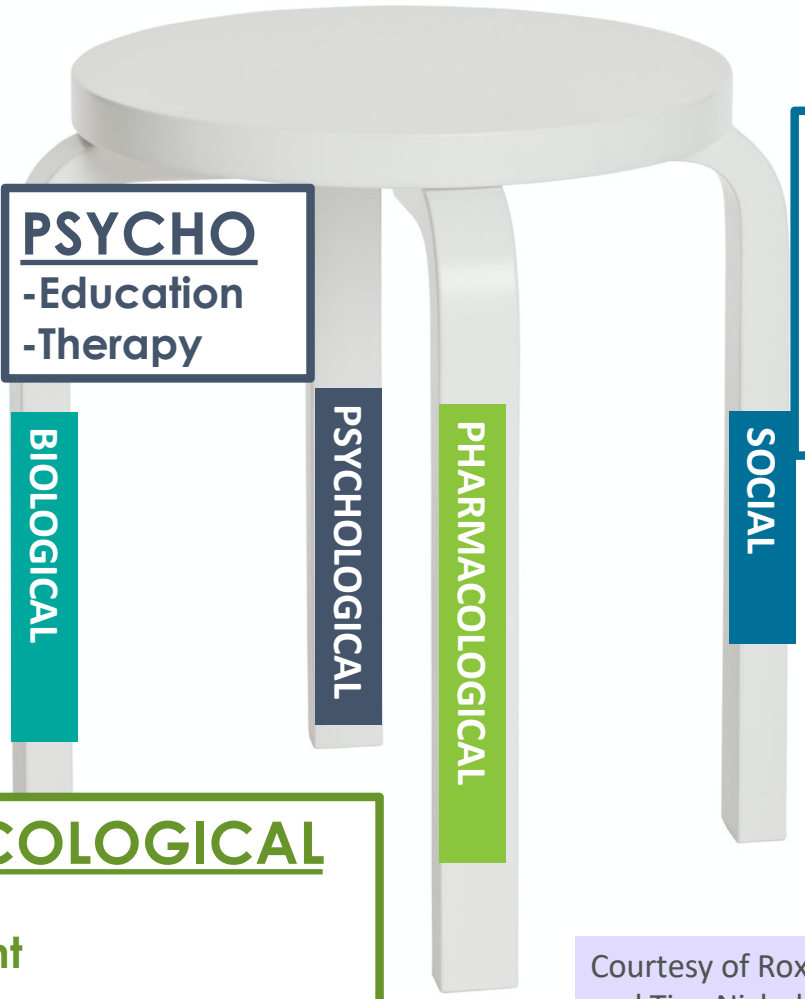
BIO
-Sleep
-Diet
-Exercise
-Substances – caffeine/ alcohol/ cannabis/ nicotine

PSYCHO
-Education
-Therapy

SOCIAL
Financial
Safety/ Security
Family/ Friends
Educational
Vocational



PHARMACOLOGICAL
-Stimulant
-Non-stimulant
-Adjunctives

Courtesy of Roxanne Swiegers, MD and Tina Nicholson, MD

Environmental Restructuring

Apps for organization, planning and time management

Scheduling attention-demanding tasks to periods of day when attention is optimal

Develop coping strategies to improve concentration (e.g., background music, fidgets, jiggling knees)

Family/Household management – consider how household tasks are divided

Consider a different job/get an aide or assistant

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CBT Skills for Adult ADHD

Knouse & Safren (2010)

Open trials and RCTs indicate that CBT produces significant ADHD symptom reductions and decreases impairment

Includes teaching key cognitive skills and practicing those skills outside of therapy

- Skills/strategies for time management, priority setting, and organization
- Managing procrastination, avoidance, and distractions
- Goal setting, to include implementation strategies for specific tasks/goals
- Addressing cognitive distortions -- low self-esteem, expectations of failure
- Anger & frustration management

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Prior to Initiation of Medications

- **History** – previous medication trials – response / side effects
- **General Medical History** – including cardiac and family history
- Current **use** of caffeine, alcohol , nicotine , cannabis, other substances
- **Examination** including - Height, weight, BP, Pulse
- **Consider EKG** with significant cardiac history – or cardiology opinion
- **Bloodwork -** to rule out other medical factors when indicated
- **Rating scales:** baseline and to track response – seek collateral information

ADHD Medications

Stimulant medications

Methylphenidate group

"Ritalin"

OROS-MPH
d-MPH-XR
Transdermal MPH
MPH-HCl (pm)

Amphetamine group

"Dexedrine/Adderall"

Lisdexamfetamine
dl-MAS-XR
D-amph spansules

Non-stimulant Medications

alpha adrenergic agonist

Guanfacine ER

SNRI

Atomoxetine

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The Need for Adult ADHD Guidelines

Multiple countries and international organizations (including the UK, Canada, and Australia) have developed and published Adult ADHD Guidelines (30+ GLs)

Why does the US need an Adult ADHD Guiideline?

Critical US healthcare system/provider questions needing guidance:

- How should ADHD be identified and diagnosed? And by whom – who is qualified, and are there specific training or credentialling pre-requisites?
- How should ADHD be treated? And by whom? Are there pre-requisites for prescribing Schedule II stimulants?
- How should state licensing boards, CMS/Medicare, and insurance companies respond in terms of requisite licensing?
- How should insurance companies/Medicare/Medicaid to insurance needs, generics vs. brand, co-pays, etc.?

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How to reach REACH

The mission of the REACH Institute is to ensure that the latest, most scientifically proven mental health interventions (including for child & adult ADHD) are available to families across the US, and in every community.

REACH accomplishes this by intensive, hands-on and sustained coaching/training for all US health care providers, including primary care (family physicians, internists, nurse practitioners, physicians' assistants, etc.), as well as specialists, including psychologists, psychiatrists, neurologists, social workers, etc.

Do you want to transform/improve the ADHD and related mental health practices in your area (city, state, hospital, insurance company, or healthcare organization)? If so, contact REACH at www.TheReachInstitute.org, or by phone, 212-947-7322.

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General Discussion / Q&A