When Fidgety Philip grows up: ADHD in adults

ADHD (attention deficit hyperactivity disorder) used to be regarded as a disorder that affected only children. Now, however, it is clear that ADHD also affects adults. Living with ADHD can present many problems, but these can be addressed. It is high time, therefore, for psychologists and doctors to support patients with this disorder.

Growing up with ADHD
Everyone knows him: the celebrity chef, entertainer and food guru Jamie Oliver. With his lively cooking shows and ambitious food projects, the high-profile chef reaches an audience of millions around the globe. What most people don’t realize is that the star has ADHD (attention deficit hyperactivity disorder) – a diagnosis that has clearly not halted or hindered the charismatic Englishman (Viciano, 2012). But the increasing number of successful people who are revealing that they have ADHD are not typical ADHD sufferers: the lives of adults with ADHD are often characterized by poor education, adaptation problems and social difficulties. Many are relieved to receive an “official” diagnosis of ADHD that at last provides an explanation of the incomprehensible difficulties they have long experienced.

Although ADHD was formerly regarded solely as a “childhood illness”, it is now recognized that the disorder can persist into adulthood and that sufferers do not necessarily “grow out of it” as used to be claimed. In consequence there is a growing tendency for ADHD to be diagnosed in adults (Young, Bramham, Gray, Rose, 2007). For many sufferers, though, this is almost too late: the disorder has already had an enormous impact on their lives, opportunities for support have been missed and it is too late for gaps in education to be filled. And when a “delayed” diagnosis is made, the adults involved often do not receive the support and understanding they need. Of every ten adults with ADHD, only one receives appropriate treatment (Culpepper & Mattingly, 2010).

ADHD in children is now a recognized illness. The fact that adults can also suffer from it is not so widely known...

ADHS: A difficult diagnosis
All adult ADHD patients have had the disease since childhood. Statistically, about one adult in 25 has or has had ADHD. In percentage terms (according to estimates based on documented diagnoses and appropriate extrapolation) 4-5% of children and about 2% of adults are affected by ADHD (Philipsen, Heßlinger & van Elst, 2008).

Various diagnostic systems are used to establish the presence of ADHD. One of the most widely recognized is the diagnostic system in the ICD-10 (International Statistical Classification of Diseases and Related Health Problems) published by the World Health Organization (WHO). Another respected method is the diagnostic system in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), which is published by
ADHD symptoms in adults

The principal symptoms in adults are disorganization and affect regulation disorder; attention deficits in situations of inadequate stimulation, impulsivity and chronic restlessness are also common (Philipsen, Heßlinger & van Elst, 2008). It is generally assumed that the disorder is less marked in adults. Hyperactivity and impulsivity may diminish or change in adulthood. Sometimes these symptoms are interpreted as an excessive desire for movement and are compensated through sport (Viciano, 2012). ADHD can also manifest itself in adulthood in generally poor concentration and low levels of achievement. However, symptoms in adults may also be so severe as to have a significantly detrimental effect on everyday activities and quality of life.

Attention disorders and hyperactivity are accompanied by disorders of various cognitive functions. In adult patients these cognitive impairments are more marked than the behavioral abnormalities. Adults with ADHD may also have learning difficulties or find it difficult to process feedback, and they may have attention disorders, especially in the field of sustained attention (Rizzo, Steinhausen & Drechsler, 2012). The severity of the impairment and the area of the executive functions that are affected vary from patient to patient; accurate assessment is therefore called for.

Searching for the cause

A distinction is made between primary and secondary ADHD, depending on the cause of the disorder. In the case of primary ADHD, the symptoms appear with no identifiable cause. In secondary ADHD, factors such as birth complications, traumatic brain injury, intoxication or inflammatory brain disease may be the cause of the disorder. In most cases of ADHD, no specific cause can be identified. This is because ADHD is a constellation of disorders with different causes that are subsumed under the heading of ADHD. It has been reasonably well established that ADHD is 80% due to genetic factors: the biological children or siblings of people with ADHD are more frequently affected by ADHD than adopted children or siblings. Scientific studies have also found structural, functional and neurochemical abnormalities in the brain. For example, disorders of the dopaminergic system have been linked to ADHD. Risk factors that have been discussed include exposure to nicotine during pregnancy (risk factor for the unborn child), special diets, exposure to lead, sugar and food additives and certain metabolic disorders, such as kryptopyrroluria (Philipsen, Heßlinger & van Elst, 2008).

Living with ADHD

As a result of their cognitive deficits, people with ADHD often experience a range of functional problems in everyday life. Furthermore, these difficulties lead to low self-esteem and to hopelessness, depression and underachievement (Ruckligde, 1997). Sufferers frequently find driving difficult because their concentration is poor, and this increases their accident risk. On monotonous journeys, in particular, drivers with ADHD are easily distracted (Rosenbloom & Wultz, 2011). Other issues reported in the literature – partly attributable to the low stress tolerance and poor emotional control of people with ADHD – include relationship problems, frequent loss or change of job, and low levels of educational achievement (Viciano, 2012; Schmidt & Petermann, 2006). People with ADHD also experience financial difficulties more frequently than healthy people. This is the result of factors – some of which have already been mentioned – such as low levels of education, frequent job loss, use of drugs, criminal activity, road accidents or simply the need to pay for healthcare (Schmidt & Petermann, 2011). A study of prisoners found that up to 40% of inmates had ADHD and that the individuals investigated also suffered from other co-existing disorders (Ginsberg, Hirvikoski, & Lindefors, 2010). Minimizing the manifold impacts of ADHD promptly and improving sufferers’ quality of life requires not only treatment with psychotherapy and drugs but above all robust diagnosis.

Neuropsychological assessment

In adults with ADHD – as already mentioned – cognitive impairments are more marked than the typical behavioral abnormalities. Neuropsychological investigations are therefore recommended. Neuropsychological tests are particularly
suitable for identifying specific impairments. They can be used to objectivize sufferers’ subjective experiences and to provide models and explanations of difficulties experienced in everyday life. Alongside this, the compliance of ADHD patients with treatment can be increased. The results of neuropsychological tests can also play a useful part in evaluating treatment methods and charting the course of the disorder.

A useful tool for assessing a patient’s deficits is the test set CFADHD Cognitive Functions ADHD – Adults, which has been developed by the test specialists SCHUHFRIED in collaboration with experts at the University of Groningen and the Karlsbad-Langensteinbach clinic. It provides a comprehensive and yet economical means of assessing all the dimensions essential to the diagnosis of ADHD.

Fifteen neuropsychological dimensions in the areas of attention, memory, executive functions and processing speed are tested, together with subjective capacity, because the performance of adult ADHD patients in these areas is often impaired.

References


