Challenges in Diagnosing Adults With ADHD

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For years, attention-deficit/hyperactivity disorder (ADHD) has been conceptualized as a developmental disorder of age-inappropriate inattention and hyperactivity.1 As a developmental disorder, ADHD arises early in life, typically before 7 years of age and certainly by age 16 years. The ADHD diagnosis requires not only a childhood onset of symptoms but also a childhood onset of impairment.1 Symptoms are the behavioral and cognitive expressions of a psychiatric disorder, whereas impairments are the social consequences that result from those symptoms. A diagnosis of ADHD requires a cross-setting occurrence of symptoms—that is, the significant symptoms must be present in 2 or more settings. Just as important is the requirement that there be impairment in major life activities. Having a high level of symptoms without evidence that the symptoms have significantly impaired major life activities is not sufficient for a diagnosis of ADHD.

When making the diagnosis of ADHD, clinicians are urged to exclude other disorders that may mimic the symptoms of ADHD.1 Many disorders are frequently comorbid with ADHD, including, but not limited to, depression, anxiety, conduct disorder, and antisocial personality disorder. However, these disorders cannot fully account for the symptom expression.

Diagnostic Assessment of Adult ADHD

Recommended practices for assessing adults for ADHD are listed in AV 1. Assessment begins with evaluating the patient's symptoms using the criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR).1

Symptoms. The consensus criteria of ADHD currently manifested in the DSM-IV-TR1 were developed for use with children and were never meant to be used for adults. However, given that many children with ADHD will maintain the disorder into adulthood, and not all of them will have been diagnosed as children, clinicians need criteria for diagnosing ADHD in adults.

The phrasing of some DSM-IV symptoms in terms of “playing” or other typical childhood activities is inappropriate for use with adults.2 Better symptom criteria for an adult diagnosis would incorporate elements such as time management and executive function. A study3 undertaken to investigate adult ADHD symptomatology identified 9 essential symptoms for diagnosing adults with ADHD, retaining only a few useful symptoms from DSM-IV-TR (AV 2).

The current diagnostic threshold requires that the patient have 6 of the 9 symptoms,2 but because the criteria were developed for children, this cutoff is too high for adults.2 Until criteria better suited

CME Background Information

Objective
After completing this educational activity, you should be able to:

- Make an accurate diagnosis of ADHD in adults who present with a constellation of symptoms of inattention, anxiety, hyperactivity, and impulsivity and effectively differentiate between ADHD and its comorbid psychiatric disorders

Financial Disclosure
The faculty for this CME activity and the CME Institute staff were asked to complete a statement regarding all relevant personal financial relationships between themselves or their spouse/partner and any commercial interest. The CME Institute has resolved any conflicts of interest that were identified. No member of the CME Institute staff reported any relevant personal financial relationships. Faculty financial disclosures are as follows:

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to adults, such as those in AV 2, are accepted, an appropriate cutoff for the diagnosis of adult ADHD would be 4 of the 9 DSM-IV symptoms.

Besides adjusting symptom descriptions for adults, the diagnostic criteria should address problems with gender-appropriateness, age at onset, developmental deviance, self-report corroboration, and appropriate life activities and impairment.

**Sex-referenced rating scales.** Early research that was used to develop the DSM-IV-TR criteria for ADHD comprised more boys than girls, so the criteria may be biased against diagnosis in girls and women. New criteria should be developed using a field trial with equal representation of the sexes. With adult patients, clinicians should use sex-referenced rating scales, such as the Conners’ Adult ADHD Rating Scales.

**Age at onset.** The DSM-IV-TR requires onset of symptoms prior to 7 years of age for an ADHD diagnosis. An age at onset prior to 16 years would be appropriate for a diagnosis of adult ADHD because adults and their families can give unreliable reports concerning age at onset.

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Developmental deviance. Guidelines for determining the developmental inappropriateness for the symptoms of inattention and hyperactivity or impulsivity are not provided by the DSM-IV-TR criteria. One suggestion is to use the 93rd percentile, or 1.5 standard deviations above the mean, on a well-normed rating scale of ADHD symptoms for adults as the indicator of developmental deviance.

Corroboration of reports. New DSM criteria for the diagnosis of adult ADHD should require that clinicians corroborate information provided by the patient about current and past symptoms and impairment. Symptom severity and impairment in current major life activities are often underreported by patients under 30 years of age. Conversely, overreporting of symptoms and impairment also occurs, particularly when a financial or legal outcome is contingent on the evaluation. Corroborative reports should be obtained from family members, close friends, or a spouse or partner with long-term knowledge of the patient. Parents of adult patients may underreport early-life symptoms because of guilt for not getting their son or daughter treated earlier. A patient’s school, driving, or criminal records also might indicate problems in adolescence or earlier.

Developmentally referenced life activities and impairment. Besides the settings of home, school, and work that are described in current diagnostic criteria, appropriate major life activities for adults should be added. Diagnostic criteria need to include marriage, child-rearing, personal financial management, driving, health maintenance, social relationships, and sexual activity. Impairment is a requirement for the diagnosis of ADHD, but impairment is not defined in the DSM-IV-TR. According to the Americans With Disabilities Act of 1990, impairment substantially limits 1 or more major life activities. When determining impairment, patients should be compared with the average person in the population, regardless of the patient’s peer group or station in life. Further, just because an individual’s behavior and its consequences fall below expectations for his or her level of intelligence does not mean he or she has ADHD.

Subtypes of ADHD in Adults

Because symptoms of ADHD may change significantly with age, some childhood ADHD symptoms are no longer useful in discriminating adults with ADHD from adults with other clinical disorders. The subtypes of ADHD (i.e., inattentive, hyperactive/impulsive, and combined) specified in the DSM-IV-TR need to be revised. The hyperactive form of ADHD is rare in adults because children with this subtype of ADHD usually move into the combined type as executive and attention deficits develop. If hyperactivity disappears by adulthood, then adults cannot meet criteria for either the hyperactive type or the combined type, leaving only the inattentive type. Adult ADHD can be separated into 3 groups: (1) people who have outgrown hyperactive symptoms and no longer meet criteria for combined type ADHD so are considered to have the inattentive type, (2) individuals who almost meet the criteria for the combined type and are viewed as having the combined type, and (3) a group that exhibits sluggish...
cognitive tempo, which comprises individuals who do not have difficulties with hyperactivity or impulse control but who appear shy or withdrawn; have problems with staring, daydreaming, passivity, or confusion; and have difficulties focusing on the important versus the unimportant.7

Conclusion

Adult ADHD can be diagnosed using the criteria offered in the DSM-IV-TR with some adjustments. Until the updated diagnostic criteria for adult ADHD are listed in a future version of the DSM, clinicians should understand that the current criteria apply primarily to children. Issues such as symptomatology and impairment still apply, but the standards by which these categories are evaluated may differ greatly for adults.

Drug Names

No drugs were mentioned in this activity.

References


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Release, Review, and Expiration Dates

This Brief Report was published in October 2008 and is eligible for AMA PRA Category 1 Credit through October 31, 2011. The latest review of this material was August 2008.

To obtain credit for this activity, study the material and complete the CME Posttest and Evaluation.

Statement of Need and Purpose

Attention-deficit/hyperactivity disorder (ADHD) is a common condition that affects children and adults in the United States. Although ADHD is often thought of as a disorder primarily affecting children and adolescents, the incidence of this condition in adults is growing in recognition. Individuals with ADHD have a high rate of comorbid psychiatric disorders, making ADHD difficult to diagnose and treat. Although pharmacotherapy is the standard treatment for ADHD, evidence suggests that stimulant treatment is less effective than nonstimulants in patients with comorbid ADHD and anxiety. Physicians need more information on diagnosing ADHD and the risks and benefits of prescribing medication in adults with ADHD and comorbid disorders. This activity was designed to meet the needs of participants in CME activities provided by the CME Institute of Physicians Postgraduate Press, Inc., who have requested information on ADHD.

Disclosure of off-label usage

Dr. Barkley has determined that, to the best of his knowledge, no investigational information about pharmaceutical agents that is outside U.S. Food and Drug Administration-approved labeling has been presented in this activity.

Review Process

The entire faculty of the series discussed the content at a peer-review planning session, the Chair reviewed the activity for accuracy and fair balance, and a member of the External CME Advisory Board reviewed the activity to determine whether the material is evidence-based and objective.

Acknowledgment

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