

Attention deficit hyperactivity disorder in adults

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Goals & Objectives

- + Explore the background for ADHD
- + Diagnosis of ADHD
- + Management of ADHD
- + Challenges

What is ADHD ?



Presentations

- + 25 yr old unemployed male at home
- + 21 year male 1st year at University
- + 26 year old disorganised female unable to work with anxiety and depression
- + 18 year old male with behavioural problems and low IQ
- + 35 year old aggressive male
- + 30 year old female with volatile moods

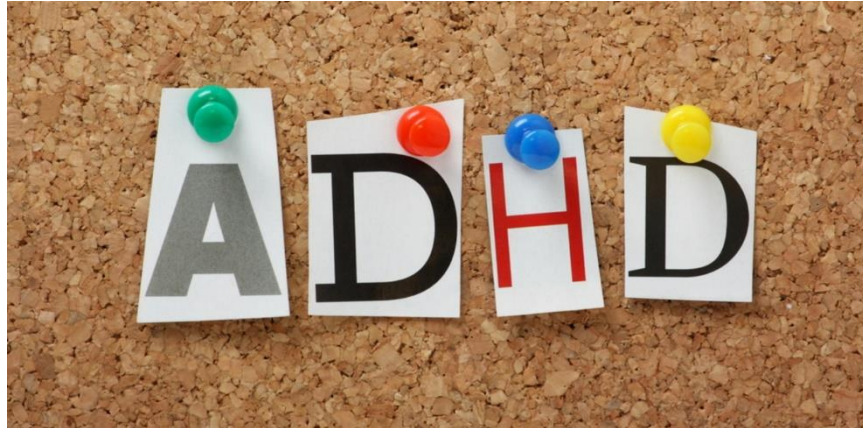


NICE validated diagnostic criteria

- + Diagnosis predictor of...
- + Typical clustering of symptoms
- + Clear clinical response to medication
- + Clinical and psychosocial impairments
- + Course
- + Genetic risks
- + Environmental associations
- + Brain abnormalities



A persistent pattern of inattention and /or hyperactivity that interferes with functioning or development



- + **Criteria A** – 5 or more symptoms of inattention or hyperactivity –impulsivity
- + **Criteria B** – Several symptoms present by the age of 12
- + **Criteria C** – Several symptoms present in two or more settings
- + **Criteria D** – Symptoms interfere with or reduce quality of social, educational or occupational functioning
- + **Criteria E** – Symptoms are not better explained by another condition such as anxiety or depression

- + Combined
- + Predominantly inattentive
- + Predominantly hyperactive-impulsive
- + ADHD in partial remission

INATTENTION SYMPTOMS (9)

- + Lack of attention to details
- + Difficulty sustaining attention
- + Does not listen when spoken to directly
- + Trouble completing or finishing tasks
- + Problems organising tasks and activities
- + Avoids or dislikes sustained mental effort
- + Loses or misplaces things
- + Easily distracted
- + Forgetful in daily activities

HYPERACTIVITY (6 symptoms)	IMPULSIVITY (3 symptoms)
Fidgetiness	Blurts out answers
Leaves seat when not supposed to	Difficulty waiting turn or in line
Restless or overactive	Interrupts or intrudes others
Difficulty engaging in leisure activities quietly	
Always “On the go”	
Talks excessively	

Associated features

Development	Mild delays language
Emotional	Low frustration tolerance , irritability, mood instability
Educational	Impaired performance
Cognitive	Attention, memory and executive functioning

Impairment

- + Work
- + Social relationships
- + ADLs
- + Driving
- + Behavioural problems
- + Low self esteem
- + Sleep
- + Addiction



- + people born preterm
- + looked-after children and young people
- + children and young people diagnosed with oppositional defiant disorder or conduct disorder
- + children and young people with mood disorders (e.g. anxiety and depression)
- + people with a close family member diagnosed with ADHD
- + people with epilepsy
- + people with neurodevelopmental disorders (e.g. autism spectrum disorder, tic disorders, learning disability [intellectual disability] and specific learning difficulties)
- + adults with a mental health condition
- + people with a history of substance misuse
- + people known to the Youth Justice System or Adult Criminal Justice System
- + people with acquired brain injury.

Adult ADHD self report scale (ASRS)	Freely available from WHO Main version – 18 items Short version – 6 items
DSM- IV symptom checklist	Barkley workbook DuPaul rating scale Conners adult ADHD rating scale

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name	Today's Date						
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.			Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?							
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?							
3. How often do you have problems remembering appointments or obligations?							
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?							
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?							
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?							
						Part A	
7. How often do you make careless mistakes when you have to work on a boring or difficult project?							
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?							
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?							
10. How often do you misplace or have difficulty finding things at home or at work?							
11. How often are you distracted by activity or noise around you?							
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?							
13. How often do you feel restless or fidgety?							
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?							
15. How often do you find yourself talking too much when you are in social situations?							
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?							
17. How often do you have difficulty waiting your turn in situations when turn taking is required?							
18. How often do you interrupt others when they are busy?							
						Part B	

DIVA (Diagnostic Interview for ADHD in adults)

Based on DSM-5 symptoms

40-60min

Presence of partner &/or family member

Need to obtain evidence

DIVA QUESTION EXAMPLE

- + Do you often fail to give close attention to detail or do you make careless mistakes in your work or other activities ? And how was that during childhood ?

Adulthood	Childhood
Makes careless mistakes	Mistakes in schoolwork
Works slowly to avoid mistakes	Not reading the questions properly
Doesn't read instructions	Leave questions unanswered by not reading properly
Difficulty working in a detailed way	Others comment on careless work
Easily bogged down in detail	Not checking answers in homework
Works too quickly	Takes too long for detailed tasks
Present Y/N	Present Y/N

- + Psychoeducation
- + Environmental modifications
- + Diet, exercise and nutrition
- + Continuity of care
- + Holistic shared plan

Non-pharmacological Interventions

- + Psychoeducation
- + Psychosocial intervention
 - Coaching
 - Career counselling
 - Accommodation
 - Technology
- + Psychological intervention – individual/group
 - CBT
 - DBT
- + Other
 - Memory training
 - Mindfulness
 - Diet, sleep, exercise
 - Addictions work

- + First line:
 - Lisdexamfetamine (Elvanse) or Methylphenidate
 - Need a 6 week trial
- + Atomoxetine if poor response or tolerance with stimulants/ history of substance misuse
- + Some evidence for Bupropion
- + Long term efficacy and safety
- + Complementary – Omega 3/vitamins

Main drugs

Drug	Adult Dose
Methylphenidate -IR	15-100mg (divided doses)
Long acting version -MR	18-108mg
Dexamfetamine	5-60mg
Lisdexamfetamine	30-70mg
Atomoxetine	80 -100mg

COSTS

+ Methylphenidate			
– IR	40mg/day		£19
– Equasym XL	40mg/day		£60
– Medikinet XL	40mg/day		£58
– Concerta XL	54mg/day		£74
+ Lisdexafetamine			
– Elvanse	30mg/day		£58
	50mg/day		£68
	70mg/day		£83
+ Atomoxetine			
	80mg/day		£71

- + Handing over of prescribing after titration and dose stabilisation with specialist
- + **Height and weight**
- + Measure weight: every 6 months in adults
- + **Cardiovascular**
- + Monitor **heart rate** and **blood pressure** and compare with the normal range for age before and after each dose change and **every 6 months**
- + Do not offer routine blood tests (including liver function tests) or ECGs to people taking medication for ADHD unless there is a clinical indication
- + If a person taking ADHD medication has sustained **resting tachycardia** (more than 120bpm), **arrhythmia** or **systolic blood pressure greater than the 95th percentile** (or a clinically significant increase) measured on two occasions, reduce their dose and refer them to a cardiologist.

Stimulant Side Effects

+ Most are short term and dose responsive

+ Common (NA/DA)

- Headaches
- Sleep disturbance
- Dry mouth
- Appetite suppression
- Anxiety/irritability
- Palpitations
- Nausea
- BP



Associated problems

- + Tics
 - Establish association and weigh benefits
- + Sexual dysfunction
 - Esp with atomoxetine
- + Seizures
 - Consider stopping and reintroducing
- + Sleep
 - Keep sleep diary
- + Worsening behaviour
 - Adjust dose
 - Refer to specialist if psychosis develops
- + Cardiology opinion
 - History of palpitations
 - Exercise induced syncope/dizziness
 - History of sudden death in young relatives

Take care

- + SSRIs
 - Serotonin syndrome
- + SNRI
 - Increased BP
- + MOAIs
 - Hypertensive crisis

Co-morbidity

- + Mood instability
- + Anxiety
- + Psychosis/Mania
- + Substance misuse
- + Obesity/Binge eating
- + Restless legs syndrome
- + Sleep
- + Driving



Overlap with other disorders

+ Depression

- Mood instability
- Low self esteem
- Discrete episode suggests depression comorbidity

+ BPAD

- Excitable but not grandiose
- Some difficulty sleeping
- Unable to focus
- Restlessness rather than overactivity
- High frequency mood swings
- Retains insight

+ Anxiety

- Ceaseless mental activity rather than worrying
- Avoids frustrating situations rather than phobic avoidance
- No panic symptoms
- Anxiety worsened by stimulants

Overlap with other disorders

+ EUPD

- Very similar
- Hyperactivity not in EUPD
- No identity disturbance
- Less self harm/feelings of emptiness, paranoia and attempts to avoid abandonment

+ ASD/Aspergers

- Difficulties with time management
- Overwhelmed by detail
- Seeks novelty
- Wide range of interests
- Tends to avoid silence

- + Schedule 2 Controlled drugs
- + Pharmacist can't dispense unless all info is on prescription
- + Prescription in S2/3/4 only valid for 28 days from date written
- + Generally limited to supply of up to 30 days
- + *“ however, exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issues for a longer period, but the reasons for the decision should be recorded on the patients notes”*
- + If travelling abroad for > 3 months, will require export/import licence

CD prescriptions

- + Indelible
- + Signed and dated
- + Prescribers address
- + Name and address of patient
- + Form i.e. tablet, capsules
- + Strength
- + The dose
- + Total quantity in words and figures of the preparation or number (in both words and figures) of dosage units to be supplied
- + FP10PCD (pink)

Review

- + First two weeks by specialist
- + Weekly/fortnightly or monthly
- + **Ask about :**
- + Compliance and side effects
- + Positive effects and exploration of specific symptoms
- + What happened with missed doses
- + Comorbidity
- + Substance misuse
- + **Annual Reviews thereafter**

THANK YOU

