

Adult ADHD: Convincing Symptoms and Rising Diagnosis

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Does this sound like anyone you know: chronic job hopper, frequently involved in fender benders, constantly misplacing things, always working long hours or two jobs? These aren't just consequences of living in the information age or a dual income generation. Behaviors associated to childhood Attention Deficit Hyperactivity Disorder (ADHD) often manifest themselves differently and in a more transparent form in adults. An ADHD child who climbs excessively and can't sit still because of hyperactivity will choose an active job (doctor, construction worker, etc.) as an adult. Blurting out answers and not being able to wait to take a turn are common impulsiveness ADHD problems for children and are replaced with driving too fast and frequent impulsive job changes as an adult. Finally, the inattentiveness to lose things, be poorly organized and a poor listener in childhood ADHD are replaced by the adult who misplaces things, has poor time management, and is easily distracted or forgetful (Adler, 2006, p. 58).

An estimated 8 million adults have ADHD (Adler, 2006, p. 57). It is a diagnosis that is being made more and more frequently. Symptoms may not be as bothersome in adulthood, but they are still present to some degree and affect functioning. Even so, some still make the assumption the problem doesn't exist because of the perceived reduction of hyperactivity. The hyperactivity may just express itself differently in adults as a racing mind or fidgeting with the hands. Adults with ADHD may have twice the challenge of children with the same disorder. They often go undiagnosed because attention deficit disorder treatment tends to focus mostly on children.

Although ADHD is a problem adults usually carry from childhood, it was not a widely recognized disorder in past generations. Adults often don't realize they have ADHD until their own children are diagnosed. The inattentive symptoms don't seem to go away and are what really impair people. Longitudinal studies of ADHD from childhood to adulthood confirm the prevalence of carrying ADHD into adulthood. Between 4% and 8% of children evaluated in adulthood continue to meet the childhood criteria for ADHD (Moore, 2004). The prevalence rates rise to 12% when the newer definitions of the disorder from the DSM-IV are applied. Inclusion of the estimated unreported adult cases of ADHD brings the rate to 46% (Moore, 2004).

It is important to mention that ADHD does not always occur alone, and that more than 40% of individuals have another disorder (co-morbid) in addition to their ADHD (Quinn, 2001). In ADHD children these include anxiety, depression, tics, Tourette's syndrome, obsessive-compulsive disorder, and or learning disabilities.

Adult ADHD is significantly co-morbid with a wide range of DSM-IV disorders. These include alcohol and drug use as well as depression, bipolar, and anxiety disorders. Across all mood, anxiety, substance, and impulse control disorders adults with ADHD are at significantly higher risks to these co-morbid disorders. Prevalence for bipolar is 19.4% for adults with ADHD compared top 3.1% for those without. Similarly, for any substance disorder, including drug and alcohol abuse and dependence, 15.2% of adults with ADHD will have a substance disorder while only 5.6% of those without ADHD will acquire a substance disorder (Kessler, 2006).

The symptoms of adult ADHD have been confirmed to exist and support the popular rising diagnosis of adult ADHD. These include longitudinal studies from childhood to adulthood, similar but differently manifested behavior problems related to childhood ADHD, the same therapeutic result from childhood ADHD treatment methods, and the identical and expanded list of co-morbid disorders seen in childhood ADHD. Unfortunately, these convincing symptoms are only detected in those who come in for treatment. A whole lot less is known about people who do not come in for treatment.

ADHD is a life-span disorder. It doesn't go away – it simply evolves as we grow older. Once an adult with ADHD gives himself or herself permission to ask for help, half the battle has been won.

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