ADHD in Adults. Characterization, Diagnosis, and Treatment


The diagnosis and management of attention-deficit/hyperactivity disorder (ADHD) in adults have been and still remain a bit controversial for many clinicians. Some simply have a hard time with this diagnosis because for years we were supposed to believe that adolescents magically outgrew this problem by age 18. Others do not feel comfortable prescribing the mainstay of ADHD treatment (ie, stimulants), worrying about their abuse and potentially introducing young adults to substances that could be abused. Also, many are put off by the real or perceived push by the pharmaceutical industry to use ADHD medications in general. At times, clinicians outside of the United States have considered ADHD a North American problem that is overdiagnosed and stimulants are overused. Nevertheless, the concept of adult ADHD gradually has been more accepted and patient requests for help are mounting. The editors of this book, Drs. Buitelaar, Kan, and Asherson, put together a team of authors from 10 countries to provide the latest on diagnosis, characterization, and management of this disorder because they believe that “adult ADHD has finally grown up into a mature entity with its own adult-specific challenges” (p xi).

The book is divided into 7 sections (altogether 25 chapters) and 2 appendices. The first section, “The development of adult ADHD as an epidemiological concept,” addresses in 3 chapters the course and persistence of ADHD through the life cycle; the prevalence and correlates of adult ADHD; and gender differences in ADHD. The authors bring to the reader’s attention the fact that although the rate of remission from the full disorder in patients age 18 to 20 is fairly high, nearly one-third of patients still experience some symptoms past this age and the majority of ADHD patients continue to report low levels of functioning despite full symptomatic remission (p 5).

Adults with ADHD have fewer years of education and lower rates of professional employment. ADHD predicts social maladjustment, immaturity, and high rates of separation and divorce (p 5). Many researchers emphasize that distribution of the 3 cardinal symptom clusters in children (inattention, hyperactivity, and impulsivity) shifts in adulthood so that inattention becomes the most prominent symptom cluster, while other symptoms, such as affective lability, explosive temper, inability to tolerate stress, and dysphoria, become more prominent (p 9).

The second section, “Insight into the pathophysiology of ADHD in adults,” reviews in 4 chapters quantitative and molecular genetic studies of ADHD in adults; structural and functional magnetic resonance imaging findings in adults with ADHD; electrophysiological studies of adult ADHD; and emission tomography in adult ADHD. The 2 chapters of the third section, “Assessment and diagnosis of adult ADHD,” focus on diagnosing ADHD in adults and neurocognitive characteristics of adults with ADHD. Adults with significant inattention often experience specific executive functioning deficits such as difficulties with manipulating and organizing information (p 95). The authors also suggest that adults with ADHD often present with chronic conflicts with authority and difficulties in spouse and peer relationships, leading to frequent job changes and poor academic performance despite average or above average intelligence.

The fourth section, “Comorbidities of adult ADHD,” discusses in 7 chap-
ters adult ADHD and mood disorders; ADHD and anxiety disorders in adults; ADHD and the substance abuse disorders; adult ADHD and organic brain disorders (including psychotic symptoms and tics); overlap between ADHD and autism spectrum disorder in adults; ADHD in adults with intellectual disabilities; and ADHD, personality, and its disorders. The chapter on ADHD and anxiety disorders emphasizes that we still need to figure out whether anxiety is a moderator of ADHD treatment and whether attention is a moderator of anxiety treatment (p 135). The chapter on ADHD and substance abuse provides suggestions for treating adults suffering from ADHD and substance abuse (eg, the need to stabilize substance abuse initially and the use of non-stimulants). The authors emphasize there is no evidence that pharmacologic treatment of ADHD exacerbates substance use disorders.

Four chapters of the fifth section, “Pharmacological treatment of adult ADHD,” deal with stimulants for adult ADHD; the use of nonstimulant drugs in the treatment of adult ADHD; medication management in adult ADHD; and abuse potential of stimulant drugs used to treat ADHD. The chapter on using stimulants is a review of studies of various stimulants and their preparations without much guidance. The chapter on medication management in adult ADHD is the most useful chapter in this book. This chapter proposes that, honestly stated, ADHD cannot be treated without medication (p 219). The author emphasizes that leaving the decision to take medication to the patient alone may lead to less favorable outcomes; anxiety, mood, and substance use disorders (SUDs) generally are treated first (tachycardia that may accompany stimulant treatment may increase anxiety symptoms); hard drugs must be stopped first, but cannabis could be decreased gradually during treatment; stimulants and antidepressants could be combined safely, and other useful advice, including psychoeducation about stimulants. An interesting part is the review of dosing in adult ADHD, which is more frequent than one may be used to when treating children and does not shy away from evening administration, which supposedly reduces rebound symptoms and makes the patient calm enough to fall asleep. The chapter on abuse potential of stimulant drugs states that the literature suggests that stimulant treatment early in life serves a protective function against developing SUDs, although this should be regarded with caution (p 231).

The 3 chapters of section 6, “Psychological and social treatment strategies for adult ADHD,” present information on psychoeducation for adults with ADHD; discussion of coaching in ADHD; and clinical applications of research on cognitive-behavioral therapies for adults with ADHD. The last section, “Alternative biological treatments,” contains 2 chapters about neurofeedback training for adult ADHD and alternative and complementary treatment for ADHD (amino acids, essential fatty acids, herbs, iron, homeopathy, massage, vitamins, acupuncture, yoga, meditation, and others).

The Afterword presents some suggestions for DSM-5 criteria of adult ADHD. The 2 appendices list patient organizations for ADHD in various countries, and useful Web sites for ADHD.

Despite a lot of theoretical material (eg, genetics, imaging), this is a useful volume that would be appreciated by anybody interested in adult ADHD. The clinically oriented chapters provide good, practical guidance for evaluation and treatment. Reading this volume also would help to alleviate anxiety among clinicians who are not used to prescribing stimulants and other treatment modalities to adults suffering from ADHD. They will realize that problems faced by some adults complaining of inattention and other symptoms are real, that these patients could be reasonably treated, and that they may not be induced to abuse these drugs by prescribing them.

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The mental health field has been trying to “objectivize” and measure what we do, and make the information we obtain about our patients and their psychopathology and functioning easily transferable and communicable to others in simple and measurable terms. Therefore, numerous scales, tests, diagnostic assessments, and structured interviews have been created to fulfill this goal. Unfortunately, we have overdone this effort and the field has been flooded with these measures. There are measures for almost everything, even for things nobody would want to measure, and in many cases in duplicate, triplicate, or more. It is quite difficult to navigate through this ever-growing sea, and therefore any effort at compiling these measures into single or multiple volumes should be hailed as a noble one, even if the result is not what one would exactly need.

Compendium of Psychosocial Measures by Dale L. Johnson is the latest effort to compile a reasonable volume of psychosocial measures currently used. As the subtitle states, it is intended for assessing patients in the community; therefore, measures solely used in hospitals are not included. The author states that he selected measures that:

- are intended for people with serious mental illness
- are community-related
- are available in libraries (including the National Medical Library in Bethesda, MD)
- have reliability and validity information available (therefore, commercial measures in which the psychometrics were available only in manuals for purchase are not included).

The Compendium consists of a Foreword by Harriet Lefley, Introduction, listing/standardized discussion of 372 measures, and references. Readers should be aware that the actual measures are not printed in this volume. The Foreword states that we have “nothing like this book in the research armamentarium.” I respectfully disagree because there are other collections of scales and other measures (see one example on p 113).

In the Introduction, Dr. Johnson explains the purpose of this compendium and its organization. He also discusses types of reliability (test-retest, interrater), internal consistency of measures, types of validity (face, criterion-related), content, construct, and other considerations in using various measures, such as sensitivity, specificity, positive and negative predictive value, and noncase identification. The final part of the Introduction touches upon the sources of information and assessment of psychosocial measures and also includes a sample assessment set.

Budget Measure and Minnesota Multiphasic Personality Inventory; 20. Agency performance evaluation; 21. Work behaviors; 22. Family measures; 23. Premorbid adjustment; 24. Psychotic symptoms; 25. Depression; 26. Mania; 27. Anxiety; 28. Screening; and 29. Empowerment, recovery, and stigma. The description of each measure consists of a primary source (reference in the literature), purpose, a brief description, reliability, validity, comment (eg, that “some items are ambiguous”), and source (ie, mostly whom to contact to get this measure). The text about each measure is brief, to the point, easy to understand, and helpful in deciding whether one would like to use this measure.

There are many omissions of measures one would like to see here, such as the Hamilton Anxiety Scale (especially as the Hamilton Rating Scale for Depression is listed), Conners Scales, Comprehensive Psychiatric Rating Scale, scales on assessing suicide risk or medication side effects, or any of the many scales evaluating sexual functioning (even persons with serious mental illness have a sex life at times). However, as I noted earlier, no compendium of psychosocial measures will list all measures or satisfy everybody.

One may try to compare this compendium to the Handbook of Psychiatric Measures by Rush and colleagues, now in its second edition. Rush’s volume is larger, yet has fewer measures (243) and is more disease-oriented, following the DSM listing of disorders. However, it also includes chapters on diagnostic measures for adults, general psychiatric symptomatology, mental health functioning and disabilities, quality of life measures, adverse effects measures, patient perception of care measures, stress and life events measures, family risk factors, suicide risk, personality disorders, and defense mechanisms and aggression. Similar to the Compendium, each measure includes goals, a description, practical issues, psychometric properties, clinical utility, and references with suggested reading. The Handbook also includes a CD-ROM with some measures that are freely available.

These 2 volumes clearly demonstrate the vastness of psychosocial measures and the difficulty navigating this area. Those individuals and agencies interested in this area should aim to have both volumes and still will not have covered everything available. Many years ago the National Institute of Mental Health published an assessment manual for psychopharmacology, which at the time was considered the definite volume on this topic. Maybe it is time for the National Institutes of Health or Institute of Medicine to address the various measures in the mental health field on a much larger scale and develop a depository of scales available to interested clinicians and researchers.

But what about the Compendium of Psychosocial Measures? It is a useful and valuable volume that many agencies and some clinicians will appreciate, despite the flaws I mentioned.

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REFERENCES
Because the efficacy and tolerability of treatments for mental disorders, especially the pharmacological ones, have been questioned lately, we have been searching for other treatment approaches. In view of this quest, psychological treatments have become more carefully studied. Cognitive-behavioral therapy (CBT) has come out as a clear winner among psychotherapies, with proven efficacy and treatment approaches for a wide range of mental disorders. CBT has been touted as more efficacious and cost effective than medications and other treatments. This led to significant changes in health care policies in some countries, such as the United Kingdom, where the government is spending a lot of money to provide psychological treatment methods, namely CBT, by adding 8,000 new therapists (p x). Nevertheless, CBT still is not widespread in many parts of the world, including the United States, and there are not many CBT therapists with at least rudimental training available. Many CBT manuals have been published, but because there is no single type of CBT (p ix), these books usually focus on 1 mental disorder or group of disorders or pathological conditions. Manuals reviewing in a simple short text all CBT types available for various mental disorders are not published frequently. Therefore, 2 well-known CBT therapists and theorists, Drs. Hoffmann and Reinecke, put together a team of CBT experts to summarize the present state of knowledge of CBT for a spectrum of mental disorders.

This slim guide consists of a Foreword, Introduction, and 12 chapters that cover CBT for depression; bipolar disorder; generalized anxiety disorder; social anxiety disorder; panic disorder and agoraphobia; obsessive-compulsive disorder (OCD); posttraumatic stress disorder; eating disorders; schizophrenia and psychotic disorders; body dysmorphic disorder; and mindfulness in CBT. The Introduction covers the basics of CBT, emphasizing that CBT is “not a single treatment protocol, and it is inappropriate to talk about the cognitive therapy or the cognitive model” (p xiii). According to the editors, it is important to realize that CBT techniques do not ask patients to think positively, but rather, more adaptively (p x). “Patients are not considered to be helpless and passive, but rather, experts about their own problems” (p xi). “Cognitive-behavioral therapy is a problem-solving process” (p xi) that “includes clarifying the status of the presenting problem, defining the desired goal, and finding the means to reach that goal” (p xi). These are important principles framing the rest of the book. The Introduction also points out the vast body of literature on efficacy of CBT in various disorders and conditions. The 11 chapters reviewing CBT for various disorders are standard summaries of those topics, heavily emphasizing the efficacy and all positive aspects of CBT. All chapters are well-written, but unfortunately a bit uneven.

It is clear that in mild depression, generalized anxiety disorder, panic disorder with agoraphobia, social anxiety disorder, simple phobia, and OCD one would chose CBT for that particular disorder as the initial treatment modality. It seems that in other disorders (eg, bipolar disorder, schizophrenia, eating disorders) CBT could be a part of comprehensive management. Exposure-based CBT seems to be useful in posttraumatic stress disorder.
At times, I found it incomprehensible why some chapters also review other psychosocial treatments in addition to CBT and do not mention pharmacotherapy (for example the chapter on generalized anxiety disorder in contrast to the chapter on bipolar disorder). At times, one may feel that the evidence is not completely there, such as in cases of bipolar disorder, eating disorders, or schizophrenia. This is particularly important to realize in schizophrenia because CBT for this disorder, according to this book, focuses mostly on the development, formation, and maintenance of positive symptoms, but does not address (at least in this volume) negative symptoms. Nevertheless, the book is full of interesting information and advice. It provides the basics, general approach, and at times, case-based guidance. The chapters include recommended reading and online resources. Novices to CBT will find this book to be useful, practical reading, but would not be able to start using CBT based on this text alone because they would need more specific advice and training. Therefore, the book is a useful hodgepodge, but its usefulness is limited.

My main concern with this otherwise interesting volume is that it is a book by psychologists for psychologists, although psychiatrists and others may find it useful. This is not a criticism—there are books for psychiatrists written by psychiatrists—but rather a statement of the sad state of affairs. At one point, the authors of the chapter on depression state that, “Cognitive-behavioral therapy has demonstrated efficacy in a number of randomized controlled trials (RCTs) and is listed among the empirically supported therapies for depression. Considering RCTs the gold standard of empirical support has been met with criticism. Some researchers contend that this research does not address the complexity of clinical care…. One common argument, for instance, is that the clinical reality is one of comorbidity, whereas patients with comorbid conditions often are excluded from clinical trials. Another frequent criticism levied against this research is that the patients in clinical trials are often less severe than are those commonly seen in practice” (p 12). All are true. However, that applies to all treatment modalities equally. What also applies to all treatment modalities equally is that in the modern era of managing mental disorders, 1 modality rarely should be used alone. In most cases, at least in my clinical practice, various treatment modalities (eg, pharmacotherapy and psychotherapies) are used in combination (either by 1 person or by a psychiatrist and a therapist). Therefore, I would be interested in seeing a good guiding text on combining CBT with medications and other modalities to be able to help our patients in the best, most comprehensive way.

My vision/opinion, however, should not stop anybody interested in CBT from buying this volume.

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BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.


