Life-Changing Interventions for the New AD/HD: Beyond the DSM-5

Extra Information Slides D

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AD/HD & Dysthymia
Dysthymia and AD/HD

- Wender, Reimherr and Wood indicated that almost 70% of AD/HD adults have Dysthymia.
- Murphy indicated about 35% of AD/HD adults meet criteria for Dysthymia of Major Depressive Disorder during their lifetimes.


Dysthymia and AD/HD

Hynd indicated 17% of those with Inattentive AD/HD have Dysthymia.

Dysthymia and AD/HD

“It therefore seems to be dysthymia or depressive personality disorder that is most convincingly elevated in ADHD cases beyond the risk seen in Clinic control groups” (p. 241)

Major Depressive Disorder and AD/HD

Spencer et. al. reported, “The rate of major depressive disorder among the adults with ADHD was similar to the rate in children...” (p. 97).

With Major Depressive Disorder

1. Adult ADHD group 31%
2. Child ADHD group 29%
3. Adult Control group 5%

Major Depressive Disorder & ADHD
Major Depression and AD/HD

Barkley reported 25% of those with AD/HD met criteria for Major Depression and most had a childhood history of Conduct Disorder. He speculated there may be a genetic link between AD/HD and major depression.

Major Depressive Disorder

“The Milwaukee Study did not find an elevated risk for MDD (Major Depressive Disorder) in those with persistent ADHD into adulthood but did find an elevated risk for mood disorders more generally and depressive personality disorder, both of which suggest some link between ADHD and some level of depressive symptoms, even if not with full syndromal MDD” (p. 241)

Major Depression and AD/HD

Hynd indicated 4% of those with Inattentive AD/HD will meet criteria for Major Depression.

Major Depression and AD/HD

- Only the AD/HD children with Major Depression have problems with Low Self-Esteem
- Most AD/HD Children have inflated Self-Esteem.
- Adults with AD/HD may become demoralized.

Barkley, R.A. (2002) Mental and Medical Outcomes of AD/HD. Pre-Conference Institute, # TPA1, Thursday October 17, 2002, 14th Annual CHADD International Conference, Miami Beach, FL.
Suicide and AD/HD

- 10% will have attempted in the last 3 years
- 5% will die from attempts (Barkley, 1998)
- There is even a higher rate with those with comorbid Antisocial Personality Disorder (Weiss and Hechtman, 1986).


Suicide in Adolescent Females With AD/HD

• Adolescent girls with AD/HD, Combined Type and Those with AD/HD, Inattentive Type have much higher rates of self-injurious behavior and suicide attempts than non-AD/HD girls.

• The girls with the most impairment due to AD/HD had the most self-injurious behavior and suicide attempts. The girls with AD/HD were more globally impaired that the non-AD/HD girls.

Girls, AD/HD and Suicide

A recent 10 year longitudinal study of girls with inattentive AD/HD and Combined Type AD/HD indicated those with Combined Type AD/HD had significantly more suicide attempts and self-injurious behavior than inattentives. Both groups were significantly more impaired globally than controls.

“Both ADHD diagnosis and more ADHD symptoms were associated with more anxiety and depressive symptoms cross-sectionally as well as longitudinally. The longitudinal analyses showed that respondents with higher scores of ADHD symptoms reported an increase of depressive symptoms over six years whereas respondents with fewer ADHD symptoms remained stable...”
“...It appears that the association between ADHD and anxiety/depression remains in place with aging. This suggests that, in clinical practice, directing attention to both in concert may be fruitful.”
Reference

Bipolar Disorder and AD/HD

Wilens, Spencer and Prince stated 10% of AD/HD adults will have comorbid Bipolar Disorder.

Bipolar Disorder and AD/HD

- No resolution on this issue. No Bipolar in longitudinal studies. Only clinic referred.
- 95% of children with Bipolar Disorder are AD/HD
- But, not the other way around.

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Bipolar Disorder & AD/HD

“In ADHD + patients, BD is associated with higher rate of mixed states, more severe psychopathology and more impaired familial functioning as well as higher rates of comorbid substance, alcohol and poly-drug abuse compared to BD patients without adult ADHD. Our findings suggest that ADHD symptoms in adults may influence clinical presentation, course and prognosis of BD. Further prospective research is needed to confirm our findings and to explore treatment implications for the management of BD.”
AD/HD and Bipolar Disorder

- The rate of Bipolar Disorder in general population adults is about 1%
- If one includes subsyndromal Bipolar Disorder in the general population the rate is 6%
- Rates of Bipolar in AD/HD adults have ranged from 3 to 17 percent
- Rates of Bipolar in AD/HD children have ranged from 2.4 to 21%

AD/HD & Bipolar Disorder

“In any case, the overlap of ADHD with bipolar disorder appears to be unidirectional – a diagnosis of ADHD seems not to increase the risk for bipolar disorder, whereas a diagnosis of childhood bipolar disorder seems to dramatically elevate the risk of a prior or concurrent diagnosis of ADHD”.

AD/HD, Seasonal Affective Disorder, Solar Intensity, Etc.
Seasonal Pattern Specifier for Mood Disorder (Seasonal Affective Disorder)

Rosenthal wrote, “I have heard anecdotal reports of seasonal variations in ADHD, but there are no formal studies on these topics.”

Solar Intensity & AD/HD

“In this study we found a lower prevalence of ADHD in areas with high SI for both U.S. and non-U.S. data. This association has not been reported before in the literature. The preventative effect of high SI might be related to an improvement of circadian clock disturbances, which have recently been associated with ADHD. These findings likely apply to a substantial subgroup of ADHD patients and have major implications in our understanding of the etiology and possibly prevention of ADHD by medical professionals, schools, parents, and manufacturers of mobile devices.”
“Cortisol rhythms were significantly phase delayed in the ADHD group. These findings indicate that adult ADHD is accompanied by significant changes in the circadian system, which in turn may lead to decreased sleep duration and quality in the condition. Further, modulation of circadian rhythms may represent a novel therapeutic avenue in the management of ADHD” (p. 988).

Anxiety Disorders and AD/HD

Brown wrote that those with ADHD have a 47.1 percent chance of having an anxiety disorder during their lifetimes. This is 3 times more than the general population.

AD/HD & Anxiety
Generalized Anxiety Disorder

Roffman wrote, “Adults with LD/ADHD often experience pressure as they work to cope with their symptoms. Anxiety develops out of such day-to-day occurrences as the loss of yet another set of keys...” (p. 49).

Brown indicated anxiety is a common symptom experienced by adults with Inattentive AD/HD.


Generalized Anxiety Disorder and AD/HD

Barkley reported 24% to 43% of AD/HD adults have “GAD”.

Barkley reported 50% of AD/HD adults will have trouble with GAD in their lifetimes.


Social Phobia and AD/HD

- Murphy stated AD/HD adults are at risk for Social Phobia.
- Tzelepis, Schubiner, and Warbasse reported 12% of AD/HD adults meet criteria for Social Phobia.


Avoidant Disorder

Hynd indicated 4% of those with Inattentive AD/HD will meet criteria for Avoidant Disorder.

Posttraumatic Stress Disorder and AD/HD

- Significant symptom overlap
- Assess for trauma in AD/HD clients
- Repeated classroom traumas may be most significant
- When did symptoms emerge?

“...we found significantly higher risk for specific phobias and post traumatic stress disorder (PTSD). But the H+ADHD (AD/HD, Hyperactive/Impulsive Presentation, sic.) and H-ADHD (ADHD, Combined and Inattentive Presentation, sic.) differed only in their rates of GAD (Generalized Anxiety Disorder, sic.) and PTSD...”
Thus growing up as a hyperactive (ADHD) child conveys a greater risk for specific phobias by adulthood, but persistent ADHD into adulthood further elevates the risk for GAD and PTSD beyond that conveyed by childhood hyperactivity status alone” (p. 221).

The DSM-5 indicates OCD may be comorbid with AD/HD.

Obsessive Compulsive Disorder and AD/HD

Brown wrote, “Thus far, there have been no published reports of the incidence of OCD in adults with ADDs or of ADDs in adults with OCD, But Weiss et.al.... Have provided case descriptions of this overlap” (p. 216).

Brown wrote the overlap of OCD and AD/HD in children is as high as 33%.

OCD and AD/HD

- Barkley indicated 4% to 14% of AD/HD adults have OCD.
- Barkley cited research indicating, “OCD was more common (12%) only among those adults with a comorbid tic disorder whereas the figure for those ADHD adults without tics was approximately 2%” (p. 214)

OCD and AD/HD

➢ Barkley concluded, “...OCD does not appear to be significantly associated with ADHD” (p. 214).

➢ Wodrich and Thull reported approximately 20% of those with OCD will develop Tics.


OCD and AD/HD

- AD/HD and OCD can be comorbid states.
- AD/HD typically manifests first.
- The comorbidity may lower functioning.
- Both disorders need to be treated and the AD/HD may make the behavioral treatments for OCD not as effective.

OCD: Important Points

- Christensen stated 66% of those with OCD hide it, 44% hid it over 10 years and it take 17 years from onset of OCD to receive proper treatment.

- Biederman, et. al. speculated AD/HD with comorbid anxiety may be an AD/HD subtype.


AD/HD & Other Issues
Road Rage and AD/HD

- AD/HD and ODD in adulthood may put a person at risk for problems with road rage.

Barkley, R.A. (2002) Mental and Medical Outcomes of AD/HD. Pre-Conference Institute, # TPA1, Thursday October 17, 2002, 14th Annual CHADD International Conference, Miami Beach, FL.
AD/HD and Sexual Activity

- Have sexual intercourse earlier
- Change partners more often
- Less contraception
- 40% teen pregnancy rate (males and females)
- More STDs.

AD/HD, OCD & Tourette’s Disorder

“In contrast, individuals with obsessive-compulsive disorder (OCD) or TD (Tourette’s disorder, sic.) have a marked elevation in risk for ADHD, averaging 48% or more... Complicating matters is the fact that the onset of ADHD often seems to precede that of TD in cases of comorbidity.”

AD/HD & Personality Disorders
Obsessive-Compulsive Personality Disorder and AD/HD

Tzelepis, Schubiner and Warbasse noted a significant percentage of AD/HD adults who met criteria for Obsessive-Compulsive Personality Disorder. In most cases they considered it “compensatory compulsivity”.

Brown indicated that 24.4% of those with AD/HD have at any one time a DSM-IV Cluster B disorder (Borderline, Antisocial, Histrionic and/or Narcissistic Disorder) compared to 9.3% of the general population.

Brown (2013) indicated 24.4% of those with AD/HD have comorbid DSM-IV Cluster C Personality Disorders (avoidant, dependant and/or obsessive compulsive disorders) compared to 9.5% of controls.

Brown (2013) continued, there was no difference between controls and those with AD/HD in Cluster A Personality Disorders (paranoid, schizoid and/or schizotypal).

Personality Disorders and AD/HD

- 11-22% of AD/HD have Antisocial Personality Disorder
- 11% Histrionic Personality Disorder
- 19% Passive Aggressive Personality Disorder
- 14% Borderline Personality Disorder

Borderline Personality Disorder and AD/HD

- Kreisman and Strauss wrote those with LD and/or AD/HD may be more at risk for Borderline Personality Disorder than the general population.
- Some with BPD have EEGs that indicate temporal lobe activity.

Borderline Personality Disorder and AD/HD

- Conners and Jett said the overlap of the two is especially high in males.
- Goldstein speculated AD/HD adults are at higher risk than “normals” for BPD, but BPD is not necessarily caused by AD/HD.
- Barkley stated BPD inpatients have a high rate of AD/HD.


BPD and AD/HD

Tzelipis, et. al. said a subset of those with AD/HD develop BPD. These people have early onset of emotional problems and functional difficulties, including academic problems, hyperactivity, aggressive antisocial behavior as well as substance abuse.

"There is a relationship between symptoms of childhood ADHD, BPD and depression in students. It is recommended to pay due attention to the comorbidity disorders such as BPD and depression in the treatment of ADHD disorder" (p. 68).

Antisocial Personality Disorder and AD/HD

- Hechtman wrote AD/HD adults who had comorbid ODD and CD prior to their majority will have significant APD and psychiatric problems in Adulthood.
- Conners and Jett said those with AD/HD are 10 times as likely to have APD than non-AD/HDs.
- Tzelepis, et. al. wrote 60% of AD/HD adults also have APD.


Barkley stated 40% to 60% of those in prison have AD/HD. AD/HD is not the cause of the sociopathy; its only one factor.

“Among patients with ADHD, rates of criminality were lower during periods when they were receiving ADHD medication. These findings raise the possibility that the use of medication reduces the risk of criminality among patients with ADHD” (p. 2006).

ADHD and Criminality

“The ADHD group showed higher proportions of physical aggression, substance use, previous problems including aggression, sexual offences and property offences, birth problems and abuse in childhood. Effect sizes were small...Attention deficit hyperactivity disorder with conduct disorder is associated with a greater degree and history of problematic behaviour in offenders with intellectual disability” (p. 71).
Reference