



play true

On diagnosis and treatment of ADHD in adults

WADA TUE symposium

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Declaration of interest

None





Prevalence of ADHD in children, adults and older people

Children

- USA 3 - 7%

Adults

- USA 4 - 5%
- 10 countries (mean) 3.4%

Older people 3%

CLINICAL PICTURE OF ADHD

Lifetime symptoms of Attention-Deficit/Hyperactivity Disorder:

Inattention: distracted, chaotic, forgetful, late, difficulty making decisions, organising and planning, no sense of time, procrastination

Hyperactive: (inner) restlessness, tense, talkative, busy; coping by: excessive sporting/alcohol abuse/avoiding meetings

Impulsive: acting before thinking, impatient, difficulty awaiting turn, jobhopping, binge eating, sensation seeking

In addition in 90% of adults, lifetime:

Moodswings (5x/day) and Anger outbursts



IMPAIRMENT IN ADULT ADHD

In clinical as well as epidemiological samples compared to controls:

- Learning problems (60%)
- Less graduated
- Lower education
- Lower income
- Less employed, more sickness leave
- More job changes (longest job 5 yrs)
- More often arrested, divorced and more social problems
- More driving accidents, teenage pregnancies, suicide attempts
- Higher (mental) health care costs



OUTLINE DIAGNOSTIC ASSESSMENT

- Early onset in life
- Chronic persistent course
- Chronic impairment or compensation/coping causing secondary impairment

Mainstay of ADHD diagnosis is:

CHRONICITY



DIVA 2.0

Diagnostic
Interview for
Adult ADHD

Available for free in 17
languages at:
www.divacenter.eu

Also: DIVA 2.0 App



ENGLISH

DIVA 2.0

Diagnostic Interview for ADHD
in adults (DIVA)

Diagnostisch Interview Voor ADHD bij volwassenen

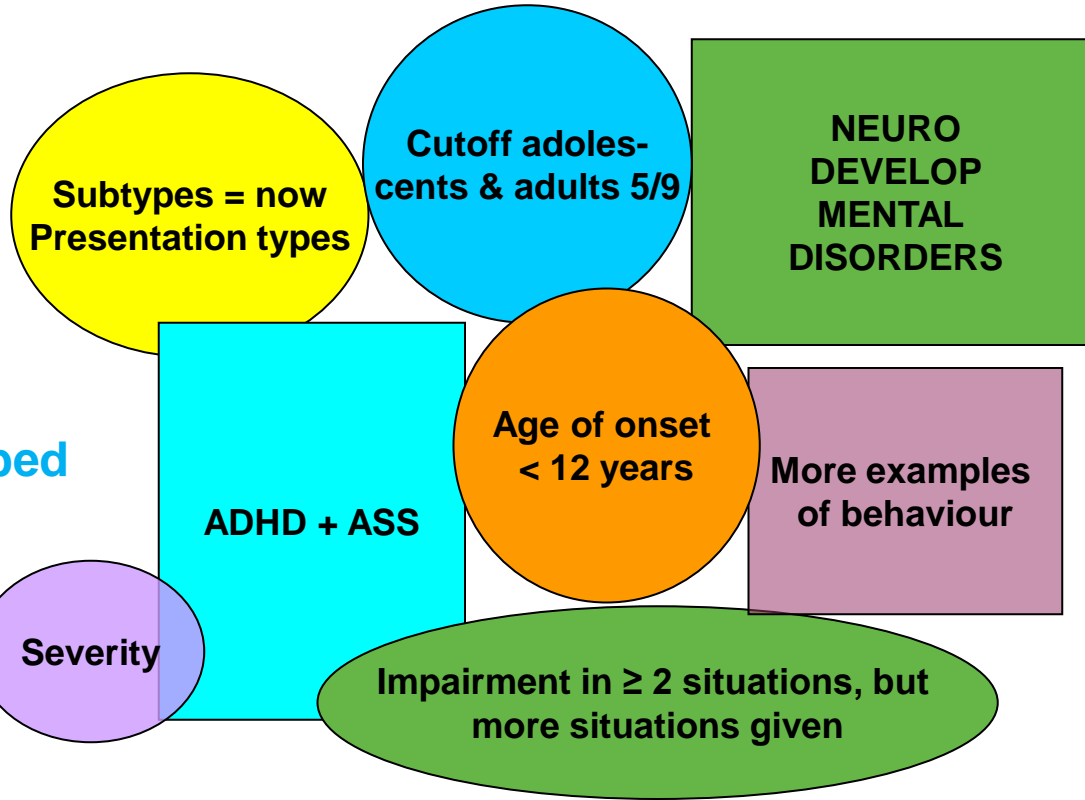
DIVA
Foundation

*diagnostic interview
for ADHD
in adults*

J.J.S. Kooij, MD, PhD & M.H. Francken, MSc
2010, DIVA Foundation, The Netherlands



DSM-5 CHANGES IN ADHD



DIVA-5
will be developed
this year

ADHD IS A CLINICAL DIAGNOSIS

3 hour interview patient and partner: lifetime symptoms and impairment of ADHD & comorbid disorders

School reports if available about childhood behaviour

If possible, parents/sibs about childhood onset

Patient is best informant, though tends to underreport severity

No diagnostic neuropsychological or brainscan test

DIVA 2.0 will be validated in Spanish soon



TREATMENT OF ADHD IN ADULTS

1. **Psycho- education**
2. **Medication for ADHD (and comorbid disorders)**
 1. **Stimulants:** - Methylphenidate (short and longacting)
- Dex-amphetamine (short and longacting)
 2. **Atomoxetine**
 3. **Bupropion XL**
 4. **Modiodal**
 5. **Tricyclic antidepressants**
3. **Coaching / Cognitive Behaviour Therapy**



RESPONSE ON STIMULANTS IS LIKE:

- 'holiday in my head'
- able to rest and relax
- able to inhibit impulses
- having overview
- able to concentrate longer than 3 minutes
- able to read and remember what was read
- less conflicts
- less aggression
- able to relativate
- less sensation seeking behaviour
-



NORMALISING EFFECTS OF STIMULANTS IN THE BRAIN

Review of structural and functional MRI studies on effects of methylphenidate in children with ADHD:

- **Structural MRI studies provide evidence that long-term stimulant treatment may normalize structural brain changes found in the white matter, the anterior cingulate cortex, the thalamus, and the cerebellum in ADHD.**
- **Methylphenidate treatment may normalize the trajectory of cortical development in ADHD.**
- **Functional MRI suggests that methylphenidate may normalize brain activation patterns as well as functional connectivity in children with ADHD during cognitive control, attention, and during rest.**

SIDE EFFECTS STIMULANTS & CVS RISK

- **Less appetite**
- **Increased heart rate**
- **Dry mouth**
- **Increase/decrease bloodpressure**
- **Rebound symptoms after wearing off: best advice longacting medication**
- **Sleep problems**

Hailpern 2014; Dalsgaard 2014;
Mick 2013; Martinez-Raga 2013;
Habel 2011; Westover 2012

Danish population study (n=714,258) children & adolescents: rarely cardiovascular events, but twice as likely in stimulant users as in non-users.

In 443,198 adult users and nonusers of stimulants, no increased CVS risk after 1.3 yrs
C/ Mixed outcomes in large cohorts of children and adults. In adults, increased heart rate, no long term follow up studies on CVS risk



European consensus statement on diagnosis and treatment of adult ADHD: The European Network Adult ADHD

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Abstract

Background: Attention deficit hyperactivity disorder (ADHD) is among the most common psychiatric disorders of childhood that persists into adulthood in the majority of cases. The evidence on persistence poses several difficulties for adult psychiatry considering the lack of expertise for diagnostic assessment, limited treatment options and patient facilities across Europe.

Methods: The European Network Adult ADHD, founded in 2003, aims to increase awareness of this disorder and improve knowledge and patient care for adults with ADHD across Europe. This Consensus Statement is one of the actions taken by the European Network Adult ADHD in order to support the clinician with research evidence and clinical experience from 18 European countries in which ADHD in adults is recognised and treated.

Results: Besides information on the genetics and neurobiology of ADHD, three major questions are addressed in this statement: (1) What is the clinical picture of ADHD in adults? (2) How can ADHD in adults be properly diagnosed? (3) How should ADHD in adults be effectively treated?

Conclusions: ADHD often presents as an impairing lifelong condition in adults, yet it is currently underdiagnosed and treated in many European countries, leading to ineffective treatment and higher costs of illness. Expertise in diagnostic assessment and treatment of ADHD in adults must increase in psychiatry. Instruments for screening and diagnosis of ADHD in adults are available and appropriate treatments exist, although more research is needed in this age group.

ADULT ADHD DIAGNOSTIC ASSESSMENT AND TREATMENT

Including DIVA 2.0

JJS Kooij, 3rd edition
2012

www.springer.com
Search for 'Adult ADHD'

