ADHD in Adults—Differential and Coexisting Diagnosis
A Guide for Primary Care Providers

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Learning Objectives

• After completing this module, participants will be able to:
  – discuss the prevalence of co-existing psychiatric disorders in adults with ADHD
  – discuss procedures to identify co-existing psychiatric disorders in adults with complex ADHD
  – discuss implications for treatment planning for patients with complex ADHD
Community Sample Prevalence of DSM-IV Disorders in Adults with and without ADHD

If ADHD is present, what is the lifetime incidence of coexisting disorders in clinic samples?

- Substance Use/Abuse: 50%
- Anxiety Disorder: 40%
- Major Depression: 35%
- Learning Disability: 20%
- Bipolar I Disorder: 13%

In a national community survey, 50-70% with ADHD had one or more other psychiatric diagnoses. Most adults with ADHD will have other co-existing psychiatric conditions.

2. Nierenberg A et al, Biological Psychiatry, 57:1467, 2005
If other common psychiatric disorders are present, what is the likelihood of coexisting ADHD?

<table>
<thead>
<tr>
<th>PSYCHIATRIC DX</th>
<th>ADHD PREVALENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depression(^1)</td>
<td>20%</td>
</tr>
<tr>
<td>Generalized Anxiety(^2)</td>
<td>20%</td>
</tr>
<tr>
<td>Substance Use/Abuse(^3)</td>
<td>25%</td>
</tr>
</tbody>
</table>

Comorbid rates are higher in clinical rather than community samples because people often present with other problems.

Some Factors That May Obscure Recognition of ADHD in Adults

1. Acute situational stress (marital, social, job, financial, educational, etc.)
2. Substance use/abuse, dependence
3. Excessive use of caffeine and energy drinks
4. Nicotine dependence
5. Binge eating, obesity, bulimia
6. Distress from chronic anxiety, depression or other psychiatric conditions

Why should primary care providers recognize other disorders coexisting with ADHD?1,2,3

- Your relationship and access may be the patient’s best option for care
- Impairment risks are more severe
- Medication tolerability, safety, and response varies
- Treatment may need additional modalities (i.e., counseling, coaching, accommodations, etc.)

## ADHD Comorbidities and Presenting Symptoms

<table>
<thead>
<tr>
<th>Psychiatric Disorder</th>
<th>Shared Features</th>
<th>Differential Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major depressive disorder</td>
<td>Poor concentration, attention, and memory, difficulty with task completion</td>
<td>Episodic dysphoric mood or anhedonia, sleep/appetite disturbance, low energy, withdrawn</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>Hyperactivity, difficulty with attention and focus, mood swings</td>
<td>Episodic dysphoric or euphoric mood, less need for sleep, agitation, faster mentation rate, delusions</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>Fidgetiness, difficulty concentrating</td>
<td>Exaggerated apprehension and worry, somatic symptoms of anxiety</td>
</tr>
<tr>
<td>Substance abuse or dependence</td>
<td>Difficulties with attention, concentration, and memory, mood swings</td>
<td>Pathologic pattern of substance use with social consequences; physiologic and psychologic tolerance withdrawal</td>
</tr>
<tr>
<td>Personality disorders, particularly borderline and antisocial personality disorder</td>
<td>Impulsivity; affective lability</td>
<td>Arrest history (anti-social personality), repeated self-injurious or suicidal behavior (borderline personality); chronic relationship disruptions</td>
</tr>
<tr>
<td>Mild Asperger’s disorder</td>
<td>Talkativeness, interrupting, inattentiveness</td>
<td>Social awkwardness, difficulty reading social clues, concrete thinking and perseverative task approach</td>
</tr>
</tbody>
</table>

Scales to Screen for Psychiatric Comorbidities

- Hamilton Anxiety Scale
- Hamilton Depression Scale
- Mood Disorder Questionnaire
- CAGE-Adapted to Include Drugs

Available at www.naceonline.com or in NACE Adult ADHD Toolkit
Medical Differential Diagnosis

- Hypo or hyperthyroid: check other signs
- Hearing impairment: assess onset, test
- Perimenopausal cognitive deficits: clarify onset, occurrence times, mental status tests
- CNS trauma sequelae
- Secondary to cognitive and fatigue impairments of chronic medical illness
Medical Differential Diagnosis (cont) ¹

• Medication side effects:
  – cognitive blunting from SSRIs, anticonvulsants, neuroleptics
  – discomfort from OTC stimulants, appetite suppressants, herbals

• Controversial, unproven:
  – Low serum ferritin
  – subclinical heavy metal toxicity
  – food allergies

Assessing Sleep Problems with ADHD

Sleep Disorder signs:
1. Bedtime settling problems
2. Excessive daytime sleepiness
3. Awakening mid sleep
4. Restlessness during sleep
5. Snoring

Sleep Symptom + ADHD Differential:
- ADHD alone,
- Comorbidity,
- Medicine/ETOH effect,
- Poor sleep schedule,
- Primary Sleep Disorder, ie. Sleep Apnea, Restless Legs Syndrome.

Implications for Treatment Planning for Adults with ADHD and Coexisting Conditions

- **Safety of medicine choice**
  - Comorbidity exacerbation, i.e. anxiety, sleep disorder with stimulants; bipolar with stimulants and atomoxetine; abuse/misuse of stimulants

- **Effectiveness of medicine choice**
  - Dual dx action, duration, tolerability, adherence

- **Need for other treatment modalities**
  - Combined medicines, psychosocial interventions (i.e., counseling, job or school accommodations, coaching, cognitive behavior therapy, etc)
Suggested Structure for Patient Visits for Diagnosis, Initial Treatment, and Follow-up Care

Consider 2-3 separate visits—~20 minutes each:

Visit # 1
- take initial history, physical exam, distribute rating scales, order lab tests

Visit # 2
- review screens, scales, and tests; further clarify history and mental status
- discuss treatment plan, medication, provide patient education materials, referrals, other resources

Visit # 3 and after
- follow up, evaluate safety and efficacy of medication, and adjust medication as needed for optimal result
Summary

• More than half of adult patients with ADHD will have some co-existing psychiatric disorder
• Screen for other psychiatric/medical disorders for ADHD co-existing or differential diagnosis
• Consider multi-modal treatment options (i.e., medication, psychoeducational interventions, counseling therapies, referral, etc) for patients with complex ADHD
• Be prepared to conduct maintenance treatment, support for adherence, and periodic re-evaluation
Thank You