

AD/HD and Adults

In the 1970's, experts began using the term "Attention Deficit Disorder" to describe the condition. While the condition is most often associated with children, there has been a more recent understanding the Attention Deficit Disorders (ADD, ADHD) continue into adulthood for many individuals. Symptoms such as inattention, impulsivity and over activity are now known to continue into adulthood for a significant percentage of children with ADD. Unfortunately, relatively few adults are diagnosed or treated for ADD.

What Causes ADD?

The exact cause or causes of ADD are not conclusively known. Scientific evidence suggests that in many cases the disorder is genetically transmitted and is caused by an imbalance or deficiency in certain chemicals that regulate the efficiency with which the brain controls behavior. A 1990 study at the National Institute of Mental Health correlated ADD with a series of metabolic abnormalities in the brain, providing further evidence that ADD is a neurobiological disorder.

While heredity is often indicated, problems in prenatal development, birth complications, or later neurological damage can contribute to ADD. There is little scientific evidence to suggest that environmental factors, dietary factors such as food dyes or sugar, inner-ear problems or "visual motor" difficulties are the underlying cause of ADD.

The Prevalence Of ADD In Adults

The prevalence of ADD in adults is unknown; very few have been studied. In the few treatment studies of adults, there does not appear to be a significant sex difference. About two-thirds of the children who are diagnosed in or before elementary school with ADD continue to have behavioral symptoms in adolescence. During this time period, associated behavioral, learning, and emotional problems also manifest themselves. Approximately one-third to one-half of these adolescents continue to have symptoms of ADD during their adult years.

The Diagnosis Of ADD In Adults

A multifaceted evaluation of an individual is important in the diagnosis of ADD. Diagnostic assessment of adults should be made by a clinician or a team of clinicians with expertise in the area of attentional dysfunction and related conditions.

The assessment is designed to look for the presence of lifelong patterns of behavior that indicate underlying attention and impulse problems. An evaluation should make use of information from a variety of sources. These may include:

- A thorough medical and family history.
- A physical examination.
- Interviews or rating scales completed by others who can comment on the person's behavior, such as a parent, friend or spouse.
- Observation of the individual.
- Psychological tests which measure cognitive abilities, social and emotional adjustment, as well as screen for learning disabilities.

- Various symptoms of ADD may reflect developmental differences in some individuals while in others, they may indicate that other conditions co-exist with ADD, including specific learning disabilities, anxiety disorders, affective disorders, Tourette's syndrome, borderline personality disorders, and obsessive compulsive disorder.

ADD With Hyperactivity

ADD with hyperactivity is characterized by symptoms of inattention, impulsivity and hyperactivity which have an onset before age seven, which persist for at least six months, and which are not due primarily to other psychiatric disorders or environmental circumstance, such as reaction to family stresses.

ADD Without Hyperactivity

The primary characteristic of ADD without hyperactivity is significant inattentiveness. Studies of children with this diagnosis indicate that they show more signs of anxiety and learning problems, and qualitatively different inattention. Although there have been no adult follow-up studies, it is projected that children who have ADD without hyperactivity may have different outcomes than the hyperactive group, who show more externalizing behavior problems associated with oppositional and conduct disorders.

Characteristics Of Adults With ADD

Adults who are living with the condition, and especially those who are undiagnosed and untreated, may be experiencing a number of problems, some of which stem directly from the disorder and others that are the result of associated adjustment patterns.

Current symptoms of an adult with ADD may include:

- Distractibility
- Disorganization
- Forgetfulness
- Procrastination
- Chronic lateness
- Chronic boredom
- Anxiety
- Depression
- Low self-esteem
- Mood swing
- Employment problems
- Restlessness
- Substance abuse or addictions
- Relationship problems

The symptoms of ADD can be variable and situational, or constant. Some people with ADD can concentrate if they are interested or excited, while others have difficulty concentrating under any circumstances. Some avidly seek stimulation, while others avoid it. Some become oppositional, ill-behaved and, later, antisocial; others may become ardent people-pleasers. Some are outgoing, and other, withdrawn.

Why Identify ADD In Adults?

Identification of adults who have ADD and appropriate management of their educational, personal, and social development improves their chances for a successful outcome. Effective intervention can improve self-esteem, work performance and skills, and educational achievement.

A proper diagnosis of ADD can help an adult put his or her difficulties into perspective. These individuals have often developed low self-esteem and negative perceptions of themselves as a result of cumulative academic, social, and vocational failures. Many have been labeled as “having a bad attitude,” “a slow learner,” “lacking motivation”, “immature,” “lazy,” “spacey,” or “self-centered.” Rather than viewing their difficulties as the result of an inherited or acquired neurobiological disorder, many have come to accept the unsubstantiated belief that they themselves are to blame for their problems.

After Diagnosis

The methods of treatment supported by professionals may include a combination of education for the adult and his or her family and close friends, educational/employment accommodations, medication, and counseling. Appropriate treatment is determined according to the severity of an individual’s disorder and the type and number of associated problems.

Many people have benefited from a treatment plan that includes medication. Used in conjunction with education and counseling, it can provide a base from which adults can build new successes. The purpose of medication is to help the adult to help him or herself. It provides the biological support needed for self-control. As such, the individual is not “controlled” by medication; the efforts to succeed are his or her own.

Some tips that adults with ADD have found useful include:

- **Use internal structure.** This includes using date books, lists, notes to oneself, color coding, routines, reminders and files.
- **Choose “Good Addictions.”** Select exercise or other healthy, favorite activities for a regular structured “blow-out” time.
- **Set up a Rewarding Environment.** Design projects, tasks, etc., to minimize or eliminate frustration. Break large tasks into smaller ones; prioritize.
- **Use Time-outs.** Take time to calm down and regain perspective when upset, overwhelmed or angry. Walk away from a situation if needed.
- **Use Humor.** It’s useful if partners and colleagues are constantly providing an aggressive push to help one stay on track as long as it’s done with humor and sensitivity. Learn to view symptoms of ADD with humor and to joke with close friends and relatives about symptoms such as getting lost, forgetfulness, etc.
- **Become Educated and an Educator.** Read books. Talk to professionals. Talk to other adults who have ADD. Let people who matter know about personal strengths and weaknesses related to ADD. Be an advocate.

Other Resources

Children and Adults with Attention Deficit Disorders (CHADD)

8181 Professional Place

Suite 150

Landover, MD 20785

Phone Number: (301) 306-7070

Toll-Free Number: (800) 233-4050

Fax-Number: (301) 360-7090

Website URL: www.chadd.org

Information Obtained From The C.H.A.D.D Fact Sheet: Attention Deficit Disorders Not Just For Children

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