

# The Mental Health News

Adult AD/HD

by

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*AD/HD is caused by organic factors*

Attention Deficit Hyperactivity Disorder (ADHD) affects 2 to 4 percent of the adults in this country. It is a biologically based disorder which adversely impacts attention, behavior control and activity level. The purpose of this newsletter is to summarize adult AD/HD.

It should be noted that the study of this disorder in adults is in an early phase. The best studies available track these individuals only through the early part of the third decade. Thus, additional developments in the literature may suggest modifications to the current understandings. It also should be noted that the percentages, and conclusions, provided in this article represent an effort to group studies together. Individual studies may provide different estimates and conclusions.

According to a review by Weiss and Hechtman, it appears that these adults fall into one of

three groups. The first group (group A) is comprised of adults who do not appear to suffer any significant symptoms in either personal or vocational pursuits. This group defines about 30% to 40% of these adults. These adults experience mild ADHD symptoms. However, they do not appear to interfere with living in any critical way. Group A individuals typically work or go to school full time. They have long-term satisfying, personal relationships and seem to be relatively free from problems with mood, anxiety and substance abuse; they seem to be fairly contented people.

The second group (group B) is comprised of adults who suffer mild to severe symptoms of ADHD. These symptoms interfere with vocational and personal pursuits. These adults may experience other psychiatric problems as well. This group seems to define about 40% to 50% of ADHD adults. Group B individuals experience important work related problems. They tend to change jobs frequently, often on a sudden



impulse. While they are generally working, their jobs often have little room for advancement and pay poorly. These people also move a lot. These moves may be inspired by disputes with family or friends. Long standing friendships are

*AD/HD affects most into adulthood*

not common, nor are successful romantic relationships. However, a subgroup of these individuals maintain a long-term romantic relationship. A closer look at these relationships suggest that the partner usually helps to minimize the adverse affects of the ADHD symptoms.

Group B individuals may experience bouts of depression. They also may abuse alcohol and drugs, though not to a degree which warrants a sub-

*Individual, family and treatment variables predict outcome.*

stance abuse diagnosis. Generally, these individuals feel poorly about themselves and they are dissatisfied with life.

The third group (group C) are in the minority, comprising about only about 10% of the adults. These individuals develop an Antisocial Personality Disorder (APD) or another serious psychiatric disorder. APD individuals often get into trouble with the law and experience extreme problems in both personal and vocational functioning.

Group C consists of two subgroups. The first subgroup is made up of people who qualify for an ASP disorder diagnosis. The second consists of those who qualify for another serious psychiatric diagnosis. These individuals drift from one job to another. Arrests, jail time or psychiatric hospitalizations are common. They may attempt or complete suicide. They may qualify for a substance abuse diagnosis. They may lack for even casual friendships. When a relationship begins, the other person may be manipulated and used for personal gain, thus, relationships are often short-lived. In general these people live from day to day and experience little hope. There variables that tend to

predict, outcome. (Just because a variable predicts outcome, it does not mean that it caused it.) Variables in the child that appear to predict outcome are IQ, levels of aggression, and levels of antisocial behavior. IQ predicts level of education and non-prescription drug use. The level of aggression predicts emotional adjustment and frustration tolerance, which then predicts levels of police involvement.

Overall family functioning appears to predict outcome as well. The better the family of origin is functioning, the better the outcome may be. This includes mental fitness, the parenting style(s) (the more consistent, firm and respectful the better), the emotional climate and the socioeconomic status. The mental status of family members predicts emotional adjustment and use of non-prescribed drugs. Socioeconomic status predicts level of education and success in work. The presence of antisocial behavior in the history of the parents is predictive of the same kind of behavior in the child. Incidentally, there is no

significant evidence that the number of parents in the home, when controlling for other variables, predicts outcome. There is evidence that children have better outcome in single parent households, that are reasonably well adjusted, than they do in two parent households in which there are high levels of marital turmoil, all other variables being equal.

Studies indicate that children who receive traditional treatment for ADHD fair better than those who do not.

The literature also explores how these adults view their childhood, particularly regarding what helped them and what did not. They believe that stimulant medications were more helpful to them than were other medications available at the time. The adults also indicated that they had many negative thoughts about taking medication as children; it seemed they viewed the medication as a symbol of being defective. They viewed adults who believed in them as being critical to their general sense of well being. Finally, they valued psychotherapy, whether it was

individual or family, and wished that more of it could have been available.