To print: Select File and then Print from your browser's menu

Title: **Is There Life After Depression and Anxiety? Adult ADHD in General Practice: Presented at ACP-ASIM**

"Is There Life After Depression and Anxiety? Adult ADHD in General Practice: Presented at ACP-ASIM"

By Sue Peterman PHILADELPHIA, PA -- April 10, 2006 -- While an estimated 1% to 5% of adults surveyed had attention deficit hyperactivity disorder (ADHD), only half had seen a primary care physician in the previous year, yet the majority are undiagnosed, according to a presentation at the American College of Physicians - American Society of Internal Medicine annual meeting (ACP-ASIM) held here April 6-8. These individuals present with symptoms of inattention, lack of organization, restlessness, executive function deficits, and primarily a disinhibition or inability to self-monitor their behavior, said Mitchell Feldman, MD, professor of medicine, University of California - San Francisco, San Francisco, California. Why are these individuals not diagnosed and treated During his presentation at the American College of Physicians - American Society of Internal Medicine annual meeting (ACP-ASIM) held here April 6-8, Dr. Feldman theorized that these patients often present to the internist with primary complaints of sleep difficulties, depression and anxiety, and these other psychiatric comorbidities might be clouding the picture. "Many adults with ADHD do not connect their symptomatology until a child in the family is diagnosed with ADHD," Dr. Feldman said. Half of those adults presenting with ADHD in internal medicine practice have a substance use disorder. Etiologically, there is an imbalance between norepinephrine and dopamine systems in the prefrontal cortex in these ADHD patients. Twin studies have revealed a high degree of genetic involvement similar to that observed in schizophrenia, and neuroimaging studies have revealed structural and functional abnormalities in the frontostriatial circuit. Diagnosis depends upon patient self-report of symptoms. "What's needed," according to Dr. Feldman, "is a Self-Report Rating Scale for adult ADHD which is as effective a screening tool as the Patient Health Questionnaire (PHQ9) for Depression." According to diagnostic criteria in the Diagnostic and Statistical Manual Revision IV (DSM-IV), the disorder must be present in childhood, and it is therefore difficult for adults to recall accurately, it must be present for at least 6 months, and manifest as impairment in at least 2 domains, typically the occupational and social domains. However, the DSM-IV criteria are relevant primarily in children. How to treat? While there are few randomized controlled clinical trials of adults with ADHD, the internist must rely on data from pediatric studies. Treatment selection should depend on medical, psychiatric and substance use histories, prior response to medication, and differential diagnosis to rule out mood disorders using a self-report checklist such as the Mood Disorder

Questionnaire (MDQ). The primary disorder should be treated first, such as depression, before the ADHD symptoms, Dr. Feldman advised. Low-dose stimulants such as the methylphenidates (Concerta, Ritalin) or dextroamphetamine (Adderall) should be the first line of treatment, he said. The Food and Drug Administration (FDA) is currently considering whether to affix "black box" warning labels on drugs commonly used to treat ADHD, or to caution users in plain language on drug labels of the possible dangers of using these drugs following recent reports that attributed deaths of children and adults between 1999 and 2003 while being treated with these medications. As an adjunct to pharmacotherapy, Dr. Feldman recommends individual psychotherapy to address issues of self-esteem, marital therapy to address relationship issues and self-management to learn time management and organizational skills. [Presentation title: Beyond Depression and Anxiety: Other Common Psychiatric Disorders of Interest to Internists.]

Go back