

# The Medical sessment and reatment of HD in Adults A Current Best Practices Approach

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clinicians are frequently asked to assess individuals for treatment. Presently, the standards of care for most medical conditions are determined by evidence-based criteria and/or by current best practices.

AS THE PERSISTENCE OF AD/HD INTO ADULTHOOD HAS BEEN DEMONSTRATED AND ACCEPTED,

by Michael F. Finkel MD, FAAN

Adult AD/HD presents problems for this approach. Studies<sup>1,2</sup> have assessed the usefulness of the adult AD/HD diagnostic interview and an adult self-report symptom checklist. Others<sup>3</sup> have analyzed the uses and limitations of many scales currently in use.

The data<sup>4</sup> provide evidence that late-onset adult AD/HD is valid, that the DSM-IV requirement that symptoms be present before age seven is too stringent, and that individuals with late-onset AD/HD show patterns of psychiatric comorbidity, functional impairment, and familial transmission similar to those seen in subjects who were diagnosed in childhood.

Some<sup>5</sup> argue that the DSM-IV criteria have not been validated for adults, do not include developmentally appropriate symptoms and thresholds for adults, and fail to identify some significantly impaired adults who are likely to benefit from treat-

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ment. They assert that there are insufficient scientific data to justify use of laboratory assessment measures to diagnose adult AD/HD, including neuropsychological tests and brain imaging. They conclude that adult AD/HD remains a clinical diagnosis, that clinicians should be flexible in application of the current AD/HD criteria to adults, and that additional research is required to validate adult diagnostic criteria.

## Making the diagnosis

Keeping this in mind, the clinician can choose to use the standardized interviews and checklists to make the diagnosis of AD/HD or obtain similar information during the clinical interview. In either case, it is helpful to have corroborating retrospective information, if available, such as old report cards, medical records, and observations from family members. There are various categories of information that are crucial for making the diagnosis that should be covered in the clinical interview. This article will examine these categories, and why they are important.

First, the clinician must establish early in the interview the reasons why the individual is seeking evaluation for AD/HD or thinks that a problem exists now. Are there residual issues from childhood? Is the employer or family urging an evaluation, and, if so, why? Is it curiosity based on media coverage of this condition?

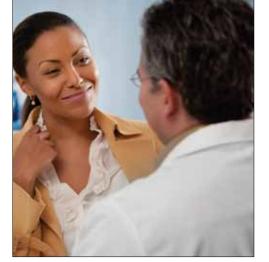
Second, the clinician has to take a history that explores academic, vocational, and social concerns in order to determine if a diagnosis of AD/HD is reasonable for this patient. One can draw on the DSM-IV criteria as well as questions from the various questionnaires and checklists.

Third, the clinician must establish if there are active comorbid psychiatric disorders that may be impacting the individual's performance. One needs to ask questions that can reveal symptoms or a history of af-

fective disorders, tic disorders, anxiety disorders, obsessive compulsive disorders, and the various substance abuses.

Fourth, the clinician must establish if there are active comorbid neurological and medical disorders that may be impacting the individual's performance. These include restless leg syndrome, periodic limb movement disorders of sleep, other sleep disorders, migraine headaches, and epileptic disorders. Other useful information includes active medical disorders and their medications. One needs to ask about histories of high or low blood pressure, heart rhythm abnormalities, prostate problems, erectile dysfunction, severe constipation, and narrow angle glaucoma. Stimulants for AD/HD can affect cardiac rhythm and blood pressure, while non-stimulant medication (e.g., atomoxetine) can affect cardiovascular and urological functions.

Fifth, the clinician needs to determine if there are residual learn-



ing disorders that may be affecting the individual. Many individuals have never fully addressed disorders of spelling, handwriting, and reading, each of which is important to many functions related to employment. Is the individual returning to higher education, where accommodations may be needed? Is the individual in a work situation where reading, spelling, or math disorders can hinder performance and advancement?

Sixth, the clinician needs to explore if problems in relationships are pushing the individual for evaluation. Is the spouse or partner fed up with the effects of residual inattention and/or impulsivity on the relationship and on the family? Is the patient under duress from family, spouse, or employer to "do something"?

Finally, it is important for the clinician to determine which condition is primarily affecting the individual at this time. While persons may report school or prior histories of AD/HD, with or without therapy, they currently may be inattentive due to depression, early onset dementia, or substance abuse.

# **Devising a plan for treatment**

Determining appropriate treatment involves a logical series of deductions.

Does the clinician believe that the individual has a disorder or disorders that can and should be treated? If so, how does the clinician prioritize the sequence of the disorders for effective treatment? Which should be treated now, and which can be deferred?

Does the clinician need other therapists for a team approach? This is helpful where psychiatric, medical, learning, and relationship problems may be of immediate importance.

If medications will be part of the therapy, how can they be used most judiciously? One should seek to minimize the total number of medications prescribed while maximizing the effectiveness of the medications on primary and active comorbid conditions. One may have to use a combination of medications in order to alleviate side effects of therapeutic medications or when the side effects of one medication cannot be tolerated at therapeutic dosages. **②** 

# Tips for Determining Appropriate Treatment

- **1.** Have a reasonable certainty of your diagnoses, then decide if treatment is warranted.
- **2.** Choose medicines carefully, and begin them one at a time. Treat the condition that is most affecting the person first.
- **3.** If you choose to treat AD/HD with medication, select a preparation that will allow you to tailor treatment to the individual's response and needs. The stimulants offer a variety of dosing options that allow treating professionals to choose slow- or fast-release medications that provide short-term symptom relief or coverage lasting for 8 hours to 12 hours, depending on the needs of the individual.
- **4.** Remember that comorbid conditions can affect the choice of the treatment regimen. If one medication can treat two or more conditions, consider trying that one first before resorting to multiple medications.
- **5.** Remember that medications are only part of a successful treatment plan. Work with other clinicians, as needed, based on the medical, psychiatric, educational, vocational, and social needs of the individual.

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