

# Retirement Planning for Adults with AD/HD

**I**T HAS BEEN almost 10 years since *Driven to Distraction* became a national bestseller, introducing the concept of attention-deficit/hyperactivity disorder (AD/HD) in adults to the general public. Now, the leading edge of the baby-boom wave is approaching the age of 60, with retirement just ahead for many and early retirement an option that some have already taken.

Just as kids with AD/HD grew up creating a large demand for information to help them navigate the challenging transition to adulthood, adults whose AD/HD was identified in middle age need guidelines to help them prepare for a different, but equally important life transition—retirement.

When we think about managing AD/HD, it is helpful to think in terms of stress, structure, support and strategies.

As young adults face the challenges of independent living, their stress levels increase, the levels of structure and support provided by parents decrease,

and they need to develop a new set of daily life management strategies to deal with a new set of daily challenges.

Let's consider retirement. With retirement one's stress level decreases, which is positive but only to a point. Everyone with AD/HD has an optimal level of stimulation. When stimulation or stress levels go too high, they tend to "overwhelm," causing high levels of anxiety and increased AD/HD symptoms. However, when stimulation levels fall too low, an individual with AD/HD may fall into depression, lethargy and boredom. Under-stimulation often leads to unhealthy

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**Editor's Note:** Dr. Kathleen Nadeau, a nationally recognized authority on attention-deficit/hyperactivity disorder (AD/HD) who has specialized in the disorder for over 20 years, has been known for bringing attention to neglected AD/HD populations—first adults, later women and girls, and more recently, gifted individuals with AD/HD. In this article, she focuses on yet another important group that has received little or no attention in the AD/HD community—those nearing or in retirement. While there is almost no research or writing that focuses on this population, Dr. Nadeau brings her many years of clinical experience to bear in writing the following article. She is currently working on a book titled, *ADD-friendly Retirement*, due out in 2006.



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**by Kathleen G. Nadeau, Ph.D.**

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daily patterns such as overeating, watching too much television, and increased consumption of alcohol or other substances.

Just like the young adult who is leaving behind the structure and support of home, the older adult is leaving behind the structure and support provided by the workplace. Their daily schedule, the satisfaction of daily productivity and the enjoyment of daily interaction with other adults suddenly disappear.

And just as a young adult is suddenly challenged to develop new coping strategies, so is the older adult who enters retirement.

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Marie was an art teacher whose AD/HD was not diagnosed until she was in her sixties. As a single mother working full-time, she had somehow muddled along. Her work hours were the same as her children's school hours, and meeting the needs of her children during the evenings and weekends provided a great deal of structure to her non-work time. After her children grew up, Marie continued teaching art—something she enjoyed a great deal. However, she noticed that she no longer cooked regular meals, noting that it was “Not worth the trouble for just one person.” And her housekeeping standards gradually fell, thinking, “Nobody has to look at the mess but

me.” The real problems began post-retirement. Marie moved from her house to an apartment. “Less upkeep,” she reasoned. And she registered for graduate level art classes—something she'd wanted to do for years. But life began to unravel. As she dove into her art classes, she never got around to unpacking. Her small apartment was crammed with boxes that she shoved against the walls. Her dining room table was covered with art projects. Meals deteriorated into snacks—crackers and the occasional can of soup. Sleep patterns became completely disrupted. With very little schedule, Marie found herself staying up until early morning, sleeping a few hours here and there and becoming increasingly isolated. During a visit, her daughter was alarmed to find that her mother had lost weight, was living in complete chaos and had little food in the house.

An appointment with her primary care physician—accompanied by her daughter—prompted the physician to refer Marie to a psychologist for a complete evaluation that led to a diagnosis of AD/HD. Fortunately, the psychologist referred Marie to a psychiatrist willing to consider prescribing stimulant medication to an older adult. A plan of action was developed. Marie moved to the town where her daughter lived—a move that allowed the daughter to help her mother unpack and organize her new living space and also provided Marie with more frequent contact with people. Stimulant medication helped increase her focus and ability to organize. Psychotherapy helped Marie understand her AD/HD and the need for structure and daily patterns. Regular sleep routines and eating times were established. Marie was also encouraged to participate in community activities, to make regularly scheduled visits to her local library, to join a local church that organized numerous activities for seniors and to resume her beloved art classes.

With stimulation, structure, support and strategies in place, Marie began to feel and function much better—feeling like her “old self” again for the first time since retirement.

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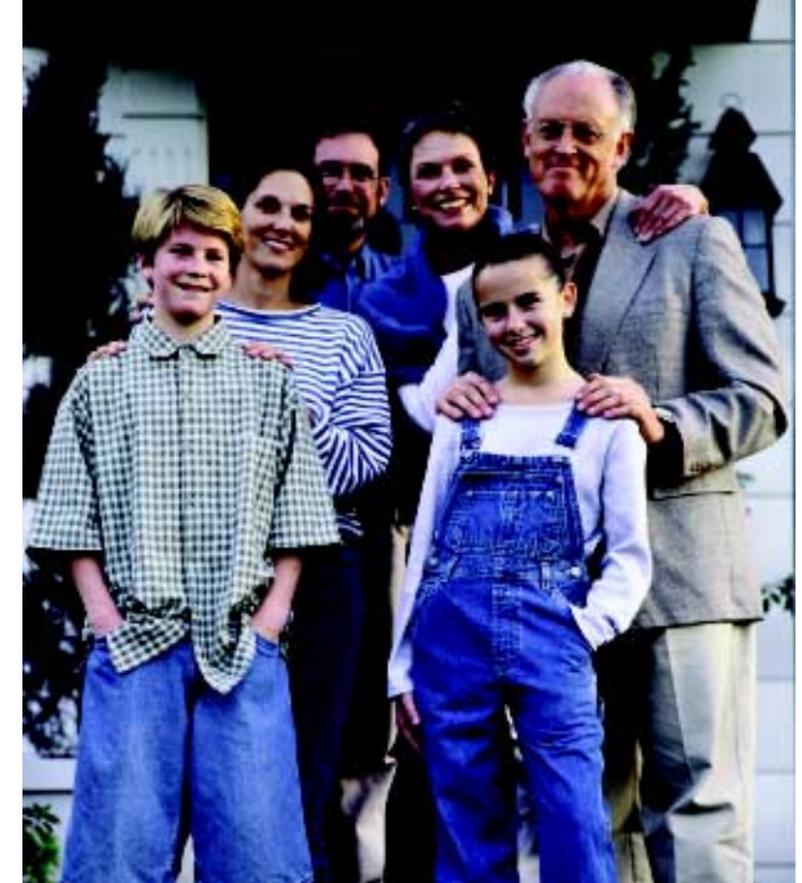
Ron was an attorney in his sixties who had retired from a government job. Although Ron had always been a bit disorganized, he had functioned fairly well at work over the years. As he prepared for retirement, he decided to establish a small law practice from his home. This would allow him to “keep his hand in” and would bring in a little additional income. He had business cards printed and passed them out to friends and acquaintances during the year before his retirement. Several people called asking for legal services.

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He wrote wills, established trusts for older individuals and took on a range of other legal work.

Two years after retirement, his wife was furious as she slowly became aware that several of her husband's private clients were very angry and even threatening lawsuits. Ron's AD/HD had been easier to manage in a structured office setting where there were many other individuals who took care of administrative details and reminded him of meetings and deadlines. Now, operating completely on his own, he had never set up an adequate system of record keeping. Client statements were sent out irregularly and were often inaccurate. Deadlines were missed and reports were not written when promised. Ron consulted a psychologist at his wife's insistence.

A thorough clinical assessment revealed that Ron had lived with undiagnosed, untreated AD/HD throughout his life. His high intelligence had helped him graduate from college and then law school (although he admitted that grades had been highly variable and he graduated in the lower half of his law school class). His instincts had steered him away from the rigorous demands of a private law firm toward a more structured, less demanding position with the



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**Conference Notes**  
Kathleen Nadeau, Ph.D., will discuss women and girls with AD/HD at CHADD's Annual Conference in Dallas, Texas, October 27–29, 2005.





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government where Ron had performed adequately, but had never been promoted to a position of leadership. When he retired, the structure and support of the workplace disappeared. At the same time—as he began his small private law practice—the demands for organization, attention to detail and time management increased. Ron desperately needed new AD/HD management strategies.

While stimulant medication helped somewhat, it was clear that Ron was not well suited to manage an independent law practice, even on a small scale. At first he resisted the idea of shutting down his practice. Later he agreed, but insisted upon wrapping up the legal work on open cases. After several months, Ron finally agreed that he could not meet this goal, even with treatment for his AD/HD (psychotherapy and medication). At his psychologist's suggestion, he finally agreed to engage the services of a law student who helped him to organize his paperwork, take care of details, contact clients and finally close his practice.

Ron and Marie are not alone. AD/HD is a common condition, affecting people at every stage of life. And

as the baby boomers prepare for their retirement years, the importance of understanding how individuals with AD/HD are affected by retirement will become increasingly important.

### Tips for an AD/HD-friendly Retirement

- Get help in planning for your retirement. Don't just let it happen and worry about the results later.
- Healthy sleep patterns are critical. Be aware of the risks of sleeping too much (often a sign of depression) or of falling into patterns of staying up most of the night and sleeping much of the day.
- Find convenient ways to assure regular healthy meals. Many individuals with AD/HD fall into little or no meal planning, which often results in very poor nutrition as they resort to snack foods with very few fruits and vegetables.
- Look for ways to structure your days. Part-time work can be very gratifying as it provides stimulation, structure and a sense of accomplishment—not to mention additional income.
- Volunteer activities can provide structure and stim-

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ulation too—activities that get you out of the house on a regular basis are best.

- Don't let yourself fall into social isolation. Because planning and organization are often areas of weakness for adults with AD/HD, look for activities that occur regularly that you don't have to plan or initiate.
- Actively look for support from others. Support can come from family members, friends and AD/HD coaches.
- Don't fool yourself that because you have “plenty of time” you should take over activities that have always been difficult for you (for example, bill paying, record-keeping and tax return preparation).
- Be aware that you will be more likely to pursue the “things you've always wanted to do” if you can find a group or organization to join that provides a structured way for you to engage in these activities.
- Remember, AD/HD affects individuals throughout their lifetime. Just because you are retired does not mean that you can ignore your AD/HD. (As seen in the stories of Marie and Ron, the retirement years may be a time when you need treatment and support for AD/HD more than ever.)
- Enjoy the “upside” of AD/HD. One of the gifts of AD/HD is often curiosity—an interest in a broad



number of topics and activities. Now that you are retired, you have time to pursue them! Just be sure to build in the structure, support and strategies to help you make your lifelong retirement dreams come true. ■

Kathleen Nadeau, Ph.D., is director of the Chesapeake Center for Attention and Learning Disorders in Silver Spring, Md., and the author of numerous books on AD/HD. Currently, she is focused on AD/HD issues related to retirement, an area of growing importance that has received very little attention from the AD/HD community.

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