

# **Working in Primary Care Settings: How can I work with PCPs to treat adult ADHD? Part 1: Clinical and Diagnostic Issues**

Mark A. Stein Ph.D., ABPP

# Presenter's Disclosure: Mark A. Stein

Source	Consultant/ Advisory	Stock	Speaker	Research
Medicie	x			
Genomind	x			
NIMH				x
Mind Medicine	x			
Myriad	x			

# ADHD: DSM-5 Criteria

- American Psychiatric Association, 2013

---

ADHD is classified as a neurodevelopmental disorder:

---

A. Threshold level of symptoms of Inattention and/or Hyperactivity – impulsivity must be present for 6 months or more (5 in individuals  $\geq$  17 years)

---

B. Several symptoms must be present before 12 years of age

---

C. Impairment from symptoms must be present in 2 or more settings (e.g. school, work, home, other)

---

D. Significant impairment: social, academic, or occupational

---

E. Symptoms must not be better accounted for by other mental (or physical) disorders

# Inattention Symptoms and their Manifestation Across the Lifespan

**Inattention-related problems and executive dysfunction represent leading reasons for seeking treatment in all age groups, and especially adolescents and adults.**

DSM-5 Symptom Domain	Common Adult Manifestation
<ul style="list-style-type: none"><li>• Difficulty sustaining attention</li><li>• Does not listen</li><li>• No follow-through</li><li>• Cannot organize</li><li>• Loses important items</li><li>• Easily distractible, forgetful</li></ul>	<ul style="list-style-type: none"><li>• Poor time management</li><li>• Difficulty<ul style="list-style-type: none"><li>– Initiating/completing tasks</li><li>– Changing to another task</li><li>– Multi-tasking</li></ul></li><li>• Procrastination</li><li>• Avoids tasks that demand attention</li><li>• Adaptive behavior can mitigate<ul style="list-style-type: none"><li>– Self select lifestyle; Support staff</li></ul></li></ul>

American Psychiatric Association, 2013; *ADHD in Adulthood 1999*, Weiss, Hechtman, and Weiss.

# Hyperactivity Symptoms and their Manifestation Across the Lifespan

***Aimless restlessness often migrates to purposeful restlessness in adolescents and adults; and is generally less impairing with age.***

## DSM-5 Symptom Domain

- Squirms and fidgets
- Cannot stay seated
- Runs/climbs excessively
- Cannot play/work quietly
- “On the go”/ “driven by motor”
- Talks excessively

## Common Adult Manifestation

- Adaptive behavior
  - Work long hours
  - Do many activities, multiple jobs or a very active job
- Constant activity/inability to settle down
- Avoids situations requiring low activity; easily “bored”
- Often felt rather than manifested

American Psychiatric Association, 2013; *ADHD in Adulthood 1999*, Weiss, Hechtman, and Weiss.

# Impulsivity Symptoms and their Manifestation Across the Lifespan

**Impulsivity often decreases with age, but when present, often carries serious consequences.**

## DSM-5 Symptom Domain

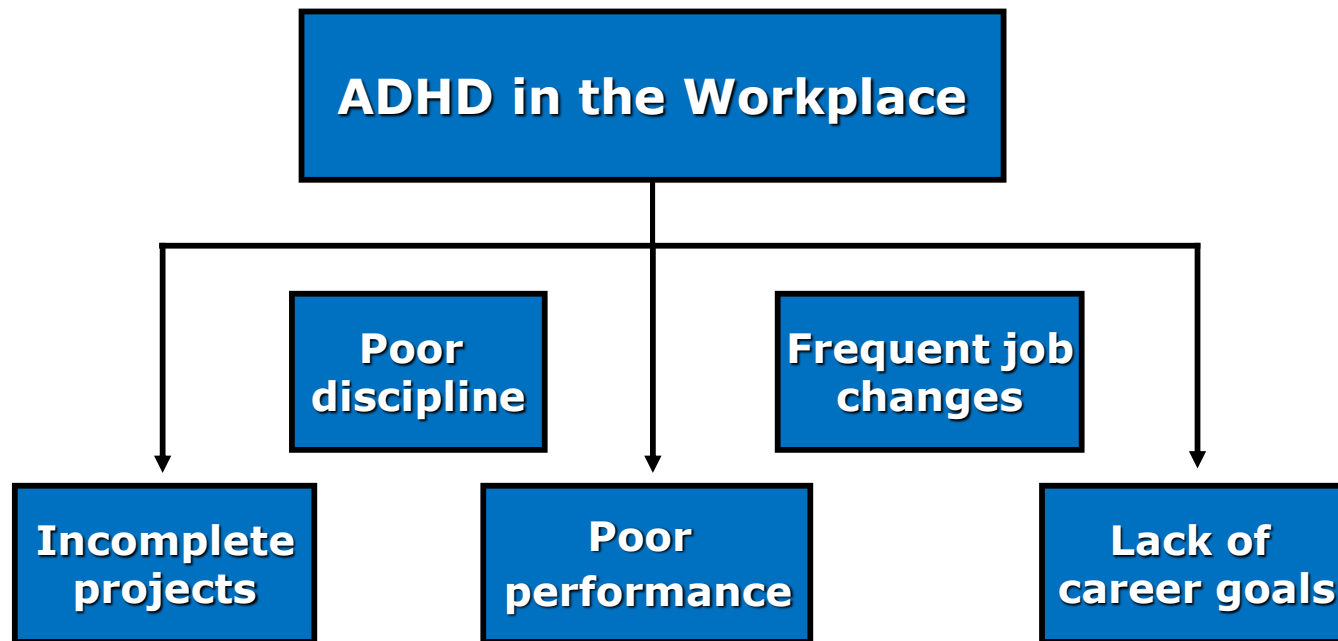
- Blurts out answers
- Cannot wait turn
- Intrudes/interrupts others

## Common Adult Manifestation

- Low frustration tolerance
  - Quitting a job
  - Ending a relationship
  - Losing temper
  - Driving too fast
- Makes hasty decisions
- Impulsive aggression
  - Verbal predominates

American Psychiatric Association, 2013; *ADHD in Adulthood 1999*, Weiss, Hechtman, and Weiss.

# Workplace Difficulties in Adults With ADHD



Weiss M, et al. Baltimore, MD: *The Johns Hopkins University Press*; 1999.

# Prevalence of ADHD Across the Lifespan

- Children
  - 8-11%, depending on age and gender<sup>1</sup>
- Adolescents
  - 75% of children with ADHD have the disorder as adolescents<sup>2</sup>
- Adults
  - National Comorbidity Survey Replication: **4.4% prevalence** of ADHD among US adults<sup>3</sup>
  - **Only 11% of adults with ADHD are treated**<sup>3</sup>
  - Self-report measures among adults applying for a driver's license: **4.7% prevalence**<sup>4</sup>
  - Adult college students: 4% met DSM-IV criteria for ADHD<sup>5</sup>

1. Visser et al., *J Am Acad Child Adolesc Psychiatry*. 2014 ; 53:34-46. 2. Wilens TE. *Psychiatr Clin North Am*. 2004;27:283-301. 3. Kessler R et al. *Am J Psychiatry*. 2006;163:716-723. 4. Barkley AR et al. *Pediatrics*. 1996;98:1089-1095. 5. Heiligenstein J et al. *Am J Coll Health*.1998; 46:185-188.



# Persistent Symptoms of ADHD Are Associated With Potentially Serious Consequences

## Consequences of persistent inattention:

- 15–25% of children have poor academic outcome<sup>1</sup>
- Almost 30% of ADHD subjects fail grades<sup>1</sup>
- 46% of ADHD pupils suspended<sup>1</sup>
- Lower occupational attainment; lower earning across SES levels

## Consequences of persistent impulsivity:

- Four times as likely to have a sexually transmitted disease<sup>2</sup>
- Three times more likely to be currently unemployed<sup>2</sup>
- Twice as likely to have been arrested<sup>3</sup>
- 78% more likely to be addicted to tobacco<sup>3</sup>
- Five times more likely to have their license suspended<sup>2</sup>
- Lower life expectancy (suicide, CV, TBI)

1. Barkley RA. *Attention-Deficit Hyperactivity Disorder. A Handbook for Diagnosis and Treatment*, 2nd ed. New York: Guilford Press;1998. Barkley RA. *J Am Acad Child Adolesc Psychiatry*. 2006;45:192-202. 3. Biederman J et al. *J Clin Psychiatry*. 2006;67:524-540.

# Less Complicated ADHD: Previously Diagnosed

Those diagnosed earlier, whose symptoms and impairment persist (50-66% of ADHD youth)

- Shifting targets and duration, responsibilities
- Emerging comorbidities and risk factors
- Treatment history, attributions, tolerability issues
  - Adherence, participation or engagement has changed
  - Decreased monitoring, structure, scaffolding/supports
- Accessing treatment challenges
  - Medication provider
  - Psychosocial treatment
    - Individual
    - Family
    - Educational needs

## Newly diagnosed (more of a diagnostic challenge)

### Hitting the wall

- Milder cases or those with compensatory skills/supports
  - helicopter parents, giftedness, small classrooms
  - Environmental factors-frequent moves, school issues
- Misattributions (red herrings) that delay identification and Rx
  - Trauma (ACES),
  - exposures,
  - mild anxiety, sensory disorder?
- More prominent comorbidity
  - Substance use or Conduct Problems
  - Depression (vs. demoralization)
  - Traumatic brain injury

# Adult ADHD

## © Suggested evaluation procedures:

- © Physical Examination and labs

- © Interview with patient

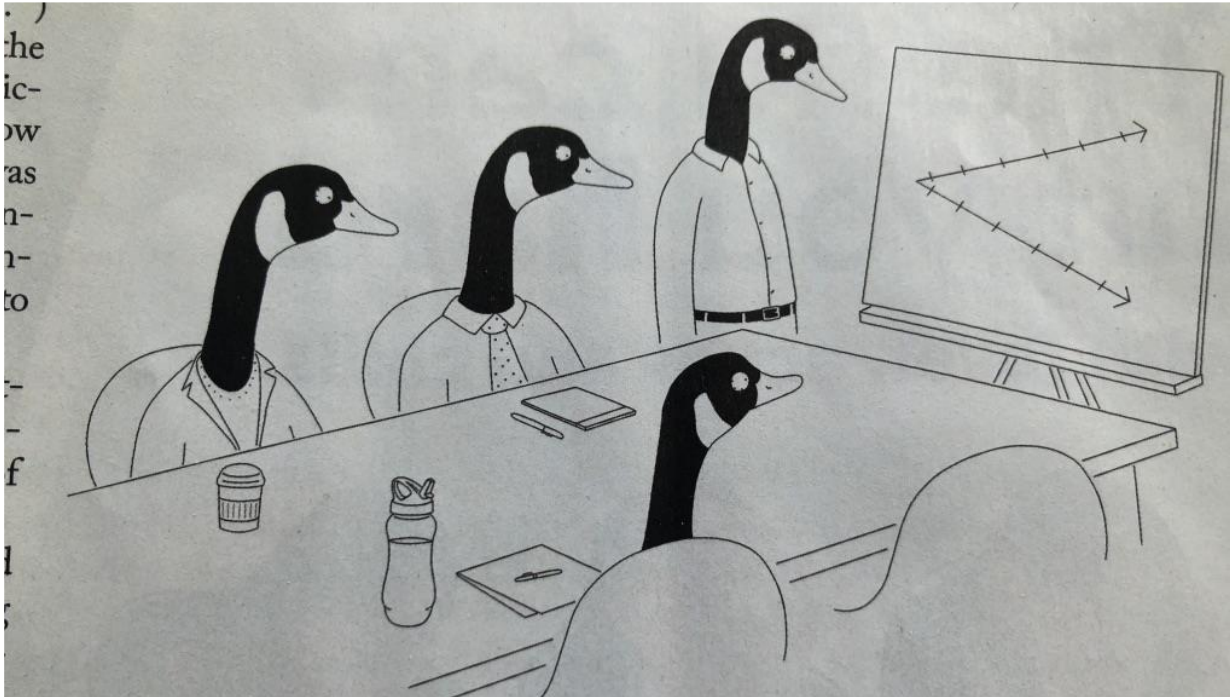
- © Review of previous medical/educational records

- © Corroborating data from medical or school records, parent, spouse, employer

- © Rating Scales (CAARS, WURS)

# Pseudo ADHD-Mimics

- August Referrals
- COVID-19 specific
- Self identified without impairment
- Drug seeking



---

 **Integrated Care Training Program**

--struggles to get things done, impulsive, difficulty focusing on schoolwork, having to reread things, turning things in. ..always been very social and talkative... own piercings and engaged in risky behavior, tried friends MAS

**CAARS—Self-Report: Long Version (CAARS—S:L)**  
by C. K. Conners, Ph.D., D. Erhardt, Ph.D., & E. P. Sparrow, M.A.

PERMISSION REQUIRED TO COPY

Item	Not at all	Just a little	Quite a bit	Very much
134. I am an underachiever.	0	1	2	3
135. I interrupt others when talking.	0	1	2	3
136. I am always on the outside. I am unsure of myself.	0	1	2	3
137. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
138. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
139. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
140. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
141. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
142. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
143. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
144. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
145. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
146. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
147. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
148. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
149. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
150. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
151. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
152. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
153. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
154. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
155. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
156. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
157. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
158. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
159. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
160. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
161. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
162. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
163. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
164. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
165. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
166. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
167. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
168. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
169. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
170. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
171. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
172. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
173. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
174. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
175. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
176. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
177. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
178. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
179. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
180. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
181. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
182. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
183. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
184. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
185. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
186. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
187. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
188. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
189. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
190. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
191. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
192. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
193. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
194. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
195. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
196. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
197. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
198. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3
199. I am shy on the outside. But inside I'm unsure of myself.	0	1	2	3
200. I am shy on the inside. But inside I'm unsure of myself.	0	1	2	3

**CAARS—Observer Scale (Long Version)**  
by C. Keith Conners, Ph.D., D. Erhardt, Ph.D., & E. P. Sparrow, Ph.D.

PERMISSION REQUIRED TO COPY

Item	Not at all	Just a little	Quite a bit	Very much
14. is an underachiever.	0	1	2	3
15. interrupts others when talking.	0	1	2	3
16. changes plans/jobs in midcourse.	0	1	2	3
17. gets off on the outside. But appears unsure of self.	0	1	2	3
18. is shy on the inside. But appears unsure of self.	0	1	2	3
19. makes comments or remarks that are regretted later.	0	1	2	3
20. can't get things done unless there's an absolute deadline.	0	1	2	3
21. delays (with hands or feet) or ignores or soon makes careless mistakes or has trouble paying close attention to details.	0	1	2	3
22. slips on people's cues without meaning to.	0	1	2	3
23. has trouble getting started on a task.	0	1	2	3
24. has trouble to finish a task.	0	1	2	3
25. appears to want a great deal of office when trying to do work.	0	1	2	3
26. has unproductive moods.	0	1	2	3
27. doesn't like academic, school/work projects where effort or thinking a lot is required.	0	1	2	3
28. is almost distracted in daily activities.	0	1	2	3
29. is inattentive to details.	0	1	2	3
30. depends on others to keep life in order and attend to the details.	0	1	2	3
31. unintentionally annoys other people.	0	1	2	3
32. sometimes overfocuses on details, at other times appears distracted by everything going on around him/her.	0	1	2	3
33. has a hard time getting things done.	0	1	2	3
34. can't keep his/her mind on something unless it's really interesting.	0	1	2	3
35. expresses lack of confidence in his/her abilities.	0	1	2	3
36. can't keep his/her mind on something unless it's really interesting.	0	1	2	3
37. can't sit still for very long.	0	1	2	3
38. gives answers to questions before the questions have been completed.	0	1	2	3
39. has a hard time getting things done.	0	1	2	3
40. has trouble finishing job tasks or schoolwork.	0	1	2	3
41. is inattentive.	0	1	2	3
42. interrupts others when they are working or busy.	0	1	2	3
43. expresses lack of confidence in self because of past failures.	0	1	2	3
44. appears distracted when doing one thing or doing two failures.	0	1	2	3
45. has problems organizing tasks and activities.	0	1	2	3
46. maintains focus long if asked to do something or go somewhere.	0	1	2	3

# Screening Adults for ADHD

- The first 6 questions from the **Adult ADHD Self-Report Scale (ASRS)** correlate highly with diagnosis of ADHD.
- Individuals who note 4 or more of these symptoms at the shaded frequency levels should undergo a comprehensive assessment for ADHD

## Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name	Today's Date				
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.					
	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					

Reprinted with permission, World Health Organization.

**The complete ASRS can be used to identify other ADHD symptoms during diagnosis and treatment. It can be found at [www.med.nyu.edu/psych/psychiatrist/adhd.html](http://www.med.nyu.edu/psych/psychiatrist/adhd.html).**



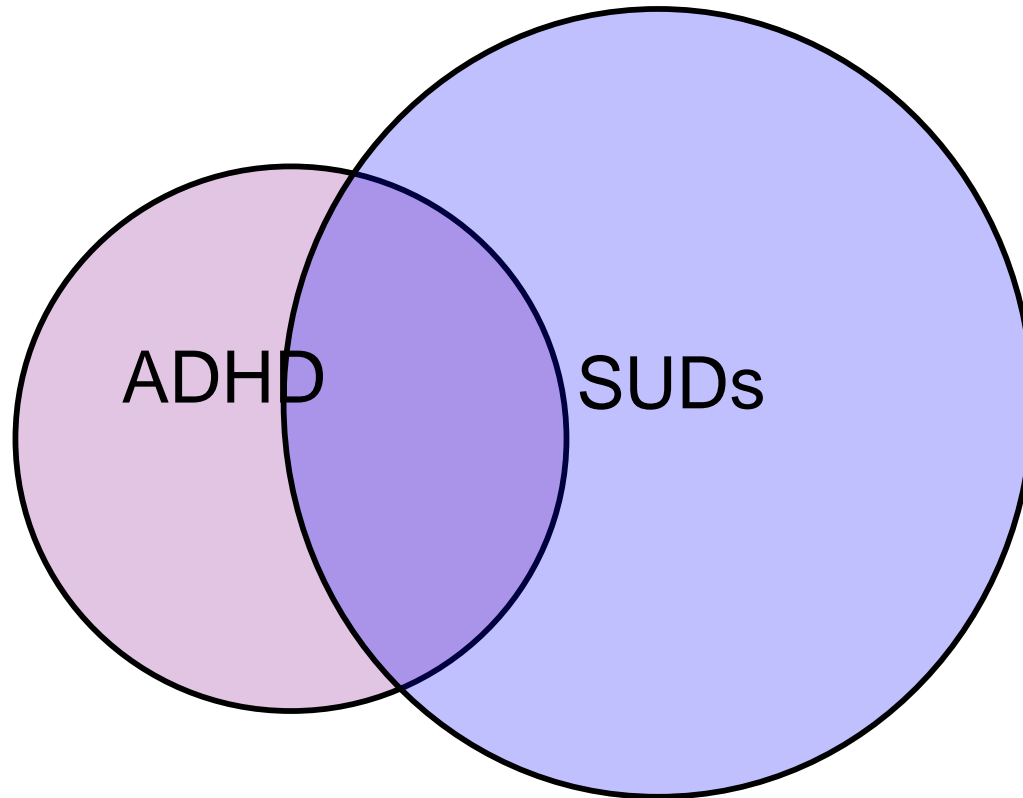
# Adult ADHD: Symptom Assessment Scales

Scale	Description/ Features/ Comments	Scale available from:
<b>Brown ADD Scale</b>	Rates inattention/executive dysfunction; items extend beyond DSM definition of ADHD; good for high functioning adults with inattentive subtype	<i>The Psychological Corporation</i>
<b>Conners Adult ADHD Rating Scale (CAARS)</b>	Large item set of developmentally relevant items; DSM subscale maps onto diagnosis; self- and other-report forms	<i>Multi Health Systems, Inc.</i>
<b>Wender-Reimherr Adult Attention Deficit Disorder Scale</b>	Retrospective symptom scales provide age of onset data; less clearly tied to DSM-IV ADHD.	<i>Fred W. Reimherr, MD, Department of Psychiatry, University of Utah Health Science Center, Salt Lake City, Utah</i>
<b>Barkley's Current Symptoms Scale</b>	Dimensional scale; uses actual DSM items but not re-worked for adults; rates behavior in the past 6 months; self and other informant reports.	<i>Barkley RA, Murphy KR. Attention-Deficit Hyperactivity Disorder: A Clinical Workbook. Second Edition.</i>
<b>Adult Self-Report Scale v1.1 (18-item symptom assessment and 6-item screener)</b>	ADHD DSM items made developmentally relevant for adult manifestations of symptoms; rates frequency, not severity, on a 0 - 4 scale	<i><a href="http://www.med.nyu.edu/Psych/training/adhd.html">www.med.nyu.edu/Psych/training/adhd.html</a> and the WHO website</i>
<b>Adult Investigator Symptom Report Scale (AISRS)</b>	Interviewer administered scale; 18 DSM-IV-TR ADHD criteria re-worked for adults; employs adult ADHD prompts to ensure adequate probing of breadth of adult symptoms.	<i>Lenard Adler, MD, Adult ADHD Program NYU School of Medicine <a href="mailto:adultADHD@med.nyu.edu">adultADHD@med.nyu.edu</a></i>

# Indications for psychological or neuropsychological testing

- Learning Disorder (Reading Disability, Coordination Disorder)
  - College students, accommodations
- Cognitive deterioration in older adults
- Appropriate expectations, career planning
- Not indicated for diagnosis of ADHD

# Overlap between ADHD and SUDs



# Strategies for ADHD and SUD

- **In context to SUD, ADHD treatment should be considered.**
  - **If less severe SUD, treat ADHD concomitantly**
  - **More severe SUD --> address SUD**
  - **If unable to address or recalcitrant SUD -> use CBT, nonstimulants, extended-release stimulants (may need higher dose)**
  - **Stay tuned for guidelines regarding lower abuse liable stimulants and nonstimulants**

Wilens and Morrison, ADHD & SUD In *ADHD in Children and Adults*, Cambridge Press, 2015  
Kaminski and Wilens, Overlap of ADHD and SUD, in *Textbook of SUD*, 2019 in press