

ADHD Presentation in Adolescence

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As children reach adolescence, their overt hyperactivity may decrease and be replaced with feelings of inner restlessness. Physical impulsivity may decrease but poor attention as well as cognitive and verbal impulsivity frequently remains. Adolescents with residual ADHD symptoms typically perform tasks unevenly. For instance, they may burst with creativity for one class project, and then forget to do their homework in another. Adolescents with ADHD are more likely to quit school before graduation. Most adolescents with ADHD continue to demonstrate other problems, such as:

- Discipline problems and family conflict
- Anger and quickly fluctuating emotions
- Difficulty with authority
- Significant lags in academic performance
- Poor peer relationships
- Poor self-esteem
- Hopelessness
- Lethargy: lack of motivation to achieve or exert effort
- Driving mishaps, speeding, and automobile damage

Typical adolescent behaviour or the behaviours of those who are suffering from depression or other psychiatric illnesses make difficult to distinguishing ADHD from other disorders. Clinicians frequently misdiagnose adolescents with ADHD as having Conduct Disorder or Oppositional Defiant Disorder. The client's attention disorder may have begun earlier in life and may coexist with the antisocial behaviour. By displaying antisocial problems, adolescents whose relationships are already strained with parents, teachers, and peers face being further stigmatized.

In Adulthood

As children with ADHD reach adulthood, behavioural impulsivity and hyperactivity decrease. Although the target symptoms of hyperactivity, inattention, and impulsivity are still reported by many clients, only one-third to one-half report levels high enough to cause impairment in daily functioning. Comparisons of ADHD adults with normal adults show that those with ADHD are more likely to experience:

- More ADHD symptoms as well as oppositional disorder symptoms at work and in college
- Shorter employment duration
- Greater distress and maladjustment on measures of psychological disorders
- More antisocial acts and incidence of arrest

- Greater impulsivity and poorer sustained attention
- Poorer verbal and nonverbal working memory
- Alcohol or other substance abuse disorder

One important change adults with ADHD experience is an increase in the salience of cognitive impairment, best described as deficits in executive functioning. Typical symptoms of executive dysfunction include:

- Being disorganized
- Being forgetful: like making lists, then forgetting to use them)
- Losing things
- Failing to plan ahead
- Depending on others for maintaining order
- Not being able to keep track of several things at once
- Not finishing projects or tasks
- Needing an absolute deadline in order to get things done
- Not being able to get started on tasks
- Changing plans/jobs in midstream
- Misjudging available time

Adults with an extensive history of ADHD who have experienced failure situations at school, home, and in peer relationships find that working and separating from their family of origin allow life-style choices that may better suit their needs. For instance, individuals labelled as failures because they can't sit still and listen well may succeed as motivational speakers or salespersons. About half of the adults diagnosed with ADHD in childhood continue to have difficulty as adults. They suffer mild disturbances (e.g., residual ADHD, anxiety symptoms, or sexual problems) more frequently than severe problems, (e.g., Antisocial personality disorder), which occur in only a small percentage of those studied. However, as they mature, those with ADHD generally learn coping or compensation skills and may be able to concentrate or curb impulses. Because this takes energy away from other areas, they may be rigid or easily frustrated.

They will often marry a spouse who takes over a structuring, organizing role that helps them. However, this role may eventually lead to spousal conflict and marital distress, making marital and family problems an important focus of adult ADHD assessment. Because the risk for psychiatric disorders increases with age, adults with ADHD are more likely than children to suffer from coexisting depression, anxiety, low self-esteem, and other psychiatric disorder. This makes differential diagnosis more difficult. Clinicians should consider these important symptoms of others disorders when making a diagnosis:

- Psychomotor agitation as well as diminished ability to think or concentrate (Major Depressive Episode)

- Expansive or irritable mood, talkativeness, distractibility, excessive involvement in pleasurable activities with a high potential for painful consequences (Manic or Hypomanic Episode)
- Poor concentration or difficulty making decisions (Dysthymia)
- Trembling or shaking (Panic Disorder)
- Intrusive thoughts, repetitive behaviours, recurrent impulses, or restlessness arising from need to quell anxiety (Obsessive-Compulsive Disorder)
- Difficulty concentrating, irritability, outbursts of anger, hypervigilance, exaggerated startle response (Post Traumatic Stress Disorder).