Adult ADHD: How To Help Your Clients Thrive

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Has produced two medical documentaries on ADHD
Co-author of Adult ADHD book, FAST MINDS, through Harvard Health Publications (Harvard Medical School) and Berkley Books

Poll Question

Who Are You?
Learning Objectives

At the end of this session, participants will be able to:

♦ Recognize the cardinal symptoms of ADHD in adults using the acronym FAST MINDS™
♦ Become familiar with common patient profiles of Adult ADHD
♦ Review medical and non-medical treatment for ADHD

Needs Assessment Overview:
2010 CPA Collaborative Forums in Mental Health

Major Challenges in Adult ADHD: Family Physicians

1. High yield questions
2. Red flags for referrals
3. Diagnosis
4. Screening tools
Adult ADHD in the DSM-IV

The clinical diagnostic criteria for ADHD were tested in the DSM-IV field trials involving children and adolescents; their clinical utility was not assessed in adults (Lahey et al., 1994)


Recommended Changes to DSM-5 for Adult ADHD

• “Current presentation” symptom elaboration to provide behavioral descriptors relevant for older adolescents and adults = FAST MINDS
• Reduction of symptoms threshold for ADHD in adults
• Raising the age of onset

10,000 Hours Theory of Doctoring

♦ Dr. Anders Ericsson gave opening plenary lecture at recent International Residency Education Conference - 2012

♦ Among questions he explored was: “In medical education, there is never enough time for training. How can we improve while also training more efficiently?”

♦ Suggested providing training environments, perhaps video libraries, where would-be doctors listen to patients and come up with diagnoses and get feedback from mentors

Julia Belluz, The Medical Post, November 20, 2012

FAST MINDS™

• An educational program was developed to help family doctors better recognize Adult ADHD
• The FAST MINDS acronym and patient profiles anticipated changes to the DSM (Diagnostic and Statistical Manual) for Adult ADHD
• It is a video-based program which identifies patient profiles (versions) of Adult ADHD
• Program has been accredited by the College of Family Physicians of Canada and the Ontario chapter for up to 2 Mainpro-M1 credits. FAST MINDS™ was nationally accredited in 2009, 2010, 2011 and 2012
FAST MINDS™ Overview

- What is it?
  ADHD Symptoms in Adults

- Who is it?
  When to Look for Adult ADHD

Adult ADHD: What is it?
ADHD Symptoms in Adults
FAST MINDS Symptoms

F – Forgetful
A – Achieving below potential
S – Stuck in a rut
T – Time challenged

M – Motivationally challenged
I – Impulsive
N – Novelty seeking
D – Distractible
S – Scattered

Bilkey & Surman, FAST MINDS: How to Thrive if You Have ADHD (Or Think You Might), 2013

Time challenged
Forgetful

Motivationally challenged
Impulsivity in Adult ADHD

- Impulsive physical activities – risk taking (Winstanley et al., 2006)
- Impulsive decision making (van Gaalen et al., 2006)
- Verbal impulsivity (DSM-IV-TR)
- Impulsive driving (Fischer et al., 2007)
- Impulsive spending (Barkley 2008)
- Impulsive binge eating (Obesity, Levy et al., 2009; Bulimia Nervosa, Mikami et al., 2009)
- Bingeing on alcohol (Ohlmeier et al., 2008)
- Bingeing on drugs (Arias et al., 2008)
- Sexual impulsivity (Flory et al., 2006)
- Impulsive gambling (Breyer et al., 2009)
- Impulsive stealing (Barkley et al., 2008)
- Impulsive fighting (Barkley et al., 2008)
Disorganized

Distractible
Adult ADHD: Who is it? When to look for Adult ADHD

Females with ADHD – An Under-recognized Population

- ADHD is highly persistent in females¹
- Identical executive functioning deficits compared to males²
- Similar driving impairments as males with ADHD³
- Increased risk for substance dependence¹
- Sexual impulsivity – 7 times more likely to become pregnant; twice as likely to be tested for HIV²
- Increased risk of sexual victimization⁴

¹ Biederman et al., 2006
² Barkley et al., 2008
³ Mikami et al., 2009
⁴ White et al., Journal of Family Violence, 2012
Females with ADHD – An Under-recognized Population

• Bulimia Nervosa comorbid in females with ADHD
• Obesity in adult ADHD females
• Association between ADHD and internet addiction more significant in females
• Females with ADHD at greater risk for antisocial disorders; ADHD offenders younger when first convicted and incarcerated for longer periods (versus controls)
• Girls with ADHD at significantly greater risk for major depression and anxiety disorders in young adulthood
• Females often present with comorbid conditions

1. Mikami et al., 2009
2. Levy et al., 2009
3. Yen et al., 2009
4. Biederman et al., 2010
5. Ruder et al., 2009
6. Biederman et al., 2006

Patient Profile:
The Person with Previous Diagnosis and/or Family History

♦ Previous childhood diagnosis (treated with “Ritalin”)  
♦ Brother, sister, parent diagnosed ADHD
♦ Continuation of academic impairment
♦ Occupational difficulties (held numerous jobs, bored, fired, quit)
♦ Overwhelmed by expectations of adulthood (marital, occupational, child-rearing)

Often ADHD Predominantly Combined Type, DSM-IV Code 314.01

Spencer T.J. CNS Spectrums. 2006;11:5-7
Russell A. Barkley. Attention Deficit Hyperactivity Disorder. A Handbook for Diagnosis and Treatment. 2006
Patient Profile: The Struggling Student

♦ May have previous diagnosis of learning disability
♦ Took extra time to complete high school/university
♦ Academic underachievement
♦ Does everything last-minute
♦ On academic probation
♦ Has to take reduced course load
♦ Withdrawn or failed at various colleges or universities

Often ADHD Predominantly Inattentive Type, DSM-IV Code 314.00

Russell A. Barkley, ADHD in Adults: What the Science Says, 2008
Weyandt, Lisa; DuPaul, George, Journal of Attention Disorders, September 2006
Biederman et al., J Clin Psych, August 2008

Patient Profile: The Comorbid Person

♦ Has been treated for anxiety and mood disorders (medications, etc.) but clinically significant distractibility persists
♦ Treatment for anxiety and mood disorders did not provide substantial benefit (treatment refractory patient)
♦ Longstanding pattern of underachievement, daydreaminess, inconsistency
♦ Family history for anxiety disorders, mood disorders, substance use disorder

Often ADHD Predominantly Inattentive Type, DSM-IV Code 314.00

Biederman et al., Journal of the American Academy of Child and Adolescent Psychiatry, April 2008
Biederman et al., Psychological Medicine, 2006
Patient Profile: The Distractible Daydreamer

- *Internally* preoccupied with their own thoughts or *externally* very distracted by noise or activity around them
- Bored, spacey, forgetful
- Disorganized, chronically late
- Procrastinator
- Can’t manage paperwork (homework, PST, GST, bills)

*Often ADHD Predominantly Inattentive Type, DSM-IV Code 314.00*

APA, DSM-IV-TR 2000

Patient Profile: Married with Children

- May have a child diagnosed with ADHD
- Underachieves at work (presenteeism, absenteeism)
- Disorganized, demoralized
- Chronically feels overwhelmed
- Compensates by making lists, using calendars, stickies, Blackberries, Palm Pilots
- Depends on partner for organization (paying bills, taxes, etc.)

*Often ADHD Predominantly Inattentive Type, DSM-IV Code 314.00*

Patient Profile:
The Irritable/Moody Person

♦ Sensitive, irritable, easily frustrated
♦ Meltdowns over everyday stresses, with very rapid return to baseline
♦ Alienates family, friends, educators, employers

Often ADHD Predominantly Combined Type, DSM-IV Code 314.01

Surman et al., American Journal of Psychiatry, 2011
Reimherr et al., Biol Psychiatry, 2005; 58: 125-131

Domains of Impairment in Adult ADHD

• Occupational – WHO reports 22 days of lost role performance per worker, per year due to ADHD (absenteeism, decreased work quantity, decreased work quality)¹
• Educational – More D grades, failed grades and withdrawals in college²
• Social – Distractibility, forgetfulness, boredom and verbal impulsivity leading to social rejection and marital discord²
• Driving – Greater incidence of accidents, hit and runs, tickets, license suspensions³
• Sexual impulsivity – 9 times more likely to be parent in teen pregnancy, 4 times more likely to have STD²

¹ deGraaf et al., 2008
² Barkley et al, 2008
³ Fischer et al., 2007
ADHD Over-represented in Substance Abusing Population

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Rate of ADHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiate Dependent</td>
<td>5-22%</td>
</tr>
<tr>
<td>Cocaine Dependent</td>
<td>10-35%</td>
</tr>
<tr>
<td>Alcoholics</td>
<td>33-71%</td>
</tr>
</tbody>
</table>

In ADHD:
- Earlier onset of SUD
- More severe course of SUD
- Poor treatment adherence
- High rates of relapse

Steps to the Clinical Diagnosis of Adult ADHD

- Is there history of medical complications in pregnancy (maternal smoking, alcohol consumption, low birth weight, etc.)?
- Was the patient adopted? Is there a family history for ADHD (80% genetic)?
- Is there evidence for childhood onset of impairing symptoms of hyperactivity, impulsivity and distractibility (early school records document comments such as “poor attention span, does not apply himself, could do better…”)?
- Is there longitudinal persistence of symptoms into adolescence and adulthood (underachievement in high school, family dysfunction, etc.)?

References:
- Frances L. et al., Journal of Clinical Psychiatry, 2007
- Arlas et al., Addictive Behaviours, 2008
- Murphy KR, Gordon M, Assessment of Adults With ADHD, from the text Attention-Deficit Hyperactivity Disorder, A Handbook for Diagnosis and Treatment, 2006 by Russell A. Barkley
Steps to the Clinical Diagnosis of Adult ADHD

1. Confirm or disconfirm other psychiatric disorders (rating scales and mental status examination).

2. Rule out underlying medical disorder (e.g., seizure disorder, traumatic brain injury, sleep disorder).

3. Does the patient cross-sectionally endorse symptoms of Adult ADHD (adult rating scales, e.g., ASRS)?

4. As a consequence of the ADHD symptoms, do they demonstrate impairments in multiple domains (occupational, educational, social, family, driving a motor vehicle, etc.)


ASRS Screener v1.1

1. Inattention

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?</td>
<td>0</td>
<td>1</td>
<td>2*</td>
<td>3*</td>
<td>4*</td>
</tr>
<tr>
<td>How often do you have difficulty getting things in order when you have to do a task that requires organization?</td>
<td>0</td>
<td>1</td>
<td>2*</td>
<td>3*</td>
<td>4*</td>
</tr>
<tr>
<td>When you have a task that requires a lot of thought, how often do you avoid or delay getting started?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3*</td>
<td>4*</td>
</tr>
<tr>
<td>How often do you have problems remembering appointments or obligations?</td>
<td>0</td>
<td>1</td>
<td>2*</td>
<td>3*</td>
<td>4*</td>
</tr>
</tbody>
</table>

1. Hyperactivity/Impulsivity

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3*</td>
<td>4*</td>
</tr>
<tr>
<td>How often do you feel overly active and compelled to do things, like you were driven by a motor?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3*</td>
<td>4*</td>
</tr>
</tbody>
</table>

Significant items in Orange (*p=0.5); Likely to have ADHD with ≥4 significant items

http://www.med.nyu.edu/psych/assets/adhdscreen18.pdf

World Health Organization
ADHD in Adults: Differential Diagnosis

Consider:
- Cognitive deficits secondary to anxiety disorders, mood disorders and psychosis
- Substance Use Disorder
- Cognitive disorders (intellectual functioning and learning disabilities)
- Sensory impairment
- Psychosocial development/stressors
- Neurological disorder/iatrogenic

Why Treat?
- ADHD by definition is an impairing condition which can potentially lower life expectancy
- Cigarette smoking/obesity (New England Journal of Medicine, 2009)
- Motor vehicle accidents
- Increased risk for STDs (HIV)
- Increased adherence rates for treatment of psychiatric comorbidities (e.g. Bipolar Disorder, addictions)
- Increased adherence rates for treatment of other medical conditions (e.g. diabetes, HIV, chronic viral hepatitis) – General Hospital Psychiatry, 2008
- Increased adherence rates for other prescribed medications (e.g. birth control, asthma medication, etc.)
Does ADHD Treatment Reduce Risk of Smoking?


Smoking rate at endpoint (10 months OROS MPH Treatment)

- Treated OROS MPH (N=154)
- ADHD Comparator Not on Medication (N=57)

Reduced Criminality with Treatment for ADHD

- Study of 16,087 men and 9,569 women with diagnosis of ADHD
- 36.6% of men convicted of crime vs. 8.9% of general population
- 15.4% of women convicted of crime vs. 2.2% of general population
- For men treated with ADHD medication, there was a 32% reduced criminality rate
- For treated women, 41% reduced criminality rate

Lichenstein et al., New England Journal of Medicine, November 2012
**Effect Sizes in ADHD**
*Meta-analysis of 32 Randomized Controlled Trials in Youths with Adult ADHD*

<table>
<thead>
<tr>
<th>Medication</th>
<th>Effect size (ADHD-RS)</th>
</tr>
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<tbody>
<tr>
<td><strong>Long-acting stimulants</strong></td>
<td>0.95</td>
</tr>
<tr>
<td>(MPH, MAS, dextroAMP, lisdexamfetamine)</td>
<td></td>
</tr>
<tr>
<td><strong>Non-stimulants</strong></td>
<td>0.57</td>
</tr>
<tr>
<td>(Primarily atomoxetine, modafinil)</td>
<td></td>
</tr>
</tbody>
</table>

AMP=amphetamine; MPH=methylphenidate; MAS=mixed amphetamine salts

**What Else Works?**
- Critical moments: Pause button
- Be your own chief executive
- Monitor impulsivity
- New habits
- Improving self-regulation
- Self-care
- Mindfulness
- CBT
- Three to five year plan

Bilkey and Surman, FAST MINDS: How To Thrive If You Have ADHD (Or Think You Might). Harvard Health Publications (Harvard Medical School) and Berkley Books (Penguin Group), 2013
Be Your Own Chief Executive

KEY POINTS
• Do a self-check for executive function challenges you have—memory, time, organization, setting priorities.
• What are the critical moments that contribute to disorganization?
• Can you outsource memory and organization effort to peripheral brains?
• Get a system that works for you and work it every day.

Don’t Just Do It, Think About It

KEY POINTS
• Impulsivity is common among people with FAST MINDS traits.
• Know your impulsive risks (communication; spending money; bingeing on alcohol, drugs, or food; sexual activity; driving).
• Consider how emotional thinking may fuel your impulsive choices.
• Practice habits that allow you to pause and make better decisions. Don’t just do it—think about it.
Find Out How and Where You Thrive

• Self-improvement strategies take practice, and FAST MINDS traits can make routine practice harder.
• Structure your environment to optimize the change in habits you want.
• Setting clearly defined goals and short-term rewards will help you practice strategies.
• Tracking progress, using reminders, and being accountable to others will help you stay off less productive default paths.

Feel Well, Function Well

• Regular sleep, healthy food, and exercise are often the best “medicine.”
• Matching your behavior to biological rhythms optimizes alertness and self-control.
• Identify critical moments that can derail your daily habits or set you up for success.
• Support new habits with elements of structure such as reminders, accountability, and goal tracking.
What Else Works

- Many community, professional, and self-guided resources can help you continue the organizational work you have started in this book.
- Seek supports that match your needs—such as accountability, skill practice, or treatment for ADHD or mental health conditions.
- ADHD treatments that have been shown to work in multiple studies under double-blind conditions are more highly recommended.
- Add accountability, rewards, progress tracking, reminders, and other forms of structure to make resources easier to engage.
- Measure treatment success by your ability to practice new methods for learning and coping.

Efficacy of CBT for ADHD in Medication-treated Adults

Independent Evaluator Measures of ADHD Symptom Severity

- Baseline
- Outcome

Diving into the Seven Cs – Diagnostic Clinical Pearls

• Diving into the seven “C”s
  – Children of today are the parents of tomorrow (80% genetic)
  – Childhood onset
  – Cognitive symptoms predominate
  – Context specific symptoms
  – Covert and overt impairment
  – Comorbidities are common
  – Collateral history is useful
Q&A

• Please type your questions into the chat box on the left of your screen.

• Questions after the program? Please email rburke@counseling.org

Please join us for our next webinar:
Surviving Infidelity
May 15th at 1pm ET
Scott Haltzman, MD