

Chapter 7

Attention–Deficit/Hyperactivity Disorder in Older Adults: A Narrative Review and Clinical Insights

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ABSTRACT

Although it has now been accepted that most individuals with attention-deficit/hyperactivity disorder (ADHD) remain symptomatic in adulthood, the idea that the condition may persist in those aged 60+ has only recently garnered consideration from clinicians and researchers. Consequently, little is known about how the condition manifests in late life, and diagnosis is challenging in those in this age group. This review provides a comprehensive examination of the current state of knowledge on ADHD in old age, shedding light on its epidemiology, diagnostic challenges, clinical manifestations, comorbidities, and treatment options.

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SUMMARY

ADHD is a chronic disorder with onset in childhood. Current epidemiological data suggested that symptoms may persist throughout the lifespan until old age. However, awareness of the condition affecting this age group is low among both the general population and the health professionals. In this chapter, we aimed to address the main challenges to the diagnosis and management of the disorder in older patients, including some of the particularities regarding its clinical features and treatment strategies in late life. In addition, we sought to summarize the evidence on these topics to provide recommendations for clinicians when caring for older patients with ADHD.

1. Attention-Deficit/Hyperactivity Disorder (ADHD) in Older Age Is a Burdensome and Underdiagnosed Condition

While Attention-Deficit/Hyperactivity Disorder (ADHD) may remit in childhood or adolescence, many adults may present either the full-blown disorder or subthreshold symptoms throughout their lifespan (J. J. S. Kooij, Bijlenga, Salerno, et al., 2019). If unrecognized and untreated until old age, it may impose a life-long struggle on individuals due to impairment in several areas, including low academic and career attainment, reduced income, relationship problems, and comorbid psychiatric disorders (J. J. S. Kooij, Bijlenga, & Michielsen, 2019).

Alternatively, ADHD individuals with previous partial remission may reexperience functional impairment in late adulthood. Some changing conditions in old age, such as widowing or becoming a caregiver, demand an array of organizational skills to care for oneself or for others, which heavily rely on executive functioning. These shifts in the dynamics of the environment may unveil subthreshold ADHD symptoms, especially if the subjects' difficulties had been securely managed by others throughout their adult lives (Eakin et al., 2004). As a result, those individuals may be susceptible of feeling overburdened or having troubles for managing everyday life tasks (Michielsen et al., 2018). Concurrently, aging-related cognitive changes may defy the maintenance of long-established adjustment and coping strategies, leading to disability. Unawareness of the diagnosis may deceitfully suggest that these issues are attributed to neurodegenerative disorders, instead of an exacerbation of previous ADHD cognitive features relative to normal aging (Mendonca et al., 2021).

Despite sharing many common features with the condition in childhood and adolescence, ADHD in elderly patients present unique characteristics that may pose challenges to healthcare providers. Given this scenario, the present chapter aims to summarize the main clinical, diagnostic, prognostic, and management aspects of ADHD in old age.

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