

## Chapter 6

# Inattention and Hyperactivity in Adults: Incorporating New Developments in Existing Scenario of Adult ADHD

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### ABSTRACT

*This chapter focuses on ADHD in the adult population. The authors of this chapter incorporate new developments in existing understanding of the disorder. This chapter includes journey of 'ADHD diagnosis in adults' to current practice. Understanding of newer aspect of etiological research and its application in identification of adult ADHD is given utmost importance in this chapter. Core parts of the disorder like clinical features, diagnosis, comorbidity, and management are discussed in detail, keeping in mind disease progression from childhood to adulthood. Finally, the authors discussed a lacunae in current scenario and possible future interventions that can improve overall outcome of functional impairments in adults.*

### INTRODUCTION

Attention-deficit hyperactivity disorder (ADHD) was originally conceptualized as a developmental delay in behavioural control during childhood that was usually outgrown by adolescence. Several lines of evidence support the recognition that ADHD is a disorder across the life span. Seminal work in the 1970s by Paul Wender and colleagues at the University of Utah identified a group of adults with persistent childhood ADHD symptoms who exhibited a response to stimulant treatment similar to that seen in ADHD children. During this same period, longitudinal follow-up studies of adults who had been diagnosed with childhood hyperactivity described the persistence of ADHD symptoms in 40 to 60 percentages of

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subjects. In the early 1990s, several publications in the lay press spurred widespread public awareness of adult ADHD. These early investigations and the increased public demand for clinical care led to growing interest in the phenomenology, causes, and treatment of adult ADHD. Adult attention-deficit hyperactivity disorder (ADHD) is a mental health disorder that includes a combination of persistent problems, such as difficulty paying attention, hyperactivity and impulsive behaviour. Adult ADHD can lead to unstable relationships, poor work or school performance, low self-esteem, and other problems.

Although ADHD in adulthood is widely acknowledged, some clinicians and investigators continue to question the existence of the disorder. Principal objections include perceptions that ADHD symptoms decline with time; assessment is difficult; the disorder is often confused or coexisting with other psychopathology; and patients' bias clinical reporting to receive a diagnosis that is deemed popular. Nonetheless, several reviews demonstrate that adult ADHD is a valid disorder, can be reliably diagnosed, and predicts treatment response. American Psychiatric Association has included ADHD as a Diagnosable disorder in DSM-5. Pharmacological, neurocognitive, brain imaging, and genetics studies in adults have replicated findings seen in ADHD children.

### **Definition and History**

Originally, attention-deficit hyperactivity disorder (ADHD; formerly called minimal brain damage) was considered to be a childhood disorder and was therefore not diagnosed in adults. In the second edition of DSM (DSM-II American Psychiatric Association, 1968) the condition now known as ADHD was referred to as hyperkinetic reaction of childhood, with no consideration of an adult disorder. This concept that ADHD was a child-only disorder began to change in the 1970s. For the first time, preliminary reports in 1976 on the nature of ADHD symptoms and psychosocial impairments in adults with a past history of childhood ADHD argued that ADHD might not always be outgrown in adulthood. Authors wood et al.(1976) and Hechtman et al.(1976) emphasized many similarities between ADHD in children and in adults in patterns of core symptoms and comorbidity, association with impairments and cognitive performance measures, and response to medication . Subsequently, in 1980, the category of attention deficit disorder (ADD), residual type, was defined in DSM-III (American Psychiatric Association, 1980); this category provided the first opportunity to make a formal diagnosis of ADHD in adults with a past history of ADD and persisting attention and concentration problems, without a requirement of persisting hyperactivity symptoms. This DSM-III category inherently implied that adults could not meet full diagnostic criteria. This diagnostic possibility must have served a purpose in practice, because its removal in the DSM-III-R (American Psychiatric Association, 1987) led to a request from a number of researchers and clinicians to restore it, efforts followed to define appropriate diagnostic criteria for ADHD in adults (Wender,1987). Although the category of ADD, residual type, was not restored in the DSM-IV, the DSM-IV ADHD criteria were modified in such a way that they could be applied more easily to adults (American Psychiatric Association, 1994). Since then, the acceptance of adult ADHD by the professional community and the general public has been growing (Jaffe, 1995). The Current version of DSM-5 (American Psychiatric Association, 2013) continues to have adult ADHD as diagnostic entity. Several longitudinal follow-up studies convincingly showed that ADHD symptoms persisting significant proportion of adults with a history of childhood ADHD (Mannuzza, Klein, Bessler, Malloy, & LaPadula, 1993 ; Mannuzza, Klein, Bessler, Malloy, & LaPadula, 1998; Weiss & Hechtman, 1993). These studies were important in establishing that ADHD often persisting to adulthood, with age-related changes in the way that the characteristic symptoms of the disorder present in adults.

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