

Adult ADHD: Diggin' Your Way Out

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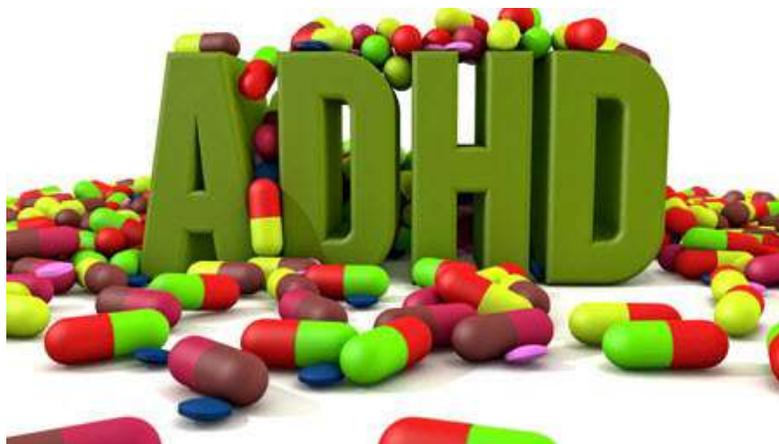
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Today, I'll

- ▶ Describe the adult ADHD assessment and why it is critical to proper treatment planning
- ▶ Examine medication options appropriate for adults
- ▶ Address non-medication strategies to help make everyday life more rewarding and manageable



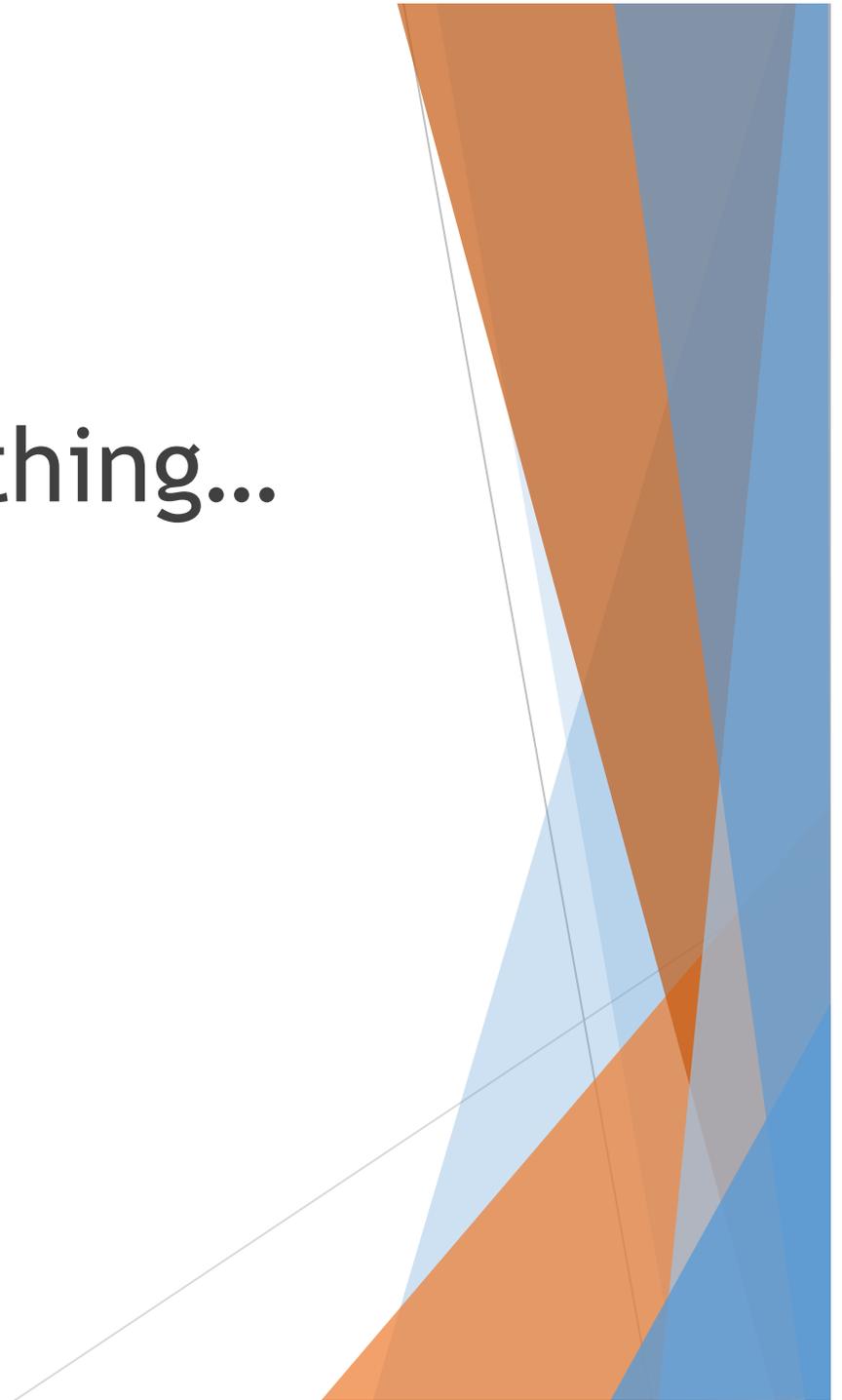
A Few Facts... Some Troublesome

- ▶ ADHD is definitively...a neurodevelopmental disorder with onset in mid-childhood through early adolescence
- ▶ Those with ADHD have racecar brains with bicycle brakes
- ▶ The comedian Steven Wright
- ▶ This, of course, is a bona fide disorder associated with significant distress, but...
- ▶ CDC: Nearly 20 % of high school age boys in the U.S. and 11% of school-age children have received a diagnosis of ADHD; 53% rise in diagnosis in those 4-17 this past decade alone
- ▶ Some diagnosticians are hastily viewing any complaints of inattention as ADHD - so the diagnosis is poorly established
- ▶ Increases in diagnosis = more pills = an increased risk for abuse and drug diversion
- ▶ Parents are pressuring doctors for pills, instead of challenging and questioning this diagnosis

Adult ADHD

▶ There is no such thing...

▶ Unless...



DSM-5 Prerequisites

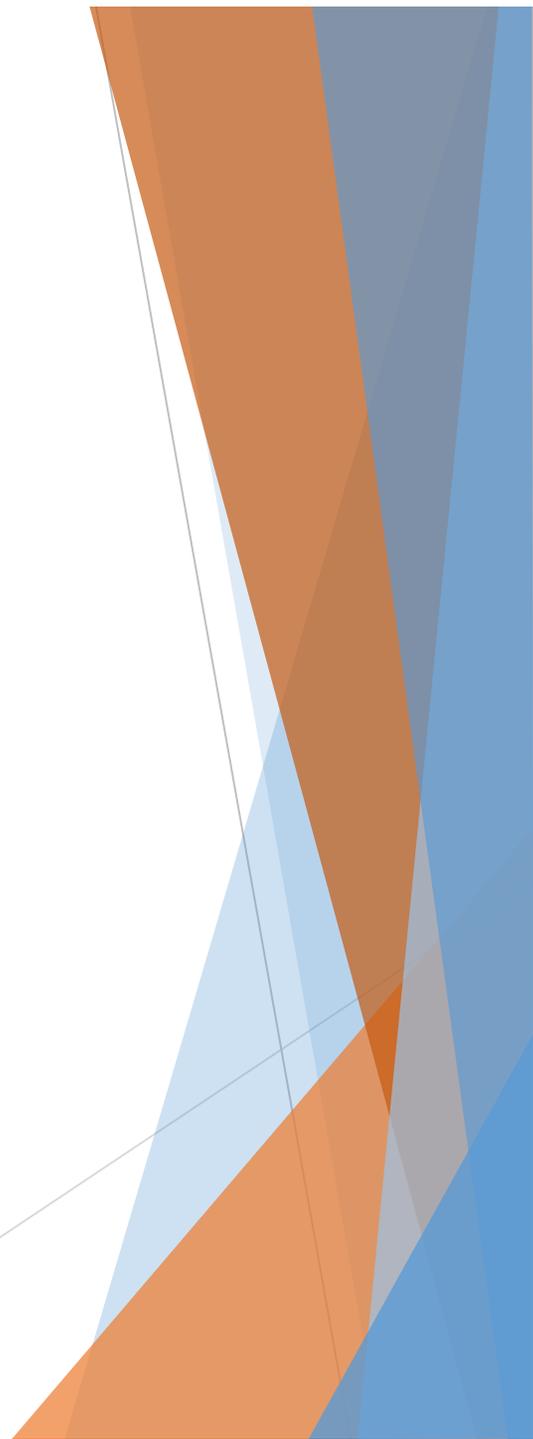
- ▶ Symptoms were present before age 12
- ▶ Symptoms have repeatedly been present in 2 or more settings (home, work, social settings)
- ▶ Symptoms substantially impair or disable the person in those settings
- ▶ Symptoms can't be better explained by something like anxiety or depression



Adult ADHD

- ▶ If you have a never-before-diagnosed adult claiming ADHD, probably 95 percent of them have something else
- ▶ People may be feigning symptoms in order to obtain a prescription, but many others are going online searching for a confirmation of ADHD
- ▶ Web information is poorly fleshed out
- ▶ Symptoms must be present before age 12; there is no such thing as new-onset ADHD beyond this age, so the individual either wasn't diagnosed or was diagnosed and decided to fight their way through symptoms
- ▶ Adults who really have it report significant impairment - difficulty driving, job firings, lost relationships, poor credit rating upon questioning
- ▶ If someone has gone say 30-40 years with ADHD, there's going to be a paper trail of impairment, right?

Assessment



Doing It Right

- ▶ Before doing an adult ADHD assessment, keep in mind that most symptoms are nonspecific and can be present in many other psychiatric disorders - or even present in people without any disorder at all
- ▶ Note: Positive answers to questions asked can't confirm the diagnosis, but they can provide clues that may (or may not) prompt a suspicion of ADHD
- ▶ When a patient comes to my office with ADHD-like complaints, the 1st thing I do is assess their motivation

So, I Will Ask...

- ▶ Why are you coming in for an evaluation at this age?
Why now?
- ▶ Have there been any major changes in your life recently?
- ▶ Frequently, there's a precipitating factor that prompts someone to seek treatment - such as a recent promotion, increased work responsibilities, educational demands, the birth of a child, a new marriage
- ▶ If a patient comes in and says "I have poor attention," I'll ask how long this has been going on
- ▶ For patients with real ADHD, the most common response is "my whole life"
- ▶ Many of them tear up when answering this question

Additional Questions and Investigation

- ▶ “When did your symptoms first start?” If they answer last year of high school or first year of university, then it’s not ADHD according to criteria
- ▶ I’ll inquire about patients’ education: “Was school a struggle for you?” “How long did it take to get your degree? Often I’ll hear it took many years and multiple attempts to earn it
- ▶ I ask about home life. “What’s your bedroom closet look like?”
- ▶ “How often do you lose important objects, like cellphones or keys?” Many patients will show me that these items are anchored to belts or tied to purses. “This is what I have to do so as to not lose them”
- ▶ “Are you able to sit still?” “Do you feel an urge to be constantly on the go?” “What’s it like to sit in a meeting at work?” “How about standing in line at a coffee shop or pharmacy?”
- ▶ “Have you had any near misses while driving?” “Car accidents?” “Run red lights?”

Questions and Answers

- ▶ “Have you been arrested?”
- ▶ “Have you lost jobs?”
- ▶ “Have you been formally reprimanded by your supervisor?”
Some will respond, “I am the supervisor?”
- ▶ The patients I see who again really have ADHD will say, “I can’t drive very well because I just can’t keep my mind focused on the road and I’ve gotten numerous tickets”
- ▶ “I’ve been fired from several jobs because I sleep in late or I forget”
- ▶ “I’ve lost relationships because I’m not paying attention and am not fully present”
- ▶ “My utilities have been cut off because I forget to pay the bill”

Next Steps

- ▶ Proceed from initial questions to more systematically go through the formal list of ADHD symptoms
- ▶ I have them fill out: ADHD Rating Scale IV With Adult Prompts in the waiting area - I don't simply read off a list for patients to answer out loud!
- ▶ Then a review of systems because mood, anxiety and trauma-related disorders are common in patients with ADHD
- ▶ If a patient describes symptoms of depression, it may be hard to tell whether the poor concentration is due to the depression or the ADHD.
- ▶ So, I'll ask about self-esteem - "I'm down on myself because I can't accomplish anything," "I'm a failure"
- ▶ If most of the patient's "depressive" symptoms are related to these statements above, I'll be thinking ADHD, because ADHD drives poor self-esteem

Then...

- ▶ A good substance abuse history - I'll ask about caffeine usage, energy drinks, nicotine usage as it is possible they are dosing themselves with cigarettes to enhance attention
- ▶ I'll ask: "What drugs have you tried?" "If you drink, what is your alcoholic beverage of choice?" They may be self-medicating for anxiety
- ▶ Family history - ADHD is highly heritable. "Whom you suspect has problems with attention in your family?"
- ▶ In terms of past psychiatric history, I've found that adult patients with ADHD have had poor responses to multiple antidepressants and antianxiety medications. Never deplete dopamine in someone you suspect has ADHD
- ▶ Screen for pre-existing cardiovascular disease
- ▶ Bottom line with assessment: ADHD is a clinical diagnosis based on a clinical assessment and history. Neuropsychological testing is a waste of time and a barrier to treatment

Martin

Martin C, age 50, came to my office two weeks ago saying, “I think I have ADHD.” I asked, “Why are you coming in now, at age 50?” “Have there been any major changes in your life recently, any new stressor rearing its head?”

Martin’s response was that he was experiencing poor attention, but had never been diagnosed with ADHD before coming to me. I questioned on, “Was school a struggle for you; did you experience much academic failure; how long did it take for you earn your degree?” Martin stated that he earned mostly A’s and B’s in grammar school, and mostly B’s in pursuit of his MBA - which he completed in 3 years while working at the same time.

After these initial questions, I had him fill out an ADHD rating scale. (ADHD Rating Scale IV With Adult Prompts: ADHD-RS-IV). We then discussed the items on the scale and I asked him to clarify and expand on some of his answers. After further exploration, Martin explained that he had just received a major promotion at work requiring increased responsibilities and demands on his time. He went on to say he was questioning his capabilities for this new position and was having a crisis of confidence.

Julie

Julie, 61, was referred to me by a previous patient of mine. Her primary complaint was poor attention, chronic indecisiveness and generally leading a very disorganized life. She reported that as far back as she can remember, she has been very “scattered.” It is rare that she leaves the house without forgetting something essential. She will get into her car, often forgetful of what’s on her “to-do” list which she felt sure she had memorized. She decided the “last straw” was when she recently forgot to pick up her grandchild after school one day.

A few months prior to seeing me, she side-swiped a car claiming she was distracted by a road sign. Her finances are a “mess” she claims, as she is unable to keep track of her checking account balance, leaving her often overdrawn.

She shared that to relax from all this stress, she consumes 3-4 glasses of wine each evening upon returning home.

Feigning Symptoms

Phil was referred to me via the LSU Employee Assistance Program. Phil is a PhD student, and has won all sorts of awards as an undergrad and won a full scholarship for graduate study. He came to me saying he thought he had ADHD. He absolutely knew before coming to me that I wouldn't be writing ANY prescriptions for him even if I diagnosed him with ADHD.

So I asked him, "Why don't you just go to your family physician?" He rolled his eyes and responded, "Okay, I'll level with you, I can't go to my GP because he's known me all my life." I responded, "So, that's a good thing, right?" "No, he knows I don't have ADHD."

Then he says, "Look I'm tired of paying \$20 a pill to get Adderall on campus, but if you just diagnose me, the University health plan will pay for it. Everyone else is staying up late writing papers and I need to be awake and alert to stay competitive."

He knew all the right things to say about symptoms, but he couldn't objectively tell me how the symptoms he described were impairing his life.

Feigning Symptoms

- ▶ People like Phil often wind up getting a prescription because the diagnosis is poorly established in the first place
- ▶ As a result, the Phil types wind up getting a trial prescription because they need to “concentrate” more or their attention is wandering
- ▶ Then they come back month-after-month to the prescriber to say the drug is working, get a refill, then another
- ▶ Then they develop an entitlement mentality believing that they have a God-given right to their stimulant when there is no assessment of whether the drug is actually doing anything
- ▶ Truth is, we know lots of people would benefit from stimulants regardless of whether they have ADHD; just ask the person sitting next to you!
- ▶ There’s a webpage called “How to Convince Your Shrink You’ve Got ADHD,” listing all the questions a psychiatrist is likely to ask, and tells how to answer each one to increase the chances of getting a diagnosis and a prescription for a stimulant



Ramifications:
The 3 Biggies -
Shame;
Relationship
Issues;
Disorganization



Shame

- ▶ Shame is often the overlooked demon when it comes to living with and managing ADHD successfully
- ▶ People with ADHD and Shame
 - ▶ Know the “what” and “how” of what has to be done, but can’t execute
 - ▶ Work several times harder to just stay afloat
 - ▶ Often do well in school or work at first, but difficulties increase as school or work becomes more challenging
 - ▶ Are perpetually confused and wondering why they procrastinate so much
 - ▶ Recognize how hard it is to live like this for so long
 - ▶ How does this happen?

Shame

- ▶ To cope effectively, addressing the lifelong patterns and beliefs of shame are essential, otherwise successful living may remain very limited even with an accurate diagnosis
- ▶ Chronic shame = a firmly held belief of defectiveness which is often resistant to change for the better
- ▶ So paradoxically, shame perpetuates the very thoughts and beliefs that keep the individual stuck by becoming an enemy of the good
- ▶ Help patients become more aware of the negative chatter in their heads - the inner critic creating doubt, negativity and self-defeating worry

3 Steps for Taming The Inner Critic

1. Help them become more aware of the “voice” and when it pops up. *Mindfulness* is about noticing red flags and redirecting oneself to the present - “Oh, there’s that negative messaging again”
2. Write out what the critic is saying:
 - “I will never get this project done”
 - “I am definitely going to get fired”
 - “ I can’t focus”
 - “ It’s impossible for me to learn this”
3. Use counter-statement prepared in advance
 - “I won’t let perfect be the enemy of the good”
 - “I have tremendous value to offer”
 - “I’m working at making gradual, steady progress”

Relationship Issues

- ▶ Relationships where one or both members of the couple have ADHD can be troubled by misunderstandings, frustrations, and resentments - obvious, right?
- ▶ If you're the person with ADHD, you may feel like you're constantly being criticized, nagged, and micromanaged. No matter what you do, nothing seems to please your spouse or partner
- ▶ If you're in a relationship with someone who has ADHD, you may feel lonely, ignored, and unappreciated. You're tired of taking care of everything on your own and being the only responsible party in the relationship

Symptoms Of ADHD That Can Cause Relationship Problems

- ▶ Trouble paying attention. Zoning out during conversations, which can make the partner feel ignored and devalued; missing important details or mindlessly agreeing to something which is summarily dismissed
- ▶ Forgetfulness. Even when paying attention, he or she may later forget what was promised or discussed
- ▶ Impulsivity. Blurting out things without thinking, leading to hurt feelings
- ▶ Emotional outbursts. Difficulty moderating emotions, temper tantrums, partner walking on eggshells

How To Proceed

- ▶ For the non-ADHD partner

- Put one foot into your ADHD partner's world

- Study up on this disorder

- Immediately stop the nagging, verbal attacks and parenting behaviors

- Acknowledge progress, overall effort and achievements

- Separate person from symptoms

- ▶ For the ADHD partner

- Acknowledge the fact that symptoms are interfering with the relationship. It's not just a case of the partner being unreasonable

- Explore treatment options. Learn to manage symptoms and become more reliable, partner will ease off

- Do a little spoiling. If the partner feels cared for even in small ways— he or she will feel less like a parent

- Again, separate partner from symptoms

Teamwork

- ▶ Divide tasks and stick to them. The non-ADHD partner may be more suited to handling the bills and doing the errands, while the ADHD partner manages the children and cooking
- ▶ Schedule weekly sit-downs. Meet once a week to address issues and assess progress made as a couple
- ▶ Evaluate the division of labor. Make a list of chores and responsibilities and rebalance the workload if either one of you is shouldering the bulk of the load
- ▶ Delegate, outsource, and automate. Partners don't have to do everything themselves. Assign children chores; hire a cleaning service; sign up for grocery delivery, or set up automatic bill payments
- ▶ Split up individual tasks, if necessary. If the partner with ADHD has trouble completing tasks, the non-ADHD partner may need to step in as the "closer." Account for this in arrangements to avoid resentments
- ▶ Laugh together. Lighten up, fine humor in the gaffes, mess ups - it's the greater tension release ever!

Disorganization

- ▶ Who forgot something on your way in this morning? Disorganization? Forgot? Both?
- ▶ Disorganization is at its worst when someone has NO idea where to look for something
- ▶ Getting organized for someone with adult ADHD means shrinking their world - keys, cellphones, other personal items can't just be put anywhere; bills, appointments, obligations, documents must live in designated places accompanied by a system for managing them
- ▶ But...organization doesn't and shouldn't be a laborious, cumbersome process as it creates yet another distraction!!
- ▶ Simple and streamlined works just fine

Organizing For Those With Adult ADHD

- ▶ Organization = Control = Power = Success = Self-esteem
- ▶ “But Joe it takes time to get organized!”
- ▶ Ask organized people what they do
- ▶ Recognize that because of poor attention, inability to focus, impulsivity, forgetfulness and poor listening skills, a visual plan works best
- ▶ Cellphones are NOT the place to store reminders but are excellent for alerts
- ▶ Because...they are magnets for becoming distracted and wasting time

Organizing Tasks And Behaviors

Purchase a whiteboard for everyday tasks On the whiteboard:

1. Take a walk around the block - before leaving for the day
2. Make the bed - before leaving for the day
3. Clean or polish something - before leaving for the day
4. Sort the daily mail

Purchase a spiral notebook - it goes everywhere

1. Write the day and date at the top of the page and then note:
2. Pick ups
3. Appointments
4. Errands
5. Accumulated receipts

Purchase a weekly planner - it stays at home

Getting Organized

Before leaving home: Do the 4 things on the whiteboard

Leaving home: Set up a “launching pad” near front door for:

Umbrellas, backpacks, purses, keys, briefcases, phones

Use cubbies, pegs, hooks containers

At work

Can you set a 25-minute clock to work in shorter blocks?

Have you talked with your boss about your ADHD?

Is there a way to divide an hour so that you can get 1 to 2 mental breaks during the course of the hour?

How can you turn your work day into a series of hyper-focused sprints rather than a meandering marathon?

Getting Organized

After work

Complete what's in the spiral notebook for the day only

New appointment cards tucked in spiral notebook and then recorded in weekly planner

Receipts or other paper transferred to files; “empty” the spiral

Files Set up a document “hotspot”

Personal

Important papers

Tax returns

Payables

Receipts

Banking

Online is golden

Alerts, reminders for bills due

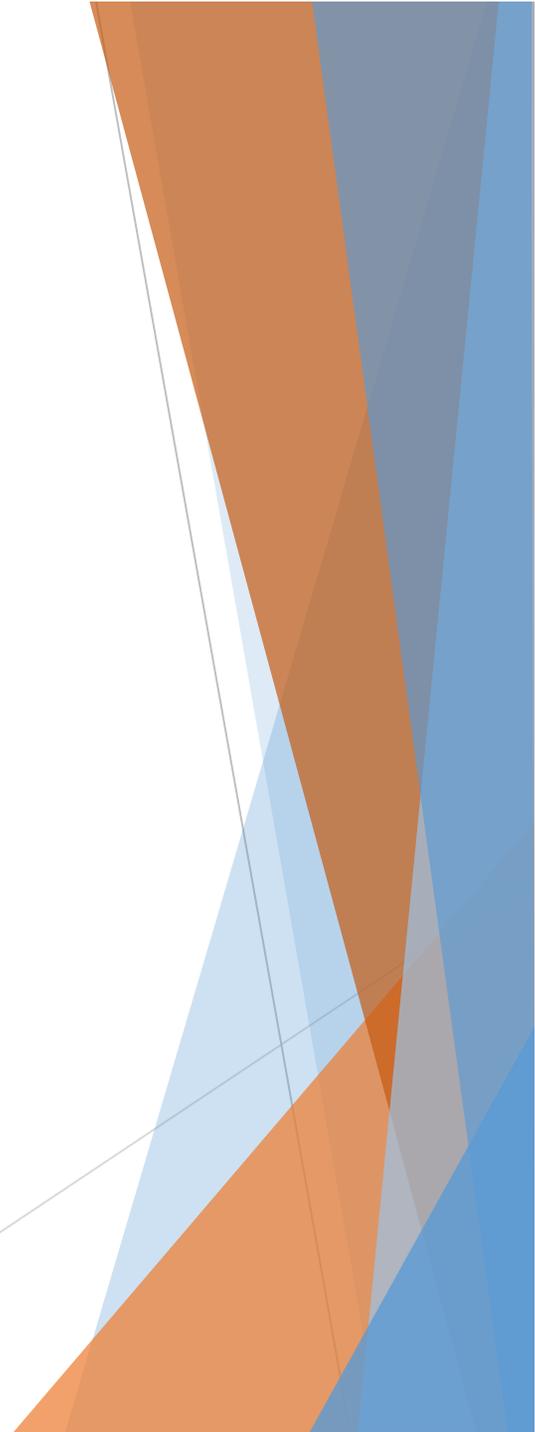
Home

“Spyglass” technique; Pack one box a week for Goodwill, etc.

For all of the above

Accountability partner

Non-Medication Strategies: Mindful Awareness; Yoga



Mindful Awareness

- ▶ Mindfulness involves paying attention to thoughts, feelings and bodily sensations
- ▶ It's nothing new; humans began figuring out ways to be present in their lives and circumstances eons ago
- ▶ We all need to be aware of the importance of the present; we accomplish only in the present; it's the only place we can operate
- ▶ Helps develop greater awareness of what's going on from moment-to-moment
- ▶ For those with ADHD, mindfulness develops inner skills, teaching them how to pay attention - to paying attention
- ▶ Increases awareness of current emotional state, so as to curb acting impulsively

What To Do

- ▶ Just start noticing breathing. In and out...in and out, it goes. Nothing complicated; no drawn out exercises; no counting breaths; 5 minutes at a time. When noise pops in, notice it, label it as noise and get back to the breathing - it isn't about staying with the breath, it's about returning to the breath
- ▶ The emphasis on re-shifting attention and outwitting the mind's natural tendency to wander, is what makes Mindfulness especially helpful for those with Adult ADHD
- ▶ Expand to walking from place to place, stopped at a traffic light, sitting at a computer, conversations

Yoga

- ▶ Whereas Mindfulness develops the “inner,” yoga develops the “inner’ and the “outer” - the mind-body connection
- ▶ Yoga adds a physical component to the Mindfulness model
- ▶ So yoga is exercise- which is a powerful tool in any ADHD management plan
- ▶ It doesn't have to be complicated requiring someone to sweat bullets, it can be as simple and rewarding as learning and mastering a few poses

Medication



Etiology; Medications

- ▶ ADHD disrupts executive functioning - whether it be in school, work, home or social settings
- ▶ For medication to be effective, it must be taken every day, and will control symptoms only as long as they are taken
- ▶ There are no long-term lasting effects once the drugs are stopped, but ceasing medication use ushers in a return of symptoms similar to those before medication was initiated - unless other strategies to control symptoms are employed
- ▶ Continued use ushers in tolerance, dependence and the attendant risk of possible addiction

How Stimulant Medications Work; Types Of Stimulants

- ▶ The most widely prescribed class of medications for ADHD symptoms is the Psychostimulants
- ▶ Psychostimulants activate the chemicals dopamine and norepinephrine in the frontal and “wake up” the brain
- ▶ Norepinephrine improves attention and focus; dopamine improves and lengthens attention span, lessens distractibility and helps decrease impulsivity and excessive movement
- ▶ Two types of stimulants are routinely prescribed in the U.S.
 - ▶ The Ritalin (methamphetamine) products (MPH)
 - ▶ The Dexedrine (amphetamine) products (AMP)
 - ▶ The delivery systems: Pills; Pump; Pellets; Patch; Pro-drug

Generic name	Trade name	Dose forms available	Usual dosing
Bupropion	Wellbutrin	Wellbutrin 75mg, 100mg	BID or TID (at least 6 hours between doses)
Bupropion	Wellbutrin SR, LA	Wellbutrin 100mg, 150mg, 300mg	QD-TID (at least 8 hours between doses)
Dextroamphetamine	Dexedrine = Dextrostat	Dexedrine 5mg, 10mg Dextroamphetamine 5mg, 10mg Dextrostat 5mg, 10mg	QD-TID (4-6 hour interval between doses)
Dextroamphetamine	Dexedrine Spansule	Dexedrine Spansule 5mg, 10mg, 15mg	QD in AM
Dextroamphetamine/ Amphetamine	Adderall	Adderall 5mg, 10mg (and others)	QD, BID, TID (4-6 hour interval between doses)
Dextroamphetamine/ Amphetamine	Adderall XR	Adderall XR 10mg, 20mg, 30mg	QD in AM
Methylphenidate	Ritalin	Ritalin 5mg, 10mg, 20mg Methylphenidate 5mg, 10mg, 20mg	BID-TID
Methylphenidate	Ritalin SR	Ritalin SR 20mg	8 hour duration

Generic name	Trade name	Dose forms available	Usual dosing
Methylphenidate	Ritalin LA	Ritalin LA 20mg, 30mg, 40mg	QD in AM
Methylphenidate	Metadate CD	Metadate CD 20mg	QD in AM
Methylphenidate Methylphenidate Patch	Concerta Daytrana	Concerta 18mg, 27mg, 36mg, 54mg Daytrana 10mg, 15mg, 20mg, 30mg	QD in AM QD
Dexmethylphenidate	Focalin	Focalin 2.5mg, 5mg, 10mg	6 hour duration
Dexmethylphenidate	Focalin XR	Focalin XR 5mg, 10mg, 20mg	12 hour duration
Atomoxetine NRI	Strattera (Non-stimulant)	Strattera Capsules 10mg, 18mg, 25mg, 40mg, 60mg	Single daily dose in AM or divided doses in AM and late PM
Guanfacine	Tenex Intuniv	1mg, 2mg 1mg, 2mg, 3mg, 4mg	BID-TID QD

The 5 Ps (Psychostimulants)

The Pills:

Ritalin; Focalin; Adderall

The Pump:

Concerta

The Pellets:

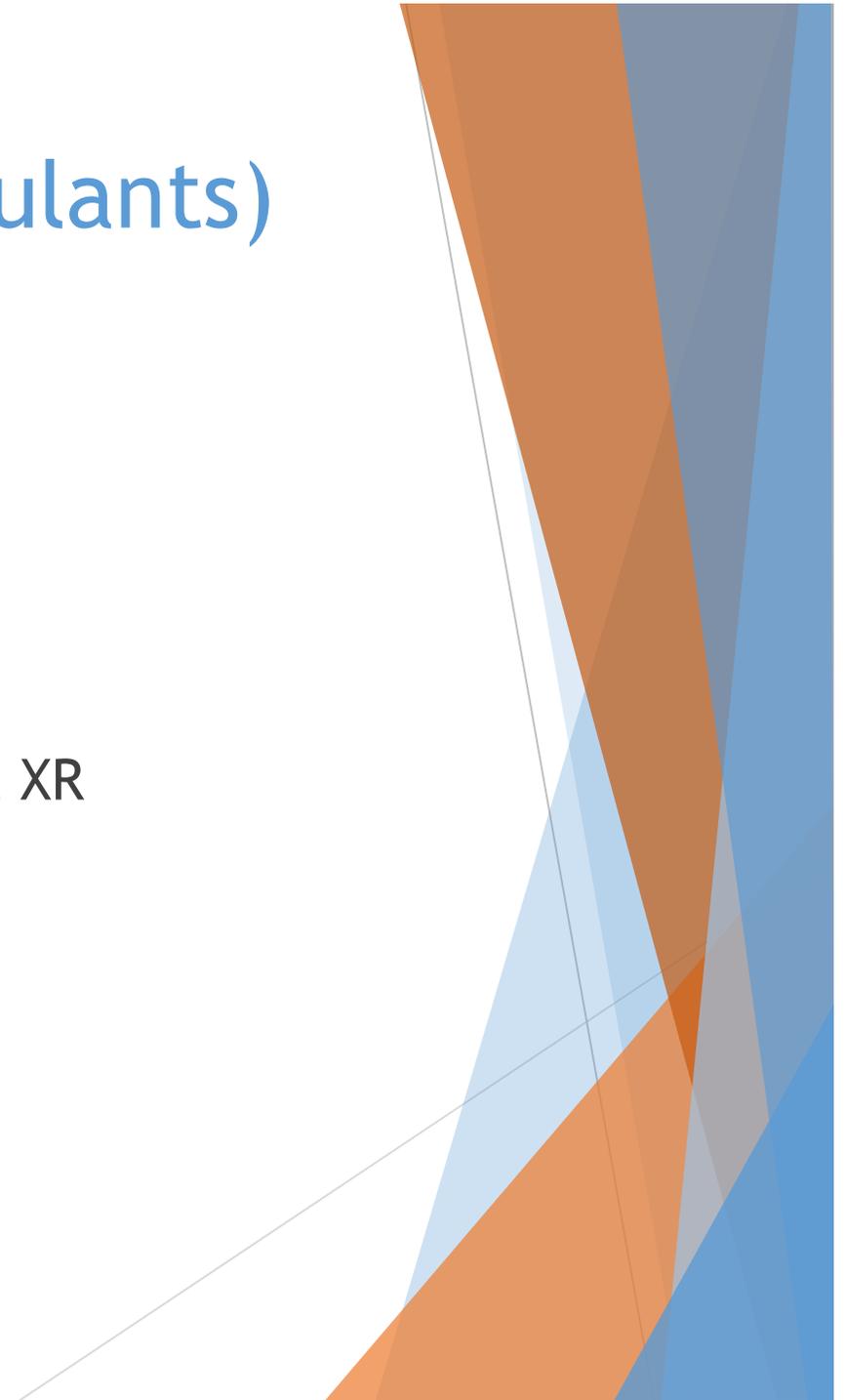
Ritalin LA; Focalin XR; Adderall XR

The Patch:

Daytrana

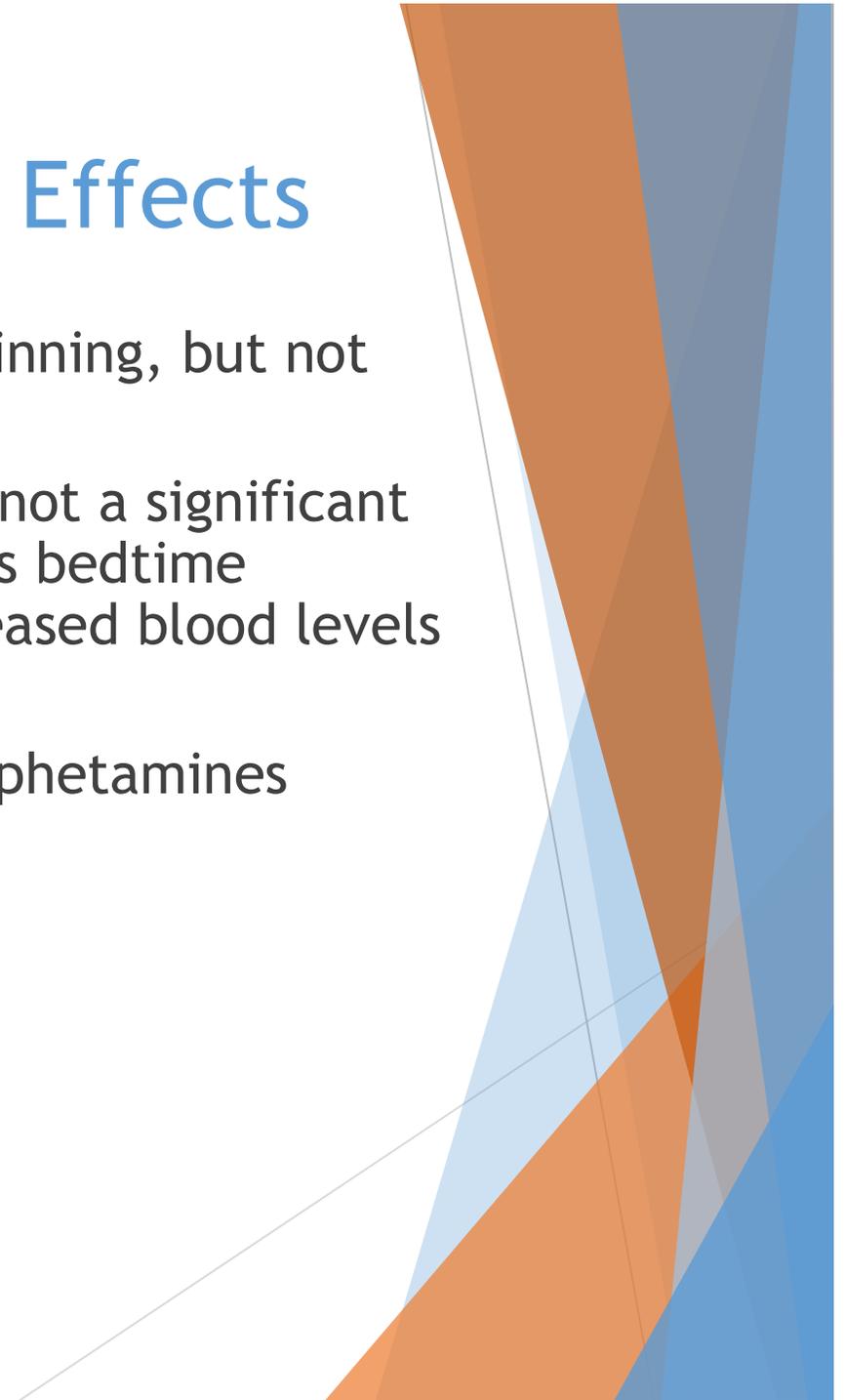
The Pro-Drug

Vyvanse



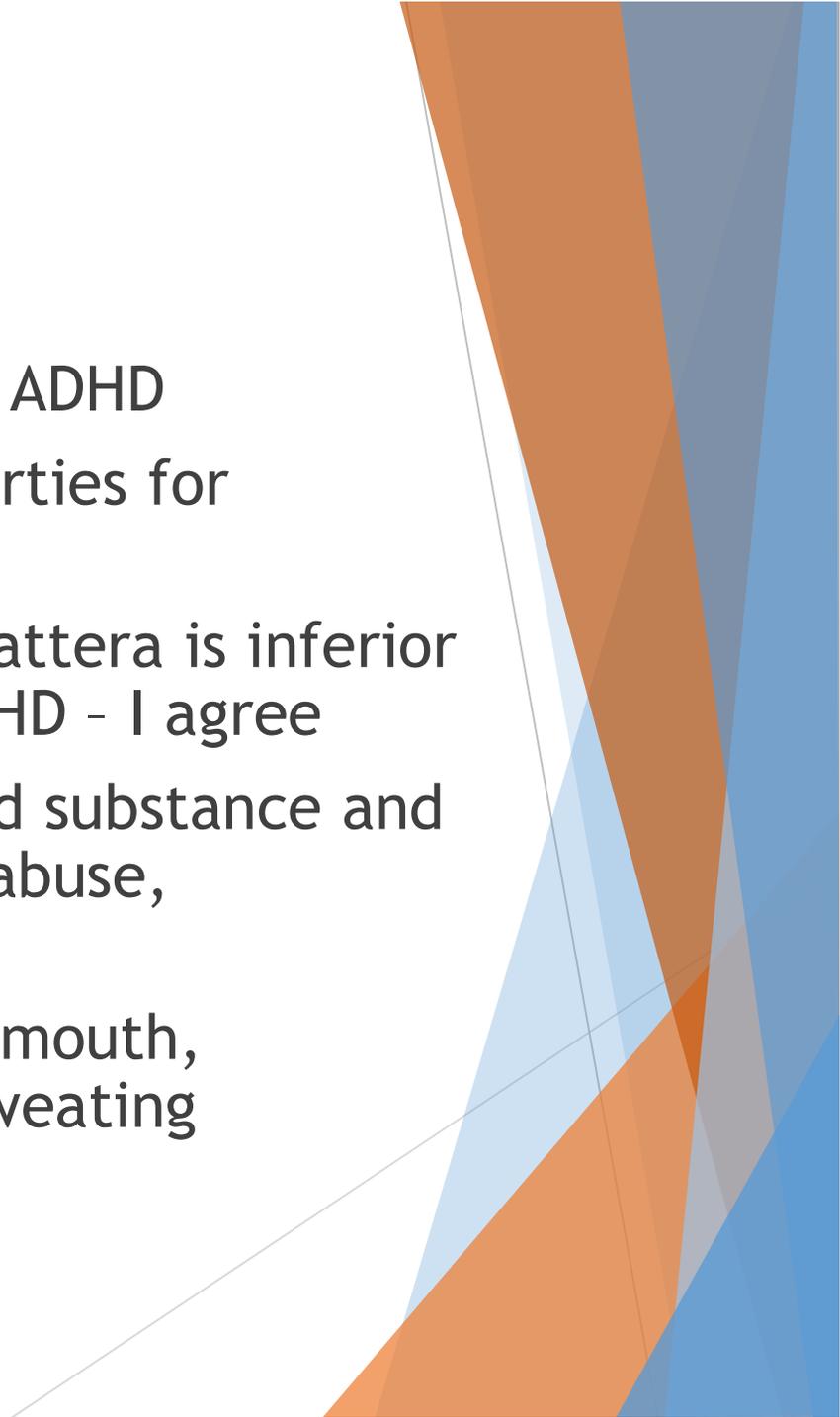
Psychostimulant Side Effects

- ▶ Appetite suppression in the beginning, but not persistent
- ▶ Insomnia can occur, but usually not a significant issue (sleep improves due to less bedtime rumination) or because of decreased blood levels of the drug
- ▶ Irritability, particularly with amphetamines
- ▶ Dry mouth



Strattera

- ▶ Originally marketed for Adult ADHD
- ▶ An antidepressant with properties for treating ADHD
- ▶ Many studies suggest that Strattera is inferior to stimulants in managing ADHD - I agree
- ▶ However, it is not a controlled substance and therefore carries less risk of abuse, compared to stimulants
- ▶ Common side effects are dry mouth, dizziness, constipation and sweating

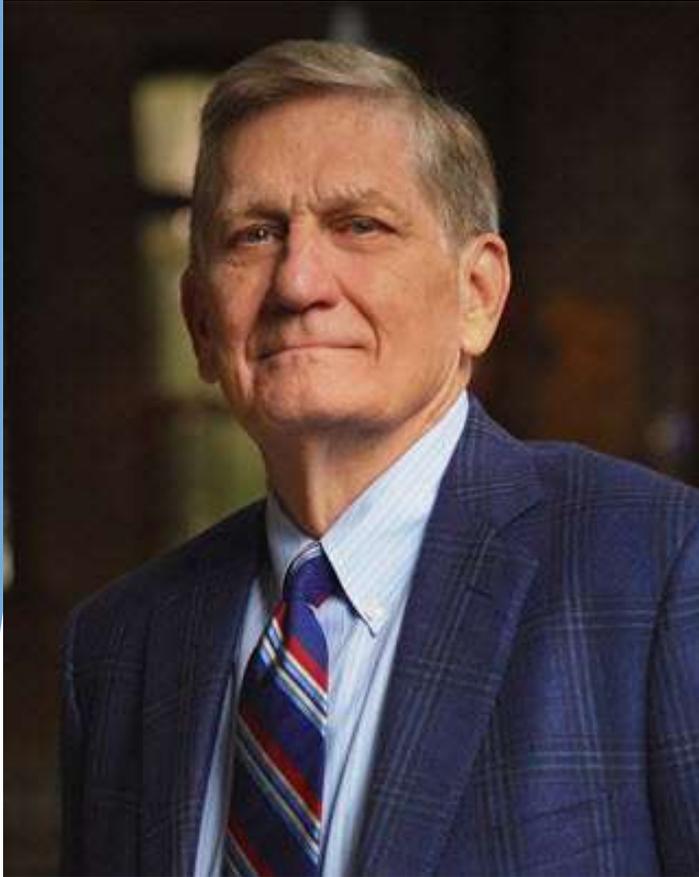


Intuniv

- ▶ Here's a medication that can be used to treat high blood pressure, but is also FDA-approved for ADHD
- ▶ Its benefit is in managing co-occurring symptoms accompanying ADHD, such as anger and hyper-aggression, and in decreasing excessive impulsivity
- ▶ Side effects include minor decreases in blood pressure and pulse rate, some sedation, and irritability

In Conclusion...

I've never met a pill that pays a bill, so those with Adult ADHD will have to do some DIGGIN' on their own



Thanks for
Attending!

Joe Wegmann, PD, LCSW