

# FACT SHEET # 7



## AD/HD and the Adult

For many years, professionals believed that children would outgrow AD/HD through puberty and adulthood. It is now recognized that AD/HD can carry on into adulthood—as many as 30% to 70% of children with AD/HD may continue to experience symptoms of AD/HD as an adult.<sup>4,9</sup>

It can be difficult to spot AD/HD in adults because the symptoms are often mistaken for other things, like a stressful lifestyle, substance abuse or psychological problems. AD/HD is not often recognized in adults until they seek help with one of these conditions.

AD/HD in adulthood occurs as a continuation of childhood AD/HD. The person would have had the condition when younger, although it may not have been recognized at the time. Many adults realize they have AD/HD only when their own children or another family member are diagnosed with the condition.<sup>9</sup>

Adults with AD/HD may experience problems in their relationships, work and education, but never really understand why. They may overreact to minor frustrations and find it difficult to organize things. Sometimes, they may have been treated for learning disabilities or depression. Others may have experimented with drugs, sex or gambling more than their peers.

Predominantly inattentive AD/HD is more common in women. It is associated with a higher incidence of

learning disabilities, anxieties and sadness, and is often undiagnosed. Hyperactivity is more common in males and is sometimes associated with social rejection as a child.

### Diagnosis of AD/HD in Adults

As for children, the criteria for diagnosis of AD/HD in adults were developed by the American Psychiatric Association<sup>6</sup> (Fact Sheet #2). A detailed diagnosis procedure is needed to:

- establish an accurate diagnosis and treatment plan
- check for co-existing medical or educationally disabling conditions
- rule out an alternative explanation for the person's behaviour and difficulty

There is no single diagnostic test for AD/HD. Scales and checklists help clinicians obtain information from partners, family members, teachers and others about symptoms and functioning in various settings. This is necessary for an appropriate assessment for AD/HD and treatment monitoring. Symptoms must be present in more than one setting (for example, both at home and at work) to meet DSM-IV criteria for the condition. Such instruments are only one component of a comprehensive evaluation, which may include a medical examination, interviews and possible psychological assessment.<sup>9</sup>

### Treatment of AD/HD in Adults

In many cases, the diagnosis itself can be a major benefit for adults with AD/HD. Knowing that they have a

medically recognized condition, and that they are not “lazy” or “stupid,” can be a big first step in dealing with their AD/HD. They may also feel saddened or angry that it was not recognized and treated sooner.

There is no cure for AD/HD. But being involved in the management and effective treatment strategies of your AD/HD will help you deal with the condition, along with support from doctors, family, friends, your local LDA chapter and employers. Treatment will normally involve several components, including:

- education to help you and those close to you understand and manage your AD/HD
- lifestyles changes, such as cutting back or giving up drugs, alcohol, taking up regular exercise, stress management and improved diet
- developing strategies for dealing with behaviours that limit success
- counselling to deal with self-esteem issues or co-existing conditions
- marriage counselling to support your partner in understanding AD/HD
- vocational counselling and workplace accommodations to help you achieve success at work
- joining a support group or obtaining a coach
- medication prescribed and taken appropriately to improve AD/HD symptoms and co-existing conditions

### **AD/HD and Relationships**

AD/HD in adults can significantly affect their relationships with others, particularly a partner, family, friends and work colleagues. They may see the adult with AD/HD as unreliable, or become frustrated trying to understand or help. Research has found that the most common

behaviours that have a negative impact on relations are:

- doesn't remember being told things
- saying things without thinking
- “zoning out” in conversations
- problems dealing with frustration
- trouble getting started on a task
- underestimating time needed to complete a task
- leaving a mess and being disorganized
- forgetting special dates, meetings or always being late
- not finishing a project.<sup>18</sup>

For both members of a relationship, it is important to recognize these behaviours. That's why any education about AD/HD needs to include the family and friends. Several interventions or strategies are available to deal with these difficulties. For example, if saying something without thinking is a problem, the adult with AD/HD should try to be aware of how his or her verbal impulsivity can make other people feel uncomfortable. People with AD/HD often enjoy vigorous conversation as a source of stimulation. But they should understand that others may not share this enjoyment and know how to tone down the argument and move onto another topic.<sup>19</sup>

Similar strategies are available for the other problems. Working with a counsellor or using self-help techniques can help adults with AD/HD improve their relationships.

### **AD/HD with Work or Studies**

If you have AD/HD but didn't know it for a long time, you may have been misunderstood at work, at university or college. Your behaviour—whether you are restless, impulsive, disorganized or easily distracted—can be seen as being purposefully

disruptive and unreliable. People with AD/HD may be seen to be unmotivated, lazy, self-centred or even slow learners. AD/HD may lead to a lifetime of underachievement, falling short of goals at work and complicating relationships with co-workers. Since AD/HD symptoms are usually not visible, co-workers may also have difficulty understanding and accepting the limitations they create.

A poor person–job match may also exist. Sometimes, a person needs to choose a place of employment or type of work that makes the best use of particular strong points and minimizes weaknesses. At times, success may be achieved with the help of the employer by disclosing your AD/HD in order to receive job accommodations. These must be

tailored to meet the person's specific needs. Some examples of accommodations in the workplace include extra clerical support, access to audio and video equipment, job restructuring, reassignment to a different position that better matches strengths, modified work schedules, computer with reader and voice-activated software, and filing systems that meet your needs. With the proper diagnosis and treatment, knowledge about how AD/HD affects you, a willingness to make changes, and the support and encouragement of family members, friends, your local LDA chapter and employers, you can learn to work around your difficulties, increase productivity and enjoy a more rewarding life.

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*\*\*\* AD/HD is not a learning disability. Each is a distinctive neurologically based disorder. Each is recognized and diagnosed differently. And each is treated in a different way. The treatment for AD/HD will not correct LD. The treatment for LD will not help AD/HD. About 30% to 40% of people with LD will also have AD/HD, so if one disorder is found it is important to look for the other.*

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