

Information about

ADHD IN ADULTS

The disorder, its treatment and prevention



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ADHD is a common psychiatric disorder. When you suffer from ADHD, knowledge of the disorder is important. The more you know, the better equipped you are to deal with the disorder in cooperation with your relatives and your psychiatry contact.

This brochure describes the most common symptoms and challenges in everyday life for someone with ADHD. It is mainly intended for people being treated by Region Midtjylland, and for their relatives and colleagues at their place of study or work.

Region Midtjylland offers diagnosis and treatment of ADHD; this normally involves outpatient consultations.

We hope this brochure will help you and those closest to you to learn more about the ADHD diagnosis.

Kind regards

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WHAT IS ADHD?

The diagnosis of ADHD covers a range of psychological symptoms and difficulties with functioning in everyday life.

ADHD stands for Attention Deficit/Hyperactivity Disorder. Some specialists describe ADHD as a regulating disorder – difficulty with regulating thoughts, emotions, actions and circadian rhythm.



I got nothing out of my schooling.

I couldn't sit still and was often sent out of the classroom. I was frequently told: **'Sit still and get a grip on yourself!'**

I often had the impression that I was probably both **stupid and lazy**.

MICHAEL, AGE 24 – ABOUT UNTREATED ADHD

ADHD occurs in childhood years and is characterised by three core symptoms:

- ❑ Attention deficit
- ❑ Hyperactivity
- ❑ Impulsiveness.

Attention deficit makes it difficult for a person to plan and work continuously in an organised way. The person is also easily distracted by external and internal stimuli, and has a tendency to forget everyday agreements and mislay things. Hyperactivity manifests itself as an almost constant outer and inner restlessness. Impulsiveness may man-

ifest itself as inappropriate, impulsive actions and verbal statements that can have negative short-term and long-term consequences.

Hyperactivity usually reduces with age. For that reason, it was previously believed that ADHD was something people 'grew out of'. Today, we know from research that ADHD continues into adulthood in approximately two out of three children diagnosed. One-third will not meet the diagnostic criteria as adults, but most people will still have functional impairments in different areas of their lives.

ADHD core symptoms may lead to difficulty functioning in everyday life, in the family, when studying, at work and in leisure time. The difficulties can increase as greater demands are applied – e.g. when the person leaves home to live with a partner or spouse, and has children. They can cause low self-esteem and a lack of self-confidence, and the adult with ADHD will often also experience significant sleep disruption, which exacerbates daytime difficulties. Recent findings have shown that as many as 80% of adults with ADHD develop other mental disorders such as depression, anxiety and substance abuse.

As a mother of three young children who have to get to nursery and kindergarten each morning, **the whole thing feels like a nightmare.** What I want above all is **to lock myself in the bathroom** until my husband and children have left the house **for a bit of peace and quiet** to get myself ready. **If we are to get out of the house peacefully, I have to get up an hour before everyone else in the family,** lay everything out and get everything ready. The slightest **change in our routines can ruin the rest of the day** for me. **I am ashamed of my thoughts and feelings** about my family and I don't talk to anyone about this.

JULIE, AGE 26 – HAS ADHD AND ASPERGER'S SYNDROME

ABOUT ADHD

- 1–4% of all adults meet the criteria for ADHD, according to European studies.
- Approximately twice as many men as women have ADHD.
- ADHD is more difficult to detect in women than in men.
- The prevalence of ADHD is more or less the same in all cultures and countries.
- ADHD may lead to reduced quality of life and impaired functional capacity for the individual person.

WHY DO SOME PEOPLE SUFFER FROM ADHD?

There are several probable causes of ADHD, with genetics playing the greatest role by far. Environmental factors that influence the development of the brain during the foetal stage and early years can also lead to ADHD or can reinforce the hereditary proclivity to develop ADHD.

Hereditry

Studies of twins have shown that approximately 80% of the causes of the

development of ADHD can be attributed to heredity. The risk of developing ADHD is therefore greater if your parents or siblings have ADHD.

Other factors

The effect of drinking alcohol and smoking tobacco during pregnancy as well as low birth weight appear to be possible contributors to the development of ADHD.

In the same way, brain damage, oxygen deprivation at birth and brain infections in the early years may probably also be factors contributing to ADHD. Stress while growing up, such as trauma, assault, bullying and devastating loss, can aggravate the symptoms but are not thought to inherently cause the symptoms.

What happens in the brain?

Studies involving brain scans have shown changes in several parts of the brain in people with ADHD, e.g. in the cerebrum and cerebellum. Specifically, changes have been ascertained in the

foremost part of the brain, in the area known as the prefrontal cortex. This area is responsible for short-term memory, planning, impulse control and attention, and any difficulties here.

The nerve cells in the brain use different neurotransmitters to communicate with one another, and ADHD involves disruption of these neurotransmitters. Specifically, there is a reduced amount of the neurotransmitters dopamine and noradrenaline. Medication for ADHD increases the amount of these in the brain and improves brain function.

WHAT ARE THE SYMPTOMS OF ADHD?

” I have always felt different from other people. How come my classmates managed to get things done so easily? How were they able to just sit there and listen? How did they manage to do their homework and hand in assignments on time? Themed days and project weeks were torture to me. In group work, other people always had the big picture and wrote the reports.

ULRIK, AGE 24 – HAS ADHD AND HAS PREVIOUSLY SUFFERED FROM DEPRESSION

The core symptoms of ADHD – attention deficit, hyperactivity and impulsiveness – will be seen to a milder degree in people who do not normally fulfil the criteria of ADHD, e.g. in times of stress, emotional strain, depressive episodes or substance abuse. Thus, it is common for a person’s ability to pay attention to be impaired and his/her level of activity to increase for reasons other than ADHD. In the same way, it will be evident in everyone with ADHD that the disorder manifests itself in very different ways depending on personality and circumstances of life. A person is not the diagnosis, but a person with a diagnosis. Some adults with ADHD are good at managing their symptoms, so they appear to be less badly affected by their disorder, while others are worse affected in terms of both symptoms and their ability to function.

Core symptoms:

Attention deficit

The Danish Psychiatric Society's clinical guidelines include nine attention symptoms in the criteria for diagnosing ADHD. These diagnostic criteria were developed for diagnosing children.

Just about all adults with ADHD describe life-long difficulties with paying attention or concentrating. They have difficulty maintaining a focus on reading and work tasks that require concentration, as they are often disturbed by activities around them or their own thought processes. Many have never read books, and in conversations they have difficulty listening unless the substance of the conversation is very interesting to them. They often avoid activities that involve sitting still and require lasting concentration, such as lectures, meetings, etc. They do not really get much out of any meetings they attend.

However, they can also experience being hyper-focused on activities that they find very exciting and interesting, and where there is some kind of instant "reward", e.g. playing computer games. Here, they may shut out their surroundings entirely and lose all awareness of time. Motivation to perform activities may also be present if there are clear sanctions or serious negative consequences associated with non-performance.

CRITERIA FOR DIAGNOSING ADHD: ATTENTION DEFICIT

At least six of the following symptoms of attention deficit have been present for at least six months to an antisocial extent that does not match the child's level of development:

1. Often inattentive to details or makes careless mistakes in school work, on the job or in other activities
2. Often has difficulty sustaining attention to tasks or play
3. Often appears not to be listening when spoken to directly
4. Frequently does not follow through on instructions, and does not complete school work, domestic chores or work tasks (not out of spite or due to failure to understand the instructions)
5. Often has difficulty organising tasks and activities
6. Often avoids, is unhappy to, or resists engaging in tasks that demand sustained mental persistence (e.g. school work or homework)
7. Often loses or mislays things that are required for tasks or activities (toys, books or writing instruments)
8. Easily distracted by external stimuli
9. Often forgetful in everyday activities.



Hyperactivity/motor agitation

The criteria for diagnosing ADHD also include nine hyperactivity/impulsiveness symptoms. Hyperactivity often diminishes with age, or changes from being of a more outwardly active nature to a less active kind of hyperactivity and inner restlessness. The person fidgets while seated, moves around all the time during meals, when watching TV and in conversations. Many often fiddle with things and pull things to pieces. They will often be involved in several activities at the same time, e.g. watching TV, texting and using a computer.

Impulsiveness

Impulsiveness, too, often diminishes with age, but is expressed in conversations in the form of verbal impulsiveness.

” My teacher told me I was the most honest woman in the world. I always spoke before I thought and didn't hold anything back. I often cringed at myself when – once again – I said something that hurt other people or was totally inappropriate for the situation.

WOMAN, AGE 31 – HAS ADHD AND ANXIETY

An adult with ADHD generally lives by the here-and-now principle. It is difficult to learn from experience and predict the likely future results of actions. This applies both to things said and things done. This is why many have difficulty managing their finances. Impulse buying is more the rule than the exception, and many are blacklisted as bad payers.

CRITERIA FOR DIAGNOSING ADHD: HYPERACTIVITY/IMPULSIVENESS

At least six of the following symptoms of hyperactivity/impulsiveness have been present for at least six months to an antisocial extent that does not match the child's level of development:

Hyperactivity

1. Often has difficulty keeping hands and feet still. Wriggling while seated
2. Often gets up and walks about in the classroom or in other situations where people are expected to remain seated
3. Often climbs various things and runs around in situations where this is inappropriate (in young people and adults, this may be restricted to a subjective feeling of restlessness)
4. Often has difficulty playing and engaging in leisure activities in a quiet, calm manner
5. Often “on the go all the time” or seems like a person driven by a motor!
6. Often very talkative.

Impulsiveness

1. Often has difficulty waiting his/her turn
2. Often blurts out an answer before the question has been fully formulated
3. Frequently interrupts others or oversteps their boundaries (e.g. gatecrashes other people's conversations, play or games).

In addition to the core symptoms, ADHD in adults also manifests itself in difficulties with short-term memory, perception of time, emotional control and problems with disrupted thoughts and disturbed sleep. These difficulties are almost always present for the person's whole life.

Short-term memory

They forget what they have just been told, and what they have just said themselves, so they repeat themselves quite a lot. They forget what they were doing if they are interrupted, e.g. by the telephone or doorbell. They get up to get something and then forget what they intended to find. They also frequently lose things and have to spend time looking for their keys, mobile phone, etc., several times a day.

Perception of time

Many feel that they have a poor sense of time. They forget appointments, have difficulty remembering how long a task takes, miss the same bus time after time, make lists but do not get much done, and get night and day mixed up.

Emotional control

Almost all ADHD sufferers have life-long difficulty with emotional control. They are often very temperamental as children. As adults, they may exhibit pronounced mood swings – from great joy to feeling hopeless, from one moment to the next. Emotions can change without external or internal causes. These mood swings occur several times during the same day. Their irritation threshold is often very low, which leads to family conflicts. This can be a frequent cause of the breakdown of family life.

Disrupted thoughts

Many adult patients with ADHD describe a phenomenon that we could call **popcorn thoughts**. Often, all sorts of thoughts pop up in their head outside the context of an ongoing conversation or the activity the person is involved with.

” There's **never any peace and quiet** in my head. I **always have 6 or 7 different trains of thought** on the go, and the next thought is already there before I can complete the first one. I **wish I had a switch to turn off my thoughts and get some peace and quiet** – especially when I need to go to sleep.

MAN WITH ADHD AND SUBSTANCE ABUSE, AGE 25

Disturbed sleep

85% of adults with ADHD have disturbed sleep of various kinds. They often have difficulty getting to sleep, difficulty sleeping through the night and difficulty waking up in the morning. Often they will not feel rested, and this affects their everyday life.

The symptoms give rise to the many functional disruptions found in an adult with ADHD. Adult life makes demands in the following areas in order for people to meet their commitments:

- ❑ **Keeping to agreements,** which demands an awareness of time



- The ability to assess and perform tasks when studying and at work
- The ability to control one's emotions in order to treat people properly in family life and at work
- The ability to be persistent when things are boring in order to be able to complete a study programme and hold down a job
- Not being impulsive to avoid doing something rash
- In response to inner or outer restlessness, avoiding turning to substance or alcohol abuse to quell the restlessness, leading to dependency
- Paying your bills on time and adhering to a budget.

DIFFERENT DEGREES OF ADHD

The symptoms of ADHD can vary in severity, and not all symptoms are necessarily present all of the time. Stress and situations of emotional strain, such as divorce, unemployment

and substance abuse often aggravate the symptoms and reduce the person's level of functioning. Good, supportive relations in the family and at the person's place of study or work help to subdue the symptoms and functional disturbances.

HOW IS ADHD DIAGNOSED?

The following must be present to meet the criteria for the diagnosis:

- A. The criteria listed under either attention deficit or hyperactivity/impulsiveness must be fulfilled (cf. pages 6 and 8).
- B. Some of the symptoms of hyperactivity and attention deficit that have resulted in functional impairment were present before the age of 7.
- C. Functional impairment occurs in two or more contexts (e.g. school/work and home).
- D. There must be definite evidence of clinically significant functional impairment socially, educationally or vocationally.
- E. The symptoms do not occur as a manifestation of a fundamental personality development disorder, schizophrenia or other psychotic disorders. It must be ruled out that there is a better explanation of the symptoms based on another mental development disorder (e.g. anxiety disorders, affective disorders, dissociative disorders or personality disorders).

The ADHD diagnosis is a clinical diagnosis. In other words, the diagnosis is made by a psychiatrist on the basis of in-depth consultations and special interviews with the patient and relatives involving systematic probing of the symptoms and functional difficulties occurring throughout the person's entire life. During this examination, it will be assessed whether these symptoms and difficulties have been present in childhood, adolescence and adulthood to an extent and with a degree of severity sufficient to meet the diagnostic criteria. The diagnosis cannot be established based on single examinations such as scans or psychological assessments.

As the examination seeks to discover whether the symptoms and functional difficulties have been present since childhood, in addition to the patient's own information, there is usually also the need for family members to shed

light on the person's development. Information about functional ability at school will also often be collected, as well as reports from previous psychiatric and psychological examinations that could help to support the diagnosis. Research shows that, in particular, young people with ADHD are often inclined to underestimate their own difficulties, and that in many cases, it is only from about the age of 25–30 that they form a realistic picture of themselves and their functional abilities. This is why supplementary information from family members and professionals who have been involved previously is important.

The examination will also ascertain the presence and extent of any mental symptoms that are not attributable to ADHD, and thus whether the person has other mental disorders, such as depression or anxiety. Physical symptoms will also be probed.

WHAT TYPES OF ADHD ARE THERE?

Conventionally, ADHD has been categorised into three sub-types based on the presence of the core symptoms:

- **The combined type** including attention deficit, hyperactivity and impulsiveness
- **Primarily attention deficit type** – known as ADD
- **Primarily hyperactive/impulsive type.**

Roughly 85% of adults with ADHD have the combined type; approximately 10% have the primarily attention deficit type, and approximately 5% have the primarily hyperactive/impulsive type. **However, it is important to be aware that the type the person has may change during the person's lifetime.** For example, it is possible to proceed from the combined type as a child to the primarily attention deficit type as an adult.

ADHD AND COMORBIDITIES

Living with untreated ADHD leads to a significantly increased risk of developing other disorders. In addition to the increased risk of developing other mental disorders, there is also an increased risk of developing lifestyle diseases associated with obesity and increased use of tobacco,

such as diabetes, heart conditions and high blood pressure. Chronic wear and tear is often observed after many years of hard physical labour. Fortunately, the seriousness of comorbidities often abates when ADHD is treated.

WHAT TREATMENT IS AVAILABLE FOR ADHD?

The psychiatry contact will decide how treatment will be organised. It is based on an expert assessment as well as interviews with the patient. Medication is often part of what is offered. Adults with ADHD will, however, almost always need combined therapy, which may include:

- 1) Consultations/counselling
- 2) Teaching about ADHD
- 3) Medication for ADHD and any comorbidities
- 4) Psychotherapy
- 5) Provision of social support.

Consultations/counselling

Consultations with a doctor, psychologist or nurse will be a key part of the treatment. Initially, the consultations will largely be about medication – to adjust this to the individual's level of symptoms and needs. Consultations will also focus

on equipping the patient, alone and together with relatives, to cope with the day-to-day difficulties associated with having ADHD. These consultations will usually cover aspects such as specific aids, mnemonic rules, etc., which can be integrated into everyday life.

The treatment will often trigger mental reactions, such as frustration and reactions of grief, which the psychiatry contact can deal with in counselling sessions.

Teaching about ADHD

The person with ADHD and his/her relatives will be offered teaching about ADHD and its consequences. Teaching about mental disorders is also known as psychoeducation. The teaching covers all relevant aspects of ADHD, with special emphasis on how to cope with living with ADHD. Information will also be

provided on the support options available in the home, at work or at a place of study. Teaching can be provided in groups or individually.

Medication

For young people and adults with severe ADHD, medication is usually necessary and has the best-documented effect. The medication works by increasing the amount of neurotransmitters in the brain in the areas of the brain affected by the disorder. As already mentioned, the neurotransmitters in question are dopamine and noradrenalin. The most commonly used drugs are central nervous stimulants (methylphenidate, dexamphetamine), and the non-CNS atomoxetine.

The central nervous stimulants have an immediate, rapid effect on the symptoms, while atomoxetine takes longer to work. The principles of treatment are to provide coverage for those hours of the day when medication is needed. Sometimes it will be necessary to increase the amount of medicine or try a new drug in order to obtain the most effective treatment and avoid side-effects. There is good documentation of the effectiveness and safety of medication. Before medication is given, the person will be asked in detail about possible physical or mental disorders that could affect the choice of drug.

ADHD medication will sometimes be combined with medication for comorbidities, e.g. in the form of anxiolytics or antidepressants.

Psychotherapy

Psychotherapy cannot be used alone in the treatment of ADHD and it cannot cure the core symptoms either. Only a few studies have been conducted into the effect of psychotherapy on ADHD patients, but these few pieces of research indicate that cognitive behavioural therapy can be effective when combined with medication. This type of therapy is highly structured and focuses on the everyday challenges associated with ADHD. In addition, this type of therapy is often effective if there are any other simultaneous mental disorders such as depression or anxiety.

Provision of social support

There will often be a need for some kind of support package from the municipality, and the psychiatry contact will usually help to make contact and maintain collaboration with this system. For example, the person may need help with everyday functions at home, or mentoring schemes at his/her place of study or workplace. For those undertaking a study programme, help with applying for a disability-adjusted SU (student grant) may be needed. Changes to the physical setting at the place of study or in the workplace may also be needed, e.g. screening from distracting, external stimuli.



WHAT CAN BE DONE TO PREVENT IT?

For most, ADHD is something you have to live with for a lifetime. However, you may well experience periods when things are better than normal. Similarly, there may also be particularly difficult periods, for example if you are under extreme stress or faced with crises.

To prevent the condition from worsening, it is important to take your medication as directed. It is also important to maintain circadian rhythm and structure your day.

A person with ADHD may be at risk of forgetting to take medication, however. Maintaining structure and rhythm can be difficult, too.

As an adult with ADHD, you may need to use the tools and reminders given to you in your sessions with your contact.

In that regard, it is important for relatives to be involved, too, in persisting with medication and maintaining structure, overview and sensible planning in everyday life.

Relatives will often be the first to notice changes in behaviour and mood, and they may often also be aware of a possible impending bout of depression.

WHAT CAN YOU DO YOURSELF IF YOU ARE SUFFERING FROM ADHD?

❑ **Get to know your disorder**

Accept offers of education

❑ **Comply with medication**

Do not stop taking your medicine of your own accord until you have discussed this with your doctor

❑ **Make use of your psychiatry contact**

Talk to your doctor, nurse or psychologist

❑ **Talk to the people close to you**

It is important for you to talk to your relatives about the difficulties associated with your disorder

❑ **Avoid excess alcohol**

It is important, too, to avoid sleeping medication and calming medicines, which often aggravate the condition

❑ **Get some exercise**

This often helps to alleviate stress and inner restlessness and the feeling of discomfort

❑ **Make sensible demands on yourself**

Many people with ADHD believe they can do a lot more than they are actually able to

❑ **Be sure to plan your day**

Use a weekly calendar and an organised daily planner. Get the people close to you to fill in your calendar with you

❑ **Make sure you sleep well and eat healthily**

❑ **Turn off the computer and TV at fixed times**

It is important for you to maintain your circadian rhythm. Perhaps set an alarm to remind you that it is time to go to bed

❑ **Be open about your illness when appropriate**

This applies within the family, during your studies and at work

HOW CAN YOU REMAIN STABLE?

- ❑ follow the agreed treatment plan
- ❑ make plans that are realistic in relation to your abilities
- ❑ exercise
- ❑ eat a healthy diet
- ❑ avoid alcohol and drugs
- ❑ avoid smoking, or cut down.

WHAT CAN RELATIVES DO?

Often, when an adult is diagnosed with ADHD, close relationships may already have been strained for a number of years, for example with siblings and parents, or a partner/spouse. Many relatives have felt powerless, angry or deeply frustrated.

A parent of a child with ADHD may have faced considerable demands in terms of keeping track of things, planning and organising. Even after the child has grown up and left home, parental help may still be needed.

As the partner or spouse of a person with ADHD, you may find that (in the same way as the parents) you have to help keep track of and organise everyday things. In some cases, this may lead to conflict.

WHAT CAN YOU, AS A RELATIVE, DO FOR YOURSELF?

You can gain a greater understanding of the nature of ADHD by participating in psychoeducation (teaching) alongside the ADHD sufferer. This often reduces the feelings of guilt and inadequacy experienced by many parents. A spouse or

partner will also benefit from participating in this teaching, as it can provide help to find the most appropriate way of dealing with the day-to-day challenges at home. For example, you could also join an association of patients and relatives such as the ADHD Association or SIND's advice for relatives. These associations run meetings and courses and provide an advice line.

It is important, too, for you to give yourself permission to take care of your own needs. You cannot possibly help and be the responsible one all the time.

Your family might need extra support via the municipal system; your assigned professional contact can often assist here.

If after many years of feeling emotionally overburdened you are developing distinct symptoms of anxiety or depression, you should consult your own doctor to get help and support. In some cases, a referral to a practising psychologist is possible, with a subsidy from the health insurance scheme.

When the adult suffering from ADHD has children, special attention must be paid to the children's needs and reactions. Many places offer counselling for children. Family counselling may be available at the treatment centre, and some municipalities set up children's groups for children of parents with mental disorders.

WHAT CAN YOU, AS A RELATIVE, DO TO HELP AN ADULT WITH ADHD?

The most important thing is to be knowledgeable about the disorder, the

most common symptoms and functional disruptions, and about treatment. It is a good idea to take part regularly in follow-up consultations with the assigned psychiatry contact.

Planning and starting lots of specific tasks can be difficult for someone with ADHD. For example, help may be needed with opening and dealing with the mail, laundry, washing up, cleaning and managing personal finances. Important information may often need to be repeated and possibly written down.

Relatives may often find it difficult to strike a balance. How much help/support should you give? It can be particularly difficult for parents during the phase when the person with ADHD transitions from adolescence into adulthood, and when the young person wants to manage without interference from parents. For a spouse or live-in partner, it can be difficult to remain as equal partners in a relationship where the balance in terms of overview, planning and responsible administration of a number of tasks is skewed.

As parents of young people with ADHD living at home, and as the spouse or partner of an adult with ADHD, you can offer support by helping to structure everyday life, maintain a stable rhythm and help ensure compliance with medication. Using technical aids such as calendars, mobile phones and weekly planners can help here.

Special note about fact boxes on the criteria for ADHD

These diagnostic criteria were developed for diagnosing children.
The source is the Danish Psychiatric Society's clinical guidelines 2013

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Where can you find **MORE INFORMATION** ?

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Here you will also be able to find articles on
psychiatric diagnoses in various languages

📄 ADHD.dk

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