When ADHD

by Roberto Olivardia, PhD

ADHD IS RARELY SEEN ALONE. It is the exception rather than the rule that ADHD is not accompanied by another disorder or condition. Research shows that fifty to sixty percent of those with ADHD have a learning disability, thirty percent have an anxiety disorder, and twenty percent have bipolar disorder. Studies looking at patients with obsessive-compulsive disorder found that approximately thirty percent of them also have ADHD. The same is true for patients diagnosed with binge eating disorder. It was no surprise that Vyvanse, an ADHD stimulant medication, became the first FDA-approved medication for patients with binge eating disorder.

As a clinician, it is imperative that anyone who has ADHD be assessed and screened for various other disorders and conditions. Likewise, when patients are treated for any other problem, like anxiety, depression, or a substance abuse problem, ADHD should be assessed. Not doing so results in missing an essential aspect of a person's experience and therefore lends itself to inadequate care and treatment. You cannot treat something you have not identified.

The common scenario is that patients are diagnosed with either ADHD or the comorbid disorder and that becomes the lens through which all of their symptoms are seen. For example, someone with ADHD may manifest their impulsivity in their eating, resulting in eating more than they intend to. Careful assessment, however, may determine that it goes beyond that and actually satisfies criteria for a binge eating disorder, which requires treatment beyond what is indicated for ADHD.

Many times, ADHD can be missed. Too often in clinical settings little attention is paid to how having ADHD can affect the presentation, course, and treatment of someone with a psychological disorder or mental illness. The presence of ADHD absolutely will have an impact on some aspect of a comorbid disorder.

When treating someone with depression, for example, a therapist may find that some of the "homework" assigned to a patient does not get completed, but not because the patient is treatment resistant, ambivalent about getting better, or simply lazy. It is because having ADHD can make it difficult to complete tasks that require a certain level of executive functioning skills. Even attending therapy sessions can be impacted by ADHD symptoms. Since time management is an issue for many people with ADHD, therapists may find these patients showing up late, forgetting about appointments, having trouble paying bills on time, or not fully paying attention throughout the 45-50 minute session. Thus, the proper identification of ADHD is essential when treating a patient with any other disorder.

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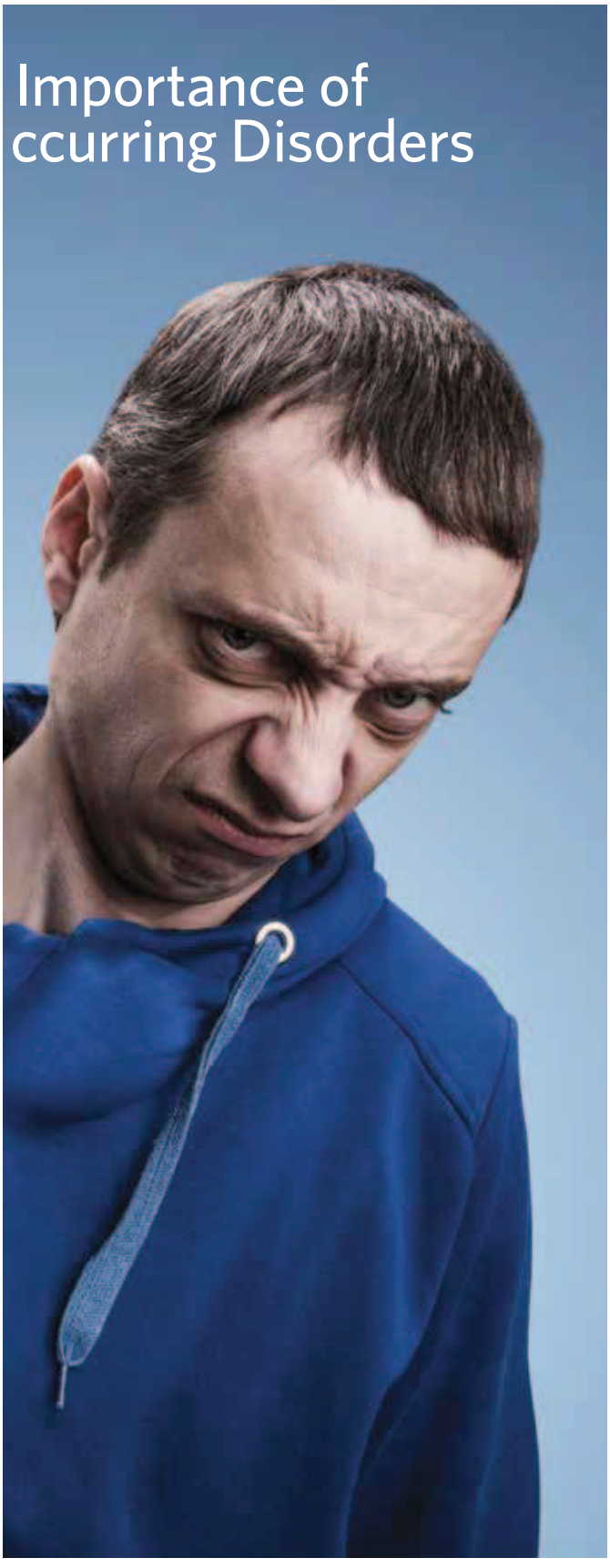
Is Not Alone



The first diagnosis "sticks"

In my experience, whatever diagnosis a patient gets first becomes the one that "sticks," and all symptoms are fed through that portal. If you are diagnosed with OCD, then any ADHD symptoms may incorrectly get labeled through the OCD lens. For example, a patient with both OCD and ADHD may have significant time management issues. Unless a therapist asks carefully about this problem, he/she may assume that the patient is late due to compulsive rituals the patient may be doing at home, rather than entertaining that another diagnosis, ADHD, may be the culprit.

The most serious result of not seeing the lens of the comorbid disorder is when it comes to treating it. For example, having both bipolar disorder and ADHD is associated with earlier onset of the bipolar disorder, more completed suicides, higher likelihood to be on disability, increased risk of any other psychiatric disorder, increased substance abuse risk and poorer overall functioning as compared to having bipolar disorder alone. Medications that work for ADHD may trigger a manic episode in bipolar patients; thus doctors have to be very careful in monitoring medication effects in ADHD patients with any comorbid disorder.

It is not just clinical mental disorders that are affected by this myopic view. Parents of dyslexic children will often be told that their child's reading problems are a result of ADHD symptoms of inattention, lack of focus, and motivation deficits. These ADHD traits may all affect one's reading performance. However, a large percentage of ADHD students also have dyslexia, a language-based learning disability that affects the accuracy, rate, fluency, and comprehension of reading. Often, all the traits of dyslexia are fed through the ADHD lens. Parents are told that their undiagnosed dyslexic children need to just "focus more" or led to believe that stimulant medication will improve their reading. Then years go by and their seventh-grade child is reading at a second-grade reading level, with his self-esteem pummeled.

There is a risk to be blind to any comorbid disorder when one has already been diagnosed with another condition. Sometimes, this blindness is due to the competence and experience of the therapist that is treating you. Many times therapists trained in treating Axis I and Axis II disorders, such as the mood and anxiety and personality disorders, are not extensively trained in ADHD. Therefore their view of ADHD is often limited. Likewise, therapists who specialize in ADHD also need to understand and be able to assess other disorders that commonly are seen with ADHD.

When pieces of a puzzle are missing, the complete picture cannot be seen. Likewise, when pieces of a person's diagnostic profile are missing or neglected and therefore not adequately treated, it disables them from being the whole person that they truly are.

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