

An hourglass is shown with red sand falling from its top bulb into the bottom bulb. In the bottom bulb, a group of silhouetted people of various ages are standing on a bed of red sand. The title text is overlaid on this scene.

We Must Advance ADHD Care

Kathleen Nadeau, PhD

LIVING WITH ADHD IS KILLING US! It's time that the health community and the ADHD community pay attention! ADHD is not just a condition that makes it difficult to pay attention in class or causes us to run late or misplace personal items. It's a condition that shortens the lives of people living with ADHD by an average of eight or nine years.

If any other medical condition reduced our lifespan by nearly a decade, there would be huge headlines and public awareness. Lives are cut short through accidents, head injuries, driving under the influence, drug overdose, suicide, respiratory illnesses, often related to smoking, alcohol-related illnesses, and from decades of living an unhealthy lifestyle that results in type 2 diabetes, cardiovascular disease, and dementia. While ADHD doesn't kill us directly, behaviors directly related to untreated or undertreated ADHD lead us to an early death.

Russell Barkley, PhD, first sounded the alarm about premature death among adults with ADHD 2019. Now, a new study from the United Kingdom provides much more detailed information about factors that lead to a shortened lifespan. This large-scale study compared over 30,000 individuals in the British health system diagnosed with ADHD to over 300,000 individuals without ADHD. The study found that men with ADHD die, on average, seven years sooner than their non-ADHD peers, while for women the gap was even greater, with women dying almost nine years prematurely.

Let's take a look at what's going on that leads to these premature deaths.



Children

Health risk factors start in childhood, with rates of childhood obesity much higher for children with ADHD. Impulsivity and a dopamine-seeking stronger attraction to immediate rewards lead children with ADHD to eat an unhealthy diet filled with fat, sugar, and salt, which, in turn, leads to earlier and higher rates of type 2 diabetes.

Other studies show that children with ADHD experience sleep problems that contribute to worsened health, and higher rates of anxiety and depression. These in turn, when left untreated, are often associated with substance abuse, while earlier and higher rates of smoking/vaping contribute to higher rates of asthma and other respiratory diseases.

Teens and young adults

Unhealthy habits in childhood (too much screen time, not enough exercise, unhealthy diet and sleep problems) continue into adolescence. But at puberty and beyond, more risk factors begin to pile up.

Rates of anxiety and depression significantly increase as hormones surge along with social anxiety, bullying and social media use. Health risk factors for teens and young adults include higher rates of suicide, drug overdose, and risk-taking behaviors. Young males are more likely to die from risky behavior such as reckless driving, driving under the influence of drugs or alcohol. Impulsive behaviors and poor emotional regulation in adolescence and young adulthood can lead to violence and physical altercations, especially when under the influence of alcohol.

The poor self-regulation typical of those with ADHD is also highly associated with arrest and incarceration. Youth with ADHD are three times more likely to be arrested and convicted compared to their neurotypical peers. In addition, substance abuse is higher among youth diagnosed with ADHD, a factor that may be related to substance-related crimes.

Youth with ADHD are more likely to drop out of high school or stop their education with only a high school degree, which sets

them up for a lifetime of financial stress. Unplanned teen pregnancies are much more common among girls with ADHD, which can lead to adult responsibilities that they are especially unprepared to meet. In general, teens with ADHD often set the stage for a high-stress adulthood that is often accompanied by cigarette smoking, disordered eating, and substance abuse—habits that are turned to in efforts to seek immediate relief from their chronic stress.

Adults

Health-risk factors among adults with ADHD include health issues that are easily predicted resulting from unhealthy lifestyle factors that begin as early as childhood. Adults with ADHD are less likely to exercise, more likely to smoke cigarettes, have a higher rate of obesity, and struggle from higher rates of type 2 diabetes and cardiovascular disease as well as respiratory illnesses that are related to rates of smoking. The health risk factors that begin in childhood only accumulate and increase as kids with ADHD become teens with ADHD and enter adulthood with untreated or undertreated ADHD.

The personality trait associated with ADHD that Barkley describes as “low conscientiousness” plays a large role in these adverse outcomes. In other words, even when adults with ADHD understand the health consequences of poor diet, poor sleep habits, little exercise, and excessive alcohol use, they are less likely to follow what they know.

The ADHD brain seeks stimulation and more immediate ways to feel better. After a day full of adversities, an adult with ADHD is likely to order the pizza rather than prepare a healthy meal, pop open a beer or a six-pack, turn on the TV, and stay up too late. While it's easy to shake an accusatory finger at such behavior, it's important to understand that these behaviors are an effort to counteract the effects of an almost always stressful day. Sadly, as adverse outcomes begin to pile up in middle age, including divorce, social isolation, significant health issues, or significant financial stress, the suicide rate of those with ADHD begins to climb.

Discontinuing ADHD treatment in adulthood

The transition from childhood to adulthood for individuals diagnosed with ADHD often leads to treatment discontinuation, influenced by multiple interrelated factors. Understanding these factors is crucial for ensuring continuity of care and improving outcomes for individuals as they enter adulthood.

One significant factor contributing to treatment discontinuation is the transition from pediatric to adult healthcare services. A study highlighted that many individuals diagnosed with ADHD in childhood face challenges when navigating adult health services. They often feel inadequately supported during this transitional phase, which can lead to discontinuation of medication. A retrospective study reported that approximately 61.5% of patients discontinued their ADHD treatment before reaching adulthood, indicating a concerning prevalence of discontinuation or disruption of treatment during this critical period of challenging life transition.

Multiple factors play a role in discontinuation of ADHD treatment. Those with lower educational attainment are more likely to discontinue treatment. Availability and affordability of treatment undoubtedly play a role. Young adults with ADHD who have lower education levels may struggle to find stable employment or manage responsibilities effectively, increasing their likelihood of discontinuing treatment.

Another determinant for treatment dropout includes the perception of treatment effectiveness. Adults may feel that their need for medication diminishes over time. Overt hyperactivity and impulsivity may naturally diminish, giving young adults the misimpression that they no longer “need” treatment. Adverse side effects of medication, such as irritability and psychological changes such as feeling “flat” or less social, may also play a role in discontinuation of stimulant medication. While many other types of treatment can be helpful, including ADHD-focused psychotherapy, developing brain-healthy daily habits, and ADHD coaching, such services may be unaffordable or unavailable. As Dr. Sandra Kooij points out, the more subtle manifestations of ADHD in adulthood and the life management difficulties experienced by adults with ADHD may not be understood as ADHD symptoms that require ongoing treatment.

Healthcare access is critical as those with ADHD make the transition to adulthood, but an additional factor playing a

critical role in discontinuation of ADHD treatment is the onset of comorbid psychiatric conditions including anxiety, depression, and substance abuse. Unfortunately, even mental health professionals and health professionals may not recognize an individual's ADHD and may only focus on the comorbid psychiatric conditions in their treatment approach.

Increasing education and awareness among healthcare providers regarding the importance of maintaining treatment for ADHD into adulthood can help facilitate smoother transitions. There is a strong need for more ADHD training among psychiatrists so that they can offer integrated treatment approaches that address both ADHD and any other psychological conditions that almost always accompany ADHD in adulthood.

Finally, a powerful factor in discontinuing ADHD treatment is that in childhood and adolescence treatment is initiated and maintained by adults. In some cases, the child or teen may feel that treatment is being imposed upon them, enforced by the adults. As they leave home for work or for college, they may see stopping treatment as an expression of independence. Young adults may also want to avoid the stigma of mental health treatment. They may feel judged rather than supported in higher level educational environments or in the workplace and disengage from treatment to avoid stigma or judgment.



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What needs to be done

What needs to be done about the troubling evidence of shorter lifespans and lives filled with adversity?

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What is critical to understand is that standard ADHD treatment doesn't focus on, or only superficially focuses on, brain-healthy daily habits starting in early childhood. ADHD

treatment in childhood and adolescence is focused on behavior management of children and improvement of academic performance. Parents and teachers are more focused on the immediate challenges of disruptive behavior, disobedience, and poor school performance. Meanwhile, these children are sleeping poorly, eating poorly, exercising little, and setting themselves up for a lifetime of poor health outcomes that only make a challenging adult life even more challenging.

It's time for an ADHD treatment revolution that focuses on healthy habits that will support better brain functioning and better mood regulation.



Children with ADHD, many already beginning to struggle with obesity, often have a parent, or parents, struggling with the same issues. Healthy lifestyles need to become a family goal. Children are going to resort to many hours of screen time if their parents are parked on the couch on their computers or watching television. Parents with untreated or undertreated ADHD are more likely to engage in self-stimulation through eating snack food, sweets and junk food, setting an example for their child with ADHD.

An emphasis on developing and maintaining a healthy lifestyle needs to become a prominent aspect of ADHD treatment beginning in childhood. And, as we know, even without ADHD, our current American lifestyle does not generally promote health. Adding ADHD to the mix makes it even more challenging. Healthy habits are linked. Children who exercise regularly are more likely to be able to fall asleep at night and wake the following day with a brain better able to focus during the school day. Children who eat a protein-rich breakfast are more likely to be able to participate in class and learn.

But simply talking about the importance of a healthy lifestyle to parents and children with ADHD will have very little impact. They need ongoing structure, support, and encouragement as they work as a family to build healthier daily habits. Mentioning and asking about sleep, exercise, and nutrition routinely in each treatment session is a start but is inadequate.

What the ADHD treatment community has yet to do is to develop systems offering adequate structure, support, and guidance to help families impacted by ADHD build one healthy habit upon another, slowly making life-transforming decisions, one small step at a time. We need to develop ADHD-friendly, affordable supports to get us on track and keep us on track. Groups are the way to go—that way we're all in it together. Online is the way to go—that way it's more easily accessible. Accountability is the way to go—can we help individuals have healthy-lifestyle partners that hold each other accountable online on a daily basis—supporting one another when we inevitably falter and supporting each other to get back on track.

Building a healthy lifestyle is not like making New Year's resolutions that inevitably falter in a few days or weeks. Building a healthy lifestyle is a project that will be years in the making, one small healthy habit at a time—a walking buddy at work, listening to calming music or a recording at bedtime, having an apple and a handful of almonds rather than a junk-food snack in the afternoon.

People with ADHD are often all-or-nothing thinkers—setting wonderful, but unsustainable goals.

Slow but steady wins the race. And those of us who treat people with ADHD need to develop treatment protocols that help our clients develop, link, and maintain small healthy steps toward a better life that won't end prematurely.

It's time for an ADHD treatment revolution that focuses on healthy habits that will support better brain functioning and better mood regulation. Only with this type of consistent and continued support will those of us with ADHD regain that lost decade of life, a fate faced by so many with ADHD today. **A**



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Nadeau is the author or coauthor of over a dozen books related to ADHD across the lifespan, from her best-selling book for children, *Learning to Slow Down and Pay Attention* (Magination Press; third edition 2004), to her latest, *Still Distracted After All These Years* (Balance, 2022), the only book to date that focuses on the needs of older adults with ADHD.

RESOURCES AND ADDITIONAL READING

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