

Treatment of Comorbidity in ADHD

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Comorbidity in ADHD

- Comorbidity is frequent in children and adults with ADHD
- A diagnosis of ADHD: assessment of comorbidity
- Comorbid psychiatric conditions can affect **presentation** and **course** of ADHD
- May require treatment independent from ADHD



Comorbidity in Adults vs Children

1 Profile:

- Adults: anxiety disorders, SUD, mood disorder and personality disorders
- Children: oppositional defiant disorder and separation anxiety

2 Adults with undiagnosed ADHD and comorbidities seek treatment because of comorbid disorders



Comorbidity in ADHD

- The rate of comorbidity in adults with ADHD tends to increase with age.
- the likelihood of anxiety, depression, SUD, and antisocial personality disorder increases and often becomes more evident,
- while the underlying ADHD becomes less evident.
- adults with ADHD are diagnosed and treated for a comorbid condition, while ADHD is often unrecognized and untreated.



Comorbidity in Children with ADHD

- ▶ Oppositional Defiant Disorder & Conduct: 40%
- ▶ Learning Disorders: 40%
- ▶ Intellectual Disability:
- ▶ Depression and Anxiety Disorder:
- ▶ Disruptive Mood Dysregulation Disorder
- ▶ Bipolar Disorder
- ▶ Tic Disorder
- ▶ Substance Use Disorder



Comorbidity in Adult ADHD

- Depression 20-55%
- Bipolar disorder 10%
- Anxiety disorders 20-30%
- Substance Use Disorder 25-45%
- Smoking 40%
- Cluster B personality 6-25%
- Sleep problems 75%
- Mood swings & irritability ???



Comorbidity in Adult ADHD

The other way round

ADHD is comorbid in 20% of psychiatric patients

- SUD 20%
- Anxiety disorder 20%
- Bipolar II 20%
- Borderline personality disorder 33%



Comorbidity in Adult ADHD

- ▶ association with bipolar disorder is debated
- ▶ no doubt mood dysregulation is a key component of ADHD
- ▶ The association of ADHD with neurodevelopmental disorders and traits (e.g. ASD, dyslexia, learning difficulties) is also seen in adults.

Comorbidity in Adult ADHD

- higher rates of personality disorder, especially antisocial
- The association between ADHD and crime
 - ✓ one-quarter of adult male prisoners are estimated to have ADHD
 - ✓ they are younger at first offence, receive multiple convictions



Treatment of Comorbid Conditions in ADHD

challenge:

1. Which one first? or Both together?

differ by the disorder

should be individualized

first: the most impairing disorder

2. Selection of Medication???

monotherapy



Comorbid Depression & ADHD

- ▶ Shared symptoms:
 - poor self-esteem
 - irritability
 - poor concentration
 - ▶ Diff. Symptoms:
 - episodic history
 - low mood
 - anhedonia
- 



Treatment of Comorbid Depression

- Moderate to severe depression should be treated first
- Suicide must be assessed in all cases
- In mild depression may benefit from ADHD treatment first
- bupropion, an antidepressant with established efficacy for both disorders
- Stimulants may be combined with most of antidepressants
- CBT



Comorbid Anxiety disorders

- ▶ Shared symptoms:
 - poor concentration
 - restlessness
- ▶ Diff. Symptoms:
 - specific thought contents



Treatment of Comorbid Anxiety disorders

- Treat most impairing disorder first
- In moderate to severe anxiety, first treat anxiety
- suggest treatment with the combination of a stimulant and a SSRI or SNRI.
- Stimulants may worsen anxiety, should be titrated
- CBT




Treatment of Comorbid Anxiety disorders

- The combination of a stimulant and an SSRI or SNRI can increase serotonergic activity.
- clinicians need to monitor patients for the **serotonin syndrome** (serotonin toxicity), a life-threatening condition.



Comorbid Bipolar Disorder and ADHD

- ▶ Shared symptoms:
 - hyperactivity/impulsivity
 - affective instability
 - low concentration/distractibility
 - sleep problems
- ▶ Diff. Symptoms:
 - episodic presentation
 - severe irritability
 - high self-esteem
 - elevated mood
 - reduced need to sleep




Treatment of Comorbid Bipolar Disorder and ADHD

- ▶ Treat bipolar disorder first
- ▶ **Mood stabilizers** should be taken
- ▶ Treatment of ADHD can be offered when bipolar disorder is stabilized

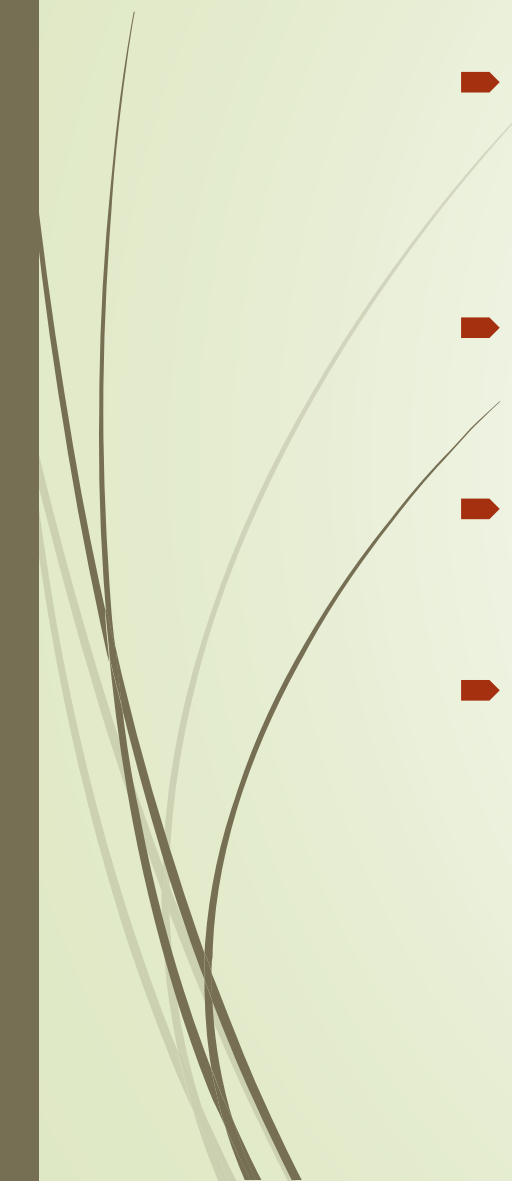


Tic disorders and ADHD

- ▶ The prevalence of chronic tic disorders in children with ADHD is close to 20%
 - ▶ Recent research: tics do not worsen with methylphenidate treatment in children with ADHD and chronic tic disorders
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Tic disorders and ADHD

- ▶ Clonidine and guanfacine have been used as monotherapy or with stimulants
 - ▶ Long acting formulations of methylphenidate can be used as first-line
 - ▶ Atomoxetine can be useful
 - ▶ Behavioural therapies can be a useful adjunct to pharmacological treatment in these children.
- 



Aggression, Oppositional Defiant Disorder, Conduct Disorder

- ▶ in RCTs stimulants improve ADHD, aggression, ODD and CD symptoms.
- ▶ guanfacine and clonidine alone or as adjuncts to stimulants
- ▶ Stimulants also reduced negative social interactions and covert antisocial behavior.
- ▶ Nonpharmacological interventions

Comorbid Developmental Disorders

- ▶ ADHD symptoms are seen in children with mental disability and ASD.
- ▶ Stimulants is beneficial in both groups, particularly children with IQs greater than 50.
- ▶ Atomoxetine has positive effects on ADHD symptoms with little effect on ASD.
- ▶ They may be more susceptible to adverse events of psychostimulants.
- ▶ Severe side effects: severe agitation, irritability, fearfulness, or stereotyped behavior: a low dose of second generation antipsychotic medication



Summary

1. Co-morbidity is common in both childhood and adulthood ADHD, and may determine outcomes
2. Clinical assessment of ADHD needs to include careful evaluation for other disorders
3. Expression of ADHD and co-morbidities is highly heterogeneous, thus management needs to be individualized



Thanks