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EXPERT ROUNDTABLE SUPPLEMENT

BEST PRACTICES IN ADULT ADHD: EPIDEMIOLOGY, IMPAIRMENTS, AND DIFFERENTIAL DIAGNOSIS

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ABSTRACT

Attention-deficit/hyperactivity disorder (ADHD) is commonly thought to be a pediatric disorder whose symptoms attenuate or disappear in adulthood. In fact, ~4% of adults in the United States have ADHD, and many of these adults are unaware that they have the disorder. Because symptoms of ADHD manifest differently in adults and children, physicians who are familiar with childhood ADHD have difficulty identifying the disorder in adults. Adults with ADHD themselves may be poor informants about their symptoms and impairments. A high prevalence of mood and other co-morbid disorders in adults with ADHD can also complicate diagnosis and treatment. Adults with ADHD experience high rates of anxiety disorders, mood disorders, substance use disorders, and impulse disorders. Adult ADHD is related to impairments in executive functioning and adaptive functioning; these patients have unique deficits related to their roles as parents, caregivers, and employees. Physicians should use impairments to guide treatment design. Early identification and treatment of ADHD can alter the developmental course of co-morbid disorders. Unfortunately, metrics for impairment in adult ADHD are still in their infancy.

This Expert Roundtable Supplement represents part 1 of a 3-part supplement series on adult ADHD led by Lenard A. Adler, MD. In this activity, Thomas J. Spencer, MD, reviews the epidemiology of adult ADHD in the US and around the world; Mark A. Stein, PhD, reviews data on the impairments resulting from adult ADHD; and Jeffrey H. Newcorn, MD, discusses the differential diagnosis of adult ADHD and common co-morbidities.



This activity is jointly sponsored by the Mount Sinai School of Medicine and MBL Communications, Inc.



Accreditation Statement

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Mount Sinai School of Medicine and MBL Communications, Inc. The Mount Sinai School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.



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This activity has been peer reviewed and approved by Eric Hollander, MD, Chair and Professor of Psychiatry at the Mount Sinai School of Medicine. Review Date: July 22, 2008.

Statement of Need and Purpose

Although attention-deficit/hyperactivity disorder (ADHD) has traditionally been considered a pediatric disorder, up to 65% of children diagnosed with this disorder continue to display behavioral problems and symptoms of the disorder into their adult lives. ADHD has a deleterious impact upon the daily functioning of these adults, who often demonstrate functional impairments in multiple domains, including educational performance, occupation, and relationships. Accurate diagnosis of ADHD in adults is challenging and requires careful consideration of other psychiatric and medical disorders. The majority of adults with ADHD exhibit at least one co-morbid psychiatric disorder, which may confound a proper ADHD diagnosis. Although adult ADHD is a substantial source of morbidity in both psychiatric and primary care settings, only 25% of adults with this disorder had been diagnosed in childhood or adolescence. Among patients who had not received a prior diagnosis, more than half had complained about ADHD symptoms to other healthcare professionals, without being diagnosed. Recognition and treatment of adult ADHD is often based on upwardly extended models of child and adolescent care. However, differing patterns of co-morbidity and symptom heterogeneity in adults pose new conceptual, diagnostic, and treatment challenges. Although several organizations have issued practice guidelines for the assessment of adults with ADHD, there remains confusion and a continued need to determine best practices with regard to these patients. The expert opinions of clinical and research thought leaders in the field provide insight relevant to clinicians faced with the task of recognizing impairment and diagnosing adult ADHD.

Target Audience

This activity is designed to meet the educational needs of primary care physicians and psychiatrists.

Learning Objectives

- Review the epidemiology of attention-deficit/hyperactivity disorder (ADHD), including prevalence, persistence, and co-morbid tendencies.
- Explain the common impairments associated with adult ADHD and how to incorporate assessment of impairment levels into the diagnostic process.
- Discuss the differential diagnosis and psychiatric co-morbidities that require consideration in the assessment of adult ADHD.

Faculty Disclosures

Lenard A. Adler, MD, is a consultant to and on the advisory boards of Abbott, Cephalon, Cortex, Eli Lilly, Novartis, Ortho-McNeil, Janssen, Johnson and Johnson, Merck, New River, Organon, Pfizer, Psychogenics, sanofi-aventis, and Shire; is on the speaker's bureaus of Eli Lilly and Shire; and receives grant/research support from Abbott, Bristol-Myers Squibb, Cephalon, Cortex, Eli Lilly, Janssen, Johnson and Johnson, Merck, National Institute of Drug Abuse, New River, Novartis, Ortho-McNeil, Pfizer, and Shire.

Jeffrey H. Newcorn, MD, is a consultant to Abbott, Biobehavioral Diagnostics, Eli Lilly, Lupin, Novartis, Ortho-McNeil, Psychogenics, sanofi-aventis, and Shire; and receives research support from Eli Lilly and Ortho-McNeil.

Thomas J. Spencer, MD, is a speaker for Eli Lilly, GlaxoSmithKline, Janssen, Novartis, Ortho-McNeil, and Shire; is on the advisory boards of Cephalon, Eli Lilly, GlaxoSmithKline, Janssen, Novartis, Ortho-McNeil, Pfizer, and Shire; and receives research support from Cephalon, Eli Lilly, GlaxoSmithKline, Janssen, National Institute of Mental Health, Novartis, Ortho-McNeil, Pfizer, and Shire.

Mark A. Stein, PhD, is a consultant/advisor to Abbott, Novartis, and Pfizer; is a speaker for Novartis and Ortho-McNeil; and receives research support from Eli Lilly, National Institute of Mental Health, Organon, Ortho-McNeil, and Pfizer.

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Peer Reviewer

Eric Hollander, MD, reports no affiliation with or financial interest in any organization that may pose a conflict of interest.

To Receive Credit for this Activity

Read this Expert Roundtable Supplement, reflect on the information presented, and complete the CME posttest and evaluation on pages 18 and 19. To obtain credit, you should score 70% or better. Early submission of this posttest is encouraged. Please submit this posttest by August 1, 2010 to be eligible for credit.

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The estimated time to complete this activity is 2 hours.

A related audio CME PsychCast[™] will also be available online in September 2008 at: cmepsychcast.mblcommunications.com and via iTunes.

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