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EXPERT PANEL SUPPLEMENT

DIFFERENTIAL DIAGNOSIS OF ADULT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER: TREATMENT OPTIONS AND COMORBIDITY CONSIDERATIONS

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ABSTRACT

Attention-deficit/hyperactivity disorder (ADHD) in adults occurs at a prevalence rate that is higher than the prevalence of many major psychiatric disorders in adults. Thus, adult patients with ADHD often present with comorbid conditions, each of which alters the course of ADHD, overall treatment recommendations, and symptom response differently. Common ADHD comorbidities include major depressive disorder (MDD), bipolar disorder, and substance use disorders. Algorithms have been developed to aid clinicians in determining which presenting disorder to treat first, and additional studies have helped elucidate which pharmacologic and non-pharmacologic treatments best treat each comorbid disorder without worsening symptoms of another.

In this Expert Panel Supplement, David Goodman, MD, discusses the prevalence and diagnostic distinctions between ADHD in adults and depression, including both MDD and dysthymia; Roger McIntyre, MD, FRCPC, reviews the phenomenology, illness progression, and treatment options for patients with ADHD and comorbid bipolar disorder; and Oscar Bukstein, MD, MPH, reviews both background and practical considerations in understanding, evaluating, and treating adults with co-existing substance use disorders and ADHD.



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Statement of Need and Purpose

Despite treatment, many adults with attention-deficit/hyperactivity disorder (ADHD) remain substantially impaired in their daily functioning and a significant public health need exists to develop better treatment interventions with a special focus on promoting competence and functional improvement. ADHD is a lifelong neurodevelopmental disorder and one of the most common psychiatric disorders both in children and adults, but is consistently underrecognized. Since conditions which are often comorbid with ADHD are also common in the general population, the ability to properly recognize ADHD and its comorbidities is required for psychiatrists and primary care physicians (PCPs) to effectively treat affected patients. As with children with ADHD, adults show functional impairments in multiple domains, often including poor educational performance, occupational problems, and relationship difficulties. The presence of comorbid conditions adds further debility across these different domains of functioning. Management of multiple medical, mental health, and psychosocial problems over time will often be ineffective if ADHD is not adequately managed.

The most effective management should be multimodal, with patients benefiting from caring professionals with special expertise in ADHD as well as the PCP. For patients with comorbidities, the PCP and mental health professional should be in close communication about treatment decisions; the mental health professional may be in the best position to recommend pharmacotherapy. The PCP has an important role in assuring preventive care and recognizing and treating acute and chronic comorbidities or medical illnesses as they develop over time. Adults' differing patterns of comorbidity and symptom heterogeneity pose new conceptual, diagnostic, and treatment challenges. Education is needed to increase the detection and treatment of comorbid adult ADHD (and its reverse comorbidity) to determine whether effective treatment would reduce the onset, persistence, and severity of disorders that co-occur with adult ADHD.

Target Audience

This activity is designed to meet the educational needs of psychiatrists.

Learning Objectives

At the completion of this activity, participants should be better able to:

- Predict challenges to diagnosing and managing comorbidities in adults with ADHD
- Assess current evidence relating to treatment efficacy for adults with ADHD and comorbid depression, bipolar disorder, and substance use disorder
- Summarize the evidence related to ADHD and substance use disorder and how to minimize misuse and diversion when treating ADHD patients

Faculty Affiliations and Disclosures

David Goodman, MD, is director of the Adult Attention Deficit Disorder Center of Maryland and Suburban Psychiatric Associates in Lutherville, and assistant professor in the Department of Psychiatry and Behavioral Sciences at Johns Hopkins School of Medicine in Maryland. Dr. Goodman is a consultant to Eli Lilly, Forest, McNeil, New River, and Shire; is on the speaker's bureaus of Forest, McNeil, Shire, and Wyeth; receives research support from Cephalon, Eli Lilly, Forest, McNeil, New River, and Shire; has received honoraria from Eli Lilly, Forest, McNeil, Shire, and Wyeth; and is an equity shareholder in Wyeth. Dr. Goodman discusses unapproved/investigational uses of bupropion for the treatment of attention-deficit/hyperactivity disorder.

Roger McIntyre, MD, FRCPC, is associate professor of psychiatry and pharmacology at the University of Toronto,

and head of the Mood Disorders Psychopharmacology Unit at the University Health Network in Toronto, Canada. Dr. McIntyre is on the advisory boards of AstraZeneca, Biovail, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen-Ortho, Lundbeck, Organon, Pfizer, Schering-Plough, Shire, and Solvay/Wyeth; is on the speaker's bureaus of AstraZeneca, Biovail, Eli Lilly, Janssen-Ortho, Lundbeck, and Wyeth; receives grant/research support from Eli Lilly, Janssen-Ortho, the National Alliance for Research on Schizophrenia and Depression, Shire, and the Stanley Medical Research Institute; and receives honoraria from AstraZeneca, Bristol-Myers Squibb, and Solvay/Wyeth. Dr. McIntyre discusses unapproved/investigational uses of psychostimulants for the treatment of attention-deficit/hyperactivity disorder.

Oscar Bukstein, MD, MPH, is professor of psychiatry at the Western Psychiatric Institute and Clinic at the University of Pittsburgh School of Medicine in Pennsylvania. Dr. Bukstein has received research support from Shire. Dr. Bukstein discusses unapproved/investigational uses of bupropion and modafinil for the treatment of attention-deficit/hyperactivity disorder.

CME Course Director **James C.-Y. Chou, MD**, is associate professor of psychiatry at Mount Sinai School of Medicine. Dr. Chou has received honoraria from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, and Pfizer.

Activity Review Information

The activity content has been peer-reviewed and approved by James C.-Y. Chou, MD.

Review Date: June 22, 2009.

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To Receive Credit for this Activity

Read this Expert Panel Supplement, reflect on the information presented, and complete the CME posttest and evaluation on pages 15 and 16. To obtain credit, you should score 70% or better. Early submission of this posttest is encouraged. Please submit this posttest by July 1, 2011 to be eligible for credit.

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CME Podcast Version

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