Treating Co-Occurring Conditions

a chat with Adelaide Robb, MD

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Adelaide Robb, MD, is a child and adolescent psychiatrist who practices at Children's National Medical Center in Washington, DC, and an associate professor of psychiatry and behavioral sciences and pediatrics at the George Washington University School of Medicine and Health Services. She is also board certified in general (adult) psychiatry. Much of her clinical work focuses on treating individuals with an AD/HD diagnosis.

Robb's primary area of interest is pediatric psychopharmacology, and she has been the principal investigator on more than thirty pediatric pharmacology trials. At present she is funded by industry for trials in pediatric bipolar disorder, post-traumatic stress disorder, major depression, schizophrenia, and autism.

As a result of her commitment to educating pediatricians and primary-care providers about psychiatric medications and related issues, Robb has led training institutes at the American Academy of Child and Adolescent Psychiatry annual conference and at other venues nationwide. She is the psychiatrist on the American Association of Pediatrics committee on drugs and the AACAP pediatric psychopharmacology initiative. She is a member of CHADD's professional advisory board.

My 13-year-old son has several conditions co-occurring with AD/HD. We had to take him off stimulant medication at age nine because of side effects such as not eating and tics. He's currently taking medications to treat mood and anxiety conditions; however, he continues to have serious attention issues at school that feed into his anxiety. Our physician advises against introducing stimulants back into the mix due to the anxiety. What is your opinion on mixing the medications in this case?

I think you raise a good point about co-occurring conditions such as anxiety and tics in a child with AD/HD. Another FDA-approved medication that might be of use for the AD/HD symptoms is atomoxetine, which could be introduced to see if the medication would help with AD/HD. It should not make the tics worse.

I am taking medication for my AD/HD. I am sixty years old and have always developed tics whenever I encounter a stressful situation.

Other things may also make tics more likely, including stress (which you mentioned), nicotine, caffeine, poor sleep, and even some upper respiratory illnesses. If the tics are not interfering with your functioning, it does not make sense to treat with a second medication to control the tics.

Can methylphenidate cause an anxiety disorder or would it be a co-occurring condition?

It would depend on whether you had anxiety issues before you started on the methylphenidate. Some people do have anxiety co-occurring with AD/HD, while others develop anxiety as a side effect of the medication. If you stop the methylphenidate for a day or two and the anxiety is completely gone, it was probably a side effect. If the symptoms are still there, it was co-occurring.

I have been diagnosed with AD/HD and anxiety disorder. I am waiting to see a psychologist who was recommended by the only doctor in my state who deals with adult AD/HD. I believe I also have PTSD. I am trying to find out how medications interact and what the drug contraindications are.

Whenever I am seeing someone with two or three different diagnoses or issues, I ask, "What do you think is your biggest problem area" and "what would you like relief from first?"

If someone is most bothered by the AD/HD, I would treat that first and see how much of the anxiety/PTSD symptoms remain. If anxiety remains a problem, then a medication to address the anxiety or therapy (including cognitive behavioral therapy) could manage it.

I have always had problems with depression and anxiety, and had a very difficult time getting through school. Now that I am an adult, I am having problems holding a job. My doctor thinks I might have AD/HD and wants me to see about a diagnosis. But I don't think I have AD/HD—isn't that different than what I have? Is it really possible to have AD/HD and a few other problems together?

Yes, it certainly is possible to have AD/HD and another problem such as depression or anxiety. I think if you struggled that much in school

FOR MORE INFO: To learn more about AD/HD and coexisting conditions, visit **help4adhd.org**, the website of CHADD's National Resource Center on AD/HD. Various What We Know sheets are available to download, including WWK# 5A, "AD/HD and Coexisting Conditions: Tics and Tourette Syndrome," WWK#5C, "Depression," and WWK#5D, "AD/HD, Sleep and Sleep Disorders." For a helpful chart on medications used to treat AD/HD, go to **help4adhd.org/documents/MedChart.pdf**. Visit **chadd.org** to read the full transcript of this chat (members only).

and now are struggling at work, it would be helpful to go for an AD/HD evaluation.

One thing to do would be to ask your parents if you struggled in elementary school with focus, attention, talking too much in class, or sitting still. That might give your physician some helpful background information for the assessment.

I am a 46-year-old mother, diagnosed with AD/HD and slight depression, of two boys who are being evaluated for AD/HD. After almost eight months, I am still trying to find that medication that "works." I know that meds don't work for a minority of us, but I want to know what it feels like when something does work. Is it felt differently for each person?

I think for everyone it feels a little different. One mom who was in our moms with AD/HD study said she could finally focus enough to help her child with his homework instead of feeling frustrated.

Please remember to consult with your doctor and to stick with the medication until you reach the maximum adult dose before saying a medication does not work. I think a lot of the time people expect medication to work right away, like aspirin for a headache. When finding the dose and balancing with side effects, treating AD/HD symptoms may take longer than that.

My spouse has bipolar disorder and, though not diagnosed with AD/HD, has been prescribed stimulant medication to help with difficulties focusing. What research exists on links between bipolar disorder and AD/HD? What is your opinion of this off-label usage for the stimulant medication?

In long-term studies of children with AD/HD, some do eventually develop bipolar disorder. What we recommend doing (for both children and adults) is having the bipolar disorder treated and stabilized first. If someone still has persistent AD/HD symptoms with a stable mood, we add in a small dose of a long-acting stimulant and then follow closely.

The worry is that the stimulant may lead to a manic episode, which is why we recommend starting at the lowest dose and titrating slowly on the stimulant medication. In addition, people on certain medications for mood stabilization may need to increase stimulant doses to have the required AD/HD improvement due to the interaction of stimulants and certain medications in the liver.

Can you discuss the link between AD/HD and sleep disorders that are unrelated to medication? It is often hard for me to "turn my brain off" so I can settle down to sleep.

For many adults with AD/HD, that revving of the brain is present on and off medication. If you can practice/establish a bedtime routine that allows you to relax and clear your mind before bedtime, it may help.

People use stretching exercises, listening to music, visualizing a calm or quiet place, or thinking about something that calms them down—a day on the beach—to relax and go to bed. Yoga and relaxation exercises can also help with this. Watching television or reading an exciting book usually gets people more energized rather than relaxed.

Is it common to have a combination of AD/HD and hypersomnia? At present, I take a stimulant medication, which helps some but not enough. Any other suggestions?

When someone is complaining of oversleeping plus poor attention and concentration, some other issues also come to mind, including sleep disorders such as sleep apnea, restless leg syndrome, and even narcolepsy.

People with sleep disorders have poor quality sleep, and despite a long night in bed wake up feeling tired. Another issue that could present with excessive sleep and poor concentration is depression, which might get a little better on the stimulant medication but not back to 100 percent.

As a 24-year-old who is just about to (finally) graduate from college, I am concerned about the prospect of taking stimulant and antidepressant medications for the rest of my life. I feel that my AD/HD history will limit career options; however, I do know I feel better when taking my meds. I am afraid of how it will feel to go off them and I am also concerned that I might be "hooked." Any advice?

One of the things I always discuss with my patients who are making life changes—finishing college and starting a job are two big ones—is to wait until after you are settled into the new job and succeeding there before you stop your medications. Worries about being "hooked" can also be handled by slowly, in conjunction with your prescribing clinician, tapering off the medications. You can get off the medication, but it must be done slowly.

My 23-year-old son was diagnosed at age thirteen with an auditory deficit and AD/HD. Although he responded to medication with great success, he never accepted the need to take it, and unilaterally went off it six months ago. He is now depressed and more impulsive than he was when taking the medication. Any suggestions?

It is always hard to convince a young adult with any kind of chronic illness that requires ongoing treatment. You might ask him to make a list of what was going well and not so well on the medication and off the medication.

I usually also ask my young adults if they are having difficulties meeting deadlines, paying bills, and other adult obligations. Those struggles are usually seen in untreated adult AD/HD. Ask what it means to him to take medication for a condition and whether he feels "different" when he has to take medication. It may take being patient until he realizes he needs the treatment on his own. ●