AFTER A LIFETIME OF STRUGGLE, it shouldn't be surprising that most adults with AD/HD also suffer from some other condition, such as anxiety, depression, or substance use. Unfortunately, this can make it harder to get an accurate diagnosis since some of the symptoms can look the same, at least superficially. AD/HD is only one of many conditions that can affect concentration and make someone distractible and forgetful. In a way, poor concentration is kind of like a fever in physical health—a fever can come from a cold, malaria, cancer, or all sorts of other conditions, so knowing that someone has a fever doesn't help that much in making a diagnosis. In the same way, trouble concentrating just tells us that something is going on, but it doesn't tell us *what.*

ALONG FOR THE RIDE

Conditions that Co-Exist with AD/HD

by Ari Tuckman, PsyD, MBA

There are three important differences that tend to distinguish AD/HD from every other mental health condition:

- The symptoms of AD/HD have been present from childhood or at least the early teen years.
- The symptoms don't change that much over time (except for the hyperactivity, which tends to settle down).
- The symptoms are present in most settings and parts of the person's life.

Let's talk more specifically about the other mental health conditions that most commonly come along for the ride with AD/HD or are mistaken for it.

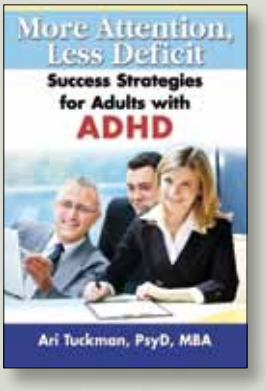
Depression

One study* found that up to one out of three adults with AD/HD experience major depression or *dysthymia* (a longstanding but milder depression) at some point in their lives. These are pretty big numbers and not surprising given the additional struggles that people with AD/HD face. Because both disorders can affect concentration and the ability to get things done, a clinician who doesn't know AD/HD well enough or who doesn't spend enough time getting the details may assume that the only diagnosis is depression and miss the AD/HD that is driving it. Women and girls are probably more likely to be misdiagnosed in this way.

Both AD/HD and depression can cause people to be down on themselves. Whereas depressed people tend to focus on or exaggerate their perceived shortcomings, adults with AD/HD will often have a larger kernel of truth in their feelings of worthlessness after years of underachievement. Unfortunately, they have better reasons for being hard on themselves, at least until treatment enables them to do better in their lives.

Anxiety

AD/HD can give you a lot to worry about. Sometimes they're things that you know you should worry about ("I really didn't spend enough time on that report for work—my boss won't be happy," or "I forgot to pay that bill!"). The things that you don't yet know about but fear are out there somewhere are often worse. These ticking time bombs can be things like appointments that you scheduled and forgot about, only to find out after you've already missed them. Or the school function that you agreed to help out with but forgot immediately. So even if there isn't anything that you know you should be worried about, there is always the possibility of something else coming up to bite you. Not a fun way to go through life. . .



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*Barkley, R.A. & Gordon, M. (2002). Research on comorbidity, adaptive functioning, and cognitive impairments in adults with ADHD: Implications for a clinical practice. In S. Goldstein & A.T. Ellison (Eds.), *Clinician's Guide to Adult ADHD: Assessment and Intervention* (pp. 43 69). San Diego: Academic Press.

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There is also the constant grind of daily stress that comes from not making efficient use of time because of distractibility, avoidance, and procrastination. Life keeps moving, so tasks pile up and the stress builds until it finally explodes in a mad dash of activity.

Additionally, some adults with AD/HD are at greater risk for developing social anxiety due to a lifetime of embarrassment and social fallout from not waiting their turn, putting their foot in their mouth, forgetting, and interrupting or intruding. They come to learn that they do inappropriate things but can't stop, so they may simply avoid some social situations or be anxious when they are in them. I had one client who, in an effort to make sure he didn't say the wrong thing, would overthink things so much that he wound up saying very little at all. He felt bad about it afterward but became so overloaded with checking himself that he couldn't just be himself.

Over time, adults with AD/HD learn that life is unpredictable and that bad things can happen suddenly and without warning. Obviously, having a layer of anxiety on top of AD/HD doesn't make anything any better. It affects how you feel about yourself, how clearly you think, and what kind of odds you place on being successful. Add it all together and you will be less willing to take a chance on new strategies that might make your life better and reverse some of those other negatives. In the diagnostic process, it's important to keep in mind that inattention can be caused by both anxiety and AD/HD, so it's important to figure out if the inattentiveness is coming from both conditions or just one. One way to tell the difference is to look at the timing—if you have trouble concentrating only when you feel nervous, then it probably isn't AD/HD. On the other hand, if your concentration is always bad but gets notably worse when you're nervous, then you probably have both.

Bipolar disorder

The symptoms of bipolar disorder can look somewhat like those of AD/HD. In AD/HD, the symptoms are less extreme but more common; in bipolar disorder, they are more pronounced when they occur but will also wax and wane more significantly and even disappear completely for stretches. We also look at the age of onset—often in childhood with AD/HD, later for bipolar. Although folks with AD/HD can be prone to sudden bursts of emotion, those bursts tend to come and go much more quickly, whereas they last much longer and can be much more intense in those with bipolar disorder.

Some people with AD/HD will be misdiagnosed in childhood with bipolar disorder, and vice versa, only to have it become clear in early adulthood that they really have the other condition. More so than most other conditions, it's important to be sure that someone diagnosed with AD/HD doesn't also or instead have bipolar disorder, since the medications used to treat AD/HD can exacerbate untreated bipolar symptoms and send someone into a manic episode, which can lead to extremely reckless and dangerous behavior.

Learning disabilities

People with AD/HD may be more likely to have learning disabilities. (Some researchers think that it just *seems* like folks with AD/HD have more learning disabilities because AD/HD folks are more likely to be evaluated, so their learning disabilities are more likely to be found.) If you do have a learning disability, this added wrinkle can have a significant impact on your functioning and ability to be successful. How much impact it has depends on the nature and severity of the

learning disability, how it interacts with your AD/HD symptoms, and what skills are required of you in your life. A psychoeducational evaluation may be necessary to identify and better understand the precise learning disability that you have. Although it's overkill to put every adult through a full battery of tests, it may be helpful for those who seem to have more processing problems than just AD/HD or don't respond well to typical treatments.

Substance abuse and other addictions

For several reasons, people with AD/HD are more likely to abuse alcohol or drugs or engage in other addictive behaviors like gambling, pornography, or overspending. It may not be full addiction, but is still enough that it creates problems for them. Some people use these problematic behaviors to self-medicate the frustration, anger, disappointment, sadness, shame, and guilt that can come from a lifetime of undiagnosed and untreated AD/HD.

Even those who don't approach the level of addiction may impulsively drink too much at the wrong times and then regret their behavior afterward. Or the behavior may ruin what they had hoped would be a productive day. I had a client who had a tendency to go along with his roommate's offers to grab a couple beers—even though he knew it rarely stopped at a couple beers and even when he had

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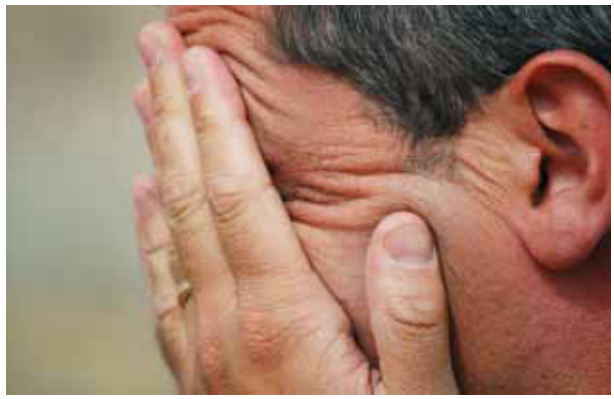
planned to take care of some important things later that night. That foresight and those plans went out the window as soon as his roommate made the offer. Another client would lose himself in the moment and wind up spending far more time and money on Internet pornography than he had planned.

It's interesting that, contrary to what we might expect, people with AD/HD are not more likely to abuse cocaine or stimulants. Rather, as with members of the general population who use drugs, marijuana is the most popular, behind alcohol.

If someone has a strong history of substance abuse, it can be difficult to know which symptoms come from the effects of that abuse rather than from AD/HD. Of course, someone with AD/HD will have had those symptoms before he or she started abusing substances, but if the person has been engaging in substance use since the middle-teen years, there may not be that much history that is untouched. Assuming one has the time, it can help to stay clean for several months, perhaps with the help of a treatment program, and then see if any of the AD/HD symptoms remain. This may be easier said than done, though, in that it may be necessary to address the AD/HD in order to improve the likelihood of the person staying clean.

This is the unfortunate irony of treating those with the double whammy of AD/HD and substance abuse—it can become a real dilemma about which to address first. The unfortunate irony is that the stimulants, which are the most commonly prescribed medication class for treating AD/HD, also have a potential for abuse, making most clinicians hesitant to prescribe them for those with a history of substance abuse. (Read a longer discussion of AD/HD and addiction on page 24.)



It's worth the extra effort to get an accurate diagnosis, because treatment can only be as good as the diagnosis it's based on.

Antisocial personality disorder
Children with AD/HD, especially those with hyperactive and impulsive symptoms, are more likely to evoke negative reactions from their caregivers, especially if they also have untreated AD/HD. A self-reinforcing process can be created wherein the child is labeled a bad kid because of AD/HD-based unruly behavior. As a result, the child gets more negative reactions from adults, which causes him or her to act out even more, so the situation gets worse.

In extreme cases, this can evolve into oppositional defiant disorder (ODD) and conduct disorder (CD), the childhood precursors to antisocial personality disorder in adulthood, for some people. People with antisocial personality disorder have little regard for the rules and frequently run into trouble with authority figures and the law.

As you probably know far too well, people often assume that AD/HD-based behaviors are intentional and/or reflect irresponsibility and selfishness. Whereas people with AD/HD may do some of the same bad things as those with ODD, CD, and antisocial personality disorder, it's less intentional with AD/HD—they may be just as surprised and disappointed as everyone else about their mistakes. For example, I had a client, a lawyer, who got arrested for shoplifting when he accidentally walked out of the store with an item he hadn't paid for yet. This was completely unintentional. By contrast, those with ODD, CD, and antisocial personality disorder know they are stealing but don't really care—or get a thrill from the rule breaking. The mistakes of the adult with AD/HD come more from a neurologically based lack of awareness or spillover from poor planning that make negative outcomes more likely.

SHUTTERSTOCK

Head injury and medical conditions

Injury to the frontal lobes of the brain can cause symptoms that can look very similar to those of AD/HD. This shouldn't be surprising given that the frontal lobes are affected in people with AD/HD. The difference for those with brain injury is that they won't have had any of these symptoms before the injury. They may also have a different set of symptoms (some extra deficits perhaps), but also may not have some that are typically associated with AD/HD. I evaluated a man who had been in a car accident as a teenager, leading to a mild brain injury. He had struggled ever since at work and managing his life. In this case, his troubles mostly came from the accident, since he didn't really have them before, but he definitely resembled someone with AD/HD.

As for other medical conditions, it's generally not necessary to get a medical workup, such as a physical or neurological evaluation, unless you have other symptoms that go beyond the usual for AD/HD that are worth getting checked out. Of course, we should all get good physical exams regularly, just to make sure there isn't anything sneaking up on us. However, there is currently no medical test for AD/HD.

Overlapping symptoms can make it more difficult to get the diagnosis right, but a skilled clinician can tease them apart. It's worth the extra effort to get an accurate diagnosis, because treatment can only be as good as the diagnosis it's based on. ●