

Correspondence

Attention deficit/ hyperactivity disorder (ADHD) in adults

Sir,

Sitholey *et al*¹ have published an interesting paper on adult ADHD, the first study of its kind in India which has opened up several areas for discussion and hopefully would lead to more studies and clinical attention in this area.

There are a few issues that merit attention.

Firstly, in the methods section, the authors have used Raven's standard progressive matrices for IQ assessment, but no mention of these measurements elsewhere. There is also no mention why only 9 subjects were tested for IQ out of 25. ADHD is often co-morbid with learning disability² and it would have been interesting to note how many adults had learning disability.

Secondly, ADHD is a life span disorder and there has to be evidence of ADHD symptoms in childhood to make a diagnosis. We need to take a complete corroborative history from as many informants as possible such as teachers and family members. It is well known that ADHD in children in India is not usually well recognized, and problems at school are often recognized as bad behaviour and thus punished. Most of the children with ADHD symptoms drop out of school quite early due to these factors³, therefore the authors' inclusion criteria that subjects needed to have completed 8 years of formal schooling may have excluded several cases of potential ADHD. Adults may not be able to provide a history of onset of symptoms during childhood, even though in this study a large proportion of patients reported symptoms in childhood which needs to be corroborated, and it may be difficult to confirm that ADHD symptoms are not better accounted for by other co-morbid psychiatric conditions.

The rates of co-morbidity in this sample especially substance dependence was quite low as compared to the western data⁴, even though the sample collection was biased

towards picking up cases. Cognitive deficits associated with substance abuse can hinder the ability to recall ADHD symptoms for appropriate diagnostic purposes.

Regarding the use of instruments to diagnose ADHD, the stringent DSM-IV criteria may make diagnosing ADHD in adults difficult, which may lead to an underdiagnosis of ADHD in the adult population. The diagnostic criteria for attention deficit/hyperactivity disorder listed in the DSM IV- TR, were developed for children, and a few are suitable for diagnosing adult patients. Problem areas in the criteria include symptom descriptions, diagnostic threshold cut-off, gender bias, and age at onset⁵. Clinicians must rely on the diagnosis of ADHD not otherwise specified for adults with ADHD symptomatology, but this category does not provide clear delineations for patients whose symptoms vary within this category.

ADHD symptoms can occur co-morbidly with other psychiatric disorders. Many adults with a diagnosed psychiatric disorder also have ADHD⁶. Co-morbid ADHD is most prevalent among patients with mood, anxiety, substance use, and impulse-control disorders. ADHD can negatively affect outcomes of other co-morbid psychiatric disorders, and ADHD symptoms may compromise compliance with treatment regimens⁶. So it is important to include as many diagnostic categories of patients so that the possibility of diagnosing ADHD is improved. Symptoms of ADHD in adults can mimic symptoms of bipolar disorder as well.

Another important area would be to know what happens to children who have already been diagnosed to have ADHD in childhood and have been started on appropriate medication. Did they continue the treatment when they reached adulthood. This study does not mention how many patients were on stimulant medication or other medication for ADHD, even though majority of the sample (64%) had reported ADHD

symptoms in childhood before the age of 7 and 88 per cent before 12 yr of age¹.

To make the diagnosis of adult ADHD more valid, it is also important to do psychometric testing such as the continuous performance test (CPT) which picks up errors of commission and omission. Using this test routinely can strengthen the diagnostic validity of this condition⁷.

Finally, it is also important to know in this study, whether the patients diagnosed to have ADHD were started on appropriate medication. None of the ADHD medication used for children are licensed for use in adults such as methylphenidate or atomoxetine which are first line agents in children, even though there is a strong evidence base that patients with ADHD in adults also respond well to these medications⁸.

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Authors' response

Sir,

We thank Dr Jacob and colleagues for their interest in our work¹. Our response to their queries is as follows:

1. I.Q. assessment of the subjects was done only when a need was felt on clinical assessment. The mean I.Q. of the 9 subjects is mentioned in result section paragraph 2, line 6. We did not find learning disability in any subject although we were alive to this possibility.
2. We agree that the criteria of minimum 8 years of schooling might have led to exclusion of some patients. But this much education of the subjects was required to understand and complete the instruments used in the study. Childhood histories were obtained from the parents and other family members. As mentioned in Material & Methods, information was gathered both from the subjects as well as the family members. Therefore, the information obtained was reliable.
3. With regard to the effect of substance abuse on cognition, we excluded patients in severe withdrawal or intoxicated state. Also the information was gathered both from the subjects as well as family members. Therefore, the information obtained was reliable.
4. Several authors² have questioned the usefulness of DSM-IV criteria for diagnosing adult ADHD. Since our study was an exploratory study, it was important to reliably diagnose adult ADHD as per the existing criteria. We have additionally used Wender Utah criteria for diagnosing adult ADHD and also commented upon this issue in our study³. To our knowledge, in North America DSM IV TR is used for diagnosing adult ADHD.
5. Although ADHD was present during childhood in our subjects, but it was not diagnosed then. The diagnosis of ADHD was made by us for the first time during adulthood.
6. Diagnosis of adult ADHD is a clinical diagnosis and the criteria do not require psychometric tests. However, tests of attention like CPT may be helpful in measuring inattention.

7. All the subjects were offered treatment. The details of treatment and outcome of adult ADHD will be published in a subsequent paper on follow up of these subjects.

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