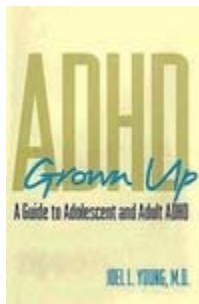


## Why Don't You Grow Up?

A review of



### **ADHD Grown Up: A Guide to Adolescent and Adult**

#### **ADHD**

by Joel L. Young

New York: Norton, 2007. 240 pp. ISBN 978-0-393-70468-6.

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Reviewed by

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Attention-deficit/hyperactivity disorder (ADHD), once thought to be an affliction only of children, is now recognized to persist in most cases into adolescence and adult life (e.g., Barkley, Fischer, Smallish, & Fletcher, 2002; Kessler et al., 2005). The disorder is estimated to affect 5 percent of adults in the U.S. population (Faraone & Biederman, 2005; Kessler et al., 2006). ADHD symptoms, unlike those of many other disorders, are chronic and affect multiple realms of functioning in adolescent and adult life. ADHD is associated with impaired driving behavior (Fried et al., 2006), decreased individual income and workforce productivity (Biederman & Faraone, 2006), decreased educational attainment, higher rates of divorce and arrest, and significantly less satisfaction with one's

social, family, and work life (Biederman et al., 2006). Given the costs associated with ADHD, it is sad indeed that the vast majority of adolescents and adults with the disorder remain undiagnosed and without treatment.

The book *ADHD Grown Up: A Guide to Adolescent and Adult ADHD* by Joel Young gives an excellent overview of the topic area and provides practical information and guidance to the treating clinician. Young is the medical director of the Rochester Center for Behavioral Medicine and has been the primary investigator for a number of medication trials for ADHD. He discloses the skepticism he felt about the validity of the disorder early in his career and his epiphany after witnessing the dramatic improvement that medication brought to many patients. Young has a highly developed understanding of the disorder, the relevant literature, and the gaps in knowledge that many, if not most, clinicians have in this area. He writes in a lucid style and knows how to educate his reading audience.

Young begins with diagnostic considerations and by reviewing the three main subtypes of ADHD: predominantly inattentive type, predominantly hyperactive–impulsive type, and combined type. He notes the overemphasis that many clinicians give to symptoms of hyperactivity, which causes the diagnosis to be missed in many individuals. The symptomatic presentation of ADHD is substantially influenced by gender and age. Males are more likely to be diagnosed with the hyperactive–impulsive type, whereas females are more likely to be diagnosed with the inattentive or combined type. Similarly, inattention is the primary presenting problem of adults with ADHD, being endorsed by 90 percent of an adult ADHD population in one study (Millstein, Wilens, Biederman, & Spencer, 1997), whereas motor hyperactivity often attenuates with increasing maturity (American Psychiatric Association, 2000).

Inattentiveness can be a relatively subtle symptom in comparison with hyperactivity or impulsivity and is harder to pick up if the clinician does not screen carefully during the clinical interview. Nonetheless, it can cause tremendous difficulty for the individual, as manifested in careless mistakes, poor project completion, disorganization, chronic lateness, missed appointments, and difficulty concentrating on what

others are saying. One can imagine the distress and self-recrimination of an undiagnosed woman who repeatedly forgets to pick her child up from school, loses jobs because she cannot finish paperwork, and frustrates her spouse with her distractibility. The sheer number of details and responsibilities associated with adult life roles can overwhelm the individual who was able to cope adequately with his or her symptoms while overseen by parents and in structured school situations.

Another focus of the book is to elucidate issues of psychiatric comorbidity. Most ADHD patients will meet criteria for another psychiatric diagnosis such as anxiety disorder, mood disorder, substance abuse, or oppositional disorder. In adolescent or adult patients presenting to a clinician for the first time, the affective or substance abuse symptoms are often appreciated, but not the ADHD symptoms. Young contends that many patients who have not responded satisfactorily to treatments for these other clinical conditions have untreated ADHD, which often preexists the other problems. He writes,

Diagnosing ADHD and its comorbidities is comparable to manipulating a child's plastic toy: Inside a large egg is a smaller one, inside that egg is one even smaller. Until the therapist finally reaches the core—the smallest “egg” around which all the larger ones rest—the diagnostic and therapeutic job is not complete. (p. 44)

The key is careful listening and questioning, as well as the use of relevant screening instruments, to help the clinician gain a clear understanding of what brought the individual to seek treatment. Young does a great job of convincing the clinician to consider possible ADHD in patients who are often not considered for this diagnosis. As a clinical psychologist who focuses my practice on adult anxiety and mood disorders, I found myself thinking of several clients whose difficulties have not been adequately resolved despite psychotherapy and medication trials and wondering if undiagnosed ADHD might be part of the problem. Young reminds us to look beyond current symptom presentation to developmental and family history before forming diagnostic conclusions. As he puts it, “All that is a mood swing is not bipolar disorder” (p. 47). Living for years with untreated ADHD can be a

demoralizing experience and mistakenly present as a primary problem with affective spectrum illness.

The second part of Young's book explores particular patient populations, including adolescents, young adults, girls, and women, as well as challenging patients who present difficult treatment choices. In these sections, I was particularly appreciative of Young's practical advice to aid in diagnosis, effective interviewing, and the development of rapport. For example, a table compares normal adolescents versus ADHD adolescents for problem behaviors commonly observed in this age group. The adolescent without ADHD may get a traffic ticket; the adolescent with ADHD may receive two or more traffic tickets, especially for speeding, over a two- to three-month period, even though his or her knowledge of correct driving behavior is similar to that of normal adolescents.

Young provides a set of questions with considered wording to pick up on possible ADHD within the different populations (along the lines of *How many times in the past week have you lost your house keys/cell phone/watch/purse/backpack?*) along with his indicators of what is typical versus problematic behavior. Another table provides a list of do's and don'ts for interview questions. Young's sensitivity to the experience of patients is obvious; he coaches the reader on how to consider and manage issues such as oppositionality, sexual problems, societal blaming of women (and why it hits those with ADHD particularly hard), attitudes about medication, and many other concerns of interest.

The concluding section deals with medical and psychological treatment for ADHD. Young provides an excellent survey of the stimulant and nonstimulant medications, their effects, and issues to consider in prescription choice and dosage scheduling. Again, the text is full of practical advice to maximize effectiveness and address patient concerns. Cognitive behavioral therapy and coaching are discussed as useful psychological treatments. Throughout the book, case examples are provided to illustrate key points and effective clinical responses. The really good news here is that ADHD responds to proper pharmacological treatment at levels that probably exceed those of interventions for depression. Lives can be dramatically improved.

The last chapter addresses Young's working theory that ADHD

may be implicated in many cases of fibromyalgia, chronic pain, and associated syndromes. Young believes that these poorly understood conditions might be at root a brain-based inability to effectively process and filter painful stimuli. Most individuals with minor injuries or unpleasant physical complaints are able to filter out low-level painful stimuli and divert attention to soothing themselves and managing life as it goes on. In contrast, the ADHD patient experiences the following:

Unable to distinguish the intensity of the many stimuli that the brain is receiving, the patient becomes overwhelmed by the discomfort. She becomes one with her pain. Although objectively the sensation may be relatively minor, it besieges the inattentive patient to the point that she cannot distinguish variations of the painful stimuli. This deficiency comes to define the individual as a "chronic pain patient." (p. 278)


Young is careful to state that his observations are at the level of hypotheses that must be confirmed with much more research, but the possibilities are fascinating.

In the end, I strongly recommend this text for clinicians working with adolescent and adult populations. We need to do a better job at identifying and treating ADHD grown up—and this book will help us do it.

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