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Comorbidity and psychosocial profile of adults with Attention Deficit Hyperactivity Disorder

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Abstract

The objective of the study was to investigate the comorbid problems and the psychosocial profile of Attention Deficit Hyperactivity Disorder (ADHD) adults. It was hypothesised that, compared with a community control group, the ADHD group would have a history of academic underachievement, poor occupational adjustment, antisocial behaviour, relationship difficulties, substance misuse, mood and affective problems and personality disorder. Compared with a clinic control group, it was hypothesised that the ADHD group would report an earlier onset of problems. Two clinical groups were drawn from referrals to an adult ADHD assessment clinic and a normal control group was recruited from the community. Groups were matched for age, sex and social class. The ADHD group ($N=30$) was compared with the clinic control group ($N=30$) and the normal control group ($N=30$) on measures of anxiety, depression and personality. Psychosocial variables were measured by the ADHD-Adult Functioning Interview, a semi-structured interview of childhood and adulthood functioning. The hypotheses were largely supported with the ADHD group being significantly more impaired than the normal control group on all psychosocial domains and comorbidity. The ADHD group was more impaired than the clinical control group on childhood measures of academic underachievement, antisocial and criminal behaviour. It was concluded that ADHD is a risk for the development of multiple problems and comorbidity in adulthood. Results emphasise the need to take a developmental perspective when diagnosing ADHD in adulthood.

Keywords: Attention Deficit Hyperactivity Disorder; Comorbidity; Personality disorder; ADHD-Adult Functioning Interview

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1. Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a common disorder of childhood. Extrapolating from US data, it is estimated that approximately 0.5–1% of the young adult population continues to have symptoms associated with ADHD (Toone & van der Linden, 1997). DSM-IV criteria (American Psychiatric Association, 1994) for diagnosis state inattentive, impulsive and hyperactive behaviours must be pervasive across two or more settings before age 7. There must be clear evidence of significant impairment in social, academic or occupational functioning. Exclusions include symptoms that occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia or other Psychotic disorder. ADHD in adulthood is more frequently diagnosed in the UK than in the past as clinicians are becoming increasingly aware that as children grow up they may continue to need treatment (Toone & van der Linden, 1997).

Despite growing recognition of the legitimacy of the ADHD diagnosis in adulthood, it is not a commonly researched, diagnosed or treated adult psychiatric disorder. Clinicians in child services rarely follow-up patients into adulthood and adult ADHD is rarely considered in psychiatric settings. Throughout the world there is relatively little research reported on ADHD adults compared with the plethora of information about childhood ADHD. Yet prospective investigations suggest around one-quarter of ADHD children continue to meet criteria in young adulthood (Gittelman, Mannuzza, Shenker, & Bonagura, 1985; Taylor, Chadwick, Heptinstall, & Danckaerts, 1996) and two-thirds retain at least one disabling symptom at age 25 years (Weiss, Hechtman, Milroy, & Perlman, 1985). (For a comprehensive review see Young, 2000).

A key difficulty may be that ADHD has been misdiagnosed in the past. Comorbidity is commonly reported in adulthood, especially antisocial personality disorder, substance abuse disorder, and anxiety disorders (Biederman, Faraone, & Chen, 1993; Loney, Whaley-Klahn, Kosier, & Conboy, 1983; Mannuzza, Klein, & Addalli, 1991; Mannuzza, Klein, Bessler, Malloy, & LaPadula, 1993; Weiss et al., 1985). ADHD is a risk for the development of antisocial and criminal behaviour. Court records suggest that ADHD adolescent youths are four to five times more likely to be arrested, and to have multiple arrests and convictions (Hechtman & Weiss, 1986; Lambert, 1988; Mannuzza, Klein, Konig, & Giampino, 1989; Satterfield, Hoppe, & Schell, 1982; Satterfield, Swanson, Schell, & Lee, 1994). Reports from the USA and Sweden suggest that 25% of prison inmates meet ADHD criteria in adulthood (Dalteg, Lindgren, & Levander, 1999; Eyestone & Howell, 1994). In adulthood alcohol and substance misuse are also significantly related to the persistence of the ADHD syndrome, especially when it is comorbid with antisocial behaviours (Biederman et al., 1993; Hechtman, Weiss, & Perlman, 1984; Weiss et al., 1985).

Adults with a history of childhood ADHD complete less education, have poorer marks, fail more grades and are more commonly expelled from school compared with controls (Biederman et al., 1993; Klein & Mannuzza, 1991). In adulthood they may be gainfully employed, but experience more employment-related problems than controls or reach a lower than expected occupational status compared with family members (Mannuzza et al., 1993; Weiss, Hechtman, & Perlman, 1978; Weiss, Hechtman, Perlman, Hopkins, & Wener, 1979).

Social maladjustment is well documented from childhood (Berry, Shaywitz, & Shaywitz, 1985; Borland & Heckman, 1976; Milich & Landau, 1989; Riddle & Rapoport, 1976) and interpersonal relationship problems are likely to persist in adulthood. One study suggests ADHD adults