

Personality Traits in Adults With Attention Deficit Hyperactivity Disorder: Implications for Clinical Practice

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ABSTRACT

Although medications are efficacious in reducing symptoms of attention deficit hyperactivity disorder (ADHD), many adults with ADHD are nonresponders to prescribed medications, do not adhere to their medication regimens, or have persistent psychological problems and/or personality traits that affect the emotional, behavioral, and social aspects of their lives. In this article we review findings from research studies that characterize the personality traits of adults with ADHD and suggest ways that nurse practitioners can incorporate evidence-based findings into the assessment and treatment of this population. Suggestions and directions for future studies to enhance clinical practice are also presented.

Keywords: ADHD, adults, attention deficit hyperactivity disorder, personality inventories, personality traits, psychosocial treatment

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BACKGROUND

Attention deficit hyperactivity disorder (ADHD) is a neurobiologic disorder that usually has its onset in childhood.¹ For approximately 80% of children affected, ADHD persists into adulthood.¹ Although ADHD has been traditionally diagnosed in childhood, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* has changed the diagnostic criteria for ADHD, and, now, adolescents and adults can be diagnosed with ADHD (Table 1).² Also, clinicians can look back to an individual's middle childhood years (age 12) for symptoms of onset of the disorder.²

According to the *DSM-5*, ADHD in adults has 3 presentations: (1) inattention; (2) hyperactive-impulsive, combined inattention; and (3) hyperactive-impulsivity.² These presentations interfere with academic, social, and occupational functioning.³ Inattention manifests itself through failure to attend to details, difficulty focusing on and organizing tasks, inability to get work done, and/or forgetfulness. Hyperactivity and impulsivity are usually manifested through fidgeting, inability to engage in quiet solitary or group leisure activity, excessive talking, interrupting

others, and/or intrusive behaviors. Adult ADHD is often associated with comorbid psychiatric disorders, which include, but are not limited to, deficits in cognitive function (eg, executive function, working memory, attention, organization, and planning), major depression, bipolar disorder, intermittent explosive disorder, anxiety disorder, substance abuse disorder, antisocial personality disorder, and borderline personality disorder.⁴⁻⁶

Despite the changes in diagnostic criteria, many adults with ADHD remain undiagnosed.⁷ Prevalence estimates of adult ADHD vary widely, depending on study methodology.⁸ Population surveys indicate a pooled prevalence of ADHD in adults of about 2.5%.⁹ The National Institute of Mental Health estimates a 4.1% 12-month prevalence rate (http://www.nimh.nih.gov/statistics/1ADHD_ADULT.shtml). There is some evidence that ADHD affects adult males more frequently than adult females (1.6:1).²

Clinical Guidelines

Several guidelines have been published that provide guidance for the treatment of adult ADHD.¹⁰ In a systematic review of national and international

Table 1. DSM-5 Criteria of Symptoms for Diagnosis of ADHD

Inattentive presentation:

- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through on instructions
- Has difficulty with organization
- Avoids or dislikes tasks requiring a lot of thinking
- Loses things
- Is easily distracted
- Is forgetful in daily activities

Hyperactive-impulsive presentation:

- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs about or climbs excessively in children; extreme restlessness in adults
- Difficulty engaging in activities quietly
- Acts as if driven by a motor; adults will often feel inside like they were driven by a motor
- Talks excessively
- Blurts out answers before questions have been completed
- Difficulty waiting or taking turns
- Interrupts or intrudes upon others

Combined inattentive and hyperactive-impulsive presentation:

- Have symptoms from both of the above presentations

This list was prepared by the National Resource Center on ADHD: a Program of CHADD, October 2013.

Source: *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)*.

guidelines, Seixas and colleagues¹⁰ found five guidelines related to the treatment of adults with ADHD. All of the guidelines start with the need to establish an accurate ADHD diagnosis, which is based on a full clinical interview. The clinical interview includes a mental status exam, assessment of impairment and comorbidity, a family history, and a physical examination.

Pharmacotherapy for symptom reduction is considered the first treatment option for adult ADHD.^{11,12} Although recommendations for specific medications are beyond the scope of this article, Spiller and colleagues¹³ separated the medications used to treat ADHD into two groups: (1) stimulants (ie, amphetamine, methylphenidate, and modafinil); and (2) nonstimulants (ie, atomoxetine, guanfacine,

and clonidine). These medications are prescribed to help adults with ADHD focus more directly on important life tasks, increase their control of impulsive behaviors, and/or improve their organization and planning skills.⁷ The stimulants methylphenidate and mixed amphetamine salts are the most widely used medications recommended by clinical guidelines and approved by the United States Food and Drug Administration for the treatment of ADHD.^{10,14} Time-release capsules and novel drug-delivery systems (such as using the osmotic pump process or a transdermal patch) show promise for easy drug administration throughout the day.¹⁵ Unfortunately, there is a potential for drug abuse, and long-acting stimulant formulations have a lower potential for abuse than immediate-release formulations.¹⁵

Studies indicate that adults who are considered responders to stimulants typically show a reduction in only 50% or less of the core symptoms of ADHD.¹⁶ Also, many adults with ADHD do not take their medication as prescribed, whereas others only take their medications on a pro-re-nata or irregular basis.¹⁷ Stimulant medication adherence rates among adult ADHD patients range from 52% to 87%.¹⁷ Although not part of routine clinical practice, both neuroimaging and pharmacogenetic testing show promise for individualizing pharmacotherapy regimens of adults with ADHD, which could improve adherence.¹⁸

Since 2003, clinical guidelines for treating adults with ADHD have included the use of psychosocial treatment in conjunction with pharmacotherapy.^{7,10} The most commonly used psychotherapeutic approach has been cognitive behavior therapy (CBT). This psychosocial treatment focuses on examination and discussion of problematic thoughts and negative beliefs to create change in customary patterns of emotions and behaviors.¹⁹ The objectives of a CBT treatment program include addressing the core symptoms of ADHD and any issues related to a comorbid disorder, ways to improve psychosocial functioning, and addressing cognitive deficits and behavioral issues (ie, poor time management, disorganization).²⁰ CBT training methods for clinicians vary and include a review of a CBT training manual, didactic seminars, practice sessions, and supervised casework.²¹ The principles of CBT can be applied through individual or group modalities.²²

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