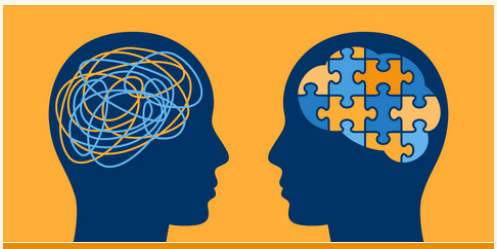
MODULE 2 HANDOUT- DIAGNOSIS & CO-EXISITING CONDITIONS

ADD Vantage
ADHD Education & Empowerment



DIAGNOSING ADHD

1. WHY ADHD IS HARD TO DIAGNOSE?

- **Varied Symptoms**: Symptoms differ widely among individuals.
- **Overlap:** ADHD symptoms overlap with other conditions eg anxiety.
- **Detection**: Inattentive ADHD can be hard to diagnose.
- **Biases**: Gender & cultural biases..
- **Co-existing Conditions**: Many have additional conditions.
- **Misinterpretation**: Behaviors are often misunderstood.
- **Lack of awareness**: in recognising symptoms.

2. OUTCOMES IF ADHD IS NOT TREATED

Untreated ADHD can cause lifelong problems, affecting success in school, work, relationships, and overall quality of life. It leads to poorer long-term outcomes and is linked to feelings of shame, low self-esteem, and higher risks of anxiety and depression.

3. IMPORTANCE OF TREATMENT

Research suggests that treating ADHD (medication, lifestyle, multimodal),can significantly improve long-term outcomes.

4. STEPS IN DIAGNOSIS

- **In-Depth Clinical Review:** typical daily activities & recent life events
- **Medical History**: Family & genetics
- **ADHD Symptoms** in the **DSM-5**.
- **"Rating Scale" Questions**: Frequency of ADHD-related behaviors.
- **Interviews**: Talking to parents, teachers, and guardians
- Ruling Out **Other Diagnoses**.

5. CRITERIA TO DIAGNOSE

Many people may experience occasional attention difficulties, but an ADHD diagnosis requires a thorough evaluation by a medical professional. Both DSM-5 and ICD-11 require:

- At least **6 symptoms**
- Difficulties present for at least **6 months**
- Symptoms occurring in more than one setting (home, school, work) and **significantly impairing life.**
- Onset **before age 12**, though some may be diagnosed later
- Symptoms **cannot be explained** by a different condition

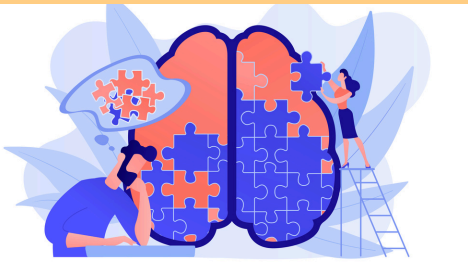
6. LINKS TO QUESTIONNAIRES

Online questionnaires can serve as a useful starting point for discussing ADHD symptoms with a healthcare provider and may help initiate the diagnostic process. These tools don't diagnose symptoms, but they can uncover underlying conditions that might explain your experiences.
https://www.additudemag.com/adhd-symptoms-test-**adults**/
https://www.additudemag.com/adhd-symptoms-test-**children**/

CO-EXISITING CONDITIONS

7. HOW COMMON ARE THEY?

60-80% of people with ADHD will have at least one other mental health disorders in their lifetime. Common co-occurring conditions can vary with age and over time.



8. NEURODEVELOPMENTAL CONDITIONS

- **Learning Disorders**: Specific learning disorders in reading, math, auditory processing.
- **Autism**: Many overlapping symptoms with ADHD.
- **Tic Disorders:** Hard-to-control verbal or motor impulses.
- **Sensory Processing Disorders**: Heightened sensitivity to stimuli like noise, light, or touch.
- **Giftedness**: "Twice-exceptional" individuals who are both gifted and have ADHD.

9. BIOLOGICAL FACTORS

- **Migraines**: Potential link between ADHD and migraines.
- **Hormones**: Fluctuations in oestrogen levels can impact ADHD symptoms.
- **Age**: ADHD presentations change with age.
- **Biological Sex**: Differences in prevalence, symptoms & occurrence of co-morbidities.

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10. NON-NEURODEVELOPMENTAL CONDITIONS

- **Anxiety Disorders:** Generalied anxiety, social anxiety, phobias.
- **Depression & Mood Disorders**:
- **PTSD:** Higher prevalence in adults with ADHD.
- **Oppositional Defiant Disorde**r (ODD) & **Conduct Disorder** (CD).
- **Substance Use Disorders**: At higher risk.
- **Sleep Disorders**: Insomnia, sleep apnea, and problems falling and staying asleep.
- **Eating Issues**: Higher risk of developing eating disorders like bulimia & binge eating disorder.

11.OTHER FACTORS TO CONSIDER

1.**Addiction** –increased risk for various types of addictive behaviors such as internet, food, drugs, gambling, shopping, alcohol, porn.
2.**Relationship & Friendship issues**: May experience challenges in maintaining relationships & friendships.
3. **Low Self-Esteem**: Struggles with self-confidence due to challenges in academics, work, or social settings.
4. **Stress:** Managing ADHD symptoms can be stressful.

12. KNOWING IS VALIDATING

Many people with ADHD are **unaware** of their co-existing conditions until after diagnosis. **Understanding these conditions** as part of the ADHD spectrum helps **normalise** their experiences and encourages appropriate treatment and support.

13.MOST COMMON CONDITIONS

The two most common co-occurring conditions with ADHD are **anxiety** and **depression**, often masking ADHD symptoms and complicating diagnosis. Thorough evaluations are essential to identify and treat all conditions.

14. ANXIETY

ADHD and anxiety often co-occur, with up to 71% of adults with ADHD experiencing anxiety vs general population of 19%. Factors like neurobiological issues, executive function deficits, and social struggles contribute to higher anxiety in ADHD. Anxiety in ADHD can manifest as excessive worry, procrastination, perfectionism, and social struggles. Effective treatment requires a comprehensive evaluation by a qualified mental health professional.

15. DEPRESSION

Around 10-30% of children and 40-50% of adults with ADHD experience depression, which is nearly three times more common than in the general population. Depression in ADHD can be primary (inherited) or secondary (resulting from chronic frustration with untreated ADHD). Treating depression in ADHD requires a comprehensive approach involving medication, therapy, and lifestyle changes, often starting with the condition causing the most problems.

16. EMOTIONAL DYSREGULATION

A significant aspect of ADHD, leading to intense and uncontrollable emotions, impulsivity, and difficulty regulating feelings. This can result in irritability, mood swings, sensitivity to criticism, and high stress, making it one of the most impairing symptoms of ADHD. Recognising and addressing emotional dysregulation is crucial for managing ADHD.

17. REJECTION SENSITIVITY

Rejection sensitivity is a significant issue for many people with ADHD, leading to intense emotional reactions to perceived or real rejection or criticism. This sensitivity, known as Rejection Sensitive Dysphoria (RSD), causes emotional pain and can result in behaviors like social withdrawal, people-pleasing, and low self-esteem. Managing RSD involves medication, therapy, stress management, and building a supportive network.

15. REFERENCES

ADDitude magazine- various https://www.additudemag.com/
Australian Evidence-Based Clinical Practice Guideline for ADHD https://adhdguideline.aadpa.com.au/