

ADHD in Older Adults: Really?

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What do you know about ADHD in older adults?

Maybe not too much – and probably because there isn't much research on ADHD in this population!

In 2016, David Goodman, MD, an Assistant Professor in Psychiatry and Behavioral Sciences at the Johns Hopkins School of Medicine, said, "There's a new topic in ADHD, and it's likely to be the next clinical frontier, and that is ADHD in adults over the age of 50." According to Goodman (n.d., para 2):

ADHD is a lifelong disorder, but it is not identified or diagnosed by clinicians in older adults as often as it should be. ADHD is also highly genetic, running through generations of a family. Baby Boomers grew up at a time when ADHD was hardly considered a plausible diagnosis. As a result, older adults with signs of forgetfulness and distractibility today may fail to realize that these lifelong symptoms are really ADHD.

In fact, ADHD Coach Linda Roggli, PCC (n.d., para 8) reports that:

There is a lack of hard data on the aging ADHD population. Most researchers are reluctant to add the confounding factor of age (50+) to ADHD studies. A few pioneering studies from around the world indicate that the prevalence of ADHD among older adults (ages 45-85) is probably about 3 percent, slightly lower than the estimated 4.4 percent prevalence among adults up to age 44. The prevalence for children is estimated at 8 to 9 percent.

Not only is there a lack of hard data on the prevalence of ADHD among older adults, research also typically ignores the needs of this population and the particular ways ADHD symptoms may manifest in seniors. This can impact both accurate diagnosis and effective treatment (ADDitude Magazine, 2018).

A recent search on PubMed, using the search term "ADHD older," yielded a handful or two of relevant studies, most of which are cited in this article. While one study suggested that ADHD symptoms decrease with age (Das, Cherbuin, Easta, & Anstey, 2014), this was an unusual finding. Guldborg-Kjar & Johnsson (2015) reported symptom persistence in a population-based study of over 1500 individuals aged 65-80. Ginsberg and colleagues (2014) report that older European adults with ADHD who have not been diagnosed may feel "worse" than peers (p. 700). Semeijn and colleagues (2013) found an association between ADHD and both chronic illnesses and poorer self-perceived health in older adults. Semeijn and colleagues

(2015), using data from the Longitudinal Aging Study Amsterdam, found that, compared to peers, older adults with ADHD reported “more serious conflicts” that with an “accumulation of adverse events over time” partly explained the increased risk of depression in this population (p. 574). This same study group (Michielsen, 2014) also found that relatively lower self-esteem, sense of mastery and social adequacy also contributed to the relationship between ADHD and depression. In one study in the United States, Brod and colleagues (2012) found that 63% of older adults with ADHD (mean age of 66; mean age at diagnosis of 57) reported other comorbid mental health conditions and an accumulated lifetime negative burden due to ADHD impacting quality of life in realms including “professional, economic, social and emotional well being” (p. 795).

Kathleen Nadeau, PhD, a psychologist who has recently begun researching the experience of ADHD in adults over age 60, is using in-depth interviews to gather rich qualitative data. According to Nadeau (ADDitude, 2018), ADHD symptoms do not decline with age, but, instead may flare up and “can be amplified by (or mistaken for)”:

- Normal cognitive decline
- Worsening physical health (and)
- Lack of structure after retirement

Goodman (2016, para 1) says that in the older population, “often ADHD is missed because it’s simply not considered in (a clinician’s) evaluation.” Although ADHD can be misconstrued as, or confounded with, mild cognitive impairment in the older population (Ivanchak, Fletcher & Jicha, 2012), Fischer and colleagues (2012, p. 333) surveyed memory clinics in the U.S. finding that, in fact, many “may not adequately identify and address ADHD in the context of late-life cognitive disorders.”

However, Nadeau’s research provides an overview of the ways five common ADHD challenges may manifest after age 60: “not getting things done; out of control emotions; time management challenges; ‘remnants’ of hyperactivity; and social challenges” (ADDitude, 2018). Nadeau (2017) has also identified themes, such as the following, among older adults:

- Difficulty finding someone to treat them
- Stories of brave reinvention
- Stories of regret and loss
- Little support or information about ADHD available to older adults.

Nadeau (2017, para. 9) suggests that “if we conservatively estimate that 3 percent of [older adults] have ADHD ..., then over 100,000 Americans enter the world of older adults with ADHD each year, with no services, support groups or information to guide their way.”

In this regard, Roggli (n.d., para.36) reports that:

Finding out about ADHD at midlife or older can be devastating, or it can open doors to long-discarded dreams. “To have ADHD as long as I have had it, to carry that with your aspirations and dreams is very painful,” said Zophia, now 72 years old. “But that strong desire to make a difference in the world has been reawakened. I’m not going to give up. To my last breath, I will move toward my goals!”

Not everyone has Zophia’s strength and determination. Yet, in a small study of women diagnosed with ADHD after age 60, Henry and Jones (2011, p. 246), found that participants reported experiencing many challenges but also “finding creative solutions to their attention problems.” Both diagnosis and treatment appeared “to have assisted with self-acceptance and appreciation of the strengths of having ADHD” (p. 246). Manor and colleagues (2011) reported improvement with treatment using methylphenidate in 11 individuals diagnosed at age 55 or older. And one recent study of cognitive-behavioral treatment (CBT) for older adults with ADHD (Solanto, Surmin & Alvir, 2018) found that older adults responded well to CBT targeting executive dysfunction *as well as* to a support group intervention. These are very encouraging findings!

I am currently working with two clients diagnosed with ADHD in their early 70s. They are both actively working on projects of importance to them, have had relationship issues to better manage, and have been very grateful for my support. Looking at the research (the little there is), I’m seeing a real role for coaches in working with the aging population of individuals with ADHD. How about you?

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