

## **ADHD - Can it mimic early behavior of Alzheimer's in older adults?**

**A:** This is an interesting question. Alzheimer's can appear to be a disease of attention, but it really is of short-term then long-term memory dysfunction. The early signs show when an Alzheimer's patient cannot remember the function of a glass or the face of a family member. The first signs are more similar to other medical problems (mild stroke) than to Attention-Deficit Disorder. In this disorder, there is a problem with the way that information is filtered between sensory memory and working memory. In Alzheimer's there is more dysfunction between the types of memories pulled from long-term memory into working memory (e.g. wrong memories are recalled for the situation).

## **Could you provide some citations behind your comment that those in treatment are at less risk for addictive behavior?**

**A:** Actually, what was said was that those who take their medication regularly and who are truly diagnosed with ADHD can control their decision-making or control over impulses when they were properly medicated (Stalker, 1999).

Reference: Stocker, S. (1999). Medications Reduce Incidence of Substance Use Among ADHD Patients, *NIDA Notes*, 14(4).

## **Do you think ADD/ADHD is misdiagnosed as Bipolar disorder in many adults who may have been undiagnosed in them as children?**

**A:** Research suggests that since many children were not initially diagnosed for AD/HD properly that it is likely that there are higher misdiagnosis rates for AD/HD than other disorders. Further, as we discussed, due to a misdiagnosis of AD/HD, children who have learning disorders or developmental delays might not have received the proper assistance needed (e.g. in school and at home). There are often other disorders present in ADHD diagnosed children/teens/adults such as OCD, and bipolar disorder. Gifted children are sometimes also misdiagnosed as having ADHD and are not properly stimulated in academic settings. This can create ADHD-like behaviors.

## **Does having no filter relate to increased probability of addiction?**

**A:** This has been postulated as one of the reasons for higher rates addiction in this population. If the brain is unable to prioritize stimuli in the moment, it is easier for a teen/adult to use a drug to try to control the feeling of being overwhelmed. With this, there are high rates of concurrent diagnoses of anxiety disorders among the ADHD diagnosed population which could easily lead to the higher probability of self-medication.

## **Have you read the book "Overload" Attention Deficit Disorder and the Addictive Brain - by David Miller and Kenneth Blum? Excellent techniques for treating this co-occurring condition**

**A:** Yes, it is a very good book. In fact, some chapters of CHADD (the private, non-profit group for children and adults diagnosed with ADD) suggest its use for parents, teachers, and parents to help them to better understand the risks of substance use and AD/HD.

## **How does Coffee affect this type of Clients?**

**A:** Studies indicate that children or teens who drink coffee in the morning can focus better than those who

do not. However, I am not aware of definitive studies demonstrating that there is a greater benefit for their brains. Most of the research related to food and AD/HD has to do with possible causes (or magnified effects) of the disorder.

**My training and experience shows that stimulant medications are weight-dependent. Adults typically weigh more than children, and, therefore, require more robust doses.**

**A:** Yes, this is true. If you speak with psychiatrists who routinely prescribe stimulant medications for the treatment of AD/HD, they will tell you that they begin patients on small doses first. It is typical for patients to see a psychiatrist quite a few times in the first year of treatment while the drug doses are tweaked. There are often problems with weight (losing too much) and sleep for children/teens who begin taking these types of drugs.

**My understanding is that ADD is no longer a diagnosis. Is that correct?**

**A:** There is now one diagnosis and the hyperactivity describes one kind of ADD.

**Since ADD and ADHD both impact dopamine levels, and most drugs increase dopamine levels, doesn't it make sense that both ADD and ADHD can increase substance abuse?**

**A:** Yes, it can. If the client is taking the prescribed medication and has appropriate treatment, there is less chance that he will experiment with drugs in the first place. However, if the disorder is not properly treated, it is easier to resist the impulse/temptation to use. Once they begin, it is harder for their brains to adjust to stopping. As I mentioned, virtually 90% of my full practice of clients used marijuana, nicotine, and alcohol to self-medicate.

**With the number of misdiagnosed individuals, should the referral process actually end with a physician? Do GP's or even Pediatricians have the education, training and experience to make a DX of ADHD? This is a brain condition specifically which can present in a similar manner to a number of other brain conditions.**

**A:** Usually, the appropriate referral is to a child neurologist or child psychiatrist. If the diagnosis is for an adult, then a general physician to a properly trained neurologist is the best route for diagnosis.

**How does gambling disorder impact people with ADD/ADHD? And, if gambling impact them, why does it?**

**A:** Any activity that is considered impulsive (e.g. drug taking, gambling, video game playing), is often more stimulating to an ADD diagnosed brain. Therefore, they feel greater dopamine release which only makes these activities more enjoyable. Further, while their brains take longer to "lock onto" a specific activity target, it takes longer to disengage from an activity. This makes it harder for them to know when to stop gambling.