



Differential Diagnosis of ADHD

Recovery is Beautiful Series

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Introductions - Disclosure

I do not have any conflicts of interest with this presentation or materials discussed.



Help is available regardless of ability to pay, with or without insurance.

Contact Us

Call your county SCA (Single County Authority) for Substance Use Services:

Crawford County Drug & Alcohol Executive Commission
1-814-724-4100

Erie County Office of Drug and Alcohol
1-814-451-6877

Venango County Substance Use Program
1-814-432-9111



Working Together to Save Lives

Recovery Is Community NWP Grant Consortium members work together to:

- Increase access to counseling and medication for opioid use disorder
- Distribute lifesaving naloxone (Narcan®) for opioid overdose reversal
- Promote safe disposal of prescription medications with drug deactivation/disposal kits
- Improve access to substance use services for pregnant and parenting women

Continuing Education and Training

We offer online and in-person training sessions, focused on:

- Reducing stigma and promoting compassionate care
- Reviewing substance use screening tools and treatment referral options
- Improving awareness of compassion fatigue and the importance of self-care
- Assessing appropriate treatment modalities for those struggling with substance use

Recovery Is Community NWP grant projects focus on increasing access to evidence-based treatment, prevention, and recovery supports for families struggling with substance use.

We are building upon community resources to make a positive impact on individuals, families, organizations, and our communities.

Find a Drug Take Back Location

To keep your community and loved ones safe, discard unused or unwanted prescription medications at a drug take back location. Scan the QR code to search for a site near you.



Learn More

For more information about Recovery Is Community NWP, call 1-814-449-3089 or visit community.recoveryisnwpa.org by scanning the QR code.



COMMUNITY.RECOVERYISNWP.ORG

Contact for Substance Use Treatment, Prevention, and Recovery Support Services

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Objectives

1. Participants will be able to identify common differential diagnoses when presented with a patient complaint of attention/focus/hyperactivity problems
2. Participants will be able to identify common screening tools that could be used to assist with diagnosis
3. Participants will be able to identify when a referral for neuropsychological evaluation is suggested to assist with diagnosis



What causes ADHD?

- Brain anatomy and function – some think low dopamine levels contribute
- Genes/heredity – child diagnosed with ADHD has 1 in 4 chance of having a parent with ADHD
- Significant head injuries
- Premature
- Prenatal exposure to alcohol or nicotine



How stimulants work

- Stimulants work on neurotransmitters – impact dopamine, serotonin, norepinephrine and glutamate
- For someone with ADHD – can be helpful in maintaining focus and calming impulsivity
- For someone that does not have ADHD, does not help with cognitive functioning – but...we perceive it does



Non stimulant treatments

- Other medications target norepinephrine – neurotransmitter/hormone
 - Still related to dopamine
 - Can be used stand alone or as an add on with other medications
 - Too much – can trigger headache, elevated blood pressure and anxiety symptoms



Links between ADHD and addiction

Community diversion of medications can lead to medication misuse

Diversion often occurs when someone prescribed the medication does use it all or use it consistently and offers a friend/family member or sells it

Often not seen as a negative thing



Links between ADHD and addiction

- Individuals diagnosed with ADHD have an increased risk of dependance on alcohol or other drugs
- Not due to medication
- Lifestyle, behavioral, emotional factors:
- Distress + social situations where substances present + impulsive behavior



Why is this important to think about?

Accurate diagnosis can allow treatment of real issues – for both those individuals with ADHD and those without



Common symptoms of ADHD

- Problems focusing on a task
- Poor time management skills
- Disorganization – problems prioritizing
- Procrastination
- Trouble multitasking
- Excessive activity or restlessness
- Poor planning
- Frequent mood swings



Common symptoms of ADHD

- Low frustration tolerance
- Problems following through and completing tasks
- Difficulty coping with stress – shut down
- Short attention span – drift away
- Have difficulty following instructions
- Change position often – in adults – tapping fingers, pencil, jiggling
- Poor memory – not really forgetting
- May seem oblivious - even within an important situation



Making diagnosis

1. Symptoms of inattention and/or hyperactivity/impulsivity persisting for over 6 months to a degree that is inconsistent with developmental level AND has a negative impact on social/academic/occupational activities (6 or more symptoms for children / 5 or more for adults)
2. Pattern of symptoms before age 12
3. Multiple symptoms present in at least 2 settings
4. Disorder of exclusion – symptoms not explained by another behavioral health/medical disorder



Overlapping Symptoms

Symptoms	ADHD	Anxiety	Bipolar	Depression	Trauma	Sub Abuse	Personality Do
Difficulty Completing Tasks	X	X		X	X		
Fidgeting	X	X	agitation	X	X		
Hyperactive	X		X		X		
Impulsive	X		X	X	X		X
Inattention	X	X	X	X	X	X	
Mood swings	X		X	X	X	X	X
Poor concentration	X	X		X	X	X	
Poor memory	X			X	X	X	
Sleep difficulties	X	X	X	X	X		
Talkativeness	X	X	X				



Other overlapping disorders

- Oppositional defiant/conduct disorders – once engaged in task able to sustain attention, behavioral issues may be most pervasive at home
- Learning disorders – symptoms more specific to academic setting, lack early history of hyperactivity
- Thought disorder – early school adjustment does not include disruptive behavior or concerns regarding hyperactivity
- Pervasive developmental disorder – inattention related more to internal (rather than external) stimuli



Differential diagnosis factors

- Environmental conditions
- Experience of neglect/physical/sexual abuse
- Parenting – inconsistent style, chaotic family system
- History of being bullied
- Social skill challenges
- Disruptive, unsafe learning environment
- Neighborhood violence



Differential diagnosis factors

- Processing disorder
- Sensory impairment
- Seizure disorder
- Medications
- Head trauma



Screening Tools - children

- ADHD Rating Scale V – rates symptom severity
- Achenbach Behavior Rating Scales – across domains
- Connors Scales – Parent/Teacher rating scale
 - Long form 110 questions/ Short form 45 questions



Screening Tools - Adults

- Adult ADHD Self Report Scale – 18 item/6 item initial screening
- Brown Attention Deficit Disorder Rating Scale for Adults – broad based 40 item rating scale, rates frequency of symptoms across domains
- Conners Adult ADHD Rating Scale (CAARS) – measures across domains



Challenges to diagnosis

- A lot of overlap with other disorders
- Requires time to gather detailed information – possibly from multiple sources
- Depends on consistency and follow through of parents
- Criteria doesn't really include developmentally appropriate information for adults
- No single gold standard for confirming diagnosis – assessment is challenging and can be time consuming



When to refer for formal evaluation?

If another diagnosis fits – treat

Example:

36 year old, treated for bipolar, no childhood history of ADHD, not childhood symptoms reported – probably not ADHD

Trauma history – high anxiety/PTSD – probably not ADHD



Other possible treatments for ADHD

- Therapy
- Lifestyle coaching
- Parenting training
- Exercise programs
- Nutritional guidance
- Diet management
- Stress Management Strategies
- Skill building
- Education



For more details
or questions:

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