

# **ADHD treatments in adults**

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# Adult with ADHD problem

- **Attention**
- **Controlling impulses and staying organized**
- **Work**
- **Relationships**
- **Self Esteem**

# Negative Consequences of ADHD

- Reduced educational performance
- Social rejection
- Poorer occupational performance
- Higher probability of unemployment
- Interpersonal conflict
- More likely to be injured
- Traffic accidents
- Obesity
- Incarceration
- Conduct Disorder
- Substance Use Disorders



# Adult ADHD: Scales and Testing

- **Role for Neuropsychological Testing**
  - Continuous Performance Test (CPT)
- **World Health Organization (WHO) Adult ADHD Self-Report Scale (ASRS)**
- **Brown Attention-Deficit Disorder Scale (BADDs)**



World Health Organization

# Treatments (multimodal treatment)

- **Medication**
- **Behavior strategies**
- **Life skills training**

# Drugs treatment

- 1. Stimulants**
- 2. Atomoxetine**
- 3. Antidepressants**
- 4. Clonidine**
- 5. Modafinil**
- 6. S.GA**
  - Risperidone
  - Aripiprazole

# Treating Adult ADHD: Pharmacotherapy

- Stimulant medications are front-line management
  - National Comorbidity Survey Replication (NCS-R)
- FDA approved medications for Adult ADHD
  - Extended release mixed amphetamine salts (Adderall XR)
  - Lisdexamfetamine dimesylate (Vyvanse)
  - Atomoxetine (Strattera)
- Bupropion (Wellbutrin)



# Stimulants

- Lisdexamfetamine (Vyas) cap 30 mg, 50 mg, 70 mg. 10-12 h (tekaje)
- Methylphenidate ER sandoz tab 18 mg, 36 mg, 54 mg. 10-12 h
- Ritaline 10 mg 3-5 h

# Conditions → Avoid stimulants

- **Bipolar disorder**
- **Anxiety**
- **Heart beat that's faster than normal or Whose rhythm is off**
- **High blood pressure**
- **Psychosis**
- **Severe anorexia**
- **Substance abuse**
- **Tourette syndrome**
- **Glaucoma**

# Stimulants Side effects

- Anorexia
- Anxiety or panic
- Dry mouth
- Headache
- Jitteriness
- Moodiness
- Slight increase in BP and PR
- Trouble sleeping

# Types of antidepressant for adult ADHD

- Bupropion
- MAOIS
- TCA (desipramine and imipramine)
- Venlafaxine

# FDA approval Bupropion

- Depression
- Smoking cessation
- Preventive treatment of SAD
- Offlabel indications
- ADHD (53% Responded)
- Sexual dysfunction
- Obesity
- fatigue related to non psychiatric medical condition

# Pharmacology

- Noradrenergic agonist/dopamine reuptake inhibitor dosing 150-450 mg/kg
- Side effects
- CNS activation (insomnia, anxiety and agitation)
- Tremor
- Seizure
- Psychotic symptoms
- Nausea
- Dry mouth
- Excessive sweating
- Hepatotoxicity
- Hematopoietic change
- Tinnitus
- Rash
- Hypertension
- Weight loss
- Severe headaches

# $\alpha_2$ adrenergic receptor agonists

- Clonidine
- Guanfacine
- Norepinephrine function of the perfrontal cortex (PFC)
- Half life=6 h
- Indictions
- Tic disorders
- ADHD
- PTSD, anxiety dis
- Opiate, nicotine and alcohol withdrawal
- Autism spectrum disorder
- Cognition and neuro protectio effects

# Dosing and Side effects

- 0.1-0.2 mg/day → 0.8-1.2 mg/day (in ADHD 0.3-0.8)
- 0.2-0.4 mg/day → 1.2-2.4 mg/day
- Side effects
  - Dry mouth
  - Drowsiness
  - Dizziness
  - Constipation
  - Sedation
  - Nervousness
  - Agitation
  - Sleep disturbance
  - Sexual dysfunction
  - Weight gain
  - Headache
  - Nausea
  - Vomiting

# ATOMOXETINE



- Norepinephrine Reuptake Inhibitor
- Increased noradrenergic activity results in enhancement of signals that brain decided are important
- In prefrontal cortex 70% of dopamine released into synaptic cleft is taken up by adjacent noradrenergic neurons
- Thus atomoxetine increases prefrontal dopamine which works to diminish unimportant signals (noise)
- No noradrenergic activity in nucleus accumbens (no abuse potential) or striatum (no tics)

# **ATOMOXETINE**



- **Rapidly absorbed with peak plasma concentrations in 1-2 hours**
- **Half-life 5 hours with metabolism via the cytochrome P450 2D6 pathway**
- **80% excreted through urine and rest via feces**
- **Brain concentrations may differ from plasma as therapeutic effects persist after drug has cleared peripheral circulation**

# **ATOMOXETINE**

- Impacts both distractibility and hyperactivity-impulsivity with 24 hour length of action
- Insomnia about same as placebo
- Appetite can decrease if gastric upset develops.
- Occasional headache or dizziness
- Heart rate increase of 6 bpm, BP increase 1.5 mmHG for systolic and diastolic
- No effects on QTc interval, no requirements for ECG monitoring
- Lab monitoring not required



# **ATOMOXETINE**



- **Dosing:**

<b>40-62 lbs</b>	<b>18mg X 4 days, then 25 mg</b>
<b>63-93 lbs</b>	<b>25 mg X 4 days, then 40 mg</b>
<b>94-126lbs</b>	<b>40 mg X 4 days, then 60 mg</b>
<b>127+ lbs</b>	<b>40 mg X 4 days, the 80 mg</b>

- Starting dose is in range of 0.5 mg/kg/day, target dose is 1.2 mg/kg/day
- Doses above target dose or 100 mg in adults have little benefit

# Second generation antipsychotics

- **Resperidone**
- **Aripiprazol**
- **and ...**

# Viloxazine

- Viloxazine (ap. age 6-17 y)
- selective norepinephrine reuptake inhibitor.
- Viloxazine is available for ADHD in the form of 100, 150, and 200 mg extended-release capsules.
- These capsules can be opened and sprinkled into food for easier administration

# Psychotherapy may help you

- Improve your time management and organizational skills
- Learn how to reduce impulsive behavior
- Develop better solving skills
- Cope with past academic, work or social failures
- Improve your self-esteem
- Learn ways to improve relationships with your family, co-workers and friends
- Develop strategies for controlling your temper

# Common types of psychotropy for ADHD :

- CBT
- Marital counseling and family therapy

- **Life style and home remedies**
- **Make a list of tasks**
- **Break down tasks**
- **Use sticky pads**
- **Keep an appointment book**
- **Carry a notebook or electronic device with you**
- **Take time to setup systems to file and orgnanize information**
- follow a routine**
- **Ask for help**

Approximately two-thirds to three –  
quarts of adults with ADHD will have  
at least one other psychiatric disorder.

# ADHD Comorbidity

## Emotional/behavioral disorders

- Anxiety
- Depression
- Oppositional defiant
- Conduct
- Substance use

## Developmental disorder

- Learning
- Language
- Other neurodevelopmental disorder

## Physical conditions

- Tics
- Sleep apnea

# Treating Adult ADHD: Substance Use Disorders (SUD)

- **ADHD has a prevalence of 22% in adults with SUD**
  - More severe disease burden
  - Higher comorbidity
- **Dopamine System**
  - Reward Pathways
  - Prefrontal Cortex
- **Medication Management**
  - Strategies
- **Psychotherapy**
  - Integrative CBT



