



## Attention Deficit Hyperactivity Disorder (ADHD) as a risk factor for addictive behaviour in adulthood

Romo Jiménez, L.<sup>1</sup>

Lecturer, Research Director  
Université Paris X-Nanterre (France)

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### ABSTRACT

This study points out the importance of diagnosing Attention Deficit Hyperactivity Disorder (ADHD) in adult patients and, for that purpose, the necessity to diagnose the disorder during childhood. The frequency of this disorder among adults is 4% of the population, with a similar proportion between men and women, whereas the disorder is more often male-related during childhood. Impulsiveness is less important during adulthood, but difficulties of attention and organization are more frequent.

There is a wide range of literature about the possible relationship between ADHD and addiction problems or depressive disorders. This article analyses the most relevant works published in this field over the last few years, and insists on the need to improve evaluation tools to assess and to harmonise diagnosis criteria in order to keep developing the understanding of this disorder.

*Key words:* Hyperactivity, attention deficit disorder, addiction, adults.

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### INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a disorder clearly identified during childhood. However, there is great controversy about it during adulthood. ADHD in adulthood occurs in 4% of the general population. This problem affects adult men almost the same as adult women, and appears above all as an attention disorder or as a mixed disorder.

The diagnosis of Attention Deficit Hyperactivity Disorder creates a certain amount of controversy (Barkley, Fischer y Smalish, 2004). The problem is that the diagnosis criteria found in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) are not suitable for its diagnosis during adulthood. This is a disorder that evolves with age, but it has to be present during childhood to be regarded as ADHD.

#### Assessment problems on the frequency of the disorder and on its comorbidity

According to Wender (1995), in addition to attention deficit disorder or hyperactivity during childhood, in adulthood, emotional lability, a high

degree of impulsiveness, organisation difficulties and intolerance of stress are also present.

An essential aspect to be considered is that adults do not consult their doctors about this problem because they regard it as forming part of their personalities and, as a consequence, they believe that a change will not be possible. All of this in spite of possible serious repercussions such as problems in keeping a job, frequent changes of partner and frequent traffic accidents (Hallowell and Ratey, 1994). According to Mannuzza and Klein (2002) the risk of an estimation lower than that diagnosed, is on the basis of three studies, between 20 and 40%.

In short, the diagnostic criteria of ADHD provide grounds for disagreement among professionals as much as about the actual existence of the disorder in adults, especially in countries such as France, which traditionally are positioned far from the cognitive-behavioural model, and where this disorder continues being regarded as exclusively "psychological" or one with an origin based only in family relationships.

Another complication arises from the fact that the diagnosis appears in almost 75% of cases with associated comorbidity, such as sleep disorders (Lecendreux, 2003). According to Goossennen, Vandegling, Carpentier *et al.* (2006) the most important comorbidities are anxiety disorders (20 to

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Maître de Conférences HDR, Université Paris X-Nanterre (France).  
Clinic Psychologist. CHU Louis Mourier. Service de Psychiatrie. 178,  
rue des Renouillers. 92701 Colombes Cedex France. E-mail:  
[lucia.romo@wanadoo.fr](mailto:lucia.romo@wanadoo.fr)

30%), mood disorders (25%) and drug abuse (15 to 45%).

In a group of teenagers suffering from drug abuse or dependence, between 30 and 50% show the associated ADHD criteria, according to Wilson and Levin (2005). Differential diagnosis is difficult, above all in relation to tymphic (I can't find this word anywhere) disorders. According to some authors, these two disorders may be incompatible, whereas for others, the disorders would not be exclusive. (Adler, 2004)

As regards personality disorders, the borderline personality type is a reason for the exclusion of ADHD. On the other hand, the antisocial personality is associated with higher alcohol consumption in patients with ADHD (Molina, Pelham, Gnagy, Thompson and Marshal, 2007).

#### **Objective:**

The objective of this study is to analyse the presence of attention deficit hyperactivity disorder in people with an addiction disorder, generally addiction to alcohol.

#### **METHODS**

**The bibliographic search was carried out in two databases, Medline and PsycInfo. We were interested in the most relevant aspects in the relationship between ADHD and addictive disorder in adulthood. The number of works indexed in Medline with the key words 'ADHD' and 'alcohol' was 301 in total, half of them over the last four years. The interest in ADHD by crossing the key words 'addiction' and 'ADHD' has increased dramatically. The number of studies increased from only one in 1981, 1987 and 1989, to two or three per year between 1989 and 1993. It is from 1997 onwards that the number of works published amount to almost one a month per year and in the year 2000 they were multiplied by two (20 articles) and, in 2006 and 2007, the number increases to over 40 per year.**

**In our study we have been interested in disorders linked to drug abuse or dependence, but it should be borne in mind that some symptoms such as impulsiveness or alcohol related attention problems are similar to ADHD symptoms.**

As Brown (2003) argues, ADHD is a risk factor for developing addictive behaviour. King, Lacono and McGue (2004) found a very high proportion of hyperactivity and attention deficit disorders in drug addict and in alcoholic patients and they evoke the hypothesis of self medication, above all to struggle against attention problems. Using different tools such as Wender's and Conner's scales, Ohlheimer, Peters, Gordon et al (2007) state that the most important cigarette or alcohol consumption provides self-medication, especially for ADHD symptoms.

In a recent study by Romo, Dupont-Houdeyer, Aubry et al (2005) with a population sample of 117 patients with addictions such as to alcohol, pathologic games, compulsive shopping, and so on, 35% of these patients showed hyperactivity criteria according to three ADHD measures; one during childhood, which is Wender's criteria (1995), and two adult-age assessments through Brown's criteria and scale (1996). The patients with comorbid ADHD showed more anxiety and depression, but without significant differences. Nevertheless, the starting age for addictive behaviour was significantly earlier in the ADHD group. Furthermore, the consumption of cannabis was more important and self esteem was lower in this same group. It is very important to assess the teenagers diagnosed with ADHD and to follow them up over the long term. Biederman, Manuteaux, Mick et al (2006) state that young people with ADHD show more psychopathic problems, addictive disorders and anxiety and depressive disorders when they become adults.

According to a meta-analysis by Flory and Lynan (2003), there is a high correlation between the presence of ADHD and abuse of drugs, above all tobacco. The behavioural disorder is regarded as a mediating variable related to the dependence on alcohol or other substances. However, Szobot, Rohde, Bukstein et al (2007) recently found a relationship between ADHD and drug use, independent from the behaviour disorder variable.

In a study carried out by us (Romo *et al.*, 2005), we stated that the patients with addictions and ADHD go to the doctor's surgery less regularly. Furthermore, as they are more impulsive, the follow-up is more problematic and a very important point about these patients is that they attempt to commit suicide more frequently, as has been pointed out in another study by James, Lai and Dahl (2004). On the other hand, Kessler and others (2006) point out that only 10% of adults with ADHD receive clinical treatment, which is greatly inferior to the rates in relation to other psychiatric or psychological disorders.

If we bear all of the above in mind, the treatment programmes should be multi-modal. Goossensen et al (2006) insist on the use of self-assessment, psycho-education, pharmacotherapy, coaching and team work with these patients. They also insist that pharmacological treatment does not increase the risk of a relapse.

#### **CONCLUSION**

The presence of attention deficit hyperactivity disorder may increase the risk of manifesting abuse or dependence on substances such as alcohol or tobacco, among others. It is necessary to develop longitudinal studies on children and teenagers diagnosed during their childhood in order to understand the mechanisms underlying this disorder and its relationship with addictive pathology.

The limits of our research, such as considering the differential diagnosis of ADHD, are difficult in some cases, such as when dealing with bipolar disorders. On

the other hand, the databases checked are not exhaustive and the number of articles published each year has increased greatly. We do not regard this study as a complete revision of the literature, but as a document that insists on one important aspect, namely, studying populations with addictive disorders in order to adapt treatment techniques, which should consider both of the disorders.

It is necessary to assess patients with ADHD. This requires going deeper into the aspects linked to assessment tools and to the diagnostic criteria for adults, and furthermore, on accepting the continuity of this disorder during adulthood, and thus, on reducing the resistance of some professionals to accept the continuity of this disorder.

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