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ADHD in older adults

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SUMMARY

Attention-Deficit/Hyperactivity Disorder (ADHD) is a developmental disorder characterized by problems with attention span, impulse control (impulsivity), and activity level (hyperactivity). The symptoms of ADHD are manifested in early childhood and consist of, among others, forgetfulness, difficulty planning, restlessness and being overly active.

It was long thought that ADHD was only present in childhood, but research in the last 20 years has shown that it also persists into adolescence and adulthood. With regards to ADHD in older adults there has been primary small scale case-studies and pilot studies examining treatment and lifelong experiences of older adults diagnosed with ADHD. This thesis will focus on ADHD in older adults in the general Dutch population. The general aims of this thesis are to examine the prevalence of ADHD in the general older population and to examine the psychosocial functioning and psychological health in older adults with ADHD.

To research these aims, data from the Longitudinal Ageing Study Amsterdam (LASA) was used. LASA is an ongoing cohort study of a representative sample of the Dutch older population.

The prevalence of ADHD in older adults

In *chapter 2* we examined the prevalence of ADHD in older adults in the general Dutch population. In order to limit the number of diagnostic interviews a two-phase non-proportional stratified random sampling procedure was used. In the first phase, 1,494 participants responded on the screening questionnaire for ADHD. Based on the score on the ADHD screening questionnaire (low, middle and high scores on the questionnaire), respondents were approached for a diagnostic interview. In total 231 older adults, aged 60-94 years, were examined.

The results showed prevalence rates of 2.8% for 'full-blown' ADHD and 4.2% for subclinical ADHD were found among older adults in the general Dutch population. The prevalence rates were slightly lower than the prevalence rates of ADHD in children (5.0%) and adults (4.4%) worldwide. The study demonstrated that ADHD may persist in older age.

Psychosocial functioning of older adults with ADHD

In *chapter 3* the association between ADHD in older adults and social functioning (intimate and social relationships) and social participation (education and work history) were examined. The results of this study showed that older adults with an ADHD diagnosis

had a three times greater odds of either being divorced or never having married when compared with older adults without ADHD. In addition, older adults with higher levels of ADHD symptoms reported experiencing higher levels of emotional and social loneliness and were more likely to report a lower income level.

In *chapter 4* the potential comorbidity of anxiety and depressive symptoms in older adults with ADHD was examined cross-sectionally as well as longitudinally. The most important finding was that ADHD diagnosis and ADHD symptoms among older adults were indeed associated with comorbid anxiety and depressive symptoms. This association was found cross-sectionally and longitudinally for both depressive and anxiety symptoms, with clinically relevant effect sizes. In the longitudinal analysis, the interaction between time and ADHD symptoms was significant, indicating that the mood of older adults with higher levels of ADHD symptoms deteriorates over time compared to older adults with lower levels of ADHD symptoms. It is unknown what the underlying mechanism is behind this interaction. A possible explanation could be that older adults with chronically elevated levels of ADHD symptoms have limited coping strategies to deal with the adverse effects of ageing compared to older adults with lower levels of ADHD symptoms.

In *chapter 5* the association between ADHD and personality characteristics in old age and the possible mediating role of personality characteristics in the association between ADHD and depressive symptoms were examined. Older adults with ADHD reported having lower self-esteem, lower self-efficacy, lower sense of mastery and higher levels of neuroticism and social inadequacy than older adults without ADHD. In addition, the results also showed that mastery and self-esteem partly mediated the relationship between ADHD severity and depressive symptoms.

In *chapter 6* we examined by means of a qualitative study how ADHD symptoms have affected the lives of older adults who meet the diagnostic criteria of ADHD but are unaware of their diagnosis. We also studied whether the ADHD symptoms had changed over the life course using retrospective self-reports. In total 17 older adults participated in the study. 'Classic' ADHD symptoms were reported such as being talkative, being impulsive and being easily distracted by inner thoughts or external stimuli. In addition, low self-esteem, overstepping boundaries and feeling misunderstood were themes that emerged. The theme 'low self-esteem' is in concordance with our previous quantitative study described in chapter five.

Discussion

In *chapter 7*, the general discussion, the most important findings and methodological considerations of the studies presented in the thesis were discussed. Implications for the clinical practice and recommendations for future research were given. It was concluded that ADHD persists in old age. Moreover, the studies of this thesis showed that ADHD in old age is associated with poorer psychosocial functioning; more loneliness, more comorbid anxiety and depressive symptoms and poorer self-belief. Although the respondents still experience the negative effects of having difficulty concentrating and being impulsive, they found the effects were less disturbing at old age than in earlier stages of life. With regards to practice and treatment, greater attention should be given to the fact that ADHD is prevalent among older adults. When treating older adults with ADHD attention should be given to potential loneliness, comorbid anxiety and depression and poor self-beliefs.