

Why we should be scrutinizing the rising prevalence of adult ADHD

Hashem N. Akbar, MD

In patients with attention-deficit/hyperactivity disorder (ADHD), stimulants reduce impulsivity and improve attention and focus. In individuals who do not have this disorder, stimulants are believed to enhance cognition, attention, and physical performance. In this article, I describe how a patient whose intermittent use of stimulants for motivation and cognitive enhancement shaped my approach to the diagnosis of ADHD.

Instant gratification and quick solutions

When I joined my psychiatry residency program, I expected to primarily treat patients who had depression, bipolar disorder, or psychosis. However, as I transitioned to my second year of residency, most patients I was assigned to had been diagnosed with ADHD. One of them was a 30-year-old in his fourth year of dental school. On his first visit, he requested a refill of dextroamphetamine and amphetamine 10 mg twice a day. He had been diagnosed with ADHD 5 years ago. He explained that he only needed this medication when preparing for his board examinations to motivate him and boost his focus and retention before studying. His study schedule included the exact doses and times he planned to take his stimulant.

I asked him questions to confirm the diagnosis, but he rushed to reassure me that he had already been diagnosed with ADHD and had been doing well on dextroamphetamine and amphetamine for many years. I was inclined to question his diagnosis of

ADHD after learning of his "as-needed" use of stimulants as brain enhancers. His medical record reflecting the diagnosis of ADHD dated back to when he was a first-year dental student. The diagnosis was based on the patient's report of procrastination for as long as he could remember. It also hinged on difficulties learning a second language and math being a challenging subject for him. Despite this, he managed to do well in school and earn an undergraduate degree, well enough to later pursue dentistry at a reputable university.

I thought, "Isn't it normal to lose motivation and have doubts when preparing for a high-stakes exam like the boards? Aren't these negative thoughts distracting enough to render sustained focus impossible? Doesn't everyone struggle with procrastination, especially when they need to study? If learning a new language requires devotion, consistency, and sacrifice, isn't it inherently challenging? Doesn't good performance in math depend on multiple factors (ie, a strong foundation, cumulative learning, frequent practice), and thus leaves many students struggling?"

This interaction and many similar ones made me scrutinize the diagnosis of ADHD in patients I encounter in clinical settings.

continued

Dr. Akbar is a PGY-3 Psychiatry Resident, Tufts Medical Center, Boston, Massachusetts.

Disclosures

The author reports no financial relationships with any companies whose products are mentioned in the article, or with manufacturers of competing products.

Acknowledgments

The author thanks Robert Diener, MD, for his thoughtful review of this article.

doi: 10.12788/cp.0268



LET YOUR VOICE BE HEARD

CURRENT PSYCHIATRY invites psychiatry residents to share their views on professional or clinical topics for publication in Residents' Voices. E-mail jbauer@mdedge.com for author guidelines.

Clinical Point

Psychiatry may be fueling the 'quick-fix' mentality by prescribing stimulants to patients who do not have ADHD

We live in a society where instant gratification is cherished, and quick fixes are pursued with little contemplation of pitfalls. Students use stimulants to cram for exams, high-functioning professionals use them to meet deadlines, and athletes use them to enhance performance and improve reaction times. Psychiatry seems to be drawn into the demands of society and may be fueling the "quick-fix" mentality by prescribing stimulants to healthy individuals who want to improve their focus, and then diagnosing them with ADHD to align the prescription with an appropriate diagnosis. Research on the adverse effects of stimulant use in adults is not convincing nor conclusive enough to sway prescribers from denying the average adult patient a stimulant to

enhance cognitive function before a high-stakes exam or a critical, career-shaping project if they present with some ADHD traits, which the patient might even hyperbolize to secure the desired prescription. All of this may contribute to the perceived rising prevalence of ADHD among adults.

As for my 30-year-old dental student, I reasoned that continuing his medication, for now, would help me establish rapport and trust. This would allow me to counsel him on the long-term adverse effects of stimulants, and develop a plan to optimize his sleep, focus, and time management skills, eventually improving his cognition and attention naturally. Unfortunately, he did not show up to future appointments after I sent him the refill.



Discuss this article at
[www.facebook.com/
MDedgePsychiatry](https://www.facebook.com/MDedgePsychiatry)

