

Anxiety Vs ADHD

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Goal

Recognize the overlap of symptoms between Anxiety and ADHD

Recognize the comorbidity of Anxiety and ADHD

Recognize the overlap of symptoms between ADHD and Childhood Trauma

Recognize the challenges of treating comorbid ADHD and Anxiety

Overlapping Symptoms

ANXIETY

- Restless, keyed up, on edge
- Difficulty Concentrating
- Muscle Tension
- Sleep Disturbance

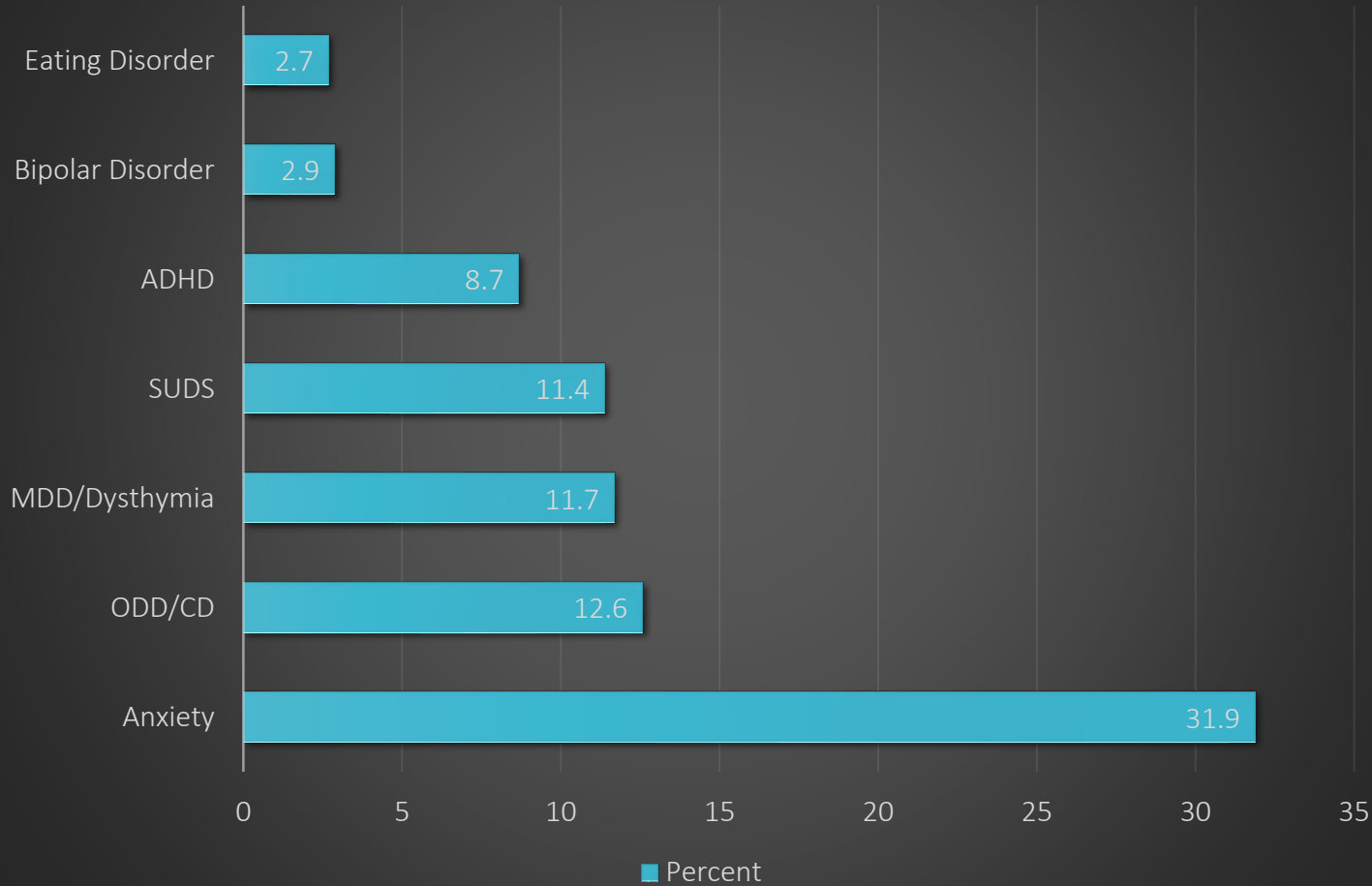
ADHD

- Feeling restless, on the go
- Inattention
- Fidgety
- Sleep Disturbance

DSM-5

"ADHD shares symptoms of inattention with anxiety disorders. **Individuals with ADHD are inattentive because of their attraction to external stimuli, new activities, or preoccupation with enjoyable activities.** This is distinguished from the inattention due to worry and rumination seen in anxiety disorders. Restlessness might be seen in anxiety disorders. However, **in ADHD, the symptom is not associated with worry and rumination.**"

Percent



NCS-
Adolescent
Lifetime
Prevalence

National Comorbidity Studies

Anxiety disorders were the most common condition (31.9%), behavior disorders (19.1%), mood disorders (14.3%), and substance use disorders (11.4%)

Approximately 40% of participants with one class of disorder also meeting criteria for another class of lifetime disorder.

The overall prevalence of disorders with severe impairment and/or distress was 22.2% (11.2% with mood disorders, 8.3% with anxiety disorders, and 9.6% behavior disorders).

The median age of onset for disorder classes was earliest for anxiety (6 years), followed by 11 years for behavior, 13 years for mood, and 15 years for substance use disorders.

MC Comorbid Conditions with ADHD

#1 - Oppositional Defiant disorder, prevalence 41%

- Co-occurs in 50% of children with ADHD combined type
- Co-occurs in 25% of children with predominantly inattentive type

#2- Minor Depressive Disorder/Dysthymia, prevalence of 22%.

#3- Generalized Anxiety Disorder, prevalence 15%

- Occurs in minority of individuals with ADHD, but more often than general population.

ADHD Screen

Vanderbilt Assessment Scales

- Parent Report
- Teacher Report

- Scores for
 - Inattentive subtype
 - Hyperactive/impulsive
 - Combined
 - Oppositional Defiant Disorder
 - Conduct Disorder
 - Anxiety/Depression

Stimulant Medication Side Effects

- -Headache
- -Stomachache
- -change in appetite
- -Sleep disturbance
- -Irritability
- - Social withdrawal
- - listless behavior
- - tremors
- - tics, repetitive movements
- - hallucinations
- - anxiety

SCARED - Screen for Child Anxiety Disorders

- Ages 8-18
- Specific screen for anxiety
- Parent report and self report

The total score of the SCARED significantly differentiated anxious from non-anxious children with an optimal cutoff point of 22 (sensitivity = 81.8 %; specificity = 52.0 %).

Screening for Anxiety Disorders

<https://www.integration.samhsa.gov/clinical-practice/gad708.19.08cartwright.pdf>

[Child Psychiatry Hum Dev.](#) 2013 Jun;44(3):391-9.

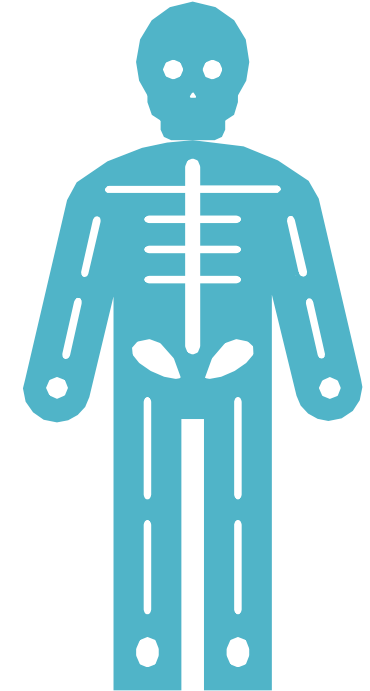
Childhood Traumatic Stress Overlap with ADHD

- Trouble concentrating
- Difficulty learning
- Easily distracted
- Doesn't listen well
- Disorganized
- Hyperactive/restless
- Poor sleep

Risks of ADHD

Evidence shows that **children** with mental health and developmental problems are at risk of physical **abuse** and neglect. For example, 18.5% of **children** with autism had been physically abused²⁶ or 14.3% of girls with **ADHD** are at risk of **abuse**. These rates are significantly higher in comparison with other groups.

www.ncbi.nlm.nih.gov/pmc/articles/PMC4201192



ACEs and ADHD

Sampling nearly 80,000 children ages 4 to 17 from the [2011-2012 National Survey of Children's Health](#), the researchers measured the presence of nine ACEs, including socioeconomic hardship, divorce and familial substance abuse, among others.

Children with parent-reported ADHD had a higher incidence of exposure to ACEs than the children without ADHD. For some ACEs, ADHD occurrence was as much as 55 percent higher. Children with two or more ACEs were much more likely to have moderate-to-severe ADHD than their peers with one or no ACEs.

Treating Co-morbid ADHD and Anxiety



May not get full control of hyperactivity before worsening anxiety



Consider use of low dose stimulants with Alpha-agonist medications (clonidine, tenex)



Consider Atomoxetine



Tune in to future presentation on ADHD medications