

ADHD & Bipolar Disorder

Frequency, Treatments and Impact

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Introduction

Many people struggle with knowing and realizing that attention-deficit hyperactivity disorder (ADHD) and Bipolar disorders (BD) have similarities and are comorbid. Symptoms are often confused and confusing for both physician and the person living with it. "Adult ADHD is often characterized by symptoms such as impulsivity, distractibility and restlessness, which clearly overlap with BD symptomatology, thus making differential diagnosis between the two disorders a challenge." (3)

Moreover, ADHD and BD often coexist, as highlighted by several population and clinical studies. Adults with ADHD and comorbid BD are a particularly critical group of patients showing a severe and burdensome clinical picture, with a lower quality of life, a higher number of mood episodes, an increased prevalence of substance abuse and dependence, and a worse overall functioning. (3)

Most information is about ADHD and bipolar in children. Little is done looking at options for treatment for adults. The goal of this research is to explore the similarities and differences and look at treatment options.

Methods

For this research project, a literature review using Google Scholar and multiple articles was conducted, as well as lived experience. Key search words include: similarities, bipolar, ADHD and treatment.

Findings

Bipolar patients with a history of childhood (ADHD) have a different course of illness regardless of whether they meet the ADHD criteria in adulthood or not. (1)

Consequently, the consideration and treatment of ADHD and all its associated comorbidities is essential to ensure the best possible patient outcomes. However, very few studies have investigated treatment of patients with comorbid ADHD/BD and, to our knowledge, none of them have involved an adult population. Clearly, more research is needed in this field to better understand the biological mechanisms of the comorbid condition as well as to provide practitioners with better tools to optimally manage their patients. (2)

(ADHD) is a condition that usually has its onset in childhood. Although the disorder persists into adulthood in half of cases, adult ADHD is often not recognized due to different psychopathological characteristics, quite often overlapping with other diagnoses such as mood, anxiety and personality disorders. This is especially true for (BD), which shares several symptoms with adult ADHD. Moreover, besides an overlapping clinical presentation, BD is often co-occurring in adults with ADHD, with comorbidity figures as high as 20%. ... When ADHD and BD co-occur, mood stabilization should be the first goal of treatment. (3)

Clinicians need to avail themselves of any available data from epidemiology and family history to clinical features, comorbidity, and course of illness. The development of biomarkers (genetic, imaging, behavioral, biological) will help distinguish ADHD and BD, especially when complex comorbidities further complicate the differential diagnosis. Like in other fields of medicine, combining clinical with objective measures (biomarkers) could greatly improve treatment selection and outcome. (4)

Personal Experience & Summary

With my experience with ADHD and BD, I was luckily able to be diagnosed when I was young and get support and medication when I needed it. The struggle of having both ADHD and BD is individually having one or the other is relatively easy to handle, but having both makes it twice as hard to deal with. If there could be more studies, especially with adults, people's lives could be a lot better. Many strategies can make an impact for people with these disabilities, we just have to implement them.



References

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