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Zentrum für Psychiatrie
und Psychotherapie

ADHS
über die Lebensspanne

PD Dr. med. Dr. rer. nat. Pascal Burger

Agenda:

1. Basics
2. Kind vs. Erwachsene
3. Therapie Kindes-/Erwachsenenalter
4. ADHS - ein reines Defizitmodell?
5. 

   https://www.istockphoto.com/de/grafiken/segway-fahren

   => Perspektivenwechsel…

the Basics

Nomenklatur

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Die verschiedenen Bezeichnungen für dieses Erscheinungsbild ("Störungsbild") meinen im Kern etwa dasselbe:

ADHS Aufmerksamkeits-Defizit-Störung mit Hyperaktivität oder engl. ADHD

ADS Aufmerksamkeits-Defizit-Störung oder engl. ADD Attention Deficit Disorder

HKS Hyperkinetisches Syndrom (über-aktiv)

MBD Minimal Brain Disfunction oder auf "neu-deutsch" MCD minimale cerebrale Dysfunktion

POS Psycho-Organisches Syndrom; dieser Begriff wird ausschliesslich in der Schweiz verwendet. POS ist keine veraltete Bezeichnung für ADS/ADHS: Es müssen verschiedene Voraussetzungen erfüllt sein, damit die IV ein POS als Geburtsgebrechen (GgV 404) anerkennt. Alle POS-Betroffenen haben ein ADS oder ADHS, aber umgekehrt ist das gar nicht immer der Fall.

https://www.neuropsychologe.ch/informationen/ads-adhd-pos

Keine Modediagnose

- Umschreibung 493 v.Chr. bei Hippokrates
- M. Weikhard: 1775 Attentio Volubilis
- Still (1902) „abnorme Unfähigkeit, die Aufmerksamkeit aufrecht zu erhalten“, „sofortige Befriedigung der eigenen Bedürfnisse“
- 1937 Bradley – Benzedrin bei verhaltensauffälligen Kindern

=>Symptomreduktion als Zufallsbefund

- keine geographischen o. ethnischen Unterschiede in der Prävalenz (Faraone 2005; Polanczyk 2014*)*
- Persistenz bis ins Erwachsenenalter in mehr als 60% der Fälle Prävalenz
- **76 % der phänotypischen Varianz** durch genetische Faktoren und Interaktion mit Umweltfaktoren erklärbar
- **Heritabilität**: je nach Autor **50-80%**
- **Familiäre Häufung**: erstgradige Verwandte **bis 8-faches Risiko**

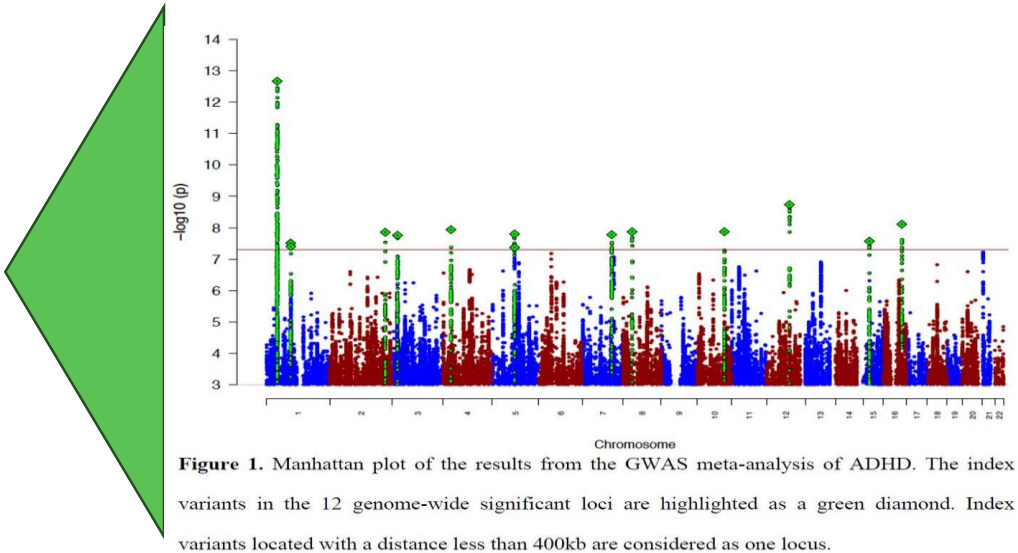


Figure 1. Manhattan plot of the results from the GWAS meta-analysis of ADHD. The index variants in the 12 genome-wide significant loci are highlighted as a green diamond. Index variants located with a distance less than 400kb are considered as one locus.

DeMontis et al. 2019

- **„life-long-condition“** (WHO)

Kinder vs. Erwachsene

5,3% **2,5%**

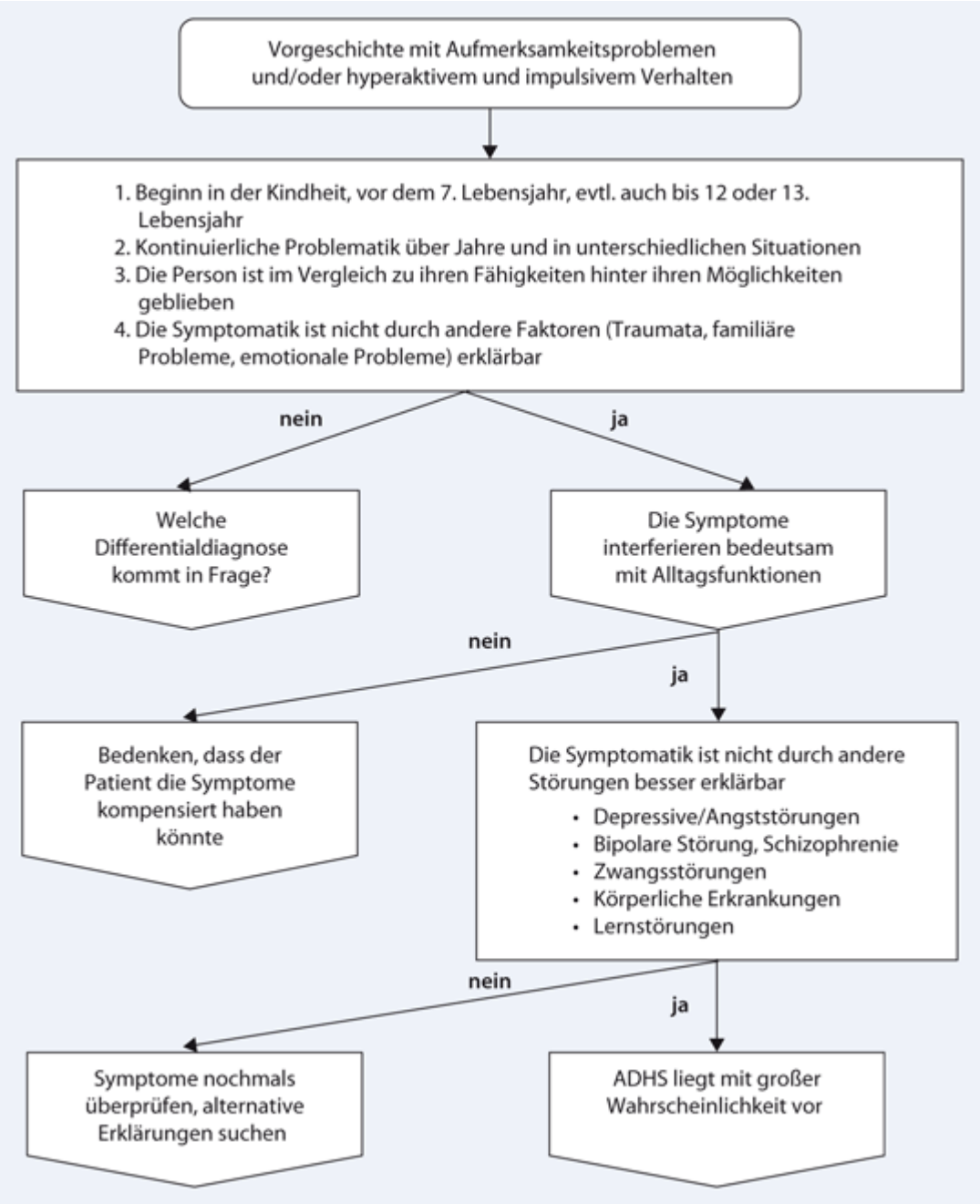
Diagnostik

altersspezifische Besonderheiten bei der Diagnostik

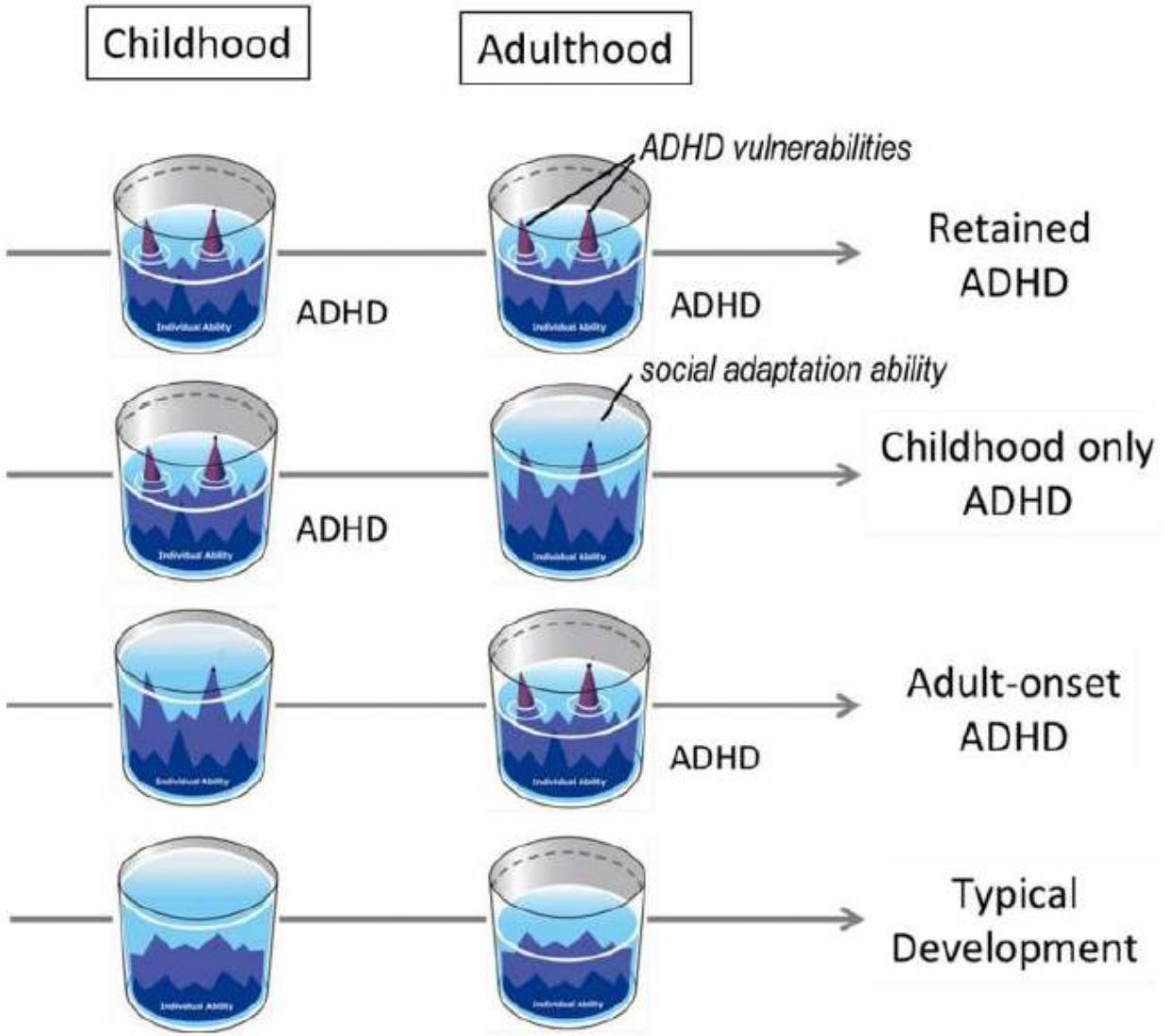
Besonderheiten in untersch. Altersgruppen:

- Diagnose **nicht vor** dem Alter von **3J** stellen
- keine «hinreichende Sicherstellung» im Alter 3-4J
- Vorschulalter: Diagnose nur bei sehr starker Ausprägung
- Je jünger die Kinder, umso schwieriger die Abgrenzung zu Normvarianten
- Jugend- / Erwachsenenalter: Berücksichtigung der oft im Verlauf der Pubertät einsetzenden Verminderung der Hyperaktivität
- Abgrenzung anderer psychischer Störungen differenzialdiagnostisch / als koexistierende Störungen

Erwachsene



Retz-Junginger et al. 2008



Kosaka et al. (2018)

Symptome

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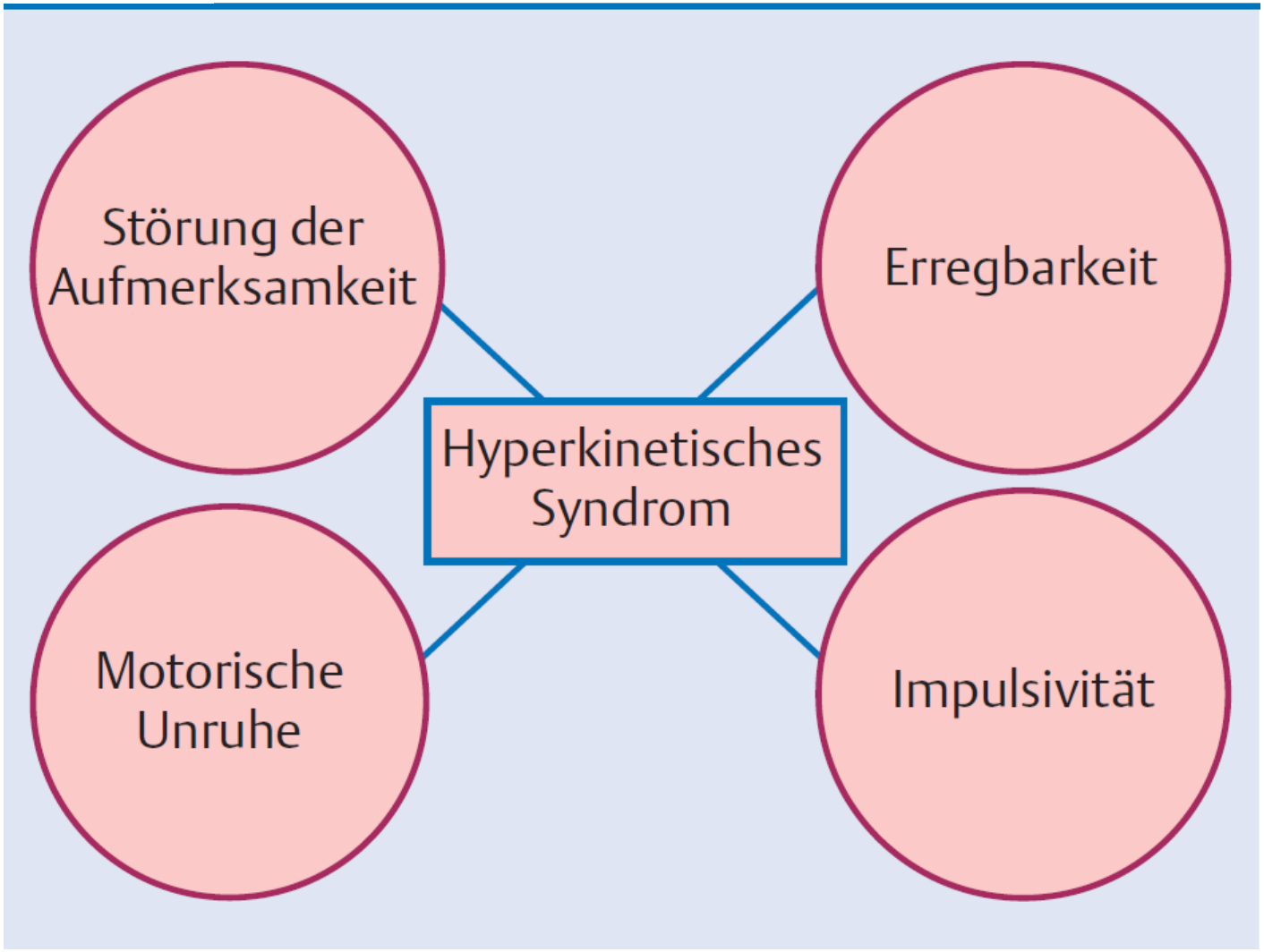
Hauptsymptome des ADHS



Möller & Laux 2015

Es wächst sich nicht aus, aber…

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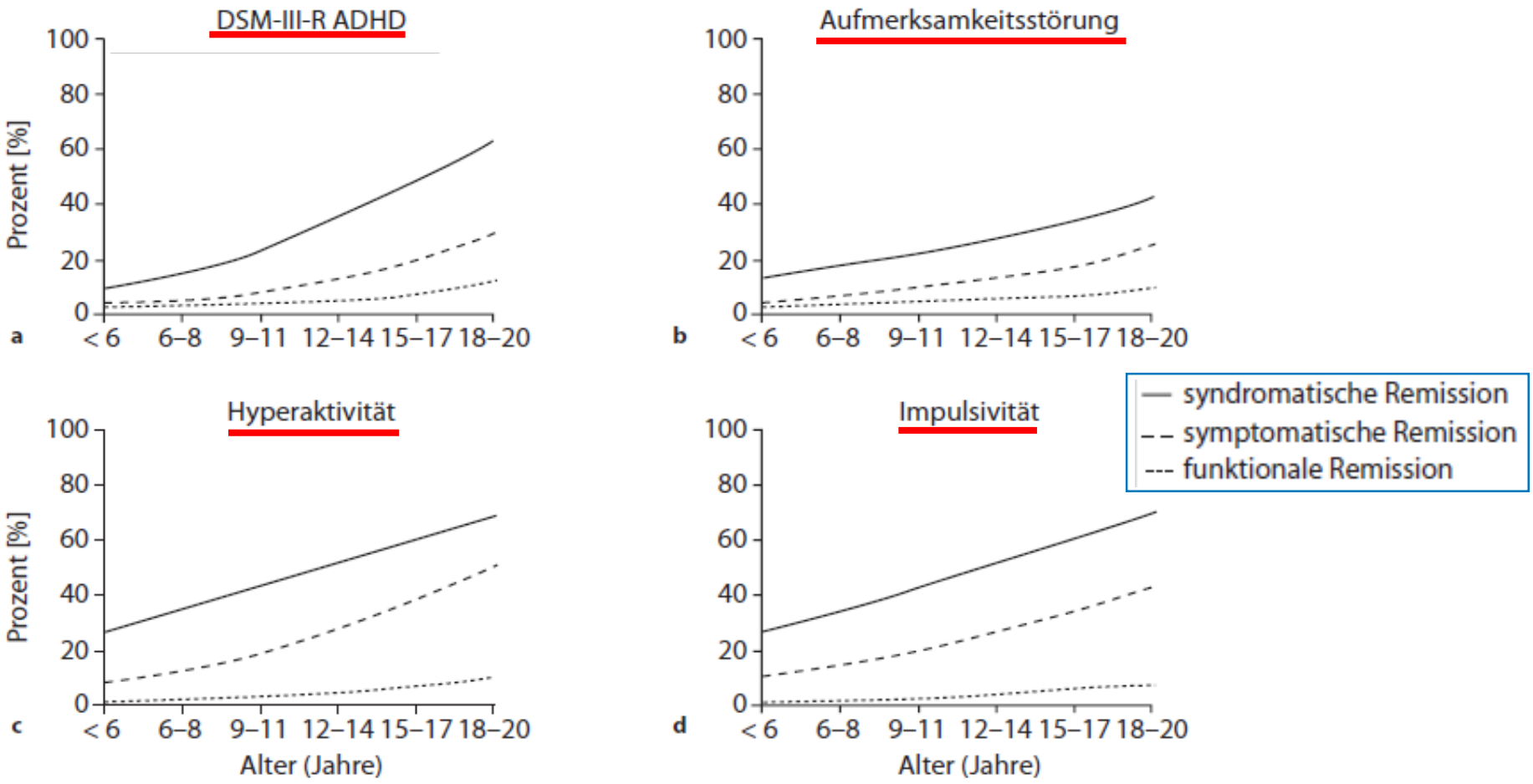

Abb. 4.1a–d. Alterstypischer Verlauf der Einzelsymptome der ADHS; **a** DSM-III-R ADHD, **b** Aufmerksamkeitstörung, **c** Hyperaktivität, **d** Impulsivität. (Aus Biederman et al. 2000)

Edel und Vollmoeller 2006

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As life goes on…

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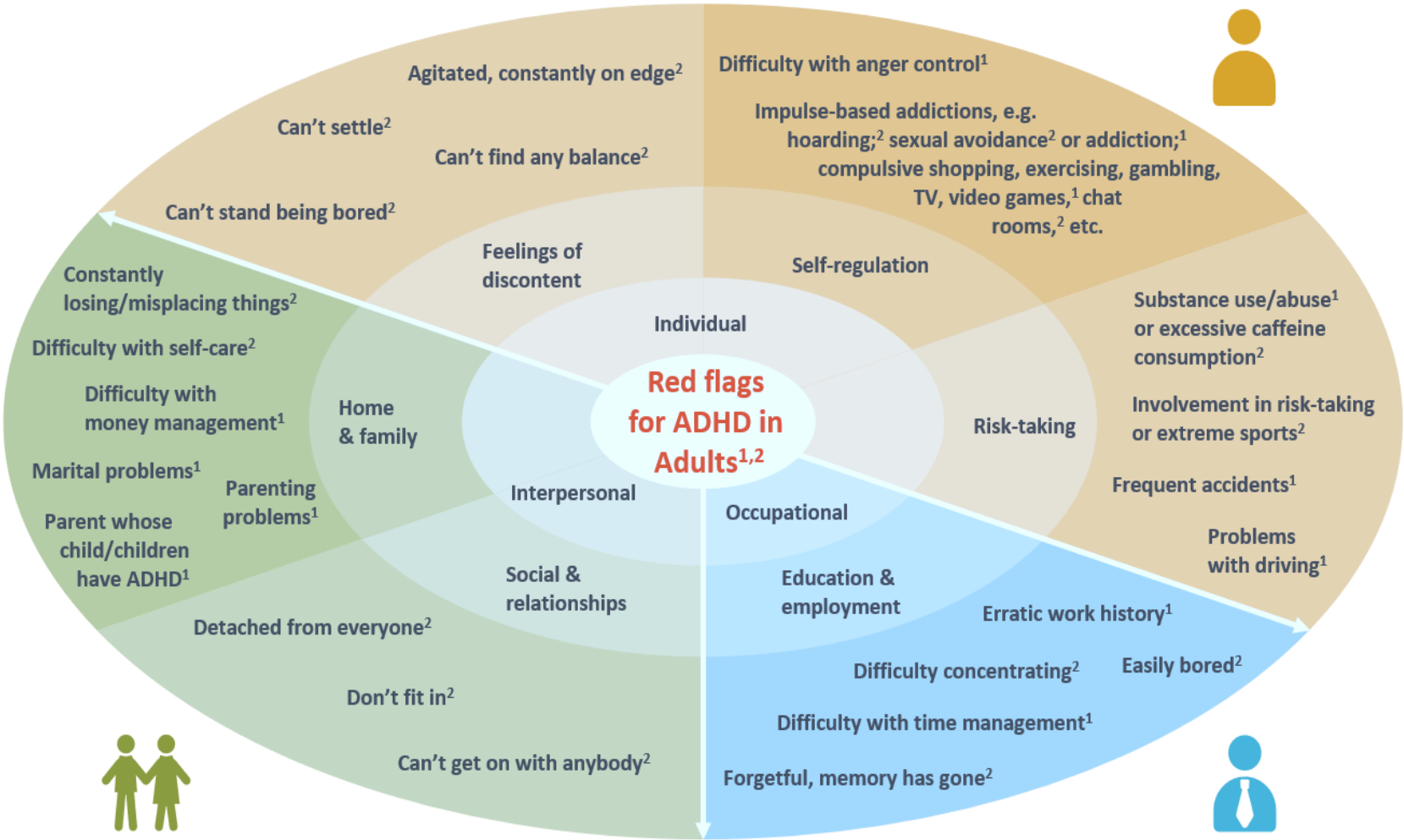

Canadian Attention Deficit Hyperactivity Disorder Resource Alliance (CADDRA).
Canadian ADHD Practice Guidelines, Fourth Edition. CADDRA, 2018

Table 1.3 Core symptoms of adult ADHD

Attention problems	Quickly distracted, quickly bored
	Difficulty finishing things
	Switching from one activity to another
	Having no overview of main issues and side issues
	Poor ability to plan, organize, and choose
	Inability to read for more than a short time, able to concentrate only if the topic is very interesting
	Difficulty listening, taking in information
	Getting lost in details or being excessively accurate
	Postponing things endlessly
	Difficulty filling in forms, understanding instructions, remembering things
	Doubting
	Forgetfulness
	Often losing things
	Chaotic
	Temporary overconcentration or hyperfocus
Hyperactivity	Difficulty sitting still
	Always busy
	Constantly having to go and pick something up
	A feeling of inner restlessness
	Fidgeting
	Inability to relax peacefully
	Excessive talking
Impulsivity	Blurting things out
	Interrupting others
	Impatience
	Acting without thinking (spending too much, gambling, stealing, impulsive binges, etc.)
	Impulsively starting or leaving relationship and jobs

Kooij 2013

Probleme im „echten Leben“

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Table 2.3 Number of times fired

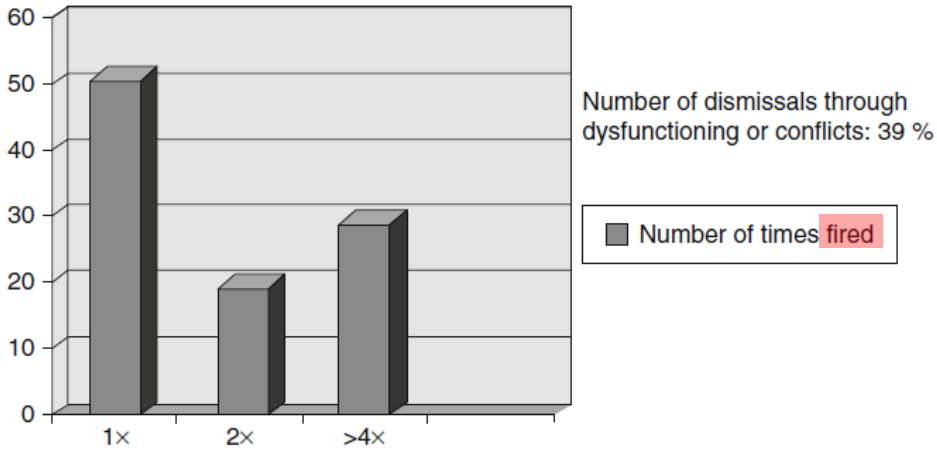


Table 2.4 Number of times they quit

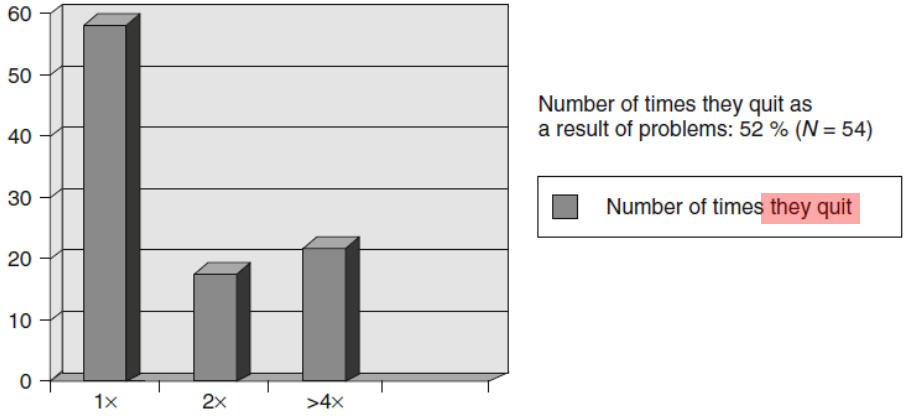
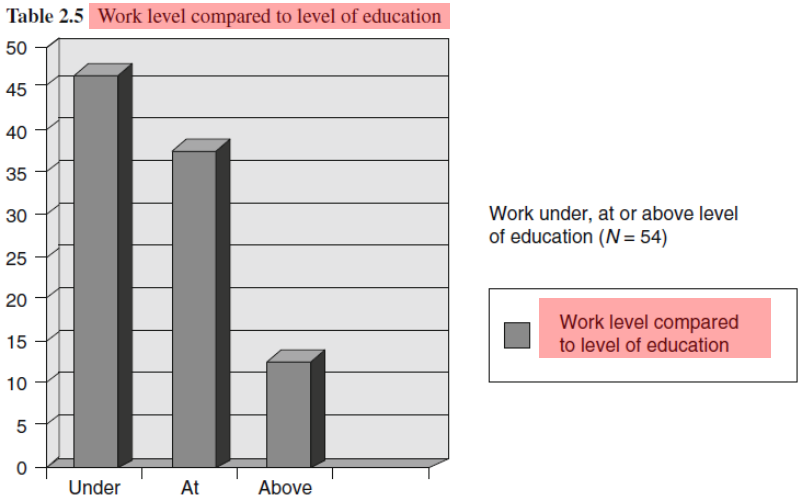


Table 2.5 Work level compared to level of education



Kooij 2013

Comorbiditäten

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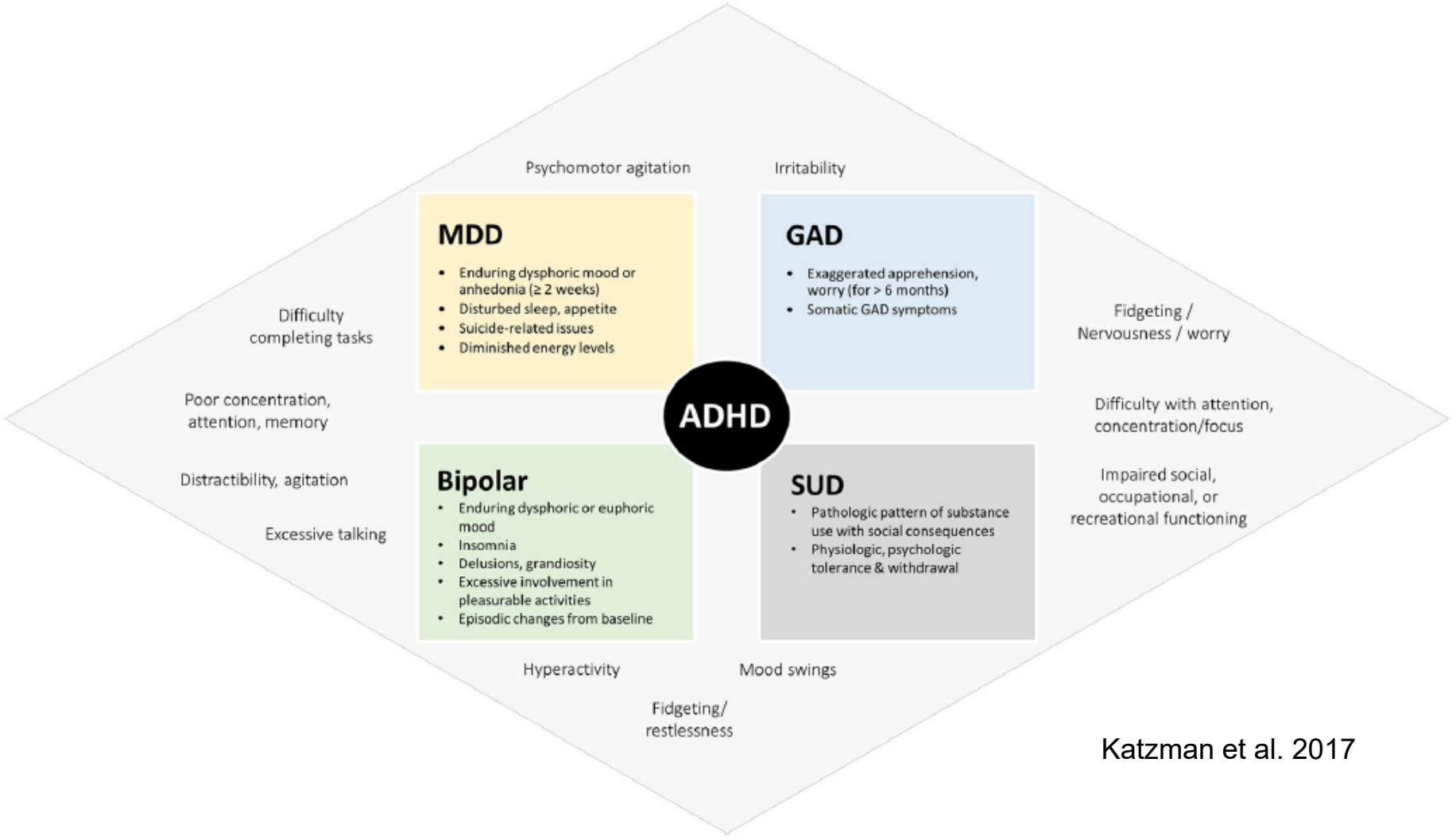
Abb. 4.2. Komorbidität bei ADHS

Edel und Vollmoeller 2006



Katzman et al. 2017

Fig. 1 Overlapping and distinctive features of ADHD and common psychiatric comorbidities (compiled from: Searight et al., 2000 [149]; Culpepper and Mattingly, 2008 [150]; Klassen et al., 2010 [17]; Bond et al., 2012 [16]; Mancini et al., 1999 [85]; CADDRA, 2011 [107]; Mao and Findling, 2014) [84]

AHDS fühlt sich SO an…

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ADHS-illustrativ

Exkurs: Denkvorgang bei ADHS

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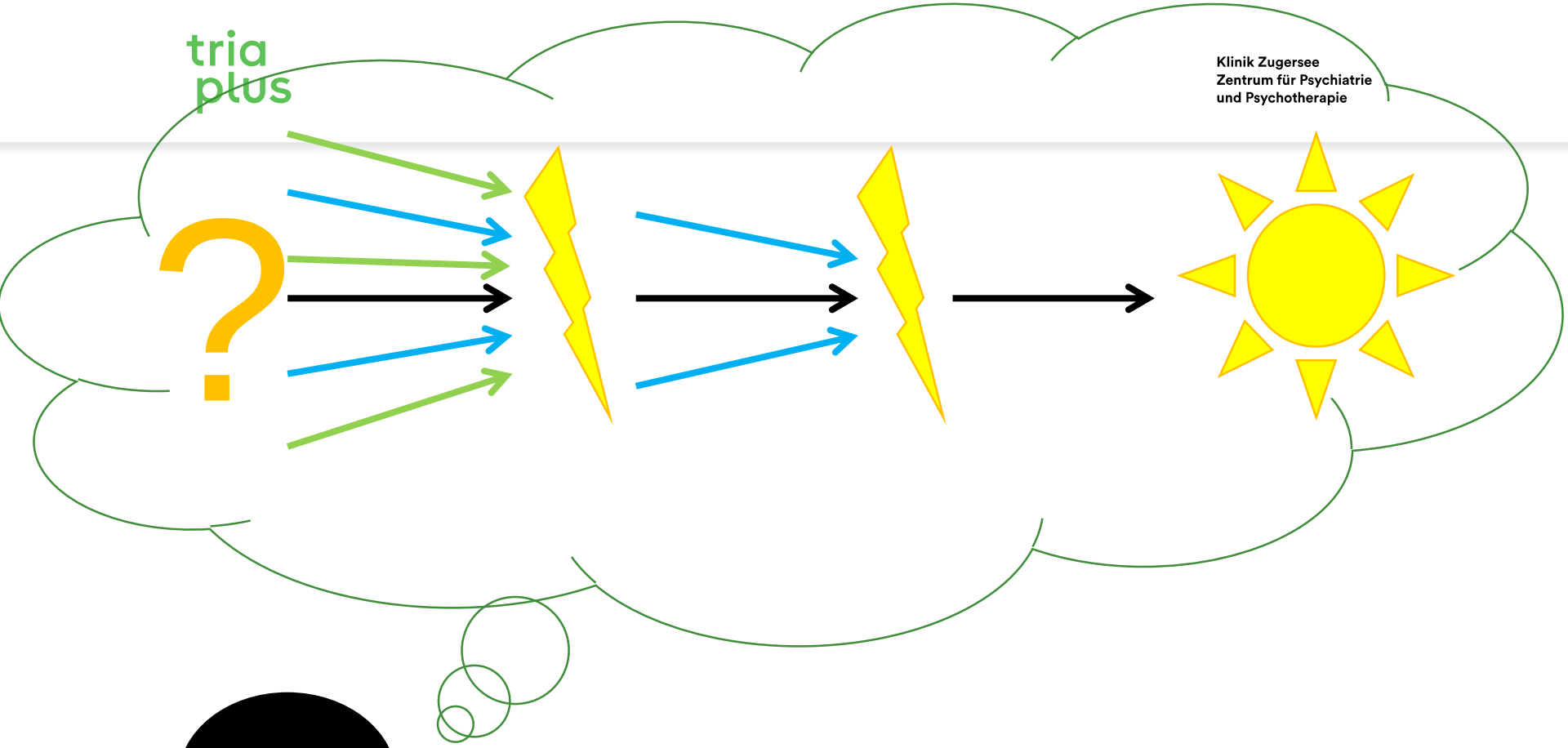
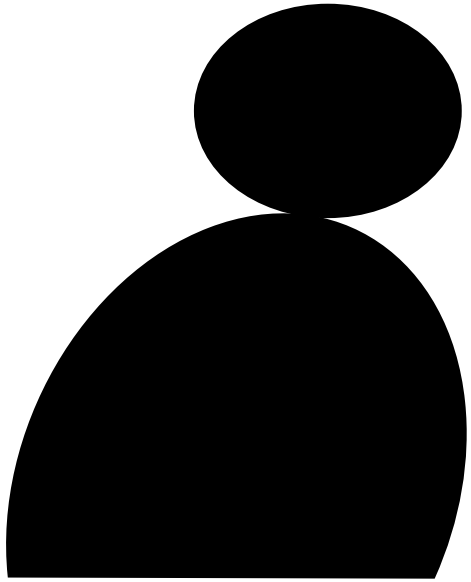
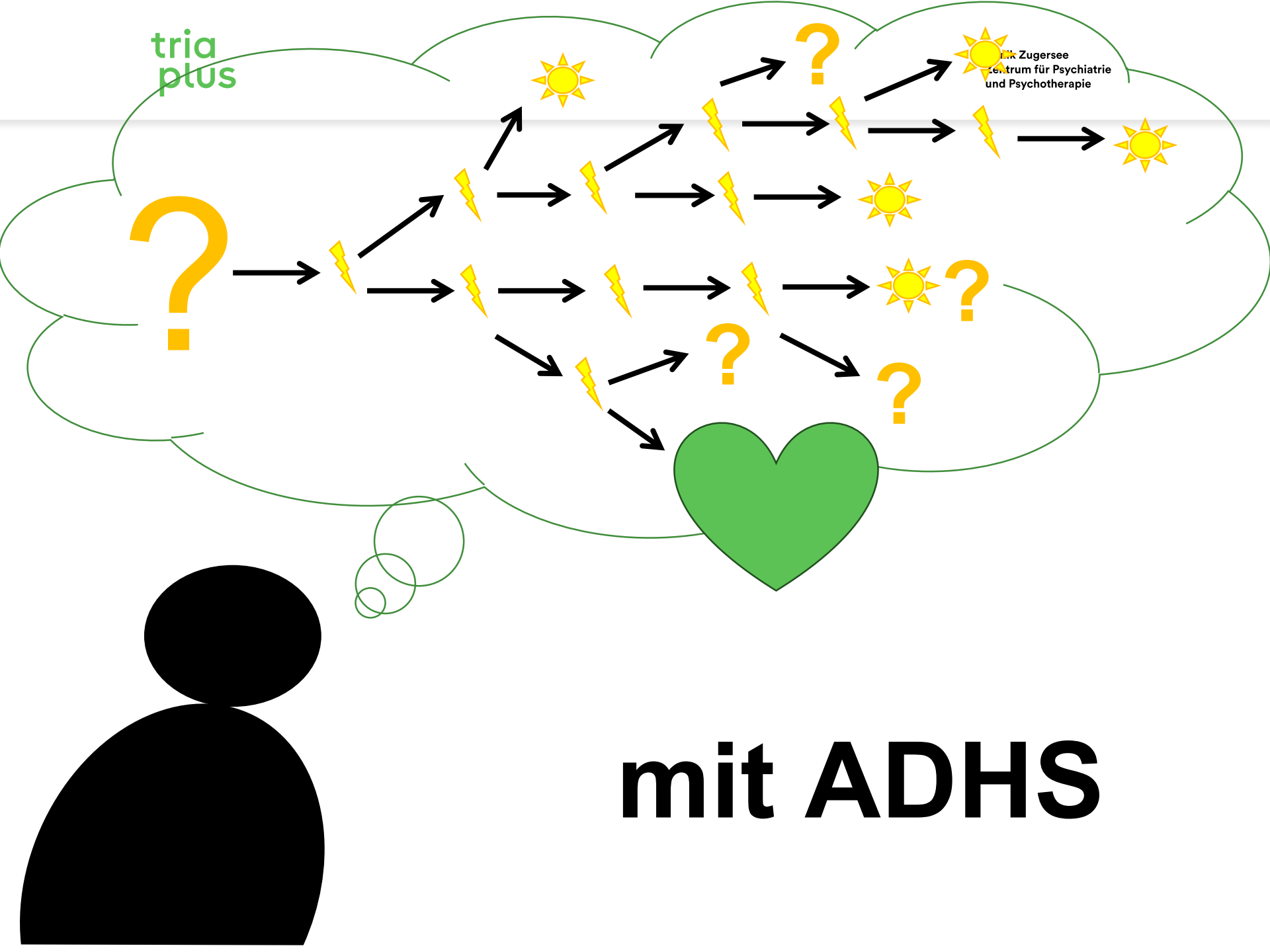




ohne ADHS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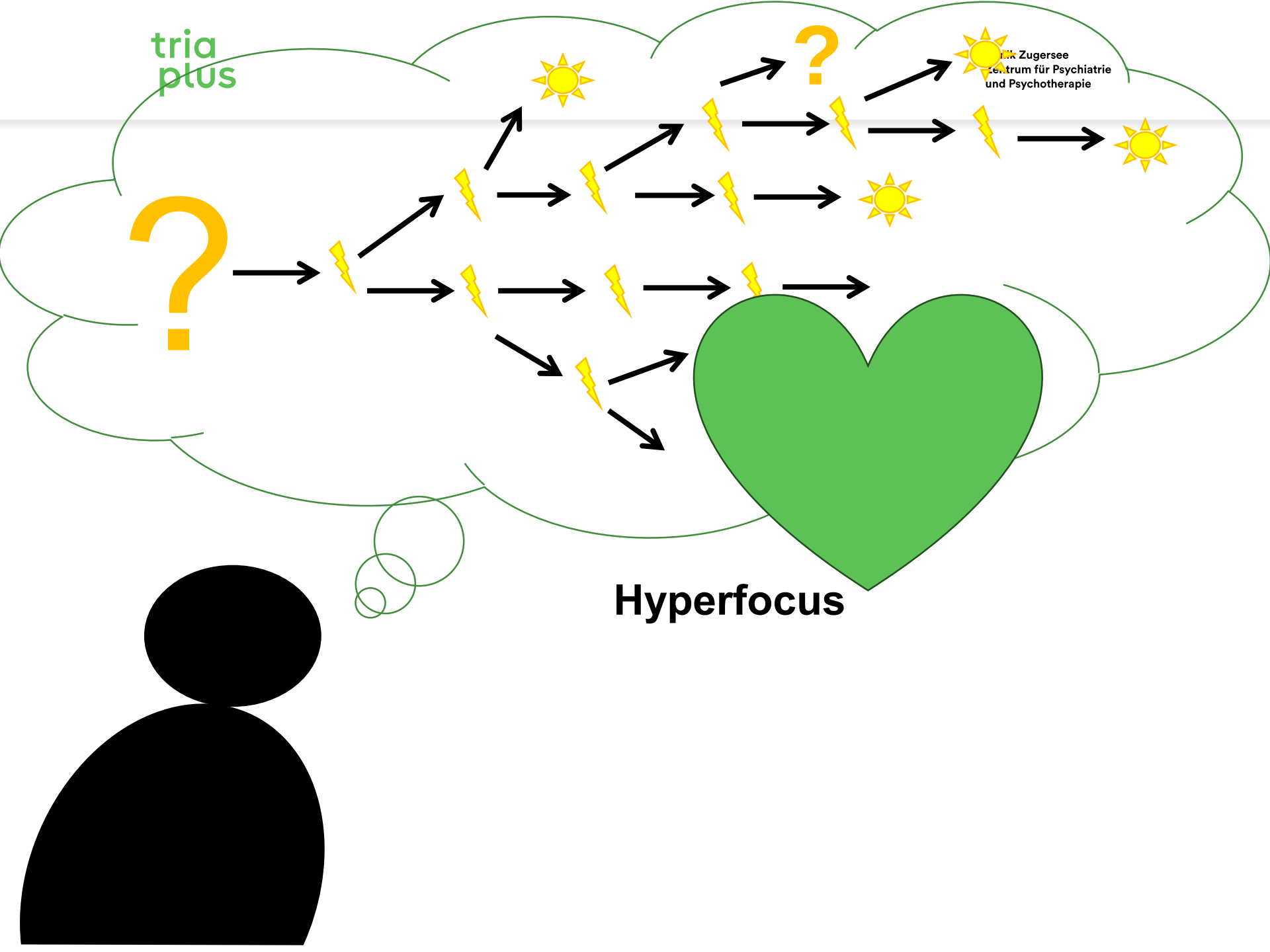
mit ADHS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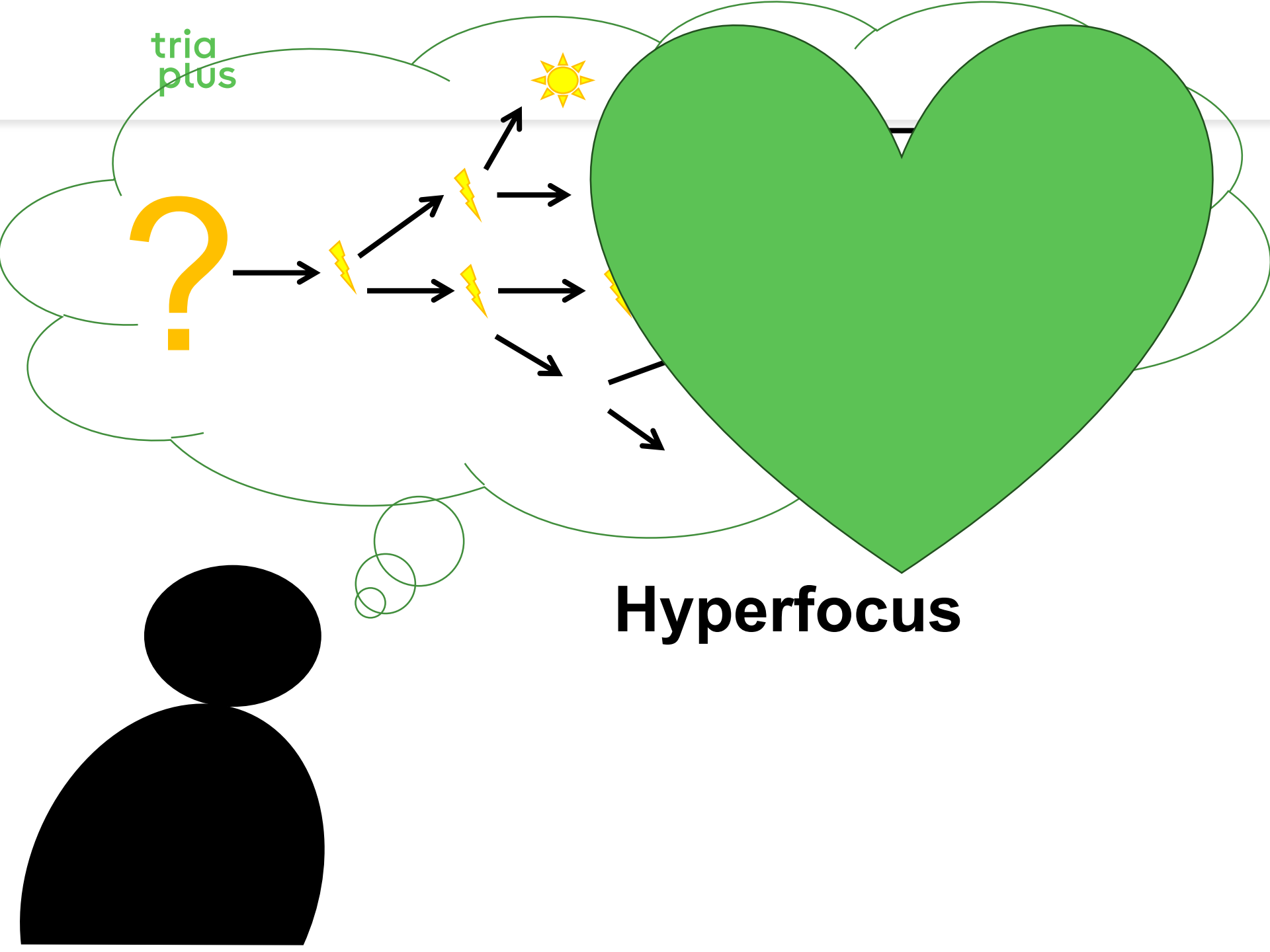
Hyperfocus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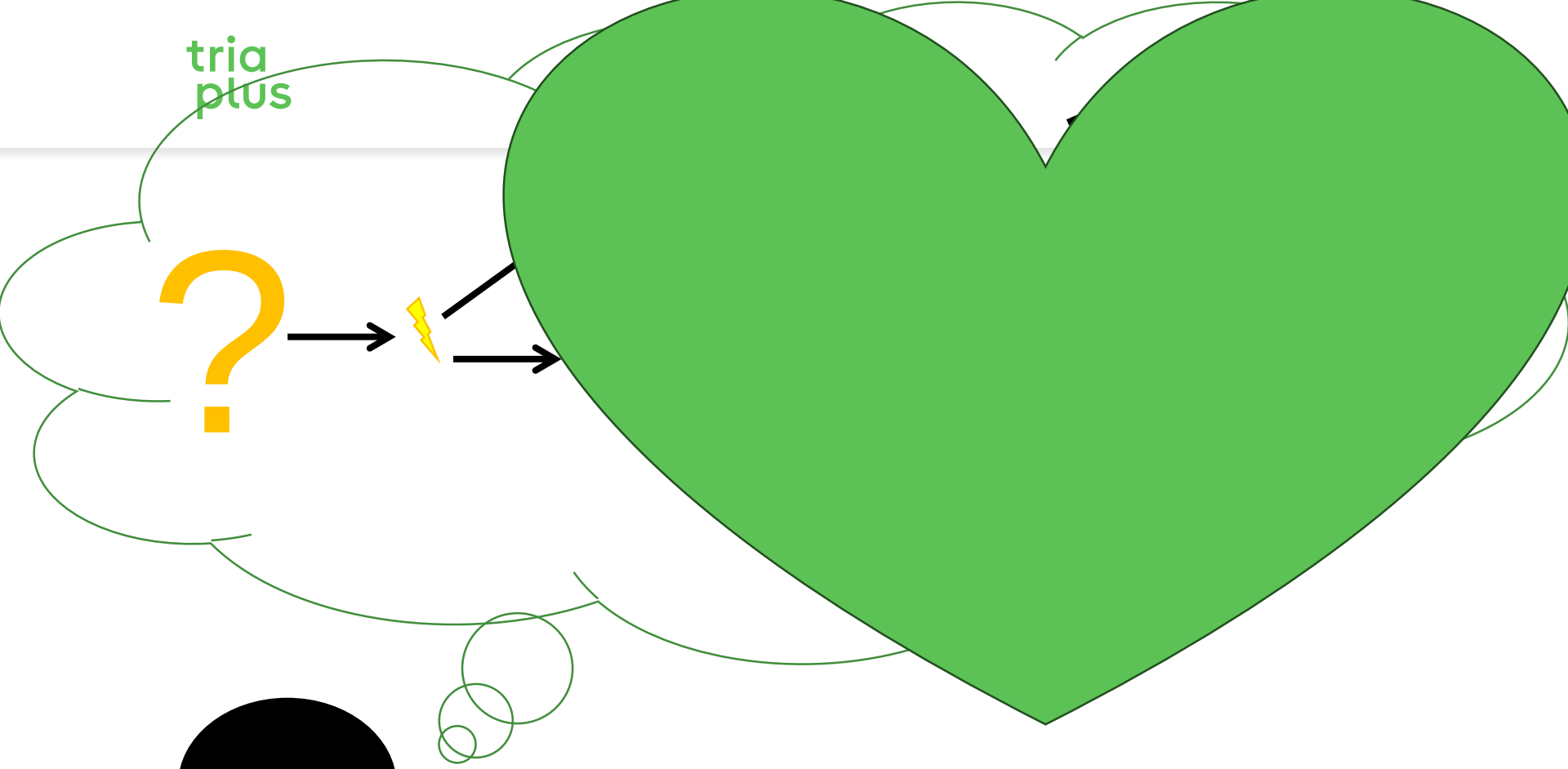
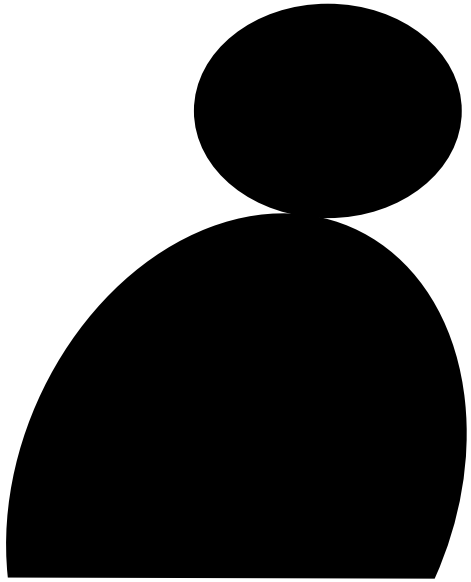
Hyperfocus

tria plus





Hyperfocus

Cave: geht auch negativ

Betroffene von SUD (Substance Use Disorder) mit komorbider ADHS zeigen

- Einen früheren Beginn des Substanzkonsums
- Einen schnelleren Übergang zu Substanzgebrauchstörung
- Ein höheres Risiko für Konsumrückfälle im Vergleich zu denen ohne ADHS

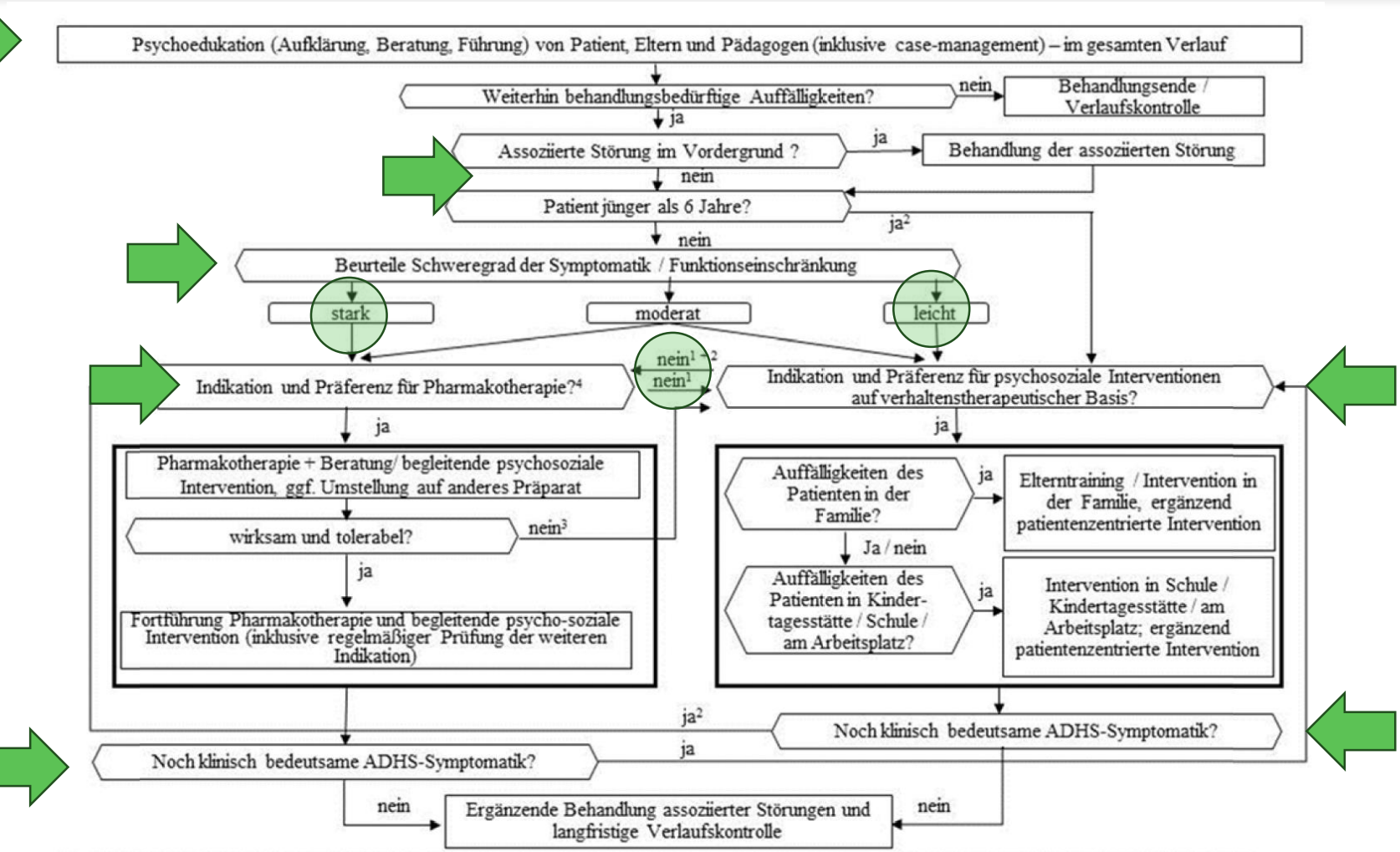
McCabe et al., 2016: Age of onset, duration, and type of medication therapy for attention-deficit/hyperactivity disorder and substance use during adolescence: a multi-cohort national study. J Am Acad Child Adolesc Psychiatry. 2016

Die Kombination von 27 allgemeinen Bevölkerungsstudien und klinischen Studien mit mehr als 4.000 ADHS-Teilnehmern und fast 7.000 Teilnehmern ohne ADHS ergab, dass Personen mit ADHS etwa zwei- bis dreimal häufiger eine Nikotin-, Alkohol-, Marihuana-, Kokain- und/oder andere Drogenkonsumstörung entwickeln als Personen ohne ADHS.

Lee et al. 2011: Prospective association of childhood attention-deficit/hyperactivity disorder (ADHD) and substance use and abuse/dependence: a meta-analytic review. Clin Psychol Rev. 2011;31(3):328–41.

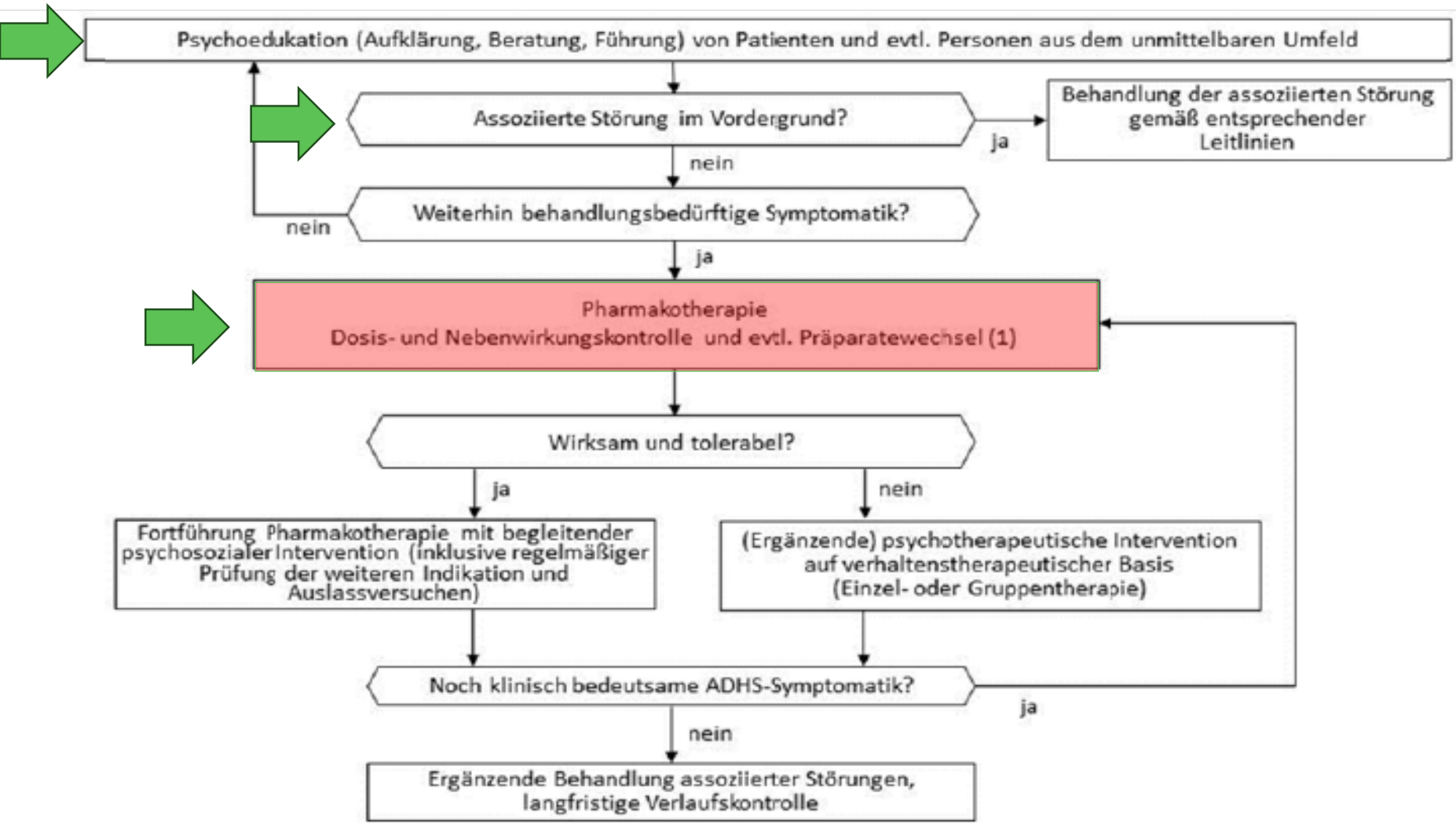
Therapie

Algorithmus für Kinder / Jugendliche



1) Wenn unter den aktuellen Rahmenbedingungen weder psychosoziale Interventionen auf verhaltenstherapeutischer Basis noch Pharmakotherapie indiziert / wirksam sind, sollten bei dringendem Behandlungsbedarf ergänzende therapeutische Maßnahmen (z.B. stationäre Therapie) oder Jugendhilfemaßnahmen erwogen werden.
2) Unter dem Alter von sechs Jahren soll primär psychosozial interveniert werden. In Einzelfällen kann bei behandlungsbedürftiger residualer ADHS-Symptomatik ergänzend eine Pharmakotherapie angeboten werden. Diese sollte nur durch einen Arzt mit besonderen Kenntnissen zu Verhaltensstörungen in dieser Altersgruppe durchgeführt werden. Eine Pharmakotherapie soll nicht vor dem Alter von drei Jahren angeboten werden (siehe Empfehlung 1.2.2 und 1.4.1).
3) Wenn Pharmakotherapie unwirksam: Überprüfen der Adhärenz und der Diagnose.
4) Bei Indikation für Pharmakotherapie kann auch eine Indikation für eine parallele intensive psychosoziale Intervention auf verhaltenstherapeutischer Basis gegeben sein.

Algorithmus für Erwachsene



1) Wenn Pharmakotherapie unwirksam: Überprüfen der Adhärenz und der Diagnose, evtl. stationäre Behandlung

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Für Kinder / Jugendliche

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Auch für Erwachsene…?

…erst seit 1971 auf BtM-Rezept

2023

Adverse Effects of Stimulant Interventions for Attention Deficit Hyperactivity Disorder (ADHD): A Comprehensive Systematic Review

Ankita Nanda [1], Lakshmi Sai Niharika Janga [1], Hembashima G. Sambe [1], Mohamed Yasir [1], Ruzhual K. Man [1], Amaresh Gogikar [1], Lubna Mohammed [2]

analysis. Conclusions indicate that the administration of stimulant medications can potentially translate into a small rise in blood pressure along with increased heart rate particularly when amphetamines are taken. However, no reports of notable serious cardiovascular events have emerged. In the domain of neuropsychiatry, it appears that long-term usage of methylphenidate generally bears no serious consequences, even though a hike in risk levels related to the occurrence of psychotic episodes was detected among those treated with amphetamines. Several gastrointestinal side effects including decreased appetite and stomach pain were reported, however, findings regarding ocular abnormalities or growth-related effects stood inconclusive.

Therefore, based on this data the consensus is that stimulant medications do generate manageable and mild negative outcomes within the ADHD population. It is vital however to highlight the need for careful observation and further scientific inquiry to achieve a better grasp on both immediate as well as long-term implications involved.

Nanda A, Janga L, Sambe H G, et al. (September 26, 2023) Adverse Effects of Stimulant Interventions for Attention Deficit Hyperactivity Disorder (ADHD): A Comprehensive Systematic Review. Cureus 15(9): e45995. DOI 10.7759/cureus.45995

Review > Expert Opin Drug Saf. 2023 Oct 16:1-16. doi: 10.1080/14740338.2023.2271392.
Online ahead of print.

An updated safety review of the current drugs for managing ADHD in children

Erika Ryst [1], Ann Childress [2]

Affiliations + expand

PMID: 37843488 DOI: 10.1080/14740338.2023.2271392

Areas covered: This manuscript provides an updated safety review of medications used to treat ADHD in children and adolescents. PubMed and OneSearch online databases were utilized to search for literature relevant to the topic of ADHD medications and safety. Clinical trials of medications used to treat ADHD, systematic reviews and meta-analyses, and articles covering specific safety issues (adverse or unfavorable events) such as cardiovascular effects, seizures, impact on growth, depression, suicidal ideation, substance use disorders, psychosis, and tics are described.

Expert opinion: Available pharmacologic treatments for ADHD have favorable efficacy, safety and tolerability and allow many patients to achieve significant improvement of their symptoms. Despite the availability of multiple stimulant and non-stimulant formulations, some individuals with ADHD may not tolerate available medications or attain satisfactory improvement. To satisfy unmet clinical needs, ADHD pharmaceutical research with stimulant and nonstimulant formulations targeting dopamine, norepinephrine, and novel receptors is ongoing.

As described in earlier sections of this review, many, but not all, AEs are common across all catecholaminergic ADHD drugs. ADHD drugs are usually referred to as "stimulants" and "non-stimulants". Based on pharmacology, therapeutic and AE profile, we propose that the α_2-adrenoceptor agonists should be classified as "sedative" ADHD drugs.

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New Discoveries in the Behavioral Neuroscience of Attention-Deficit Hyperactivity Disorder,
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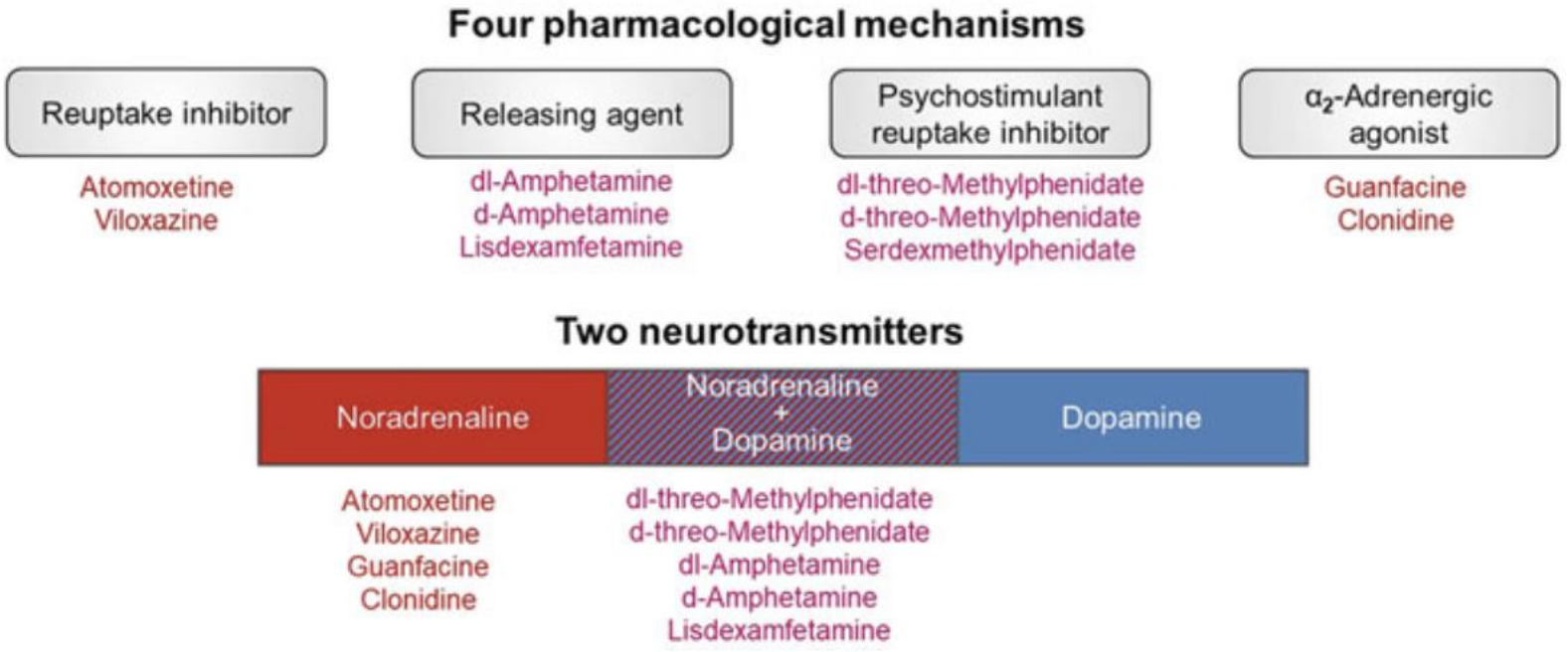

Fig. 1 Mechanism of action of ADHD drugs

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Table 1 List of drugs currently approved to treat ADHD

Generic drug name	Trade names	Generic versions	Mode of action	USA		UK/Europe	
				Children adolescents	Adults	Children adolescents	Adults
d-Amphetamine Attentin	Adzenys ER, Adzenys XR-ODT, Dexedrine Spansules, Dyanavel XR Evekeo, Evekeo ODT	Yes	Catecholamine (NA +DA) releasing agent[a]	Yes	Yes	Yes	Yes
Mixed salts/mixed enantiomers amphetamines (3:1 mixture of d- and l-isomers)	Adderall, Adderall-XR	Yes	Catecholamine (NA +DA) releasing agent[b]	Yes	Yes	N/A	N/A
Methamphetamine	Desoxyn	Yes	Catecholamine (NA +DA) releasing agent[c]	Yes	Not approved	N/A	N/A
Lisdexamfetamine (d-Amphetamine prodrug) Elvanse	Vyvanse	No	D-Amphetamine prodrug Catecholamine (NA +DA) releasing agent	Yes	Yes	Yes	Yes
dl-*threo*-Methylphenidate Ritalin, Ritalin LA, Medikinet, Medikinet MR, Concerta	Aptensio XR, Concerta, Concerta XL, Cotempla XR-ODT, Daytrana, Delmosart, Equasym XL, Jornay PM ER, Matoride XL, Medikinet XL, Metadate CD, Methylin, Quillichew ER, Quillivant XR, Relexxii, Ritalin, Ritalin SR, Xaggitin XL, Xenidate XL	Yes	Psychostimulant catecholamine (NA+DA) reuptake inhibitor	Yes	Yes	Yes	Yes
d-*threo*-Methylphenidate	Focalin, Focalin-XR	Yes	Psychostimulant catecholamine (NA+DA) reuptake inhibitor[d]	Yes	Yes	N/A	N/A

(continued)

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Table 1 (continued)

Generic drug name	Trade names	Generic versions	Mode of action	USA		UK/Europe	
				Children adolescents	Adults	Children adolescents	Adults
Serdexmethylphenidate (d-*threo*-methylphenidate prodrug) + d-*threo*-methylphenidate	Azstarys	No	Psychostimulant catecholamine (NA+DA) reuptake inhibitor[d]	Yes	Yes	N/A	N/A
Atomoxetine Strattera	Strattera	Yes	NA-selective reuptake inhibitor	Yes	Yes	Yes	Yes
Viloxazine	Qelbree	No	NA-selective reuptake inhibitor/$5HT_{2C}$ agonist/$5HT_{2B}$ antagonist[e]	Yes	No	N/A	N/A
Guanfacine Intuniv	Intuniv, Tenex	Yes	α_{2A}-Adrenoceptor agonist	Yes[f]	Yes[f]	Yes	Not approved
Clonidine Catapresan	Kapvay	Yes	α_{2A}-Adrenoceptor agonist	Yes[f]	Yes[f]	N/A	N/A

N/A Not available, *NA* norepinephrine, *DA* dopamine

[a] Profile in vivo DA ≥ NA (Heal et al. 2009)

[b] Profile in vivo DA ≈ NA (Heal et al. 2008)

[c] Profile in vivo DA > NA with lower potentiating effect on NA transmission in PFC (Kuczenski et al. 1995; Shoblock et al. 2003, 2004)

[d] Profile in vivo almost identical to dl-*threo*-methylphenidate (Heal and Pierce 2006; Heal et al. 2009).

[e] Yu et al. (2020)

[f] Also approved as adjunctive therapy in combination with stimulants

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Table 2 New drug-candidates evaluated as potential treatments for ADHD

Drug-candidate	Mode of action	Company	Status in ADHD	References
Centanafadine (EB1020)	Noradrenaline + dopamine reuptake inhibitor	Otsuka/ Neurovance	Phase 3 in children Positive findings in Phase 2 and 3 trials in adults	Wigal et al. (2020b)
Mazindol	Noradrenaline + dopamine reuptake inhibitor	NLS Pharmaceutics	Phase 2/3 Positive findings in Phase 2 trials in adults and children	Konofal et al. (2014) Wigal et al. (2018)
Dasotraline	Noradrenaline + dopamine reuptake inhibitor	Sunovion	Positive findings in Phase 3 trials FDA declines approval Discontinued in 2020	Adler et al. (2021) Findling et al. (2019)
Vortioxetine	Serotonin reuptake inhibitor + $5HT_{1A}$ agonist + $5\text{-}HT_3$ antagonist	Lundbeck	Lack of efficacy in Phase 2 trial Discontinued in ADHD	Biederman et al. (2019)
Edivoxetine (LY22166840)	Noradrenaline reuptake inhibitor	Eli Lilly	Positive findings in Phase 2 trials Discontinued in 2013	Lin et al. (2014) Nery et al. (2017)
GSK372475 (NS2359)	Triple monoamine reuptake inhibitor	GSK/ Neurosearch	Lack of efficacy Discontinued	Wilens et al. (2008)
DOV102677	Triple monoamine reuptake inhibitor	Dov Pharmaceuticals	Discontinued Company wound up	No published data
SPD473	Triple monoamine reuptake inhibitor	Shire Pharmaceuticals	Discontinued Shire acquired by Takeda	No published data
Posanicline (ABT089)	Nicotine α_4/β_2 partial agonist	AbbVie/ NeuroSearch	Lack of efficacy Discontinued Neurosearch wound up	Wilens et al. (2011) Bain et al. (2012) Apostol et al. (2012)
AZD1446 (TC6683)	Nicotine α_4/β_2 partial agonist	AstraZeneca/ Targacept	Lack of efficacy Discontinued Targacept acquired by catalyst	Jucaite et al. (2014)

(continued)

Table 2 (continued)

Drug-candidate	Mode of action	Company	Status in ADHD	References
Sofinicline (ABT894)	Nicotine α_4/β_2 agonist	AbbVie/ NeuroSearch	Minimal efficacy Discontinued Neurosearch wound up	Bain et al. (2013)
AZD3480 (TC1734)	Nicotine α_4/β_2 agonist	AstraZeneca/ Targacept	Minimal efficacy Discontinued Targacept acquired by catalyst	Potter et al. (2014)
Bavisant (JNJ31001074)	Histamine H_3 antagonist	Johnson & Johnson	Lack of efficacy Discontinued	Weisler et al. (2012)
Org26576	AMPA modulator	Merck	Lack of efficacy Discontinued	Adler et al. (2012)

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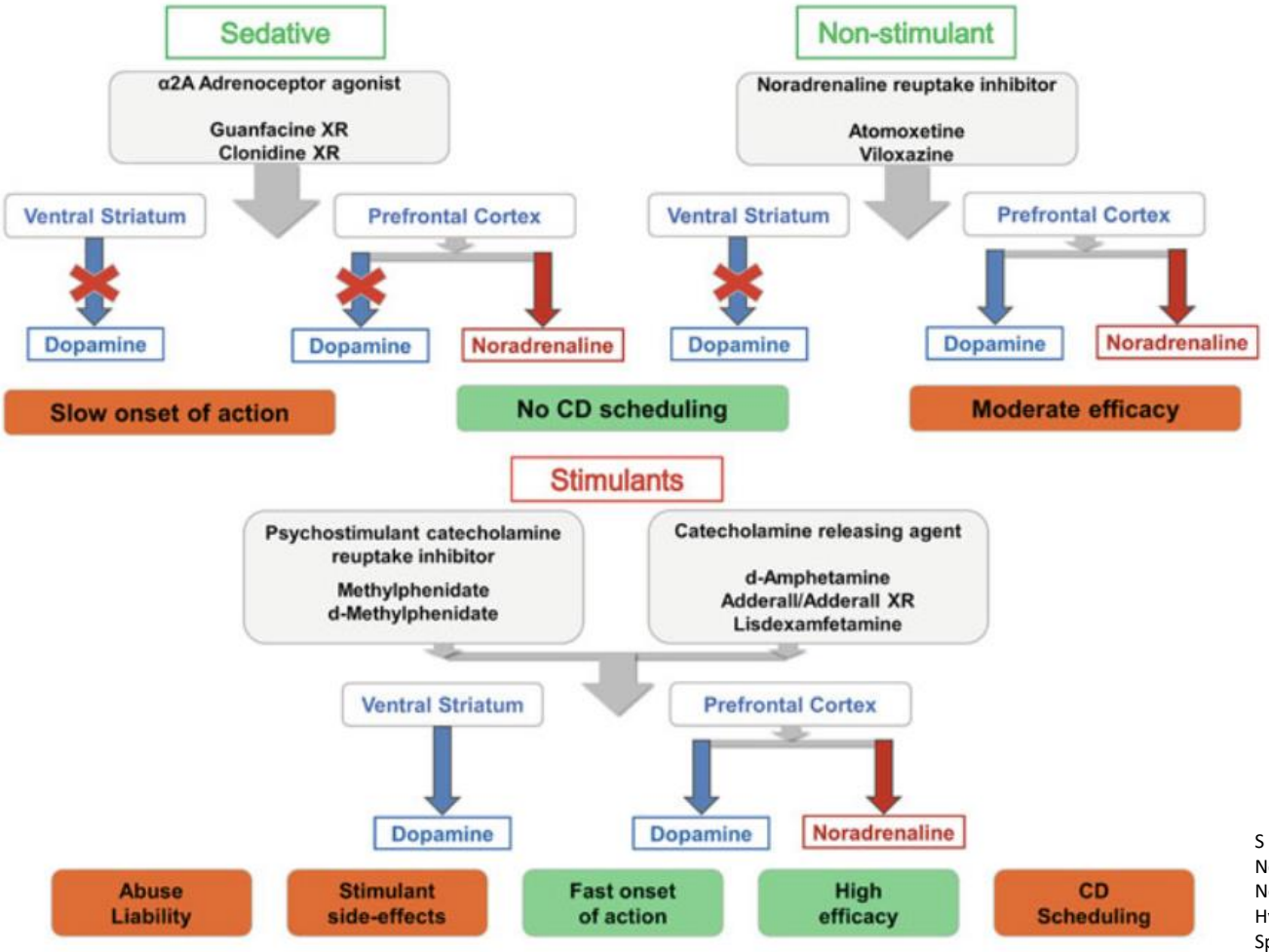
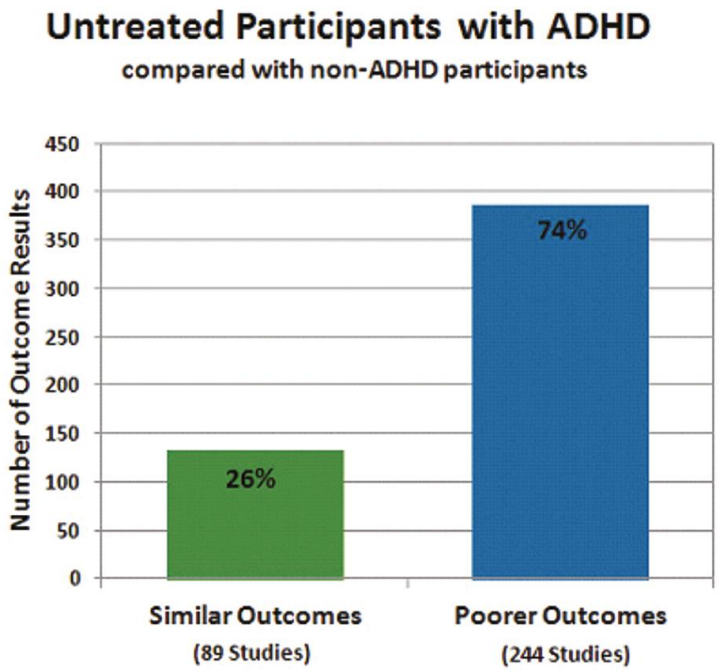
New Discoveries in the Behavioral Neuroscience of Attention-Deficit Hyperactivity Disorder, Springer 2022

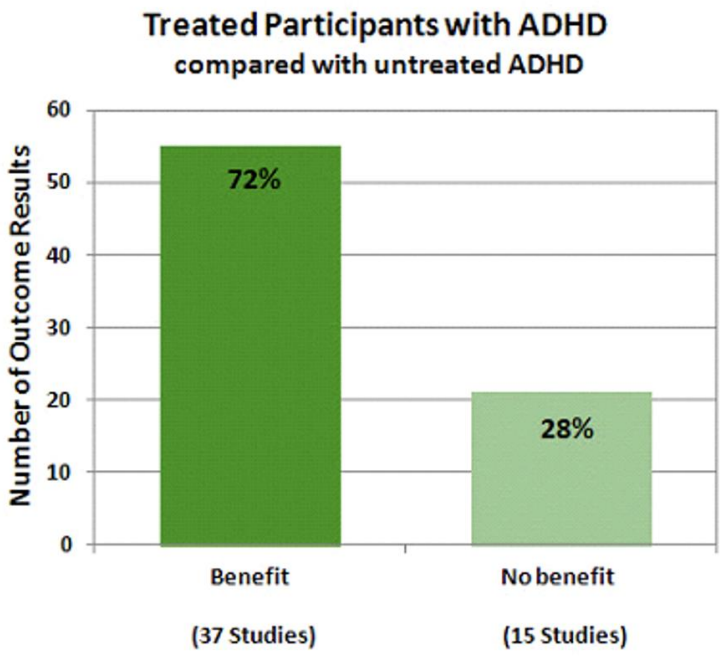


S Clare Stanford • Emma Sciberras (Editors)
New Discoveries in the Behavioral Neuroscience of Attention-Deficit Hyperactivity Disorder,
Springer 2022

Wie wichtig sind Medikamente bei ADHS?



Shaw et al.; BMC Medicine 2012, 10:99; 1741-7015



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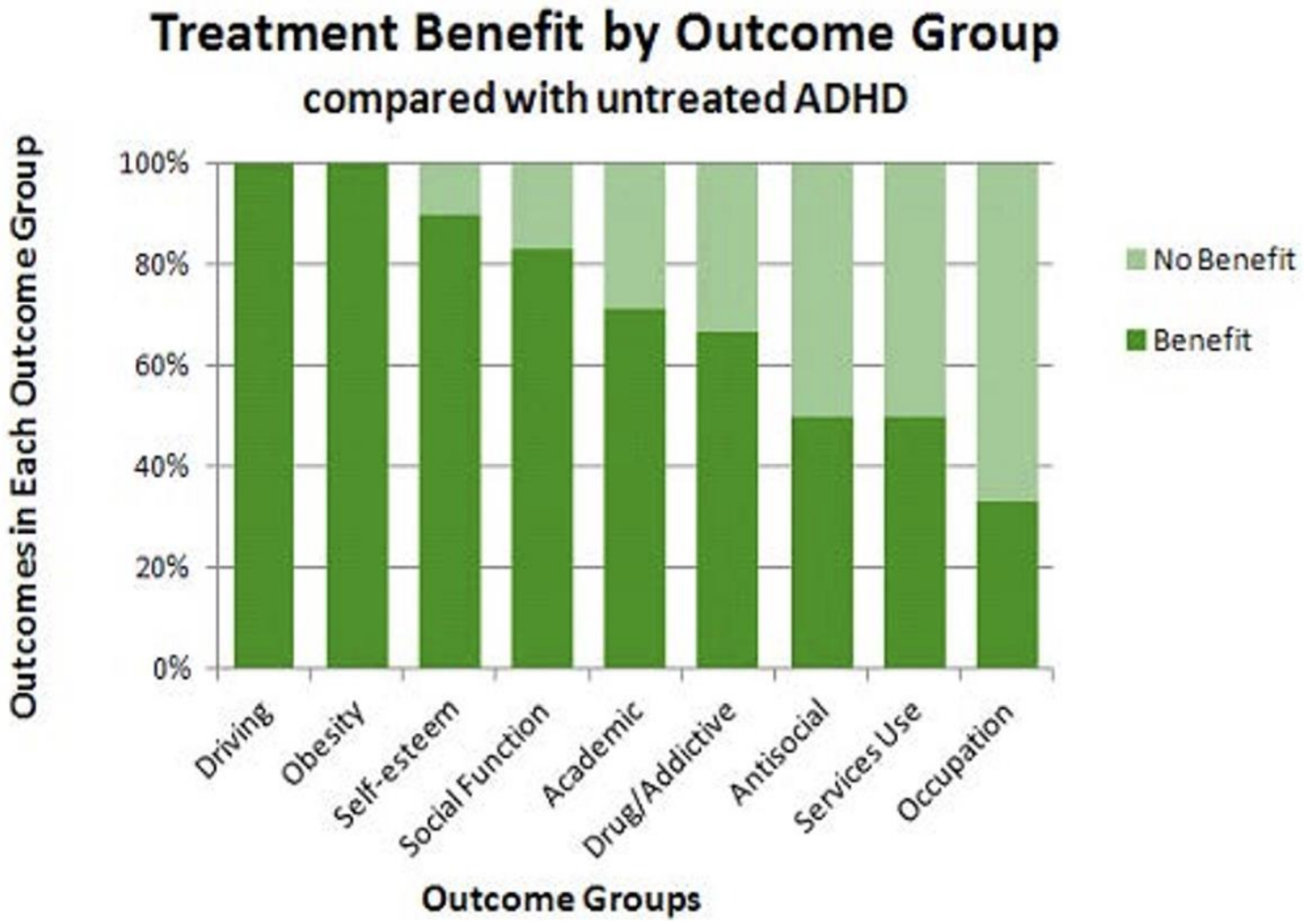

Shaw et al.; BMC Medicine 2012, 10:99; 1741-7015

Benefits der Medikation bei ADHS-Patient*innen

J Child Psychol Psychiatry. 2014 August ; 55(8): 878–885. doi:10.1111/jcpp.12164.

Stimulant ADHD medication and risk for substance abuse

Zheng Chang, MSc[1], Paul Lichtenstein, PhD[1], Linda Halldner, MD, PhD[1,2], Brian D'Onofrio, PhD[3], Eva Serlachius, MD, PhD[4], Seena Fazel, MD[5], Niklas Långström, MD, PhD[1], and **Henrik Larsson, PhD[1]**

Conclusions—We found no indication of increased risks of substance abuse among individuals prescribed stimulant ADHD medication; if anything, the data suggested a long-term protective effect on substance abuse. Although stimulant ADHD medication does not seem to increase the risk for substance abuse, clinicians should remain alert to the potential problem of stimulant misuse and diversion in ADHD patients.

- Eine Behandlung mit Stimulanzien kann die spätere Entwicklung einer Suchterkrankung im jungen Erwachsenenalter verhindern
- Hochdosierte Stimulanzien können eine wirksame Behandlung für Jugendliche mit ADHS + Suchterkrankung sein
- Eine kognitive Verhaltenstherapie kann bei diesen Patienten eine geringe positive Wirkung haben
- Alternative Behandlungen sind wahrscheinlich nicht wirksam.

- Treatment of Adolescents with Concurrent Substance Use Disorder and Attention-Deficit/Hyperactivity Disorder: A Systematic Review; Özgen et al., 2021
- International Consensus Statement for the Screening, Diagnosis, and Treatment of Adolescents with Concurrent Attention-Deficit/Hyperactivity Disorder and Substance Use Disorder; Özgen et al., 2021

> JAMA Psychiatry. 2023 Oct 25:e233985. doi: 10.1001/jamapsychiatry.2023.3985.
Online ahead of print.

Treatment Outcomes With Licensed and Unlicensed Stimulant Doses for Adults With Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-Analysis

Results: A total of 47 randomized clinical trials (7714 participants; mean age, 35 (SD, 11) years; 4204 male [56%]) were included. For methylphenidate, dose-response curves indicated additional reductions of symptoms with increments in doses, but the gains were progressively smaller and accompanied by continued additional risk of adverse events dropouts. Network meta-analyses showed that unlicensed doses were associated with greater reductions of symptoms compared with licensed doses (standardized mean difference [SMD], -0.23; 95% CI, -0.44 to -0.02; very low certainty of evidence), but the additional gain was small and accompanied by increased risk of adverse event dropouts (odds ratio, 2.02; 95% CI, 1.19-3.43; moderate certainty of evidence). For amphetamines, the dose-response curve approached a plateau and increments in doses did not indicate additional reductions of symptoms, but there were continued increments in the risk of adverse event dropouts. Network meta-analysis did not identify differences between unlicensed and licensed doses for reductions of symptoms (SMD, -0.08; 95% CI, -0.24 to 0.08; very low certainty of evidence).

Conclusions and relevance: Based on group averages, unlicensed doses of stimulants may not have positive risk benefits compared with licensed doses for adults with ADHD. In general, practitioners should consider unlicensed doses cautiously. Practitioners may trial unlicensed doses if needed and tolerated but should be aware that there may not be large gains in the response to the medication with those further increments in dose. However, the findings are averages and will not generalize to every patient.

Review > Expert Rev Neurother. 2023 Jul-Dec;23(11):981-994.
doi: 10.1080/14737175.2023.2263645. Epub 2023 Oct 27.

Revisiting stimulant use for emotional dysregulation in attention-deficit/hyperactivity disorder (ADHD)

Introduction: Emotional dysregulation (ED) symptoms are present in a considerable portion of patients with attention-deficit/hyperactivity disorder (ADHD). In recent years, an increasing number of studies investigated the effects of stimulant medications on ED in patients with ADHD.

Areas covered: A narrative review of the literature on stimulant treatment for ED is provided, including controlled and observational clinical studies conducted on pediatric and adult samples and neurobiological investigations. Positive effects of stimulants on irritability have been demonstrated in children. Comorbidity with disruptive behavior disorders (DBD) and disruptive mood dysregulation disorder does not prevent stimulant effectiveness. Methylphenidate has also been found to reduce temper problems, affective instability, and emotional over-reactivity in adults with ADHD, although with variable effect sizes. A variety of adverse emotional effects have been reported, especially at high doses and in special populations. However, several possible confounders of treatment-emergent ED have been highlighted. Finally, according to neuroimaging studies, stimulants may mitigate emotional processing anomalies associated with ADHD.

Expert opinion: The findings are consistent with models including ED within the core features of ADHD. Stimulant treatment should be prioritized over antipsychotics in ADHD-DBD. It remains to be elucidated whether other medications may be more effective in specific populations with ADHD and/or ED.

Antipsychotika sollen für die Behandlung einer ADHS ohne assoziierte Störungen **nicht eingesetzt** werden.
Cannabis soll für die Behandlung der ADHS nicht eingesetzt werden.
Kontrollen vergessen

- „Auch im weiteren Verlauf sind regelmäßige Kontrollen der Wirksamkeit und Erfassung unerwünschter Wirkungen der Medikation notwendig. Mindestens alle sechs Monate soll überprüft werden, ob eine weitere Verabreichung indiziert ist.“

Nicht nur ein Defizitmodell!

The positive aspects of attention deficit hyperactivity disorder: a qualitative investigation of successful adults with ADHD

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Received: 25 May 2018 / Accepted: 19 October 2018 / Published online: 29 October 2018

Abstract

The behavioural characteristics of ADHD do not exist in binary form (i.e. normal vs. abnormal); instead, they exist on a spectrum or continuum. This implies that some aspects of ADHD can be adaptive rather than impairing, or some adults may possess certain strengths or attributes that mediate and/or compensate for their ADHD-related deficits or impairments. More research is needed to clarify these observations. To explore and describe positive aspects of ADHD from the perspective of successful adults with ADHD. A phenomenological approach with open-ended interviews was used to collect data. The interviews were audio taped, transcribed verbatim and analysed using thematic content analysis. Six core themes (*cognitive dynamism, courage, energy, humanity, resilience* and *transcendence*) defined by 19 sub-themes were found. These themes were compared against attributes catalogued in the character strengths and virtues (CSV) handbook and classification for positive psychology. Two core themes (*cognitive dynamism* and *energy*) were not listed as virtues in the CSV, and neither were six sub-themes (*divergent thinking, hyper-focus, nonconformist*, *adventurousness, self-acceptance* and *sublimation*) listed as behavioural traits. We propose these constructs as positive aspects specific to ADHD, and the other constructs, as positive aspects relevant to people in general, with or without ADHD. This study offers insights into positive human qualities, attributes or aspects of ADHD that can support and sustain high functioning and flourishing in ADHD life. This study also addresses the question in the disability research about "how we might reconsider the behaviours associated with ADHD so that they are seen as valuable and worthy of conservation?".

Table 4 Core themes and defining sub-themes that represent the positive aspects of ADHD

COGNITIVE DYNAMISM	COURAGE	ENERGY	HUMANITY	RESILIENCE	TRANSCENDENCE
Divergent thinking	Non-conformist	Spirit	Social intelligence	Self-regulation	Appreciation of Beauty and excellence
Hyper-focus	Adventurousness	Psychological	Humour	Sublimation	
Creativity	Bravery	Physical	Self-acceptance		
Curiosity	Integrity		Recognition of feelings		
	Persistence				

Behaviour Regulation(BR)

; p. 7)

(SR) strategies and processes
(Murray et al. 2015

- Psycho-education
- Self-control (impulse control)
- Persistence
- Organisational skills (i.e.: time management)
- Deep breathing; relaxation

Emotion Regulation (ER)
Suppression
Mindfulness
Emotional Freedom

Cognitive + Emotion Integration

Cognitive Regulation (CR)
Executive function training
Suppression
Self-awareness
Mindfulness

Sedgwick et al. 2018

Vielen Dank für Ihre Aufmerksamkeit!

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