

FROM FIRST YEAR TO GOLDEN YEARS AD/HD AND LIFE'S RELATIONSHIPS

CHADD SUPPORT GROUP

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OUTLINE

- ADHD - what it is and is not
- Key concepts about Attention, Motivation, Executive Function
- The Many faces of AD/HD;
- co-morbidities and developmental stages of growth

AD/HD

- ADHD is a Neuro-behavioral syndrome
- An Impairment in the normal, developmental, culturally acquired features of the following;
 - Attention - directing, maintaining, shifting
 - Motivation - initiating, directing, maintaining
 - Executive Function and Self Control; motor systems, inhibitory systems-impulse control

EXECUTIVE FUNCTION

- **Central Executive features of Cognition**
 - Aspects of Reasoning
 - Time management estimate and planning
 - Spatial estimate and organization of space
 - Critical analysis in decision making
 - Forethought and Foresight
 - Ongoing management of one's self in relation to what is occurring and what one is wanting

EXECUTIVE FUNCTION

- Emotional Executive features of Mood and Motivation
 - Decision making based on reward value of options
 - Management of emotional content
 - Impulse control of mood experience; ability to plan ahead versus respond immediately to negative affective content

THE MOUNTAIN AND IT'S IMAGE



DEVELOPMENTAL PSYCHOSOCIAL CRISES

- Infancy - maternal bonding, sleep and feeding schedules , sensitivities and reactivities to stress, temperament.
- Task or psychosocial crises to master is **Trust versus Mistrust**.
 - Crucial relationships are initially defined through oral matters, such as feeding and comfort with mother
 - Impairment from abuse, neglect or sensory filtering will distort future developmentally acquired trust.

TODDLER-HOOD

- Inattentive or hyperactive, delay with language skills, temper tantrums, toilet training.
- Task or psychosocial crises to master is **Autonomy versus Shame and Doubt**; basic self confidence to think and act for oneself or inhibit self expression.
- Mastering independence versus acquiring Guilt

CHILDHOOD YEARS AGES 3-6

- School, friends, play stages, emerging sense of self esteem, learning skills in the classroom, self control with delayed gratification; waiting your turn.
- Task or psychosocial crises to master is **Initiative versus Guilt** (ages 3-6); developing the capability to devise actions and projects with more logical than magical thinking, even with the risk of making mistakes versus feeling

TOYS AND PLAY



CHILDHOOD; AGES 5-12

PSYCHOSOCIAL TASKS TO MASTER

- **Industry versus Inferiority.**
- Development of competence and skills (with more organized, logical thought in performing multiple classification tasks, order objects in logical sequences, understand the principles of conservation)
- Leads to satisfaction of achievement. Engaging with other children, using tools and technology with repressed sexual motives versus experiencing failure at school and in social negotiations will move the child towards higher self esteem or sense of inadequacy.

DISNEY CASTLE OF CHILDHOOD FANTASY



PRE-TEEN YEARS

- Siblings, school and homework, math, reading and handwriting, sports, organizations such as scouting, church, 4H, development of competence in skills and the use of a "method to solve problems"
- Task or psychosocial crises to master is **Industry versus Inferiority.**
- Self Esteem versus Self Contempt

TEENAGE BOYS AND GIRLS

- Social skills and friends, school, multi-tasking and overwhelm, sleep onset and wakening patterns, mood swings and hormones
- Self confidence and self esteem
- Alcohol, pot and other substance abuse,
- managing and multitasking, shifting and maintaining attention, motivation and self control when challenged with classifying tasks as "interesting or important".

TEENAGE BOYS AND GIRLS PSYCHOSOCIAL TASKS TO MASTER

- **Identity versus Role Diffusion**
- The developing sense of self and self expression is in tension with the struggle to belong and be accepted in the peer group by giving up one's individuality.
- There is a transition into more abstract thought, incorporating principles from logic to generate creative, novel problem solving from principles and hypothesis.

IMAGINATION IS INFINITE



ADULTHOOD

- Lifestyle choices: career, family, partner and sexuality orientation, quality of life, parenting, friendships, hobbies, substance abuse-dependence
- Emergence or re-emergence of depression, anxiety, impulsivity in decision making, difficulty multi-tasking and managing ongoing expectations.

ADULTHOOD TASKS OR PSYCHOSOCIAL CRISES TO MASTER

- **Intimacy versus Isolation**
- Promiscuity or exclusivity in relationships, sexual maturity in giving and receiving physical and emotional support, love, comfort, trust.
- Feelings of loneliness, alienation, social withdrawal or non-participation emerge when this stage is not mastered.

BEAUTY AND INTIMACY



OLDER ADULTS

- Lifestyle stability and generation of resources: networks of family, friends, religious - political, quality of life, health and money matters
- Unresolved anger and alienation in relationships, substance abuse, greater use of medical services from disease and stress, shifting or loss of income stress

OLDER ADULT TASKS OR PSYCHOSOCIAL CRISES TO MASTER

- **Generatively versus Stagnation**
- An end in self interest alone while contributing positively and unconditionally to children, work, society.
- Putting something back into life to the best of ones capabilities.
- Self absorption results from not having an outlet or opportunity for contributing to the good of children, society, etc.

WINTER OF LIFE



SENIORS AND OLD AGE

- Seniors-attention, motivation and executive function, legacy of "wealth and health "
- Tasks or psychosocial crises to master is **Integrity versus Despair**; feeling at peace with oneself and the world, no regrets when looking back on one's life or experiencing a sense of disgust and despair of wasted opportunities, wishing to turn the clock backwards.

STORIES

- ❖ ADHD and infancy
- ❖ ADHD and toddler-hood
- ❖ ADHD and childhood

AD/HD YOUNG BOY

- ❖ S - age 7, quiet or wild, quick learner or impulsive...."Difficulty listening, disruptive at school in class room setting, lack of respect for authority...mom and dad", now age 9
Focalin XR 2.5mg and 5mg, excels in school, patience with soccer, swimming, sibling rivalry, main character in school and church plays, several friends, more content.

AD/HD YOUNG BOY

- ❖ AC – age 9, ...”difficulty with school, comprehension, being still, becoming argumentative, doing things he knows are wrong, not thinking before he does things.” Last visit age 16, Concerta 54mg, Ritalin plays varsity baseball, has a girlfriend, tolerates limit setting and drives.

FEMALE WITH EMERGING BIPOLAR, ADHD, OPPOSITIONAL DEFIANT D/O

- ❖ D – age 8 ½ girl referred from psychologist, problems since toddler with separation anxiety, temper tantrums, pull on dog's tail for reaction, now with oppositional defiant, depression and ADD inattentive.
- ❖ Throughout the years, with counseling and parent training she has been very difficult to live with.

FEMALE BIPOLAR

- ❖ Last visit age 16, Adderall, Topamax.
- ❖ Now diagnosed with bipolar disorder, oppositional defiant and inattentive AD/HD she has a school IEP
- ❖ She is a B student, compliant with medicine has monthly (PMS) and seasonal mood swings.
- ❖ Friends have changed, poor peer choices led to conflicts and one sexual incident. She excels in Art and shows better insight into her medication management when she is not depressed.

CROSS CULTURAL ADHD

- ❖ N – mid-Eastern boy, age 8 ...”help him to be more still and learn to sit in one place especially when he does homework or does reading for 20 minutes..” ADHD - hyper impulsive. Rx Adderall 10xr, Clonidine. He is much like his father, athletic and overactive.
- ❖ Father is famous art dealer, mom has childhood history of incest and chronic depression.

CROSS CULTURAL ADHD

- ❖ Z - mid Eastern sister, age 11; ...”since she is in middle school I want her to understand now she has to be responsible for her action and school...hard time concentrating, not pay attention to schoolwork and homework with grades change from A to D...she gets angry very fast...” Since taking Concerta she has A’s, is more patient with her brother and homework.

ADHD

- ❖ A P - age 9..." we would like him to have a doctor that specializes in and meets the needs of ADHD. We have never received a written diagnosis of ADHD for school, lately he is not wanting to do what he is told right away, showing impulsivity; trouble settling down...he wants to but it is difficult to fall asleep, often interrupting others...since a toddler present problems and sometimes difficult to comfort. Last visit age 13, Rx Daytrana 30, Focalin 10.

HISPANIC BOY WITH ADHD, EPILEPSY, HEADACHES

- ❖ J – age 10 Hispanic...”seen in the ER and then referred from Pediatrician. He had 3 seizures, dizzy, pain in his head when he closes his eyes he sees bright lights...” Grades deteriorated, mood became depressed, not functioning well at home or at school, experienced smelling coffee, strawberries, bananas, the day before a witnessed seizure. Last visit Rx Depakote 1250 and Metadate 30 bid.

PRE-TEEN GIRL WITH AD/HD AND ANXIETY, LEARNING DISORDER

- ❖ M - 11 ½ year old girl ...”diagnosed with AD/HD since 1st grade with IEP, has been on Ritalin, Concerta with Zoloft for anxiety and over focus; school anxiety and learning difficulties with significant disorganization, average IQ testing and math and reading learning disorder. Last visit age 17, Rx Lexapro, Clonidine, Metadate, Focalin, and Neurontin - will graduate with A's, B's and take some college with ongoing accommodations.

PRE-TEEN BOY WITH AD/HD INATTENTIVE

- ❖ J P - 12 year old boy.... Mom says "Seems more forgetful and disorganized this school year.. struggling with completing tasks, following thru with directions.. his intentions start out good but misses steps in directions." Last visit age 16, Rx Focalin 15xr bid, grades C+ despite tutoring low average test taking, excellent at drums, guitar and mechanics.

TEEN WITH ANXIETY

- ❖ M - 14 year old girl referred from family social worker for evaluation of separation anxiety from mother and fears at school despite being an A+ student. Long history of clinging to mother, bouts of colic, anxiety with minor change in schedule routine, mom must sleep with her during transition at bedtime.

- ❖ Initial improvement with Paxil
- ❖ Strattera added for “over focus, reactivity”
 - ❖ features of ADD - unsure
- ❖ Nausea ended Strattera
- ❖ Adderall substituted and combined with Paxil.
- ❖ Paxil too short acting, Zoloft substituted
- ❖ Took Zoloft and Adderall through HS and first year away at college. Grades very good but anxiety about out of state affected her move to local college.
- ❖ Last visit, age 22, graduated, working full time, owns apt with her boyfriend, planning interviews for F-500 company. Rx only Adderall now.

TEEN WITH AD/HD INATTENTIVE

- ❖ A- 15 1/2 year old girl...." Treat or rule out ADD (childhood bipolar or OCD)... help us to see the lines between the three. She had taken Prozac from another psychiatrist one year earlier for anxiety with improvement but continued to have difficulties with completing homework in honors classes.
- ❖ On Vyvanse she became hyperactive, had palpitations and felt exhausted.
- ❖ Her family history was dominated by a mom with well treated bipolar disorder and generational mood and alcohol disorders while father had no mental health history except for marijuana in the teens.
- ❖ She stopped Prozac and started Concerta. Last visit ,at 6 weeks, she was without mood, anxiety, or sleep problems. She was excelling in classes, test and homework better, less forgetful and absent minded according to mom.

AD/HD INATTENTIVE, FAMILY HX BIPOLAR DISORDER

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TEEN BOY WITH BIPOLAR AND ADHD

- ❖ D - 14 year old referred by parents for long standing AD/HD, moodiness, irritability, anger despite treatment since age 8 by the family physician in rural southern Illinois with many stimulants, Wellbutrin and Imipramine
- ❖ “to make sure we are treating the right thing and not missing something since he was adopted - we don't know his background... he keeps getting worse with anger, shows no respect for authority (school, police, home on the farm with parents) is aggressive to his sister and even threatened kill us... create a miracle...”.

- ❖ In the past year he had a brain SPECT, he has been very difficult to manage at home despite trying six different antipsychotic medications: Haldol, Seroquel, Geodon, Zyprexa, Abilify, Invega and two mood stabilizers: Depakote and Lamictal.
- ❖ He was hospitalized without improvement, gained 50 pounds and eventually sent to the Pfeiffer clinic where a diagnosis of Zinc & Copper imbalance (Pyroluria) altered treatment with supplements that stabilized his impulsivity and mood swings.
- ❖ After one year he is stable taking Focalin 20xr bid, Seroquel 100, Invega 9, Lamictal 150 bid, metformin and supplements.

TEEN GIRL LIVING IN SE ASIA

- ❖ H -17 year old girl referred from father after attending private school in Cambodia struggling with grades.... "to determine medical causes of AD/HD and proper medication type and level...lack of ability to put thoughts on paper and lack of concentration..."
- ❖ She was exposed to nightly gunfire and violence between ages 12 and 16 as parents ran a missionary school and she attended an international school for children of diplomats and missionaries. She was started on Adderall and Zoloft and did well her last HS year.
- ❖ Last visit, age nearly 20, she had withdrawn from college on fears that she thought her father was dying from cardiac disease and restarted community college in Denver, living with her brother and working part time. Her Rx is Adderall 25xr and Zoloft 100.

TEEN WITH ANXIETY AND AD/HD

- ❖ K -19 year old girl referred by her mom who was successfully being treated for AD/HD and bipolar disorder. Mom reported she had noticed for the past several years... "problems with mood swings, sustaining attention, distractibility and low average grades at the community college.
- ❖ She was started on Lexapro and Concerta. Anxiety and grades improved, she stopped Lexapro last year and at the last visit, age 21 1/2, she had A's in her majors of English and Art taking Concerta 18 bid.

AD/HD TEEN WITH A BRAIN TUMOR

- ❖ K - 19 year old boy with long standing ADHD since elementary school was referred to manage his ongoing care. He had developed a brain tumor at age 9 that has continued to remain in remission. He had an IEP in elementary school for language based problems with reading, writing.
- ❖ His tumor has remained stable but he has had numerous problems with theft, traffic tickets, uses alcohol and marijuana recreationally and has overdosed on Tylenol that required hospitalization.
- ❖ His last visit, nearly 25 years old, he works as a mechanic after completing an 18 month auto school training program, Rx Concerta 54 bid. His suspended driver license for one year was just reinstated.

TEEN TWINS WITH ADHD AND CONDUCT DISORDER

- ❖ M & J - 15 year old twin boys referred for brain SPECT and evaluation following several years of stealing and law breaking activity, refusal to follow court directives to stop drinking alcohol smoking marijuana and stealing.
- ❖ Impulsivity and disregard for authority were the primary behavior problems they both shared. Since taking medication M has completed a 3 year juvenile therapeutic program.
- ❖ He is now taking Ritalin and Wellbutrin and his brother, J, is taking the same medications and doing well. They are both on probation for another year.

YOUNG ADULTS WITH AD/HD



YOUNG ADULT WOMAN WITH ADHD AND MULTIPLE SITUATIONAL STRESSORS

- ❖ L - 20 year old girl referred from her dad, social worker-therapist...."She has short attention span, difficulty with following through on things, easily discouraged, very impatient...always has worked hard," was tried on Focalin with poor results.
- ❖ She was depressed when younger and now her parents are separated with divorce pending. She is working and attending community college with ambition to become an elementary teacher. Her sibling brother may have ADD..."
- ❖ She has nearly completed private college, lives with her boyfriend of 6 years and has worked full time while going to school part time. She has waitressed, and currently is involved full time with human resources staffing, Rx Adderall 20xr and 10 bid.

AD/HD AND COLLEGE PROBATION

- ❖ A - 20 year old self referred college student for"Getting my head checked because of academic probation despite working hard, practicing his music instrument daily he tested "F" in two courses.
- ❖ He was started on Vyvanse without side effects switched to Focalin with no benefit and successfully completed summer courses taking Vyvanse 30. He is back in school as a junior and his academic status is to be determined from this semester.

FEMALE WITH ADHD AND ANXIETY

- ❖ J - 25 year old woman self referred while in graduate school for special education degree.... "Hard time with focus and graduate school work but has had problems with doing just one thing her whole life"
- ❖ She was tutoring children, attends weekly psycho-therapy and has had panic attacks without prior treatment by a psychiatrist. Last visit, age 30, Rx Adderall 20xr, Effexor 75xr, married, completed her master's degree and works full time as special education teacher.

ADULTHOOD - MIDDLE YEARS



FEMALE - UNTREATED BIPOLAR AND UNDIAGNOSED AD/HD

- ❖ J is a 47 year old woman self referred for depression. She was prescribed Effexor but continued to experience cycles of depression; the current one lasting eighteen months
- ❖ Cycles were: loss of motivation to clean her home, get out of bed and in previous years experienced periods of increased energy, creativity (making art work, painting and giving shows) and impulsivity (spending and speeding tickets).

- ❖ She has never worked to her potential, was easily forgetful and unable to keep up with house work and shopping chores as her children got older. She self experimented with drugs as a teen and young adult. She had two post partum depressions and went to counseling without improvement. She was treated for the past five years with Effexor.

❖ Her last visit, after three years of treatment:

- ❖ a combination of mood stabilizer-Lamictal, atypical antipsychotic- Abilify anti-depressant Effexor and Adderall 20xr bid
- ❖ she had purchased a rental home, shown her art several times at shows, helped manage her father's care with dementia and had very brief periods of depression. She was experiencing mood stability and generating income from her art work, keeping up with home chores and more confident about the future.

FEMALE WITH AD/HD DISORGANIZATION & A POWERFUL IMAGINATION

- ❖ A came to see me twice, initially at age 47 and then again at age 50. Initially she sought treatment for problems with managing her office work space and forgetfulness. She was started on Dexedrine and dramatically improved with losing things and her desk space cleared up.

SHE STOPPED HER MEDS!!

- ❖ After a few years she stopped her medication, changed jobs and began to notice a recurrence of disorganization, scattered notes, obsession to details of interest but not attending to time management in her schedule.
- ❖ She was unable to find items on her desk and had an
- ❖ "ah ha moment" that this had occurred before and got corrected on medication.
- ❖ Her last visit at age nearly 54, she was successfully running her business, writing newspaper articles, reading volumes and keeping up with her organization of personal space and time schedules. Her Rx is Adderall 10 mg two to three times a day.

AD/HD MOTHER THAT OBSERVED HER CHILDREN IMPROVE WITH AD/HD MEDS

- ❖ C is a 45 year old woman that came to see me 3 1/2 years after first bringing in her two boys for AD/HD.
- ❖ Despite preparing for each visit of her children with well organized notes from their teachers, report cards and observations of how much improved they were, she did not appear inattentive or disorganized.

- ❖ She reported...."Frustration with not completing a task, leaving it to be finished later, starting something else to be left unfinished...lack of motivation...feeling overwhelmed with unfinished tasks, interruptions, organizing and prioritizing the next day..."
- ❖ She reported that these complaints had been present since childhood but during teen years she experimented with drugs, smoked, and managed to get by. Her last visit, one year later, she is taking Daytrana 15 as needed and Focalin 15xr bid. She is " on track and progress is good".

AD/HD MOM WITH SOCIAL ANXIETY AND OCD, SON HAS ASPERGER'S

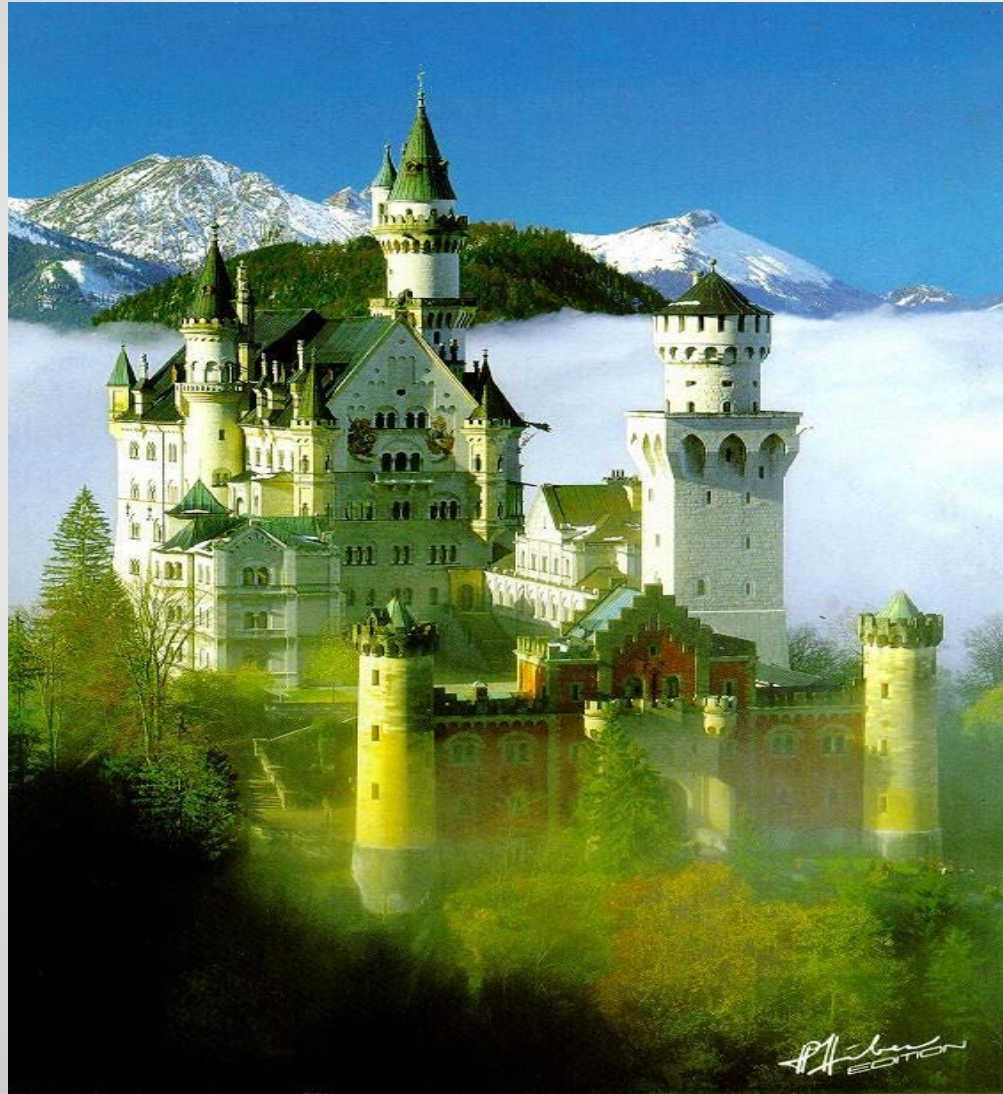
- ❖ R s a 46 year old woman that came to see me nearly 3 years after I first began treating her son for anxiety and AD/HD.
- ❖ She complained that"she gets really anxious if someone is behind me in line and is she is trying to do something... always feels like I don't do things right or I say the wrong thing..."
- ❖ In school she daydreamed so much that she disliked school except for math and athletics. She had a difficult time reading as she would loose her attention. She started junior college but developed an ulcer and was diagnosed with Celiac disease.

- ❖ She was initially started on Zoloft, which greatly reduced her social anxiety and then added Concerta 27 in the am and Adderall 10 in the afternoon. She noticed lack of climax on Zoloft even as the dose became more helpful for her anxiety and modified the dose when she wanted sex.
- ❖ One year after her first visit she was enrolled in junior college taking math and more confident shopping and going to public places.

AD/HD MOM WITH MIDDLE AGE DECLINE IN CONFIDENCE AND ATTENTION

- ❖ M is a 46 year old Greek American that was self referred after I had treated her daughter for AD/HD and anxiety for several years.
- ❖ She noticed that she was..."forgetting both Greek and English, having spelling problems, moody and over reacted when things don't go my way...low tolerance for stress, hate to drive far from home, gets confused easily, feels like my brain is failing me and my self esteem is lower...."
- ❖ She tried her daughters Concerta and noticed an improvement. In the course of the past 4 years she has continued to take an antidepressant, first with Effexor and then with Cymbalta. She has inconsistently taken Concerta despite feeling she has AD/HD as an adult.

MEN WITH AD/HD



AD/HD MAN WITH ANXIETY

- ❖ B is a 33 year old successful man that was referred from his therapist for evaluation of AD/HD. He reports that as long as he can remember he has had gifted abilities in school (straight A's in high school with triple sports, 3.6 GPA at NWU) but experiences a..."lack of focus and tendency for impulsivity that ended in an extra marital affair."

- ❖ He was concerned that, like his mother, he might turn to drinking alcohol to quiet his restlessness and anxiety. His concern for the consequences of his behavior impacting more negatively on his family prompted the evaluation. He was very successful at work as a software consultant engineer.
- ❖ At his last visit, age 41, he had been taking Paxil 5 mg and Adderall 10 bid for the past eight years and was experiencing success as a husband and father with confidence that this would continue.

AD/HD TREATED FOR PANIC AND HYPERTENSION

- ❖ G is a 50 year old successful business executive that was referred from his therapist for concern that memory and concentration problems were jeopardizing his future.
- ❖ He was recently promoted to a national sales position that required more detailed business management presentations. The thought of more public speaking brought on panic symptoms. He noticed that he was "...struggling with concentration, can't read and stay interested, no memory, very short attention span... adversely affecting his marriage..."

- ❖ His last visit, age 58, he had been taking Xanax and Adderall 25xr with 20 short acting bid for the past eight years.
- ❖ He has remarried and is deeply in love, been successful in negotiating a severance package upon retirement, purchased a large motor boat, remodeled his boat and home and enjoys traveling. His wife was also evaluated and subsequently treated for Ad/HD.

AD/HD MAN WITH MOOD SWINGS AND UNTREATED AD/HD

- ❖ S is a 41 year old man that was self referred, but urged by his wife and sister-in-law, after his wife and son were treated by me for AD/HD and Tourette syndrome respectively.
- ❖ He reported that "...he was seeking help for uncontrollable anger and depression with panic...overwhelm in my life."

- ❖ A decade earlier he had lost his temper with his oldest child and was reported to the "Child Protective Services" for required Anger management classes.
- ❖ A recent unemployment two years earlier and a subsequent new job with broader responsibilities was causing him to make mistakes, work late and find difficulty adjusting his time to raise his 5 gifted children with be with his wife.

- ❖ He had experienced sexual abuse as a child. His dad had problems with anger and self control and his mom had an eating disorder (obesity) and depression.
- ❖ He was an A/B student in high school and college, where he was a high school yearbook editor and choral director in college. He was closely involved with the Evangelical church and had undergone counseling in his early twenties.

- ❖ He was initially treated with an antidepressants and improved (Paxil, Wellbutrin) but would forget to renew the medications and relapse.
- ❖ By the next year he identified that he could no longer manage work and remodel a spec home and parent his children without becoming overwhelmed. A stimulant medication (Focalin) was introduced one year later. While on this combination he was at his best.
- ❖ At his last visit, age 45, he was taking Paxil and inconsistently taking Adderall 20xr due to failure to renew prescriptions on time and keep up with office visits.

AD/HD MAN WITH ANXIETY AND ATTENTION PROBLEMS

- ❖ M is a 53 year old man that came to me while he was completing his MBA and working full time in agriculture sales. He reported that "...focus, concentration, negativity and anxiety..." were his main concerns.
- ❖ These had been present since childhood but never treated. At age 49 he tried Adderall with mixed results; better concentration but rapid speech, facial flushing and excitability occurred.

- ❖ He was started on Celexa 20 mg for anxiety and Adderall 5xr was added. At his last visit, age 57, he was continued on the same medications, same doses and had moved to another state where he worked in a similar area of sales. He was experiencing confidence at work and relief of the symptoms of anxiety.

AD/HD HISPANIC MALE

- ❖ J is a 50 year old Hispanic man that came for evaluation of AD/HD. He read Dr. Amen's book " Change Your Brain, Change Your Life " about AD/HD. He wanted to start another HVAC business and was considering retirement but wanted to manage these decisions well.
- ❖ Organization and daydreaming when his wife spoke to him, losing his eye glasses several times a day were some of the concerns he mentioned.

- ❖ He was begun on Adderall and in the course of the next year he made several changes in his lifestyle. He began exercising early in the morning and added Yoga to his routine; mentored his son and nephew in HVAC to the point where they started their own company; increased his reading and Suduko and began paying his bills on time.

AD/HD MAN WITH A DEPRESSED WIFE

- ❖ B is a 60 year old successful lawyer that was self referred to optimize his medication treatment for ADHD.
- ❖ He had experienced AD/HD symptoms since childhood with impulsivity, temper, and selective attention skills.
- ❖ His grades ranged from F to C in high school, he flunked out of college twice, and barely finished law school. He developed alcohol abuse and was not treated with medication for AD/HD until he was 54.
- ❖ Two marriages ended in divorce and his third was more and more frustrating as his wife developed depression that limited her from going on vacations or spending time with friends.

- ❖ He came to me with 14 years of sobriety but increasingly was unable to control his temper when confronted with disagreements. He started a new law firm after working with a partner of 30 years and his daughter, that worked as his office manager, threatened to quit.
- ❖ She told him he was too disorganized, quick tempered, restless and impulsive to work with.

- ❖ Despite having medical problems with Hypertension, Sleep Apnea, Obesity, Hip replacement, he has been able to improve with a combination of Adderall and atypical antipsychotic (Abilify) and Tranxene.
- ❖ At his last visit, age 66, he was more independent in his marriage, less short tempered and more successful in his work and public speaking with peers. His wife remains depressed but he is more stable at work with his temper.
- ❖ He began a non-profit group for impaired lawyers with alcohol and substance abuse problems.

THE END

