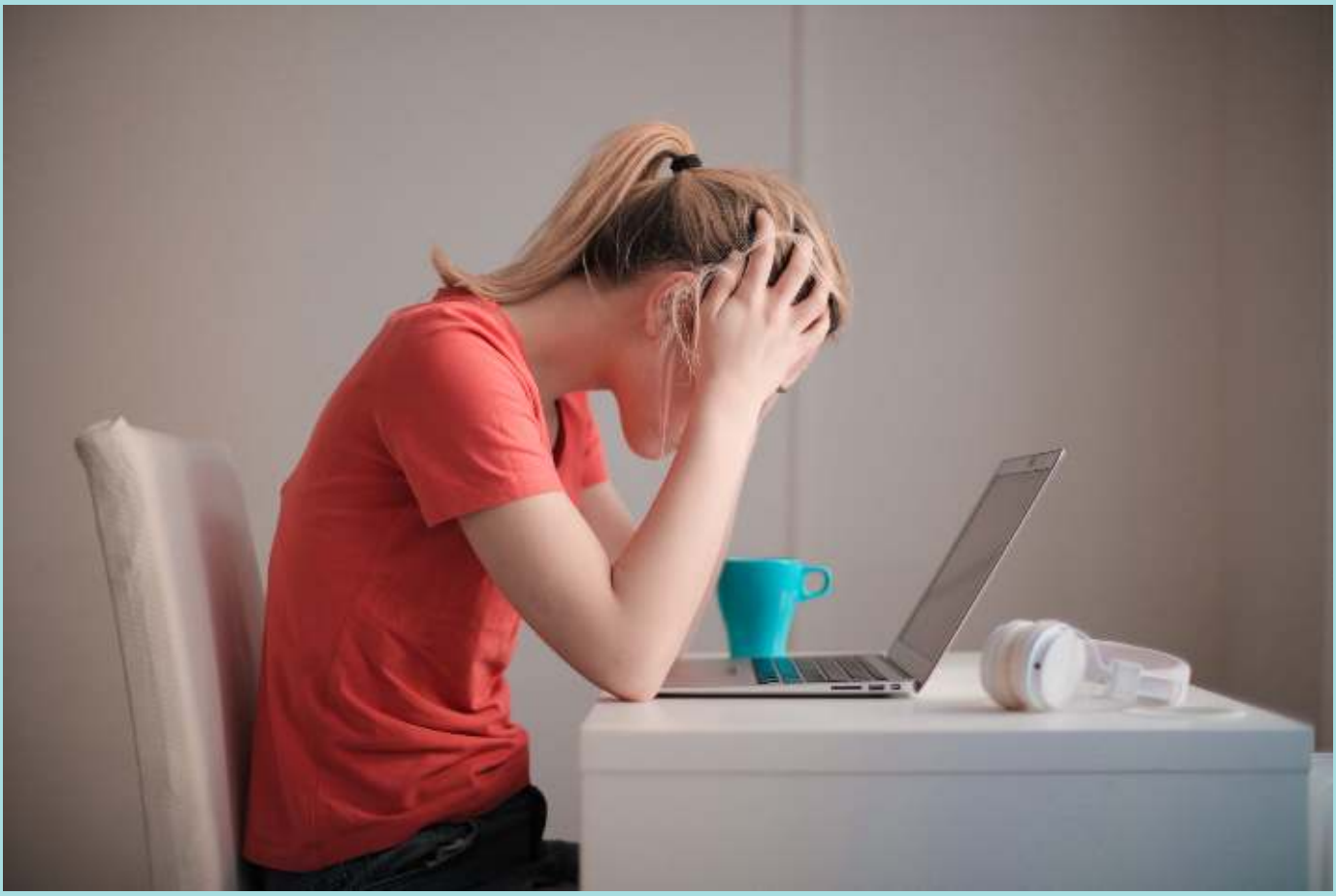
CONNECTIONS

THE DOKOTELA DOCTORS' NEWSLETTER
September Edition 2022



IN THIS ISSUE :

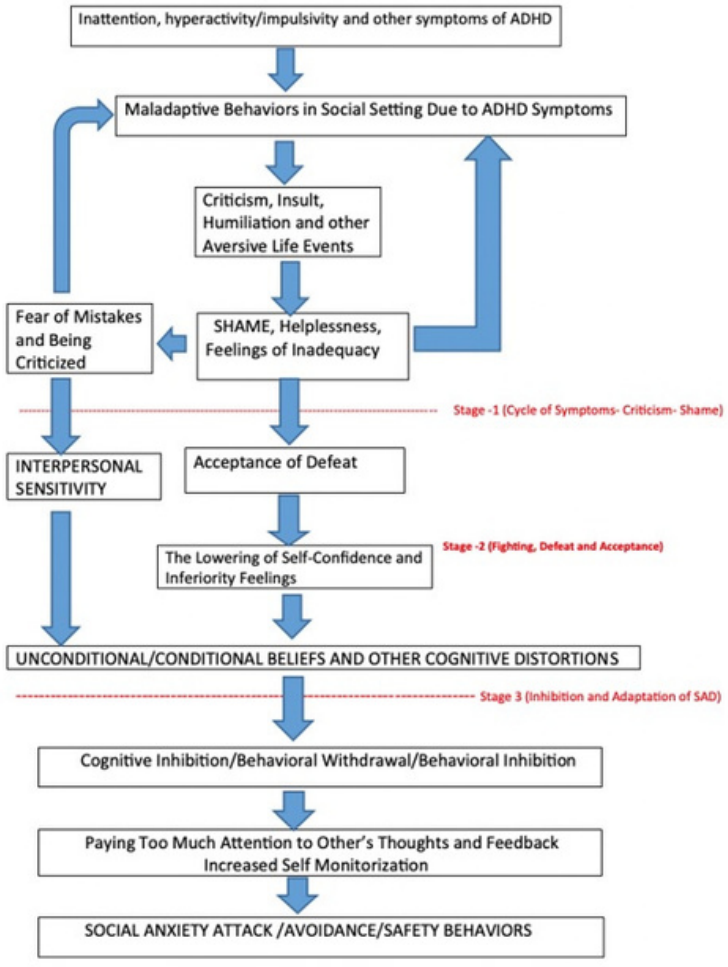
ADHD AND ANXIETY DISORDER COMORBIDITY IN CHILDREN AND ADULTS: DIAGNOSTIC AND THERAPEUTIC CHALLENGES

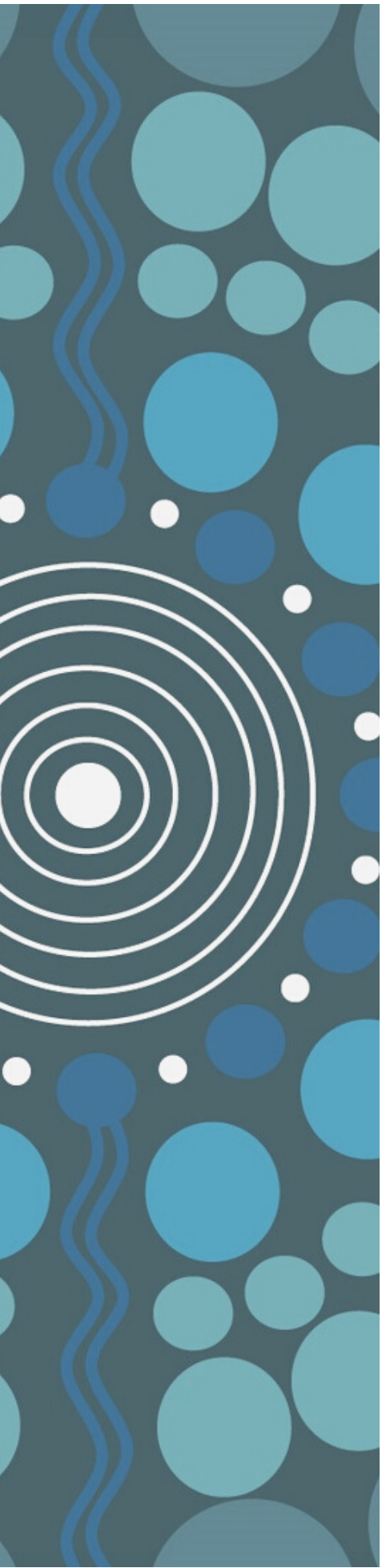
Aimee Tracton B.A. (PSYCH) (HONS)

Anxiety disorders are one of the most common comorbidities with a prevalence of approximately 25–50% in patients with ADHD. There are epidemiological and clinical studies that indicated high rates of anxiety disorder comorbidity in both child and adolescent and adult patients with ADHD. One such epidemiological study showed that approximately 47% of adults who have ADHD diagnosis also have a comorbid anxiety disorder. Individuals with ADHD plus comorbid anxiety disorders have more severe ADHD symptoms, more psychiatric comorbidities, and an earlier age of onset than ADHD patients without anxiety disorders. Although high rates of comorbidity have been reported between ADHD and anxiety disorders, discussions on the etiology, diagnosis, and treatment options of this association continue.

There is growing evidence suggesting that ADHD and anxiety have a complex relationship, such as one disorder leads to the occurrence of another or affects another's course (see Figure 1). Koyuncu et al., (2022) reviewed the close relationship between the two disorders and the presence of overlapping symptoms that can cause both diagnostic and therapeutic difficulties.

Fig. 1 The hypothesis of SAD development secondary to childhood ADHD (based on Koyuncu et al. (2018) Fig. 1) (ADHD attention deficit/hyperactivity disorder, SAD social anxiety disorder)





Diagnostic Challenges

Diagnostic challenges involve overlapping symptoms of ADHD and anxiety including psychomotor agitation, restlessness, inattention, and difficulty concentrating. While worry or intrusive thoughts caused by anxiety can manifest as attention deficit, restlessness or irritability caused by anxiety can be manifested as symptoms of hyperactivity or impulsivity.
Therefore, clinicians should be careful in distinguishing the two disorders when faced with these overlapping symptoms to avoid misdiagnosis. Other issues include differences in the content of diagnostic tools used in studies, informative effects (such as multiple sources of information and biases) and investigator's experience and interrogating style. Further, the clinical picture of ADHD changes with age. Since the attention deficit component tends to be more permanent, symptoms of anxiety may become more pronounced in adulthood. Moreover, as other anxiety disorders also begin at this age, it can become more difficult to distinguish whether the current anxiety is primary or secondary to ADHD symptoms.

Treatment Issues

Although earlier studies reported that the presence of anxiety reduced the response to psychostimulants, recent studies support the idea that it does not change the response to psychostimulants. There are an increasing number of studies showing that both stimulant and non-stimulant ADHD treatments also treat concurrent anxiety in ADHD + anxiety patients. When patients with ADHD and comorbid anxiety are evaluated in clinical practice, both disorders should be considered and treated separately. Among them, the most severe one should be treated first with pharmacological treatment. If comorbid anxiety symptoms improve with ADHD treatment, treatment can be continued in this way. However, if it is not sufficient, antidepressants and CBT can be added to stimulant and non-stimulant therapies.

Conclusion

The comorbidity of ADHD and anxiety disorders can easily cause misdiagnosis due to the subjective nature of overlapping symptoms. Moreover, continuous changes in the diagnostic criteria and classification of ADHD and anxiety disorders may also lead to inconsistent results. There are still many unanswered questions regarding the treatment of ADHD and anxiety comorbidities. Besides pharmacology, psychoeducation might be important for generating awareness of ADHD symptoms and for managing maladaptive behaviours caused by ADHD symptoms. CBT might be helpful in reducing both ADHD and anxiety symptoms. Studies with larger sample sizes are needed to explain this complicated topic in a comprehensive way.

References

Koyuncu, A., Ayan, T., Ince Guliyev, E., Erbilgin, S., & Deveci, E. (2022). ADHD and Anxiety Disorder Comorbidity in Children and Adults: Diagnostic and Therapeutic Challenges. Current psychiatry reports, 24(2), 129–140. https://doi.org/10.1007/s11920-022-01324-5

NEW SPECIALISTS IN FOCUS

Dr Bernard Chivaurah - General Adult Psychiatrist

Dr Bernard Chivaurah is a specialist psychiatrist with experience across a range of inpatient and outpatient settings both within Australia and overseas. He has an interest in depression, anxiety, bipolar disorder, ADD/ADHD, addiction & substance abuse. Dr Chivaurah is also available upon referral to provide driving, medico legal and permanent impairment assessments when required.

Dr Samira Bhuiyan - General Adult Psychiatrist

Dr Samira Bhuiyan is experienced in working with culturally diverse communities and has a special interest in depression, anxiety, bipolar, mood disorders, women's/postpartum mental health, acute psychosis and mania. She has engaged in an array of treatment modalities, including psychological interventions, psychotropic pharmacotherapy, electroconvulsive therapy, acute and chronic inpatient and outpatient mental health services.

Cara Nicita - General Psychologist

Cara has extensive experience working with NDIS/disability clients with complex needs, such as people with mood and personality disorders, schizophrenia, and those experiencing domestic violence and from trauma backgrounds. She uses evidence-based techniques from Cognitive Behaviour Therapy (CBT), Schema Therapy, Acceptance and Commitment Therapy (ACT) and Mindfulness.

.

Aimee Tracton - Provisional Psychologist

Aimee has background NDIS support work include adolescents and adults with anxiety, depression bipolar disorder and schizophrenia and has an interest in social anxiety disorder, LGBT+ issues and addiction. She utilises techniques from Cognitive Behavioural Therapy (CBT) , Acceptance Commitment Therapy (ACT), Dialectical Behavioural Therapy (DBT), Mindfulness and psychodynamics.

Terezinha Coelho (TC) - Counsellor

TC has 16+ years of experience in community mental health services and case management as well as a registered nursing qualification. She works holistically with her client's and has a special interest in Dementia/Alzheimer Syndromes and Cognitive Disorders. She speaks Portuguese, English, Spanish and Italian.

.

To book an appointment with one of our Specialists, please contact our friendly Administration team on (02) 8003 7668. Alternatively, please fax your referral letter to (02) 8569 1844 and we will be in touch with your patient and your clinic to arrange the appointment.

dokotela

NDIS Support Services

Do you work with patients with a disability?

Dokotela is now a registered NDIS provider, offering video conference psychology for NDIS clients whose mental health is impacting their disability .

Our team of Credentialed Mental Health Nurses, Psychologists and Counsellors can assist patients in their NDIS application, support planning and implementation.

We provide co-ordination of care by bridging the gap between healthcare, psychological and social services.

Email enquiries to ndis@dokotela.com.au or visit www.dokotela.com.au for more information