

Transcript Details

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Untangling ADHD from Depression, Anxiety, and Substance Use Disorder

Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, we'll learn how ADHD connects to depression, anxiety and substance use disorder with Dr. Jill RachBeisel. She's the Dr. Irving J. Taylor Professor and Chair of the Department of Psychiatry at the University of Maryland School of Medicine. Here's Dr. RachBeisel now.

Dr. RachBeisel:

Untreated ADHD leads to depression and anxiety. Adults become despondent over their lack of success, constant failures, and constant rejection from other people, because they're not performing up to what is expected. They become very depressed, and they become withdrawn and avoidant. They also become very anxious, often, because they anticipate failure. They anticipate not being successful. And so, when they're asked to do something—whether it's a class assignment, a work assignment, or a relationship—they suddenly become more and more anxious, because they're afraid of not succeeding.

So depression and anxiety can be caused by untreated ADHD. At the same time, you can have a primary depression or anxiety disorder that predates the ADHD. It, of course, predates or coincides with—but is separate from—the ADHD. And they both feed into each other and make each other worse. What is really important then to understand is, what is the severity? What is the likelihood that these disorders are caused by versus co-occurring? And then what is the implication as far as safety and response to care?

So if someone is so depressed that they become self-injurious, or they become dejected and non-functional, regardless of the severity of their ADHD, you've got to treat the depression to be able to see what's beyond it. It's the same with anxiety. If the anxiety is so disabling that someone can't function, you need to address the anxiety before you can really see what's behind it, because someone who's very anxious is going to have ADHD symptoms automatically: difficulty paying attention, concentrating, and completing tasks. There are cases where you put the ADHD treatment—or even completed diagnosis—aside, and you treat a comorbid condition. And then, once you have that under better control, you go back and you see what's left and what we really have going on.

The presence of substance use disorders is a very interesting and complex situation. It could be used as coping. It could be used as self-medication, in that an individual may gravitate to abuse of stimulants like cocaine or very stimulating compounds out in the market or on the streets, because they know that when they use those, wow, they don't necessarily get a high, they calm down. They function better. They can concentrate better. So untreated ADHD often leads to very high uses of substances, even to the point where, in adolescence, if it's untreated, you have increased rate of substance use disorders.

So the question frequently asked is, if somebody has a serious substance use disorder, do you treat the ADHD, even if you're convinced it's there? Or are you likely to cause a substance use disorder if you give them stimulants for the treatment of ADHD? And you know, the answer to that is no. You don't cause addiction. You treat the ADHD so they don't need to resort to other means, and they begin to feel better and function better, and the addiction falls off. So, depending on the seriousness of the addiction, you can go ahead and initiate, treatment of the ADHD. I mean, if we're talking about a daily IV injector, no, you're not going to give them stimulants and treat the ADHD, you're going to treat the addiction. So it's the same issue: what's more serious, and what's contributing to the other?

Announcer:

That was Dr. Jill RachBeisel talking about the treatment of ADHD and co-occurring conditions. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!