

# 360 Treatment Tools & Tips

An ADHD 360 3T's paper

## Depressed, anxious or adult ADHD?

Some time ago, it feels like long ago, the ADHD 360 team worked with GPs and other staff across what is known as Primary Care, in essence your doctor's surgery, to raise awareness of anxiety and what looks like depression in our adult population, that may actually be ADHD.

That work continues.

Let us explain our thoughts.

Anxiety is defined as *multiple mental and physiological phenomena, including a person's conscious state of worry over a future unwanted event, or fear of an actual situation*. Anxiety and fear are closely related.

A definition of depression, according to the internal mental health manual DSM5 is:

*"Depression is defined as, otherwise known as major depressive disorder or clinical depression, is a common and serious mood disorder. Those who suffer from depression experience persistent feelings of sadness and hopelessness and lose interest in activities they once enjoyed. Aside from the emotional problems caused by depression, individuals can also present with a physical symptom such as chronic pain or digestive issues. To be diagnosed with depression, symptoms must be present for at least two weeks".*

Alarmingly nowhere in any definition we can find, is ADHD discussed or recognised.

1. Treating and Preventing Adolescent Mental Health Disorders: What We Know and What We Don't Know. A Research Agenda for Improving the Mental Health of Our Youth D Evans et al (2005) Oxford University Press
2. DSM 5



## So, let's look at the links between anxiety, depression and ADHD. We find the best way to explain this is through a short case exercise:

Young Billie is struggling at school. She is only 8 years old but already she can see that her friends are quicker at stuff than her, they don't get into as much trouble and they appear 'better' than her.

By 12, as she migrates into high school, Billie is truly struggling, and she doesn't know why. She takes the wrong books to lessons, she either forgets things or has to take everything in her school bag. When she thinks the maths teacher is about to ask her a complicated question she gets up and goes to the toilet, she can't face the embarrassment of being 'called out' in front of her friends. She knows she hasn't followed the lesson, she can't, no matter how hard she tries, she cannot focus for this long. Her teachers report she may have a bladder infection.



At 15 Billie is in an academic crisis. She is in fear of her GCSEs, she is bright enough but can't get it all done on paper. She loses focus, she struggles to do homework and as for revision, she just sits at the desk at home, looks at it, thinks about other things and - BAM! An hour has passed and she has achieved very little.

Billie scrapes through her GCSEs and heads off to college for her A levels. Ouch, a whole new world. She is late, without true support from friends and overwhelmed. She literally gives up and drops out. She gets a job as a trainee hairdresser, something she is passionate about.

Life goes on for Billie and she kind of enjoys work, she is often late, she isn't trusted to do anything more than wash hair and tidy up. She is still confused, *"why does the new lad in the clinic get to do more interesting stuff than me? Why?"*

There we have the foundations of adult anxiety and depression. For as long as Billie has been able to remember she has had silent struggles in life, and she doesn't know why? *"Is she not good enough? Is she useless?"*, she asks herself frequently.





Clinically Billie is resoundingly 'normal' for an adult that has gone through life with her ADHD unacknowledged, diagnosed or treated. The clues were all there but no one picked them up. And to be honest, it is difficult if you aren't sensitised as to what to look for.

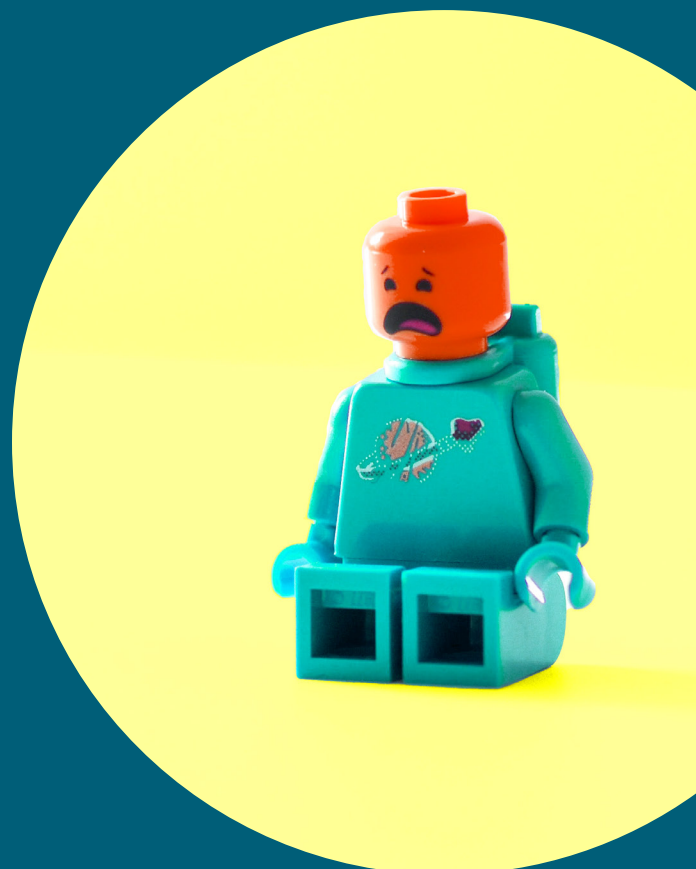
The clues were:

- Struggles with focus in class
- Fear of being 'found out' for not following the lesson
- Coping mechanisms that are inappropriate are misdiagnosed
- Her organisation skills are lacking and she overcompensates
- She is really bright yet drops out of college
- She is passed over for opportunities at work

Clinically, what is missing is a whole new expression to describe the mental health of an adult with undiagnosed or poorly treated ADHD. The label we use is "Situationally Pi\*\*ed Off" SPO. We guess if we were to title it more appropriately, "Situationally Cheesed Off", but we have found the resonance and impact are reduced using this title because people in these circumstances are pi\*\*ed off with everything.

Do you know what? This is simple to change. It isn't clinical treatment for anxiety that is required, nor do we need to administer powerful medication for depression (because that won't work); we need to screen, assess and, if diagnosed, treat for ADHD.

A recent conversation about a young lad, 24 years old, a student at University who was struggling was revealing. His words were 'Mum, I am sh\*t at being an adult.' He isn't 'sh\*t', the lad is poorly and the assessment for ADHD should get him back on track.





You may identify with these anecdotes. You may also ask “So what? We have a new label: SPO?”

Well here’s the ‘call to action’. If you know someone that you think has SPO, get them to take the 18 question, simple to answer, Adult Self Reporting Scale (ASRS) questionnaire and if the questions are positive, then get the GP to refer them to an ADHD service, or if need be, talk to us about how we can help you to structure payments for a private assessment; it isn’t as costly as you may think.

For any GPs reading this paper, please just take stock for a moment, and ask yourself, could you use this ASRS with your patients that present with anxiety or depressive behaviours, could they have SPO? If you got them the correct treatment, would you cut your time down seeing them and treating them for the wrong issues, and cut your practice’s medication bill, as you wouldn’t be giving them medication that isn’t working and is very expensive?

A GP we worked with once described these patients as “my heartsink patients” why? Because he didn’t know what to do, as nothing in his standard ‘toolkit’ was working and as those patients returned to him, regularly as if through a revolving door, his heart sank. He was trained by us on SPO, trained on using the ASRS and now has far less ‘heartsink’ patients. Additionally, he knows he is doing a better job in his community.

SPO is a ‘thing’. It is easily remedied, and treatment is effective. We have included the ASRS in this paper to make life easier for you. Please look out for, and help anyone you think has SPO; they need you.



## ADHD 360 Mobile & Desktop App

The ADHD 360 app is designed to help you keep yourself and your clinical team up to date with your ADHD symptoms and includes many useful tools.

It’s free on the Apple App Store for mobile and desktop.



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