

成人発症注意欠如多動症 (ADHD) 再考： 高齢期 ADHD の鑑別診断とともに

齊尾 武郎^{*1}

フジ虎ノ門整形外科病院内科・精神科

Adult attention-deficit hyperactivity disorder (ADHD) revisited: with differential diagnoses of older adult ADHD

Takeo Saio^{*1}

Department of Internal Medicine and Psychiatry, Fuji Toranomon Orthopedic Hospital

Abstract

Background : Attention-deficit hyperactivity disorder (ADHD) is one of the neurodevelopmental disorders characterized by inattention and/or hyperactivity-impulsivity. It affects children and adolescents mostly, but recent research focuses on adult ADHD coming along with an increasing number of patients in occupational settings.

Purpose : To summarize current understanding of the concept and epidemiology of adult ADHD and to present differential diagnoses of older adult ADHD.

Methods : Narrative, non-systematic review of literature on adult ADHD.

Results and Discussion : Basic symptoms of ADHD in DSM-5-TR are inconsistent between its definition (three basic symptoms as inattention, disorganization, and/or hyperactivity-impulsivity) and criterion (two basic symptoms as inattention and/or hyperactivity-impulsivity). Prevalence of adult ADHD without previous ADHD symptoms either in childhood or adolescence (adult-onset ADHD) is relatively low, and diagnosing older adult ADHD includes risk of overdiagnosis attributable to recall bias. Because adult-onset ADHD lacks evidence of previous ADHD symptoms in either childhood or adolescence, it is dubious whether it truly can be considered to be neurodevelopmental disorders. Older adult ADHD should be differentiated from organic-symptomatic diseases which provoke diminished consciousness and/or disinhibition, which are often misunderstood as inattention and/or hyperactivity-impulsivity of ADHD. We should be cautious about diagnosing older adult ADHD, particularly those who have difficulties in communication with hearing loss or visual impairment.

Conclusion : Adult-onset ADHD is hard to classify in the existing operational diagnostic criteria of DSM-5-TR as well as ICD-11. Since older adult ADHD is rare, we should distinguish other organic-symptomatic diseases which raise ADHD-like symptoms by appropriate brain imaging and blood examination useful in differentiating diagnosis. Though patients of apparent adult ADHD are sometimes referred to occupational health specialists, most of them are diagnosed as adjustment disorder because they do not fulfill cross-situational criteria of ADHD.

Key words

late-onset psychiatric disease, disease classification system, occupational mental health, symptomatology

Rinsho Hyoka (Clinical Evaluation). 2024 ; 51 (3) : 459-70.

^{*1} K & S産業精神保健コンサルティング (K&S Consulting Office for Occupational Mental Health)