DOCTORAL DISSERTATION IN PSYCHOLOGY

ABSTRACT

Guldberg-Kjär, Taina (2013). *ADHD in old age - Self-rated symptoms and Clinical information from a Population-Based Swedish Sample Aged 65 and older*. Department of Psychology. University of Gothenburg, Sweden.

Our knowledge of attention deficit/hyperactivity disorder (ADHD) has increased in recent years. However, given sparse information about its course and manifestations in later life the overall aim of the thesis was to explore the frequency with which elderly individuals report childhood and current symptoms that may indicate a history of ADHD. The more specific aims were: 1) to investigate whether gender, age, marital status, number of employments, educational level, perceived problems in childhood, self-reported health and memory were significantly associated with childhood and current ADHD symptoms, 2) to compare scales capturing ADHD symptoms for older individuals' self-reports about childhood and current ADHD symptomatology and relating these results to the DSM-IV ADHD criteria, and 3) to analyse daily functioning, past psychiatric history, family psychiatric history and overall health history in older individuals meeting criteria for late life ADHD and to illustrate typical life courses through case reports. Study I The 25-item Wender Utah Rating Scale was administered in a population-based sample of 2500 persons aged 65 to 80 to study the prevalence of self-rated childhood ADHD. Demographics, self-ratings of problems in childhood, current health and memory were also investigated. A total of 1599 individuals participated corresponding to a response rate of 64%. The prevalence rate was 3,3% using a cut off score of 36 or more in the WURS-scale. Men rated significantly more ADHD symptoms. Those reporting more childhood ADHD symptoms also claimed general problems in childhood as well as worse current health. In Study II we examined the persistence of ADHD symptomatology across the lifespan by comparing older individuals' self-reports about current ADHD symptoms and childhood symptoms. Based on the WURS scores (below and above 36) in Study I, two sub-samples were randomly drawn, each with 30 individuals who were clinically worked-up using the Wender Riktad ADHD Symtom Skala (WRASS). Our finding suggests a persistence of self-reported ADHD symptoms over the entire lifespan. In Study III we compared different scales capturing ADHD symptoms for self-reports about childhood and current ADHD symptomatology. We also related these reports to the DSM-IV ADHD criteria using the WRASS and Barkley Scales. The results support the idea of life long persistence of ADHD symptoms. In **Study IV** we explored problems in daily functioning, past psychiatric history, family psychiatric history, and overall health history in elderly individuals reporting childhood ADHD symptomatology. The Barkley Scales and a clinical interview were used. Three individuals were selected for in depthinterviews about their lifetime experiences and functioning. Our main finding was that of significantly more childhood and current problems in daily functioning in most domains of daily life, and more of past psychiatric history among those reporting more childhood ADHD symptoms. Conclusions: Our findings support the idea that ADHD symptoms may remain across the lifespan although this claim only can be fully confirmed by a longitudinal study design. Future research is therefore needed to identify factors that can alleviate the life span burden of ADHD.

Keywords: ADHD, population-based, prevalence, persistency, old people, lifespan, scales

ISSN 1101-718X, ISBN 978-91-628-8736-0, ISRN GU/PSYK/AVH--284—SE

Taina Guldberg-Kjär, Department of Psychology, University of Gothenburg, BOX 500, SE-405 30 Gothenburg, Phone: +46443092075. E-mail: taina.guldberg@psy.gu.se