

# Adult ADHD & Personality Disorders

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Longitudinal studies of children with ADHD have shown that the disorder frequently persists into adulthood, and is associated with significant life-long functional impairment, and increased risk of adverse outcomes. Approximately 65% of those with childhood ADHD have severe persisting symptoms into adulthood.

There is the suggestion that ADHD in childhood leads to a risk for developing psychopathology in adulthood. Among those adults with ADHD, many are likely to have co-existing disorders. Those may include various forms of mood disorders, anxiety disorders, sleep disorders, eating disorders, learning disorders, personality disorders, and substance use disorders. Various addictive behaviours such as problem gambling, hypersexuality, and overspending may also co-exist.

With respect to why there might be an overlap between adult ADHD and personality disorder in some persons, there is the suggestion of a theoretical connection between ADHD symptoms and personality traits and, by extension, personality disorder. By definition, personality traits are the longstanding and pervasive ways in which individuals typically think, feel, act, the beliefs about themselves, the world, and other people, and how they relate to other people. A personality disorder is when such personality traits are rigid, inflexible, maladaptive, and cause significant conflict with others and/or functional impairment in key areas of the person's life.

One possibility is that ADHD may alter personality and thus, for some individuals, may increase the risk for personality disorder later in development. Another possibility is that diagnostically, both may share overlapping diagnostic criteria. Perhaps both disorders may co-exist because of common neurobiological risk factors and/or environmental risk factors. Perhaps, for some individuals, adverse early experiences with fear or anger, or early temperament, may also contribute to such overlap.

In particular, ADHD and borderline personality disorder both share the symptoms of temper, impulsivity, rapid mood shifts, and boredom. There appears to be some evidence for a potential common neurobiological dysfunction between both disorders. This suggests that perhaps ADHD and

borderline personality disorder may not be distinct disorders, but rather represent at least in a subgroup of individuals, two dimensions of one disorder.

It may also be possible that some children with ADHD interact with their families and other significant individuals in such a way that those relationships may increase the likelihood of developing a personality disorder. Such relationships may be the beginning of future personality disorders. Having said that, dysfunctional family relationships may influence later personality problems in individuals, regardless of whether or not childhood ADHD is a factor.

Research has begun to explore the degree to which personality disorders might account for some of the functional impairment associated with adult ADHD. Some research suggests those with adult ADHD are at significant increased risk of adverse outcomes, independent of what co-existing disorders may occur.

Thus, it remains unclear as to whether adult ADHD, which is often characterized by temper, rapid mood swings, boredom, impulsive and self-destructive behaviours, work-related problems, poor social relationships, and high rates of marital problems are directly related to the presence of ADHD itself, and/or to other personality problems.

Research into the causative factors suggest that personality disorders are often preceded by behavioural disorders in childhood, including ADHD, oppositional defiant disorder and conduct disorder. This may account for the later development of antisocial personality disorder. Having said that, research also suggests that the presence of antisocial personality disorder does not appear to be directly linked with the presence of childhood ADHD, and that other mediating factors are at play.

Research also suggests that some persons with ADHD of the inattentive type, may develop a more compulsive or perfectionist coping style. Such individuals often do not have an overview of tasks and try to manage chaos that continues to arise as a result of forgetfulness by using extra control. This highlights the point that for those persons with ADHD who may be at increased risk for developing a personality style or disorder, this risk is not uniformly for any single personality style or disorder, per se. Also, personality disorders are themselves, on a continuum, and include various ranges of severity.

In summary, the co-existence of adult ADHD and other clinical disorders, including personality disorders, can impact treatment compliance, treatment response, and the level of insight on the part of the individual. This, too, highlights the importance of early intervention in childhood and adolescence, and various treatment modalities, be that medication, cognitive-behavioural therapy, family therapy, and parenting programs. Untreated, unmanaged, ADHD remains a serious impairing disorder.