

CASE REPORT

Anxiety and Mood Regulating Treatment for Adult Attention Deficit Disorder

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ABSTRAK

Kebimbangan dan gangguan emosi amat biasa di dalam Penyakit Kecelaruhan Defisit Perhatian. Laporan kes ini menengahkan kes lelaki Melayu berusia 23 tahun yang menunjukkan masalah memberi perhatian dan kemerosotan pencapaian akademiknya secara ketara. Kemerosotan pengajiannya disedari oleh ahli keluarganya 2-3 tahun sebelum beliau mendapatkan rawatan psikiatri. Beliau juga mengalami masalah kemurungan tetapi tidak mengalami gejala biologi kemurungan. Beliau telah dirawat dengan ubat-ubatan Bupropion 150 mg setiap hari dan juga ubat Ritalin 10 mg. Kebiasaannya ubat peransang digunakan untuk rawatan penyakit kecelaruhan deficit perhatian tetapi dalam kes ini ubat anti kemurungan telah digunakan. Beliau telah menunjukkan penambahbaikan selepas memakan ubat dan seterusnya dapat memberi fokus kepada pembelajaran akademiknya.

Kata kunci: dewasa, kebimbangan, kecelaruhan deficit perhatian dan hiperaktif, bupropion, tekanan

ABSTRACT

Anxiety and mood symptoms are common in Attention Deficit Disorder. We highlight a case of 23-year-old man who presented with poor attention and gradual poor academic performance. His poor academic achievement was noted by the parent, only for the past 2-3 yrs prior to the psychiatric consultation. He developed low mood but there was no biological symptoms of depression. He was started on both daily treatment of Bupropion 150 mg daily, and Ritalin 10 mg PRN basis. The common treatment for attention deficit disorder in was a stimulant but in this case an antidepressant was used. It was shown that patient started to show improvement with treatment and was able to focus on his study.

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Keywords: adult, anxiety, attention deficit hyperactivity disorder (ADHD), bupropion, depression

INTRODUCTION

Adult Attention Deficit Disorder (ADD) is a relatively common, often unrecognized condition. In United States, it is estimated to affect about 4.4% of adult population (Kessler et al. 2006). Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) (American Psychiatric Association, 2013) defined ADD under ADHD chapter. It define four out of the nine ADHD symptoms of inattention relating directly to problems with organization and planning (i.e. loses things, is forgetful, has difficulties organizing tasks, and fails to finish task. Adults with ADD live with the symptoms and suffer effects of the illness which attribute to their own shortcomings (Brook et al. 2013).

Methylphenidate and atomoxetine are currently the most prescribed drugs for adult ADHD. However, it was found that even though it was effective but it was not always well tolerated. One of proposed alternatives treatment for ADHD was the antidepressants, particularly those with noradrenergic activity (Buoli et al. 2016). There are multiple reports on the use of such antidepressants for the treatment of ADHD in adult populations.

CASE REPORT

A 23-year-old man was referred by a general practitioner (GP) for being had poor concentration and gradual

decline in his study in computer science in Europe. The parents noted that he was not able to pay attention in his class and he spent time playing computer games.

He was easily distracted by irrelevant tasks like playing with his computer game while reading his book, bounced from one activity to another, or became bored quickly. His problem of his mood and study was sometimes overlooked because they are less overtly disruptive. He had symptoms of inattention and concentration difficulties which included extreme distractibility while focusing in his study, struggling to complete his reading tasks, tendency to overlook details, and leading to errors or incomplete work. For the past 2 yrs, occasionally he felt low in his mood for an episodic period of 2 – 3 months because he was not able to focus in his study and also absent from his class. Sometimes, he was anxious. However, he denied any psychopathology amounting to a diagnosable entity of anxiety and major depressive disorder or dysthymia.

He was seen by the psychiatrist and diagnosed to have ADD and started with Bupropion 150 mg daily to control his anxiety and mood symptoms. He consumed his medication without significant side-effects. Fifteen days following medication, he subsequently felt better. Regarding his task in focusing on his study, he was also prescribed with Tablet Ritalin 10 mg PRN. After

a month with both daily intake of his medication, he felt much better and was able to concentrate on his study.

DISCUSSION

This case report highlighted a scenario of an adult gentleman who was recently diagnosed to have adult attention deficit disorder, which was missed during the early stage of his life. This situation also happens in Europe as many cases happen to be never been diagnosed or treated when there were children (McCarthy et al. 2009). In this case, he presented at age of 23 yrs and happened to be undiagnosed during childhood.

There were not much difference in the diagnosis of ADHD in adult. In this case, as inattention was a predominant. Patient fulfilled the criteria such as not being able to pay or sustaining attention to his study, often easily distracted from his task, appeared to have tendency for incomplete task and possibility of leading to error. All these criteria lead to the diagnosis of ADHD (Katragadda & Schubiner 2007).

Anxiety is defined as the feeling of being very worried about something that may happen or may have happened. A person is conscious of the unpleasant emotional state of threat or danger which can affect one's behaviour and physiological system. Depression is defined as feeling of sadness that may makes one think that there is no hope for the future (Ho et al. 2007). A patient suffering from this illness has difficulty to complete daily tasks. Prolonged untreated causes distress and anxiety to the patient. It showed that ADHD in

adulthood has higher risk to get anxiety disorder and depression as it happened in this patient (Biederman et al. 2010; Schatz & Rostain 2006).

Treatment in adult ADHD could be either pharmacotherapy or non-pharmacotherapy (Hamed et al. 2014). Patient with ADHD may benefit from cognitive behaviour therapy. As in pharmacotherapy, a stimulant is often chosen as first line of ADHD treatment (Epstein et al. 2014; Buoli et al. 2016). In this case, patient presented with anxiety and mood symptoms which was common presentation in adult with ADHD (Biederman et al. 2010). It is supported that an antidepressant showed an evidence to be effective in management. Bupropion is one of the antidepressants that showed effectiveness in treating ADHD with comorbid depression and anxiety (Daviss et al. 2001; Buoli et al. 2016). It is important to identify the symptoms

CONCLUSION

Currently there were very limited database regarding alternative management for adult ADHD. More evidence base study were needed to prove and explained the effectiveness of treatment for ADHD with the used of antidepressant. As in this case, the outcome proved that Bupropion as an antidepressant should be considered for pharmacological management of adult ADHD especially in case of anxiety and depression presentation.

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