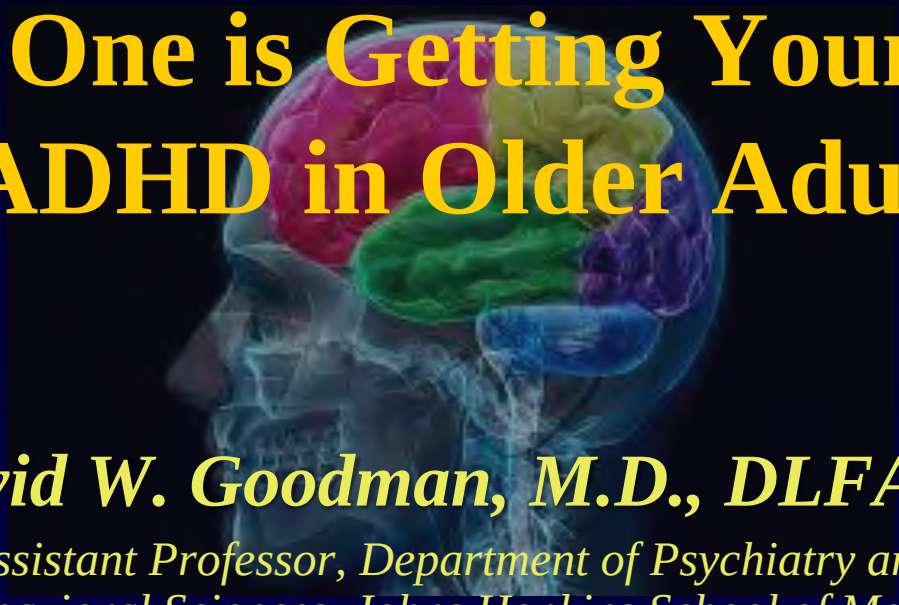
Southern Psychiatric Association/Maryland Psychiatric Society
Annual Conference September, 2026 Baltimore, Maryland

No One is Getting Younger: ADHD in Older Adults



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David Goodman Disclosures

	Speakers Bureaus	Expert Witness Testimony	Consultant	Faculty Speaker	Research Grants
Department of Justice		X			
World Anti-Doping Agency			X		
National Football League			X		
U.S. Olympic Level Equestrian Team			X		
GuidePoint Global			X		
Global Academy for Medical Education				X	
Medscape				X	
Neuroscience Education Institute				X	
Children and Adults with ADHD Association (CHADD)				X	

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Learning Objectives

- Identify ADHD in older adults in the evaluation of cognitive symptoms.
- Understand the complexity of the differential diagnoses for cognitive complaints in these patients.
- Be able to sort out concurrent medical and psychiatric comorbidities.
- Discern similarities and differences between ADHD in older adults and MCI/dementia.

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Census Fun Facts

One in six people in the U.S. is now 65 and over, according to the U.S. Census Bureau.

By 2034, for the first time in U.S. history, adults age 65 and older will outnumber people under 18.

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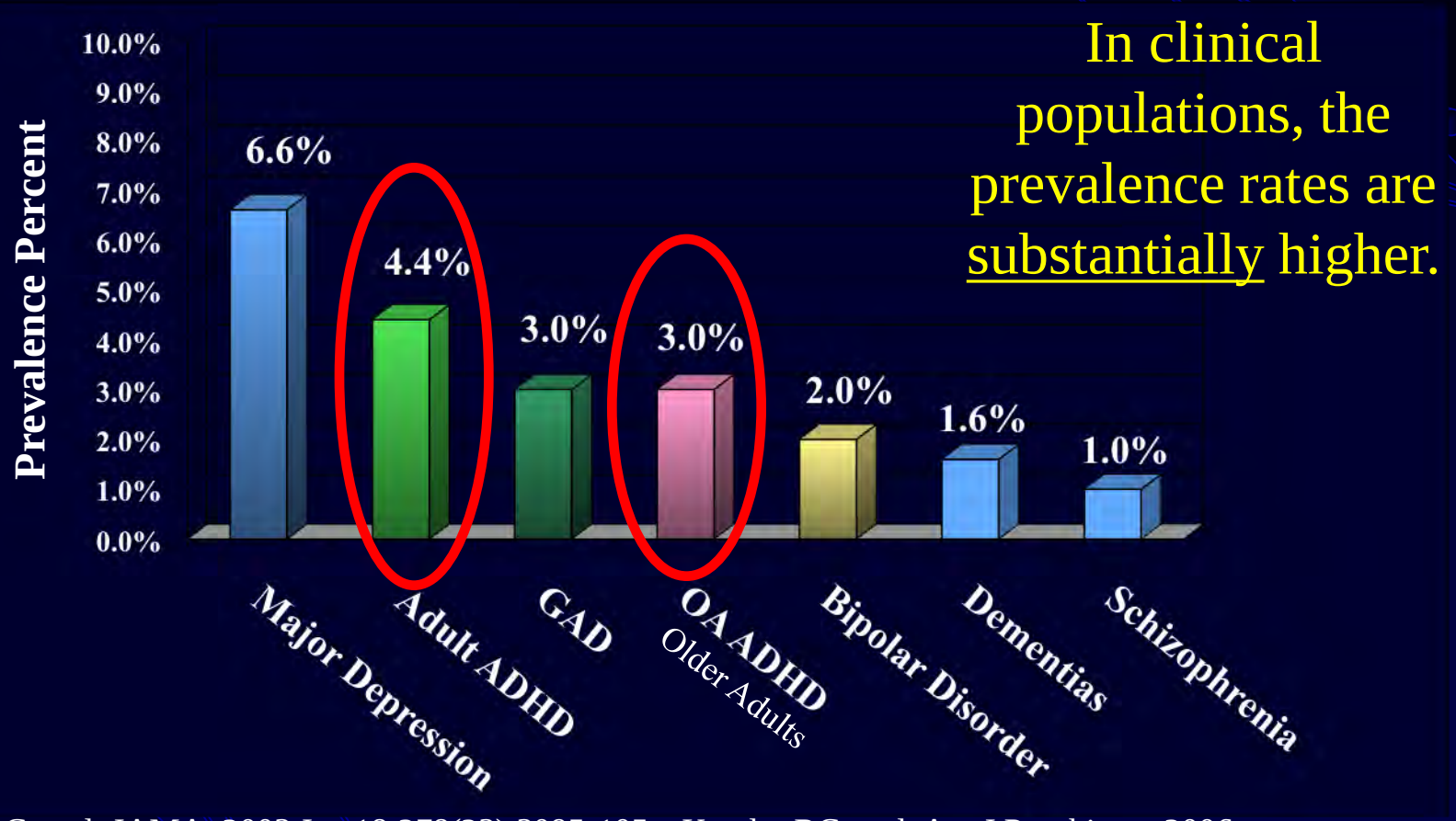
Prevalence Rates of Psychiatric Disorders in U.S. Adults



In clinical populations, the prevalence rates are substantially higher.

Kessler RC et al. JAMA. 2003 Jan 18;278(23):3095-105. Kessler RC et al. Am J Psychiatry. 2006 Apr;63(4):415-24. Merikangas KR et al. Arch Gen Psychiatry. 2007 May;64(5):543-52. Michielsen M et al. Br J Psychiatry 2012;201:298-305. Blanco C et al. J Psychiatr Research. 2017;84:310-317. NIMH. Schizophrenia. www.nimh.nih.gov/health/statistics/schizophrenia.shtml Accessed Aug 2020

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Prevalence of ADHD- Children and Adults:

Systematic Review, Meta-analysis, Meta-regression

- "ADHD prevalence is 8-9-fold higher in clinical population vs community estimates."
- 311 Studies, pediatrics n=653,558; adults n=46,311
- World-wide pooled prevalence in clinical settings:
  - Pediatrics- 32.4%
  - Adults- 21.4%
- Prevalence higher in outpatient vs inpatient settings.
- Prevalence based on rating scales are higher than using diagnostic interviews or clinical record review.

Johnson S, et al. Mol Psychiatry. 2025 Aug 28;31(1):576-586.

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Patient Report

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Patient Report: Presenting Symptoms

Cognitive symptoms have been worsening for the past two years

Frequently forgets his keys, items, appointments

Difficulty remembering names (lifelong)

Less cognitive stamina as the day goes on

Spelling errors

Difficulty finding words

Poor task shifting

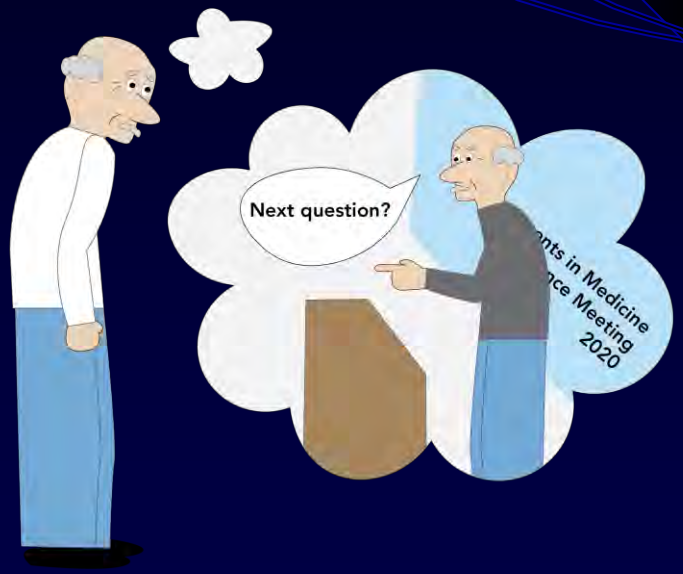
Losing train of thought quickly

Poor working memory



62 year old white married male successful physician

Resigned from leadership positions and stopped giving public presentations



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Symptom History: Focus on ADHD Factors

- Denies procrastination, being cited for careless errors, or being moved to the front of the class by teachers.
- Second grade report card said "…needs to pay attention more and talk less and be neater."

Due to sloppiness, often had an extra desk to put his papers in. While at summer camp, counselors gave him an extra closet.

Entered Kindergarten 1 year early

Described by teachers as "talkative and not listening"



Age 7 12 18 25 32 50 60 70 80

Childhood Rating Scale

2/9 inattentive symptoms
4/9 hyperactive impulsive symptoms

Frequently forgetful and misplaced items



Where did I put my pencils?

Able to sustain attention while doing homework. Paperwork very disorganized and "sloppy"

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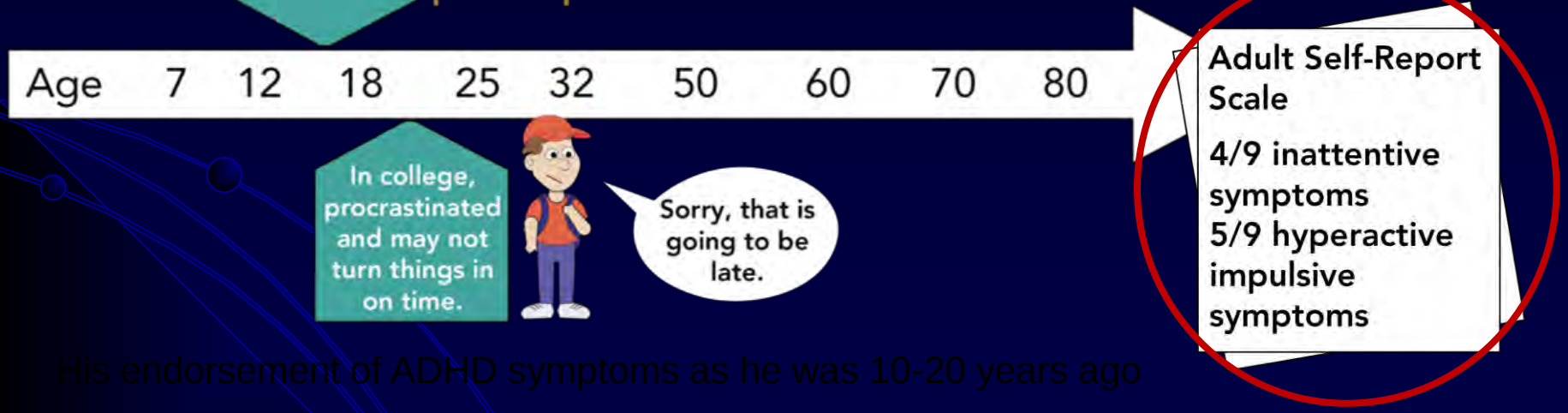
Symptom History: Focus on ADHD Factors

- In college, procrastinating and assignments may or may not been handed in on time.
- Poor time planning and scheduling continued.
- Forgetful “all the time”, noted by friends.
- Time planning was so poor that he would not make any long-term plans.



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