Adult ADHD: Neuropsychological Testing

- Cross-sectional study in an outpatient neuropsychology clinic.
- Neuropsychological testing results extracted from medical records to evaluate each test's ability to predict ADHD diagnosis.
- 252 reviewed charts: 67 included (n = 30 with ADHD, n = 37 without ADHD). Overall, 54% of individuals presenting to the clinic were referred for ADHD, and 58% of those diagnosed with ADHD had a comorbid psychiatric disorder.
- No cognitive testing was predictive of ADHD diagnosis.
- The Generalized Anxiety Disorder-7 was the strongest predictive scale of ADHD Adults. (those endorsed higher levels of anxiety were 28% more likely to be diagnosed with ADHD (OR = 1.28)
- Subtests of ADHD scales performed worse, but still within the adequate range.

Pleshkevich M, et al.Attention deficit/hyperactivity disorder diagnosis in adulthood: Prevalence and predictive utility of neuropsychological scales. Arch Clin Neuropsychol. 2026 Jul 31;41(6):acag057.

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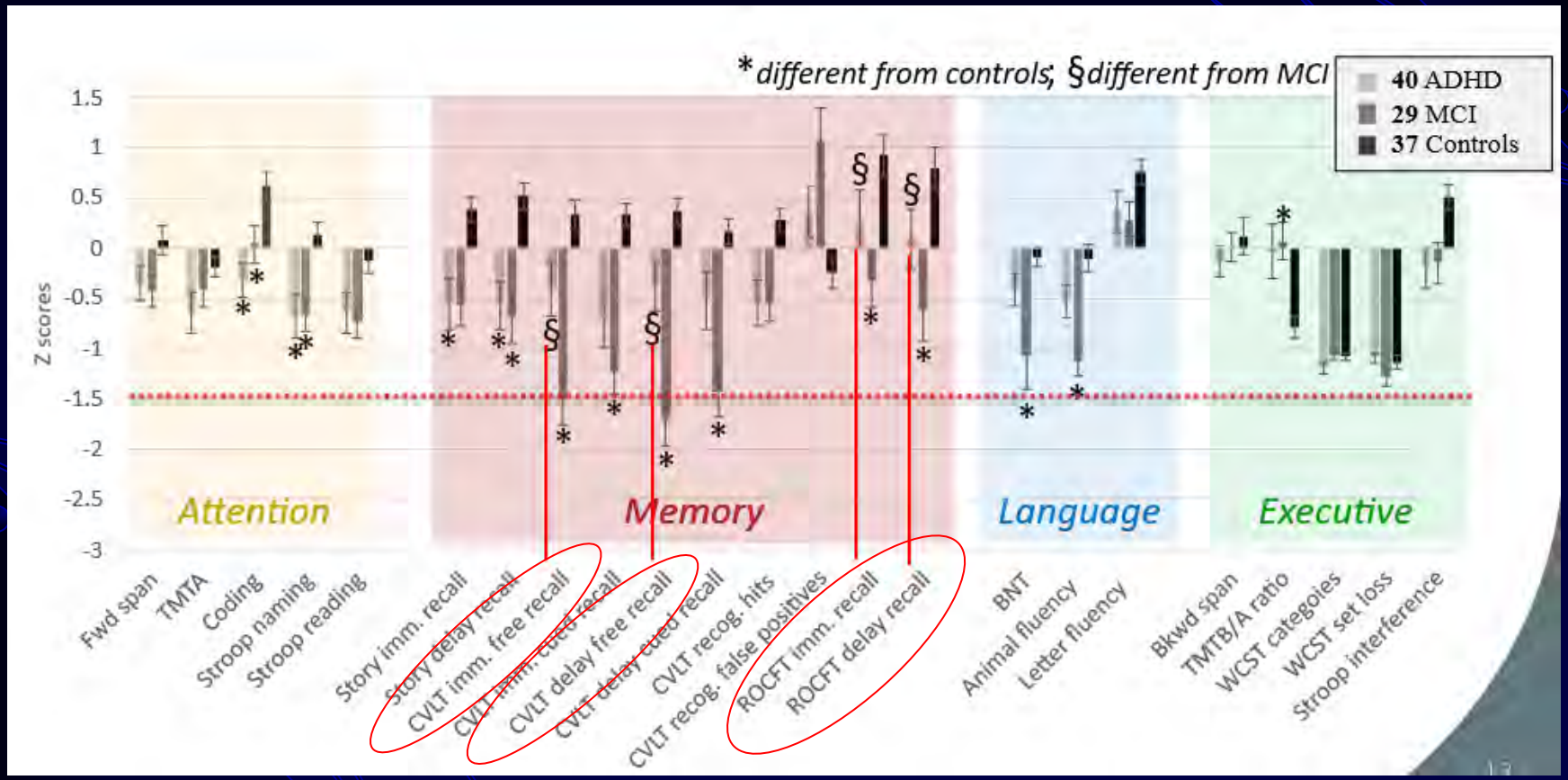
ADHD vs MCI: Neuropsychological Measures



Callahan* et al., 2022

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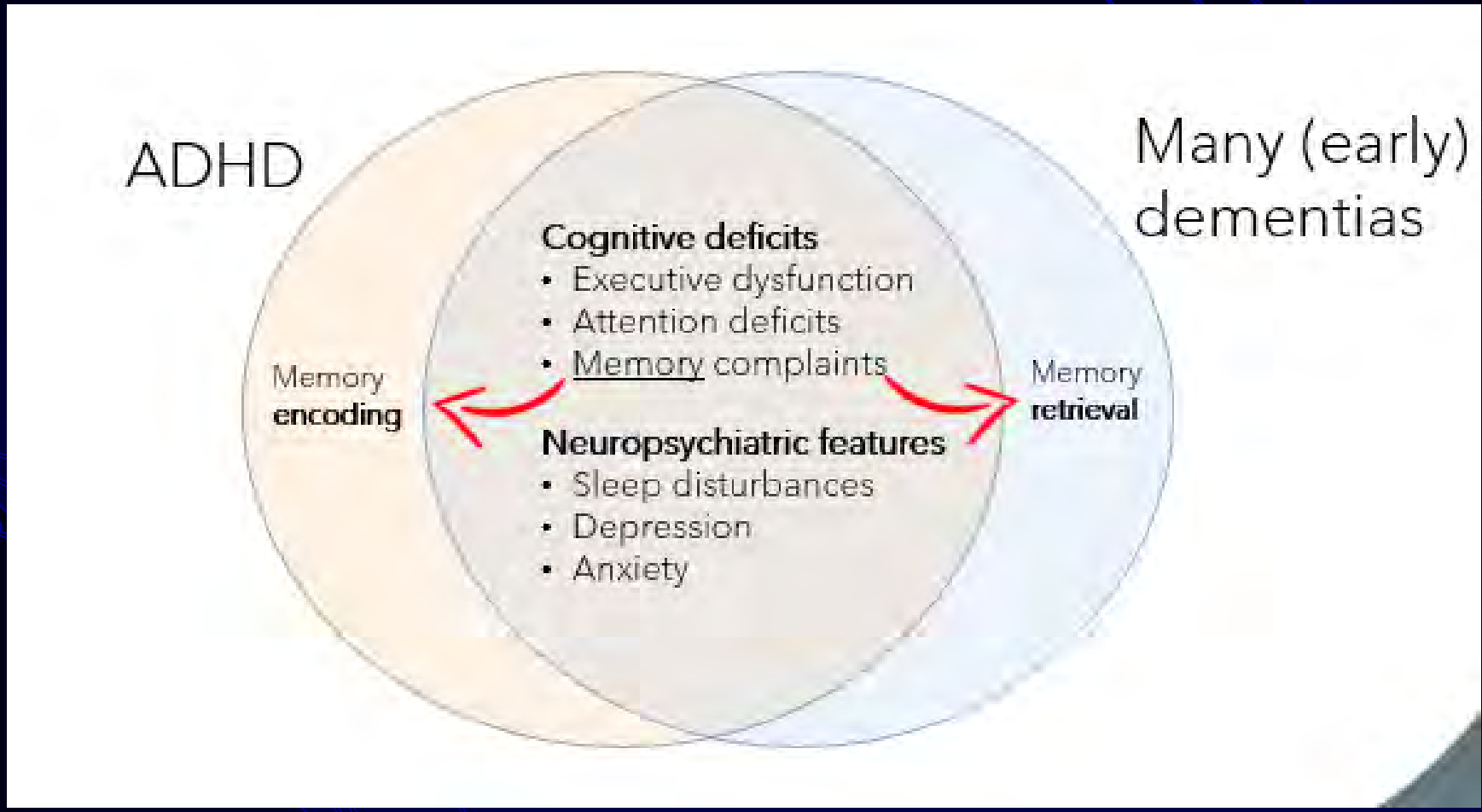
Cognitive Processing: ADHD vs MCI



Slide courtesy of Brandy Callahan, Ph.D.

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Executive FunctionTests: MCI = ADHD

	Controls			ADHD			MCI			F value	P value	Partial eta^2
Phonemic fluency	*37*	0.79	(0.75)	*31*	0.37	(1.12)	*29*	0.28	(0.96)	0.537	.587	.012
Executive functions												
Backward Span	*37*	0.12	(1.14)	*40*	-0.14	(0.95)	*29*	0.01	(0.80)	0.393	.676	.008
Trails B/A ratio	*37*	-0.78	(0.66)	*40*	-0.05	(1.68)	*28*	0.09	(1.01)	5.340[a]	**.006**	.096
WCST category completion	*37*	-1.08	(0.22)	*40*	-1.19	(0.33)	*29*	-1.08	(0.23)	0.866	.424	.017
WCST set loss errors	*37*	-1.14	(0.42)	*39*	-1.10	(0.32)	*29*	-1.29	(0.54)	1.173	.314	.024
Stroop Interference time	*36*	0.51	(0.78)	*25*	-0.24	(1.00)	*26*	-0.10	(1.04)	2.077	.132	.049

Notes. ADHD: Attention-deficit/hyperactivity disorder. BNT: Boston Naming Test. CVLT: California Verbal Learning Test. MCI: Mild cognitive impairment. ROCFT: Rey-Osterrieth Complex Figure Test. SD: Standard deviation. WCST: Wisconsin Card Sorting Test. Because data were drawn from different sources, not all participants completed the full battery of cognitive measures; the *N* column summarizes the number of participants having completed each test. Bolded values highlight statistically significant main effects of Group. [a]MCI different from Controls. [b]ADHD different from Controls. [c]ADHD different from MCI.

Callahan* et al., 2022

a=Only MCI and Controls differ, and only on one test.

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Evaluation Considerations

Clinical Perspectives That Limit Diagnosis and Treatment

- Clinical blindness: failure to recognize ADHD symptoms
- Clinical prejudice: Bias assuming ADHD is a childhood disorder
- Clinical inexperience: Limited training on ADHD in older adults
- Diagnostic challenges: Overlap with cognitive decline and comorbidities
- Clinical complexity: Multiple medical issues complicate diagnoses
- Treatment hesitancy: Reluctance to prescribe stimulants to older adults

Goodman DW, Cortese S, Faraone S. Expert Review Neurotherapeutics. 2024.

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Differential Diagnoses

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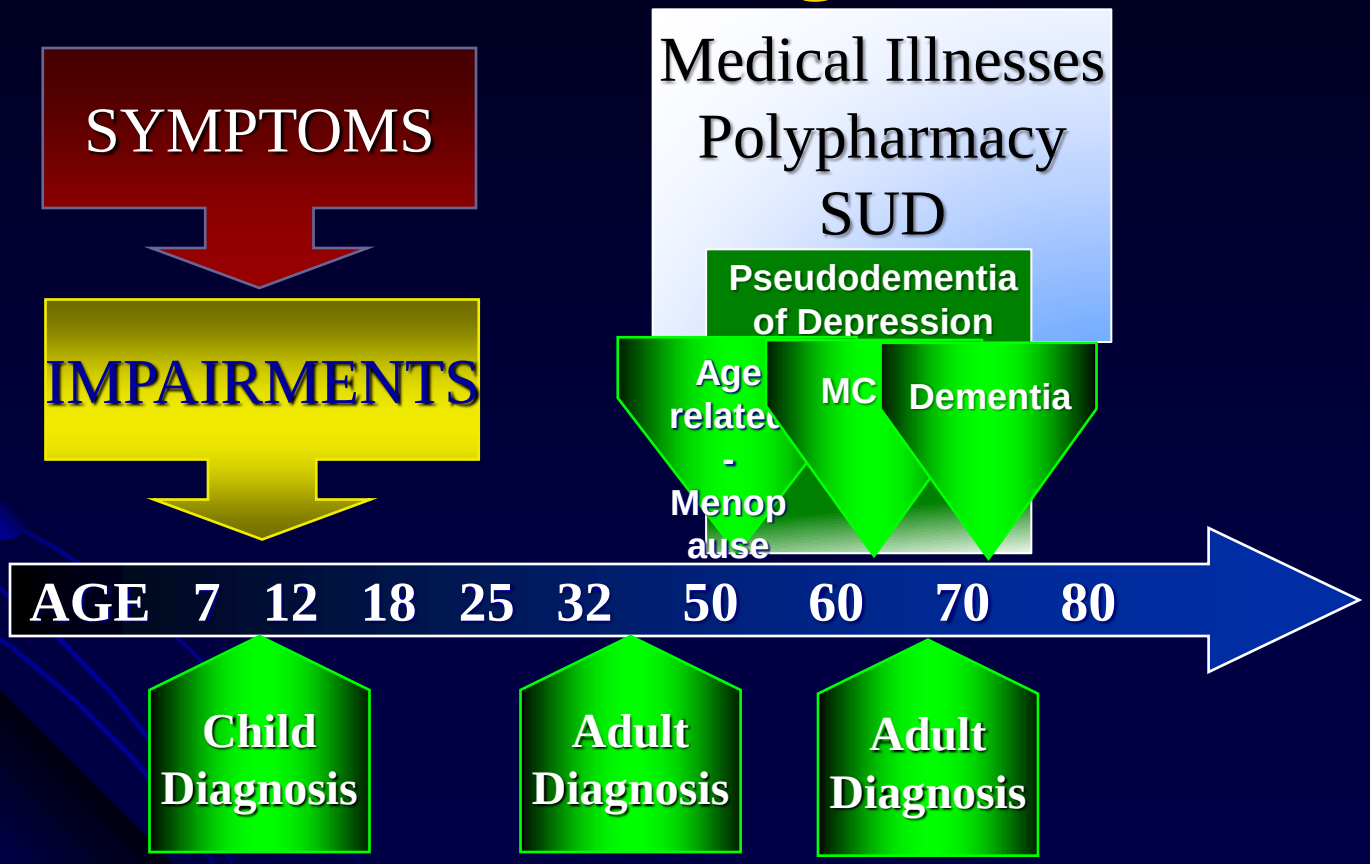
Onset of Symptoms vs Time of Diagnosis



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Differential Diagnosis of ADHD Symptoms in Older Adults

- Psychiatric conditions (depression, SUD)
- Mild cognitive impairment (MCI)
- Peri- Menopausal cognitive changes
- Dementia
  - Alzheimer's, Fronto-temporal, Lewy Bodies, Vascular
- Parkinson's disease or other parkinson-plus syndromes
- Toxic/metabolic/inflammatory/tumor (paraneoplastic syndrome)
- Infections (ie UTI)
- Other encephalopathy (generic, developmental, perinatal, trauma, or brain injury)
- Increasing polypharmacy
- Sleep disturbances/apnea

Goodman DW. Drugs Aging. 2016 Jan;33(1):27-36.
Ivanchak N et al. Curr Psychiatry Rep. 2012;14(5):52-560

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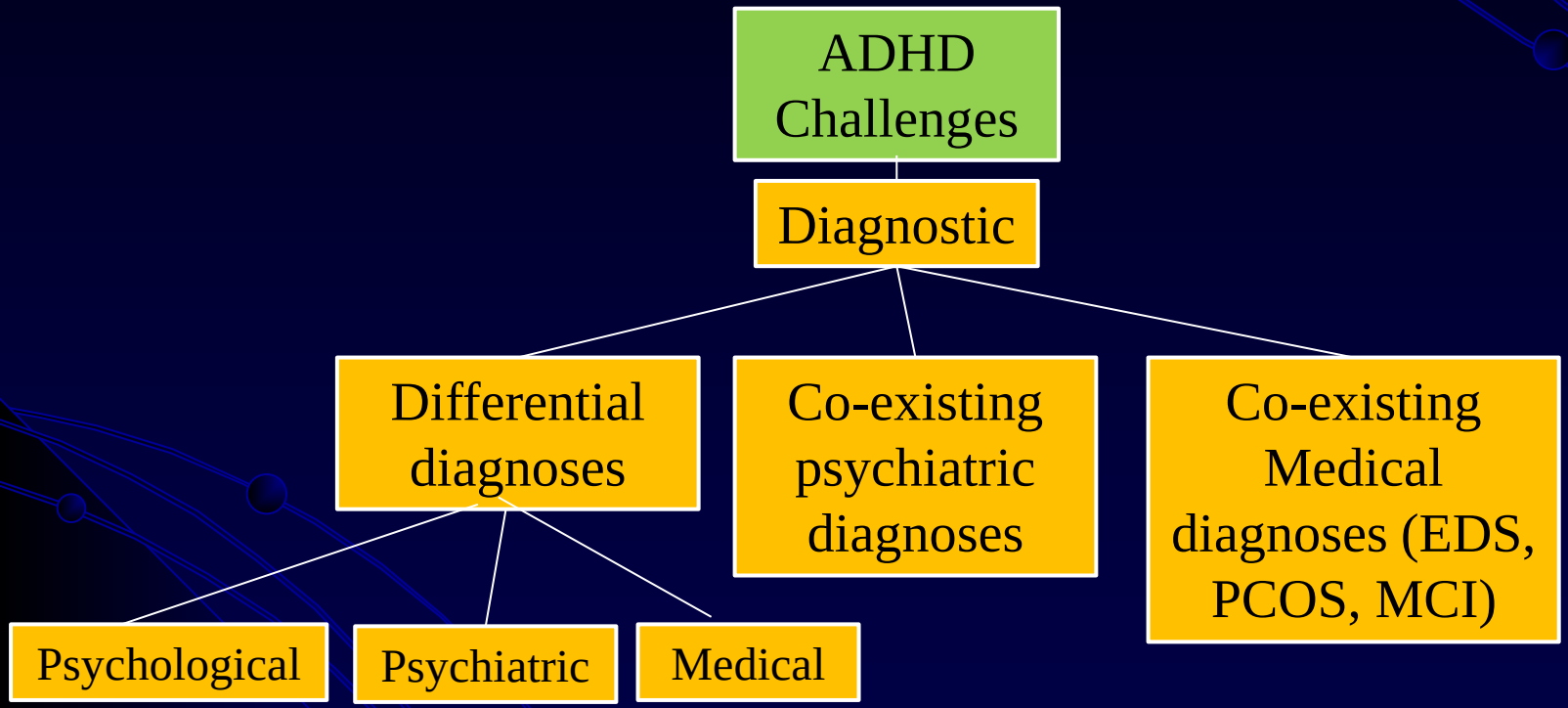
Adult ADHD: Clinical Challenges



Goodman DW. ADHD and Mild Cognitive Impairment/Early Dementia: A Clinical Reality. Psychiatric Times. Nov. 2025 10-12.

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