Cognitive Deficits NOT ADHD

- Trouble with word finding
- Misspelling
- Word substitution
- “Things” or “stuff” as generic descriptors
- Trouble following conversations
- Difficulty remembering recent events or conversations
- Visuospatial skills (e.g. difficulty recognizing objects or judging distance)
- **Progressive worsening of difficulties over months/years**

Goodman DW. Psychiatric Times. November 2025
Callahan B, et al. J Atten Disorders. 2022.

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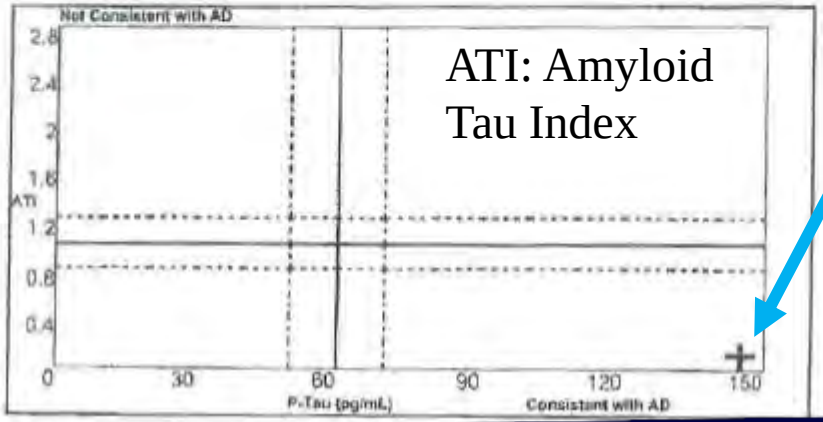
Patient Case: Alzheimer's Cerebrospinal Fluid (CSF) Biomarker Panel Results

CSF <u>strongly consistent</u> with Alzheimer's Dementia

- Low amyloid
- High p-tau

INTERPRETIVE RESULTS TABLE

Interpretation	Test	Technical Result	Reference Range (if applicable)
Alzheimer Disease	A-beta 42	251.75 pg/mL	Not consistent with AD: P-Tau <54 pg/mL and ATI >1.2. Borderline: P-Tau 54-68 pg/mL and/or ATI 0.8-1.2. AD: P-Tau >68 pg/mL and ATI <0.8
	T-Tau	895.6 pg/mL	
	P-Tau	142.45 pg/mL	
	ATI	0.19	



ATI: Amyloid Tau Index

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Clinical Evaluation Compared to AD Plasma Biomarkers: Diagnostic Accuracy

	Diagnostic Accuracy**	Confidence Interval
Primary Care Providers*	61%	95% CI, 53%-69%
Dementia Specialists	73%	85% CI, 68%-79%
APS2 (Aβ42:Aβ40)	90%	95% CI, 88%-92%
P-tau217 percentage	90%	95% CI, 88%-91%

* Clinical examination, cognitive testing, and a computed tomographic scan

** Positive predictive validity

Palmqvist, S. et al; Blood Biomarkers to Detect Alzheimer Disease in Primary Care and Secondary Care. JAMA 2024 Oct15;332(15): 1245-1257

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Diagnostic Prioritization for Pharmacotherapy

Alcohol and substance abuse

Mood disorders

Bipolar and MDD

Anxiety disorders

Obsessive-compulsive disorder, generalized anxiety disorder, panic

Order of Treatment

ADHD

Cognitive decline

Age-related, MCI, early dementia

Order of treatment also considers the severity of the concurrent disorders.

Adapted from: Goodman D. Treatment and assessment of ADHD in adults. In: Biederman J, ed. *ADHD Across the Life Span: From Research to Clinical Practice—An Evidence-Based Understanding*. Hasbrouck Heights, NJ: Veritas Institute for Medical Education, Inc.2005.

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Summary

- -Screening for ADHD is an important assessment for cognitive complaints, especially in older adults.
- -Cognitive complaints in older patients **should not** be easily discounted as age-related decline or neurodegeneration.
- -Medical etiologies of cognitive complaints usually have their onset in adulthood, not childhood, as with ADHD.
- -Neuropsychological test results may be misleading.
- -ADHD treatments can effectively improve cognition and daily function in older adults with ADHD.
- -ADHD and MCI/symptomatic AD can co-exist.
- **-It's never too late for treatment for either or both!**

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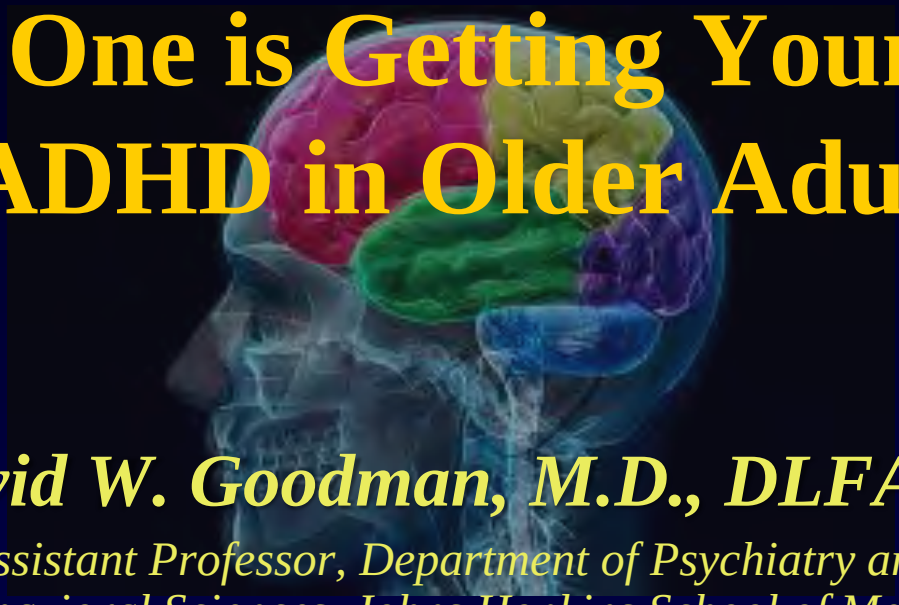
Southern Psychiatric Association/Maryland Psychiatric Society
Annual Conference September, 2026 Baltimore, Maryland

No One is Getting Younger: ADHD in Older Adults



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