# KATHY BORCHARDT, PSY.D., P.C. CLINICAL PSYCHOLOGIST

1212 S. Naper Blvd., #119 Naperville, IL 60540 Phone: 630-680-5494 Fax: 630-369-5989 www.kathyborchardt.com

## **ADHD** and Related Disorders

ADHD is a disorder of modulation. As such, it is difficult for people with ADHD to get "to the middle." For example, worry can turn into panic, sadness into depression, and upset into an asthma attack. Many of the following ADHD-related disorders are the result of poor modulation. Treating ADHD with stimulant medications combined with cognitive-behavioral therapy often diminishes the symptoms of these related conditions.

### Oppositional Defiant Disorder

- Stubborn, defiant, argumentative
- Angry and short-tempered
- Resentful, demanding, annoying
- Mostly combined type, more boys than girls
- Responsive to medications in ADHD
- Non-ADHD are **not** helped by stimulants

#### Conduct Disorders—25%

- Aggression to people, animals
- Intimidation, sexual assault
- Destruction of property
- Fire setting, vandalism
- Deceitfulness, habitual lying
- Theft, shoplifting

#### Alcohol/Substance Abuse Disorders—25%

- 30% increased risk than general population
- Nearly 3x increased risk when conduct disorder is present as well
- Risk is reduced if youngster is treated with medications over a long period
- Use of medications as prescribed does not cerate addictive-type brain functioning

#### Emotional Disorder—25%

- Adjustment Disorder
- Separation Anxiety Disorder
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Depression

#### Learning Disabilities—30%

- Often average IQ
- Most frequent is a reading or language disorder; dyslexia or reading comprehension deficits are the most common reading disorders in ADHD
- Disorder of Written Expression (sloppy handwriting, disorganized thought progression)
- Increased prevalence than in people without ADHD

#### Speech and Language Disorders

- Expressive Language: precise word finding is often a concern
- Articulation Disorder
- Receptive Language: prone to mishearing
- Central Auditory Processing Disorder is often misdiagnosed as ADHD

#### Tic Disorders

- Motor/vocal tics
- Tourette's Syndrome
- Early onset, moderates in adolescence, often disappears by adulthood
- Medication side effects: some stimulants may increase or cause tics

#### Sleep Disorders

- Difficulty "turning it off", leading to going to bed later than planned
- Disruptive, inconsistent sleep routine
- Insomnia
- Delayed sleep phase disorder (mostly teens)
- Restless leg syndrome

#### Sensory Processing/Integration Disorder

- Hypersensitivity, hyposensitivity, sensory seeking, sensory avoiding responses lead to social/emotional/behavioral issues
- Hunger and sleep deprivation are more acutely experienced
- Minimizing hyposensitivity and hypersensitivity is essential for optimal learning
- Tactile: especially to wool, socks and shoes, and sheets
- Auditory: especially to rhythmic banging noises and background noise; conversely, may
- need background music to work on homework and projects
- Visual: especially to bright sunlight
- Proprioceptive: deep pressure across laps and strong hugs tend to become calm
- Vestibular: may crave movement
- Olfactory: may notice and be bothered by scents more than people without ADHD
- Pain: likely overly sensitive to small scratches, stings, and painful stimuli in general
- **Temperature:** especially to extremes of cold and hot