

ADHD & Rejection Sensitive Dysphoria

The emotional response to perceived or real failure or criticism can debilitate people with ADHD. Learn why — and how to manage these difficult feelings.

By William Dodson, M.D.



Rejection sensitive dysphoria (RSD) is extreme emotional sensitivity and pain triggered by the perception — not necessarily the reality — that a person with ADHD has been rejected or criticized by people in their life. RSD is not a formal diagnosis, but rather one of the most common and disruptive manifestations of emotional dysregulation — a common but under-researched and oft-misunderstood symptom of ADHD, particularly in adults. RSD is different than mood disorders, which are characterized by an unexplained, gradual shift in mood over weeks.

Dysphoria is the Greek word meaning unbearable; its use emphasizes the severe physical

and emotional pain suffered by people with RSD when they encounter real or perceived rejection, criticism, or teasing. When the emotional response associated with RSD is internalized, it can imitate full, major depression complete with suicidal ideation that comes on so fast it is often misdiagnosed as rapid cycling bipolar disorder. When this emotional response is externalized, it looks like an impressive, instantaneous rage at the person or situation responsible for causing the pain.

Rejection sensitive dysphoria is not included in the DSM-V for ADHD, however, emotional dysregulation is one of the six fundamental features used to diagnose ADHD in the

ADHD & Rejection Sensitive Dysphoria



European Union. The DSM-V diagnostic criteria for ADHD avoids symptoms associated with emotion, thinking styles, relationships, sleeping, etc. because these features are hard to quantify. For clinicians who work with later adolescents and adults, the DSM-V criteria are not helpful because they ignore so much that is vital to understanding how people with an ADHD nervous system experience their lives — including rejection sensitive dysphoria.

One-third of my adult patients report that RSD was the most impairing aspect of their personal experience of ADHD, in part because they never found any effective ways to manage or cope with the pain. People with RSD tend to respond to feelings of rejection or failure in two ways:

- 1. They become people pleasers.** This goal can become so dominant that the person loses sight of his or her own ambitions and goals in life.
- 2. They stop trying.** Some very bright, capable people with ADHD and RSD stop exerting effort because doing so is so anxiety-provoking.

Signs of RSD

Individuals suffering from rejection sensitive dysphoria may exhibit the following behaviors:

- Sudden **emotional outbursts** following real or perceived criticism or rejection
- Withdrawal from social situations
- Negative self-talk and thoughts of self-harm
- Avoidance of social settings in which they

might fail or be criticized (for this reason, RSD is often hard to distinguish from **Social Anxiety Disorder**)

- Low self-esteem and poor self-perception
- Constant harsh and negative self-talk that leads them to become “their own worst enemy”
- Rumination and perseveration
- Relationship problems, especially feeling constantly attacked and responding defensively

RSD Treatment

Psychotherapy is not a guaranteed solution, as RSD episodes tend to hit suddenly and without warning. However, it may be beneficial — especially if you’re dealing with other symptoms of depression or anxiety.

Medication is sometimes used to treat RSD. The alpha agonist medications, guanfacine and **clonidine**, have been FDA-approved for the treatment of ADHD for decades, but were not directly associated with the terms of rejection sensitivity and emotional dysregulation. Nonetheless, the symptoms of RSD/ED can be significantly relieved with clonidine and guanfacine in about 60% of adolescents and adults.

There currently exists no formal research on using alpha agonist medications to treat symptoms of RSD or ED on patients with ADHD.

William Dodson is a board-certified adult psychiatrist who has specialized in adults with ADHD since 1994. He is now retired, but used to be in private practice in Denver, Colorado, at the Dodson ADHD Center.