A Landmark Contribution to the Assessment and Treatment of ADHD in Adults

A review of

ADHD in Adults: What the Science Says
by Russell A. Barkley, Kevin R. Murphy, and Mariellen Fischer


Reviewed by
Michelle Braun

The topic of attention-deficit/hyperactivity disorder (ADHD) in adults is frequently controversial and confusing for clinicians, researchers, and the public. Potential reasons for this reaction include uncertainty about whether the diagnostic criteria contained in the Diagnostic and Statistical Manual of Mental Disorders (DSM–IV–TR; 4th ed., text rev.; American Psychiatric Association, 2000), which was developed on children, can or should be applied to adults. Second, of the thousands of books about ADHD in adults, few are informed by research, and none are informed by original studies comparing children with ADHD followed into adulthood with newly diagnosed adults.

Remarkably, ADHD in Adults: What the Science Says not only addresses these issues but in impressive and straightforward style reviews a wealth of data on comorbid conditions and treatment considerations. For the first time ever, readers are able to gain an empirically
derived, comprehensive contrast of how ADHD is uniquely exhibited, categorized, and treated in adulthood versus childhood. It is to the reader's benefit that Barkley, Murphy, and Fischer decided not to publish the findings in several separate journal articles but opted instead to publish them in one source. This decision allows for an invaluable synthesis of data and treatment implications. As an added bonus, the authors have graciously decided to provide access to the data to any scientist who purchases the text.

A foundational assertion of the text—in keeping with the findings from other research groups (Kooij et al., 2005)—is that ADHD is a legitimate disorder in adults. Following an artful synthesis of literature on the history of ADHD in adulthood, Barkley, Murphy, and Fischer provide an empirically based comparison of symptoms in childhood versus adulthood. Throughout, there is a focus on improving diagnostic criteria in adulthood. Some of the many recommendations include adjusting age of onset criteria and symptomology. Also explored are the findings that the inattentive subtype is significantly more common than the hyperactive subtype and that behavior rating scales are invaluable to the diagnostic process (also noted in Kooij et al., 2008).

The process of refining diagnosis culminates in a list of 9 symptoms—derived from a potential list of 91 symptoms—that has reliably classified ADHD in adulthood and is likely to be invaluable to informing future versions of DSM. Given that DSM-V is not slated for publication until 2011 or later, it seems clinicians and researchers would benefit from referencing this text in the interim, especially given that it provides the only rigorously obtained, empirically derived diagnostic criteria available to date.

Another foundational assertion of the text is that ADHD in adults is not a benign condition. As such, there is rich discussion of comorbid clinical and functional issues. At the leading edge of this focus is a comprehensive overview of comorbid psychiatric disorders. Indeed, the issue of psychiatric comorbidities in ADHD is an increasingly popular topic (Miller, Nigg, & Faraone, 2007), and integrating information from this growing knowledge base creates exciting prospects for nosology and treatment.

Another important focus includes detailed coverage of the functional implications of ADHD, with chapters dedicated to discussions on impairments in education, home, dating/marriage, and social activities. Also covered are the occupational challenges of adults with ADHD, a topic of interest for many adults with the disorder (Nadeau, 2005). A particularly visionary area of discussion involves an analysis of increased medical comorbidities in ADHD. Indeed, the discussion of the relationship between ADHD and several health issues including cancer, chronic heart disease, accidental injury and death, and shorter life expectancy may play a core role in stimulating cross-disciplinary research and further contributing to the integration of psychology and medicine.

The topic of neuropsychological deficits in ADHD has been a popular area of focus for many researchers, with a particular focus on impairment in executive functioning (Biederman et al., 2006). As such, coverage of the original neuropsychological research in the text provides an opportunity for readers to appreciate, in a new context, Barkley's
ongoing contributions in defining new conceptualizations of executive functioning in ADHD. Indeed, Barkley, Murphy, and Fischer excel at delineating and summarizing a bevy of neuropsychological findings. Clinicians and researchers alike may be particularly excited to learn more about the rationale for the recommendation that neuropsychological tests NOT be used to aid in the diagnosis of ADHD in adults.

The integrative, rigorous focus on research and clinical practice that defines *ADHD in Adults: What the Science Says* makes it a foundational addition to the literature. The writing style is clear, concise, and compelling, and the layout of the text effectively integrates chapter summaries and continuity of a variety of topic areas. Clinicians in particular may appreciate the focus on treatment strategies and will find some similarities with other empirically derived treatment recommendations (Ramsay & Rostain, 2007). The quality and magnitude of *ADHD in Adults: What the Science Says* can uniquely inform future nosology and research on ADHD in adulthood. Clinicians, researchers, graduate students, and the educated lay public will likely feel that they have at once found both an authoritative reference on ADHD in adulthood and a text that actually addresses the common experiences of many adults with ADHD.

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**References**


