Attention Deficit / Hyperactivity Disorder (AD/HD)

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There can be many reasons that might cause challenging behaviors in people with Down syndrome (DS), including the inability to communicate the presence of a problem being faced, underlying physical issues, as well as psychological or neurological conditions. Combinations of these may account for why people with DS have more behavioral problems than those without DS.

Attention deficit/hyperactivity disorder (AD/HD) is one of the more common neurological/psychological conditions that impact behavior. Broadly speaking, AD/HD can be divided into two categories -- inattentive behavior and/or hyperactive and impulsive behavior. Both can cause interference with a person’s functioning or development. The prevalence of ADHD in children without DS has been shown to be between 4 and 12 percent\(^1\) making it one of the most common disorders of childhood, with a similar prevalence rate estimated in children with DS. More recently, it has been found that AD/HD does continue to affect many people into adulthood, manifesting as issues with distractibility, inattention, and impulsivity.

The hyperactive form of AD/HD is what many people think of when speaking about the symptoms of AD/HD. In adults with DS, symptoms may include overactive behavior, trouble sleeping, and constant and/or distracted talking. This can lead to issues focusing or concentrating on activities, school, or work tasks. The level of hyperactivity in individuals with DS is tends to be higher when compared to other adults with AD/HD. It is often easier to diagnose the hyperactive form of AD/HD because the associated behaviors are usually interfering and noticeable and the disorder is well-researched. This may enable individuals with the disorder to get treatment sooner. At the same time, it should be noted that hyperactive AD/HD has been found to be over diagnosed at times. This should be carefully considered when making the diagnosis of AD/HD in a person with DS. A thorough history should be considered, as other factors or triggers that could be causing impulsive and or hyperactive behavior may be present and missed due to the inability of the individual to verbally communicate other underlying problems or symptoms.

The inattentive form of AD/HD does not typically present with hyperactivity. This is also the more underdiagnosed form of AD/HD as individuals do not have some of the obvious and disruptive behaviors that present in the hyperactive form. Unfortunately, this can lead to underdiagnoses as symptoms may be subtler. This is especially true in people with DS as some of the symptoms of inattention such as difficulty concentrating on work, trouble listening, or challenges with reading social cues can be misattributed to DS. Due to the difficulty in diagnosing inattentive AD/HD, it is less studied, and often goes undiagnosed for longer periods of time. One thing that has been noted to set apart individuals with inattentive AD/HD is that
they struggle with entertaining themselves during unstructured free time. This is especially striking, as many people with DS are good at self-entertaining and occupying themselves during free time. Due to this difference, the inability to entertain oneself should be seen as a red flag for caretakers.

If you are concerned that your loved one with DS has AD/HD, we recommend an evaluation by your health care provider. Assessment for underlying physical issues and sensory issues, as well as a thorough evaluation for AD/HD can improve diagnosis and treatment. Treatments available include behavioral therapy, medications, and other treatments including combining medication and non-medicinal treatments.

References:

1) Mental Wellness in Adults with Down Syndrome: A Guide to Emotional and Behavioral Strengths and Challenges by Dennis McGuire, Ph.D. & Brian Chicoine, M.D.
2) The Guide to Good Health for Teens & Adults with Down Syndrome by Brian Chicoine, M.D. & Dennis McGuire, Ph.D.