Your Guide to

Optimizing Treatment

for Adult ADHD

You Can Become:

- More focused
- Better organized
- More timely
- More attentive
- A better partner

by Melissa Orlov
Nancie Kohlenberger, LMFT

ADHD Treatment is NOT Just About Medication

Let us introduce you and your partner to your many treatment options so you can craft an approach that helps you:

- Become calmer and more focused
- Complete tasks more readily (and without annoying reminders from your partner!)
- Be more on time when you wish to be
- Create structures that help you remember and implement
- Be more attentive and affectionate with your partner

In other words, be more yourself, and live the life you wish to live without the interference of ADHD symptoms.

What follows is an excerpt from *The Couple's Guide to Thriving with ADHD* that was updated in 2020 to provide essential and up-to-date information on making your treatment really work for you. For in-depth information about how ADHD — and responses to ADHD — impact adult relationships, be sure to visit *ADHDmarriage.com.*

This information is taken from The Couple's Guide to Thriving with ADHD © 2014 Melissa Orlov and Nancie Kohlenberger, LMFT and updated in 2020 by Melissa Orlov. All rights reserved.

Originally published by Specialty Press, Inc., Plantation, FL

Cover photo credit: 123rf.com stock photos 737762

Contents

Diagnosis, Treatment, and the Two of You 1

Some Important Notes About ADHD 2

The Neurochemistry of ADHD 3

ADHD as a Reward-Focused Brain 5

Emotional Dysregulation 6

Diagnosing ADHD 6

Getting a Diagnosis 8

What Makes a Good Diagnosis? 8

Testing to Avoid 10

Neuropsychological Testing 10

SPECT Scans 11

Response to Medications as a Diagnosis Tool 11

Finding a Professional 12

Is It ADHD or ADD, and Is It Mild or Severe? 13

What Else Might It Be? 14

Co-existing Conditions 15

What to Treat First 17

Misdiagnosis 18

Multi-Modal Treatment for ADHD—A Stool with Three Legs 19

Target Symptoms 19

Leg 1: Physiological Treatments 20

Stimulant Medications 22

Stimulant Options 23

Other Medications 25

Generics 28

Medication Dosing and Measurement of Response 28

Coverage Across the Day 29

Taking Time Off 30

Medication Side Effects 30

The Symptom Reduction Benchmark and Symptom Tracking 32

Non-Medicinal Leg 1 Treatments 33
Exercise *33*
Sleep *34*
Mindfulness Training *36*
Fish Oil and Omega 3s *36*
Nutrition *37*
Neurofeedback *38*
Self-Medication *38*
Leg 2: Behavioral and Habit Changes 40
Strengths-Based Treatment *42*
Best Resources for Leg 2 Treatments *43*
Leg 3: Overview of Interactive Improvements 44
Medication Reminders? 45
Are You Optimizing Your Treatment? 47
Treatment for Non-ADHD Partners 47
What to Do If a Partner is Resisting Diagnosis or Treatment 48
The Label of ADHD and Bias 50
There's So Much Ahead! 51
Reference List 53

Diagnosis, Treatment, and the Two of You

"Lacking self-control robs you of free will. This is one of the most tragic consequences of ADHD. You might think that you're doing what you desire. Yet if you can't inhibit your behavior, you miss out on the delay between an event and your response. That delay is essential: It gives you the chance to think. Even more critically, that delay empowers you to choose freely."

—Russell Barkley

Treatment is one of the first things couples think about when they discover one or both of them has ADHD. But managing ADHD is complex because there is no one-size-fits-all treatment. So, our information about treatment can be found here, as well as in the treatment and resources sections of *www.ADHDmarriage.com*.

Since we are not medical doctors, Dr. Edward Hallowell and Dr. John Ratey graciously agreed to review and approve this chapter when it was originally published. They are practicing psychiatrists and co-authors of *Driven to Distraction* and many other books on ADHD. Hallowell and Ratey are two of the world's leading medical experts on ADHD.

Some Important Notes About ADHD

More information about ADHD can be found elsewhere, however there are some specific ways to think about ADHD that we want to bring to your attention. Specifically:

- You need to have multiple, chronic symptoms to qualify for a diagnosis of ADHD (see sidebar).
- ADHD is physiologically-based. It is about the neurochemistry of your brain, not about willpower.
- It helps to think of the ADHD brain as a 'reward-focused' brain. It responds most easily to that which feels good or provides neurochemical reward.
- Emotional dysregulation is a bigger part of ADHD than had previously been thought.

The Symptoms of ADHD

- Chronic distraction
- Emotional dysregulation
- Impulsivity
- Hyperactivity/fidgeting in some, not all
- Trouble initiating or completing tasks
- Poor memory
- Chronic disorganization
- Time management issues

The Neurochemistry of ADHD

You most likely have ADHD either because you inherited it or because of a brain trauma. As there are many genes involved in the expression of ADHD, it is not completely understood yet. Most of these genes are associated with the neurotransmitters dopamine and norepinephrine, chemicals that are important to the attention and reward systems of the brain. This means that ADHD is about the chemistry of your brain. But that's not all. It is also about the developmental rate, size, and functionality of specific areas of the brain.[1] Though not all of the details are well understood, the net result is difficulty in the attention and reward systems of the brain, as well as problems with what are called "executive functions." Because ADHD is physiological, you will continue to have ADHD, though it can be very effectively managed.

What Are Executive Functions (EF)?

Executive functions help you exhibit control over your actions so you can reach a goal you wish to achieve. Executive functions work together to allow us to consider our actions and to direct our attention. There are five areas of executive function that are impacted when you have ADHD, though the impact can vary greatly by area and from individual to individual. Very briefly, these areas are:

- ***Non-verbal working memory:*** How our minds make visual images or maps to help us remember things necessary to reach our goals. This EF also helps us see ourselves across time and is used for sequencing events.

- ***Verbal working memory:*** That little voice in your head that gives you directions to do—or not to do—something. While verbal working memory is often used for problem solving *(If I do X, will Y happen?*), it also plays a role in reading comprehension.

- ***Response inhibition:*** The ability to put on the brakes and think before we act. It is also important in delaying gratification.

- ***Emotional and motivational control:*** The ability to sustain work towards a long-term goal; the ability to control one's emotions and reactions.

- ***Planning and problem solving:*** The ability to define the multiple steps in a project, prioritize, and implement. Many with ADHD consider themselves creative, out-of-the-box problem solvers. This is not the same thing as organized.

ADHD as a Reward-Focused Brain

When thinking about how the ADHD brain works, it can be really helpful to think of the ADHD brain as a 'reward-focused' brain. The lower levels of neurochemicals that produce the symptoms of ADHD also lead to a craving of reward. 'Rewards' take many forms when you have ADHD, including:

- New and interesting (this is where the ADHD joke "shiny!" comes from)
- Fun
- Urgent (adds adrenaline)
- High-stimulation (fights; dangerous or exciting activities)
- Feels good (or, more accurately, doesn't feel bad)

This last category leads to a lot of the difficult-to-understand behaviors associated with ADHD, such as: lying to cover up mistakes (which feels better than feeling shame that you blew it again); impulsively buying something you can't afford; running up credit card debt so you don't have to argue with your partner about whether to buy something; not finishing a task that has lost interest (i.e. no longer feels good). Addictions also fall into the 'feel good' category. For example, playing video games 'rewards' the player with little squirts of dopamine that soothe the ADHD brain.

One of the benefits of the reward-focused ADHD brain is that both partners can use the attractiveness of rewards to help them develop 'rewarding' systems to ease ADHD and relationship challenges. For example, one woman with ADHD set up a system for cleaning her kitchen in which she set a timer for 10 minutes and raced it. This hit both her 'fun' and 'urgent' reward buttons.

Emotional Dysregulation

An important part of ADHD that did not receive enough attention until somewhere around 2017 is emotional dysregulation. According to researchers at University of Pennsylvania, among others, the ADHD brain creates an overabundance of emotional content, with under-developed 'brakes' on that content. Ned Hallowell's description of ADHD as having 'a race car brain with bicycle brakes' doesn't just refer to the speed at which that brain works, but also to the high emotions that are not easily checked. These emotions include anxiety, fear, overwhelm, boredom, anger, and rage. They come up faster than one would expect in a given situation, and they are more extreme. It's common to hear an adult with ADHD say that they go from 0-60 in no time at all when it comes to getting angry.

Unregulated negative emotions leave a partner 'walking on eggshells' and not knowing how or when to engage. That's incredibly destructive for a relationship and leads to chronic feelings of stress in a non-ADHD partner. The good news is that emotional dysregulation can be managed as part of treatment for ADHD, both medicinally and non-medicinally. Furthermore, it *should* be, as emotional dysregulation negatively affects all parts of one's life.

Diagnosing ADHD

The first step is getting an evaluation to see whether or not you have ADHD. With no proven *physiological* tests for ADHD at this time, getting the right diagnosis is something of an art form. Clinicians must assess:

- Whether or not the cluster of symptoms and behaviors clearly indicate ADHD, something else, or doesn't qualify for a diagnosis of ADHD. You might have some symptoms, but not enough of them to have full-blown ADHD.
- Whether these symptoms might be something else (such as bipolar disorder) that looks similar to ADHD.
- If ADHD (if it exists) is complicated by coexisting conditions, such as anxiety, depression or sleep disorders.

Getting an evaluation is just the very beginning of what is typically a longer-than-expected journey on the way to creating a thriving relationship. As this journey unfolds, it is typical that non-ADHD partners suffer from anxieties and pose questions related to the repetitive nature of entrenched ADHD symptoms. For example, while observing their partner's slow progress at managing ADHD symptoms, they might wonder, *Is my partner really dedicated to this? If so, why isn't he working harder to address his ADHD?* As understandable as these feelings and uncertainties are, they miss the larger point. People with ADHD have trouble getting organized and following through. That's part of having ADHD. Since, by definition, those with ADHD have trouble getting organized, it is a cart-before-the-horse challenge for them to be organized enough to get a diagnosis and then put effective treatment in place. The process can be frustrating for both partners because it takes time.

But let's start at the beginning—with the diagnosis.

Getting a Diagnosis

ADHD partner: *I've just found out that I probably have ADHD. Figuring out what to do next just seems completely overwhelming. Can you give me some ideas of where to start?*

ADHD partner: *Are there physical tests I can take instead of having a psychological evaluation? I'm 55 and may have trouble recalling childhood memories. I may also have a hard time coming up with specific examples that help me answer the questions.*

A psychiatrist, psychologist, or primary care physician familiar with ADHD is your best resource for an ADHD diagnosis. In some areas you'll find the local expert is a pediatric psychiatrist, whom you may wish to contact. Expertise with ADHD is what you should seek, as ADHD can be tricky to diagnose accurately. This is because it is often accompanied by other conditions, such as anxiety or depression, that can obscure it. In addition, other conditions such as sleep apnea, bipolar disorder, undiagnosed celiac disease, or a very hectic and overscheduled life can superficially mimic ADHD. Ask your doctor how often she diagnoses and treats ADHD to make sure she will be good at teasing apart the various diagnostic options.

What Makes a Good Diagnosis?

A good diagnosis will include a look at your personal and family history, your medical issues and, possibly, your marital concerns. Your evaluator will ask you questions to understand whether or not you qualify for a diagnosis as established in the American Psychiatric Association's diagnostic manual (known as the DSM-5).

What the evaluator is looking for are the *symptomatic behaviors* that accompany the symptoms of ADHD. As an example, you can be unfocused and have difficulty completing tasks. That may not mean you have ADHD. But if that lack of focus impacts your life in a negative way, for example if you find that you constantly lose things or rarely follow through on projects you wish to do, then ADHD may be present. To qualify as having ADHD you have to have multiple, chronic symptoms.

During the diagnostic process it can be a great help to have someone who knows you well (sibling, parent, partner) also give their view of what they observe of your everyday life. Not all diagnosticians ask for input from family members or friends, but it rounds out the picture, and often supplies new information that didn't come out before. Don't worry that your partner might paint a negative picture – those who evaluate ADHD know how to interpret comments your partner or family member might make!

Common tests that have been shown to effectively help diagnose ADHD include:

- The Adult ADHD Self-Report Scale Symptom Checklist
- The Connors Adult ADHD Rating Scales (CAARS)
- The Barkley Adult ADHD Rating Scale (BAARS)
- Weiss Functional Impairment Rating Scale Self-Report (WIFRS-S)
- Executive function testing

Testing to Avoid

Neuropsychological Testing

Russell Barkley, one of the top ADHD researchers in the country, came out with a series of articles in his *ADHD Report* in 2019 outlining why neuropsychological testing is not useful in the diagnosis of ADHD. This is a kind of testing that is sometimes used to diagnose children with ADHD because it is useful in diagnosing learning disabilities and is currently required by the government for obtaining funding for special needs support. That requirement is based on the fact that neuropsych testing is useful in determining if there are learning disabilities present. However, it fails dismally at diagnosing ADHD. Barkley reports that research on its effectiveness shows that 35-87% of people diagnosed with ADHD can *pass* neuropsychological tests while having documented ADHD. That is a rate of false negatives that would make just about anyone furious if it were in anything other than mental health!

Furthermore, since neuropsych testing looks at 'hard data' such as IQ, it can mess up a diagnosis when it is used in conjunction with other sorts of testing. Specifically, when there is conflicting data, diagnosticians and clients may put more weight on the 'hard' data of the neuropsych test rather than on the behavioral ratings. Yet, according to Barkley, when it comes to diagnosing ADHD, it is the neuropsych results that should be tossed out if there is conflicting data.

To be clear, Barkley argues that neuropsych testing should never be used for evaluating adult ADHD, though he recognizes it is necessary for purposes of receiving accommodations in schools, as it is still generally a requirement. Many evaluators still

use it. If you must include it in your evaluation, make sure to choose an evaluator that also uses behavioral testing, and discuss what might happen if the information that results is contradictory before moving ahead with the evaluation.

SPECT Scans

ADHD does impact the way a brain looks when imaged. However, imaging alone is not considered an accurate way to *diagnose* ADHD. Daniel Amen would tell you otherwise, but research suggests that these scans are not reliable as the only method used to diagnose ADHD. Further, they fall down at determining what sorts of co-existing conditions might exist, as well.

Response to Medications as a Diagnosis Tool

ADHD medications address an imbalance of neurochemicals in the brain, including low levels of dopamine. The majority of people who have ADHD will have a positive response to ADHD medications because those medications impact how much dopamine is in their brain. However, there are two reasons this is not diagnostic for ADHD. First, between 20-30% of adults with ADHD *don't* respond to stimulants. Second, people without ADHD often *do* respond to stimulants. So, if your physician suggests you try medications to see if you have ADHD, please seek a better evaluation. There are many co-existing conditions that can 'ride along' with ADHD and you owe it to yourself to get a full picture from a knowledgeable evaluator so you can effectively treat whatever issues you face.

Some doctors (particularly those who don't specialize in ADHD) may give you a quick diagnosis after a brief review of your concerns and a discussion of your history. If you've done your research and you're pretty convinced that you have garden-variety ADHD,

this may suffice, though it's not ideal because of all the possible coexisting conditions. However, be careful with this approach. A hasty diagnosis could lead to an incorrect conclusion or a diagnosis that overlooks other important conditions (such as depression, anxiety, or sleep deprivation) that often go hand in hand with ADHD.

Finding a Professional

If your current physicians don't have the expertise to diagnose ADHD, there are some other resources available to find help. These include:

- CHADD (Children and Adults with Attention Deficit Disorder), a national organization that keeps a small online database of professionals in the field of ADHD. In addition, and often a better bet, local CHADD chapters may keep a list of local resources. Contact the chapter nearest you to see if it has such a list.
- The short but growing referrals list at *www.ADHDmarriage.com/professional-help-support-groups*.
- The *PsychologyToday.com* and *GoodTherapy.org* online databases. These sites are large and allow you to search by zip code and insurance plan. Make sure to call and ask if the person you find genuinely has expertise in ADHD. Many in these databases have checked the "treats ADHD" box along with a long list of other options, suggesting they are not specialists in ADHD.
- Your local school district or learning disabilities group, which may know of professionals in your area.
- A Google search of "adult ADHD diagnosis in (your state or city)" or "ADHD doctors in (your state or city)." The search may help you find resources worth exploring. For the sake of evaluation, avoid any resources you find

that tout "alternative approaches" or that aren't licensed. You can assess these alternative resources for treatment later, once you know whether or not you have ADHD.

- ADHD-specific clinics. Some major medical centers, such as Massachusetts General Hospital and Mt. Sinai Medical Center in New York City, have these. Check your local hospital.
- Clinics that specialize in Cognitive Behavioral Therapy. These clinics may also know of local diagnosticians.

If you can, ask for handouts about ADHD and any treatments you discuss with your doctor. It's hard to remember all of the information he or she will give you. Get a written report of your evaluation to help you remember the details and in case you change doctors in the future.

Is It ADHD or ADD, and Is It Mild or Severe?

Non-ADHD partner: *Is there a difference between ADHD and ADD? When I think of ADHD I think of the classic person who can't sit still. Yet my ADD partner seems to have no energy and is often in la la land.*

ADHD partner: *Is it possible to have "mild" ADD, and how might this affect my relationship?*

One misperception about ADHD is that it's all about little kids who can't sit still. But it is more complex than that, and many with ADHD aren't hyperactive. In fact, "attention deficit hyperactivity disorder" is misnamed. ADHD isn't about a *deficit* of attention—it's about attention *dysregulation*. A person with ADHD can be very distractible much of the time but also have periods of intense focus, often called *hyperfocus*. The "deficit" is

really a deficit of control, or regulation, over one's attention. Just because a person with ADHD *wants* to pay attention to something doesn't mean he or she will be *able* to do so at that moment. ADHD treatment is all about putting strategies in place to help the person with ADHD have more control over his or her attention, emotional regulation, memory, and behaviors.

Distraction is the primary symptom of the condition that used to be called ADD (but is now just included in ADHD) whereas hyperactivity (alone or in combination with distraction) is a symptom of other subtypes of ADHD. So, ADHD looks very different in different people.

In addition, ADHD can vary greatly in intensity. Those with milder ADHD might find they are somewhat distractible and not at all impulsive, so in theory, their ADHD would have less of an impact and would be easier to manage. Those with severe ADHD may be so distractible they can barely function and are also wildly impulsive, highly emotionally reactive, terrible organizers of projects and time, and have very poor short-term memory. It's not surprising that there is a correlation between the severity of ADHD symptoms and a person's ability/inability to succeed in a wide variety of life functions such as work, dating, schooling, and driving.

What Else Might It Be?

ADHD partner: *My doctor has diagnosed me with both ADHD and anxiety. Is there any rule about what should be treated first?*

ADHD partner: *In the diagnostic process, what are the disorders most likely to be confused with ADHD?*

Co-existing Conditions

ADHD often exists with other conditions, which is one reason why it's important to get a good evaluation. In a review of the research about ADHD in adults, researchers and ADHD experts Russell Barkley, M.D., Kevin Murphy, Ph.D., and Mariellen Fischer, Ph.D., found that more than 80% of adults with ADHD will experience at least one other condition in their lifetime, more than 50% will experience two or more, and more than one-third will experience three or more conditions (Barkley, Murphy & Fischer, 2008, p. 241).

The most common conditions that coexist with ADHD are listed below.[1] The incidence percentages are in ranges (from multiple research studies) that give you an idea of the likelihood of co-occurrence:

- **Depression:** 16-31% may be currently depressed, with a lifetime likelihood of 53%.
- **Anxiety:** 24-43% of those with ADHD may also suffer from anxiety, depending upon a number of factors.
- **Oppositional Defiant Disorder:** 24-35% of those with ADHD may also be diagnosed with ODD, a disorder characterized by being overly stubborn or rebellious, and refusing to obey rules.
- **Conduct Disorder:** 17-25% of adults with ADHD may also have this. Those with CD often lie, cheat, steal, fight or bully others.

1 For a detailed overview of coexisting conditions, see ADHD in Adults: What the Science Says by Russell A. Barkley, Kevin R. Murphy, and Mariellen Fischer, The Guildford Press, 2008, pp. 205-244. See pp. 291-304 for information about drug use and substance abuse. Except where noted, coexisting conditions statistics come from this resource.

- **Dyslexia and Dyscalculia:** Considered a reading disability, dyslexia shows up in at least 20% of individuals with ADHD, according to Dr. Ned Hallowell. (Hallowell & Ratey, n.d.). Dyscalculia (a learning disability related to calculations) and dysgraphia (visual processing) also occur with greater frequency in those who have ADHD than in the general population.

- **Alcohol Dependence or Substance Abuse:** People with ADHD can have addictive tendencies, perhaps due to low impulse control or chemical issues in the brain. The likelihood that someone with ADHD will have an alcohol abuse issue in his or her lifetime is 21-53%. Those with ADHD are also more likely to use other substances, particularly marijuana and psychedelics. Interestingly, some research done with young adults found that the correlation between ADHD and substance abuse may be directly tied to the combination of having both ADHD and co-occurring conduct disorder.

- **Tobacco Use:** Repeated studies indicate that there is a direct correlation between the number and severity of ADHD symptoms and the use of tobacco. This may be because nicotine has a stimulant-like effect similar to the ADHD medication methylphenidate—in other words, nicotine is a form of self-medication for ADHD. About 40% of adults with ADHD smoke ("Smoking and ADHD: What," n.d.).

- **Undiagnosed Celiac disease:** Fifteen percent of those with ADHD have celiac disease, (Niederhofer, n.d.) while only about 1% of the general population has it. Celiac symptoms can mimic those of ADHD, so when a gluten-free diet is used, symptoms such as trouble focusing can diminish significantly.

- **Other co-existing conditions:** Tourette syndrome (very rare, but with some overlap with ADHD); learning disabilities (very common); bipolar disorder (research varies about whether there is an increased incidence of bipolar in those who also have ADHD); sleep apnea and other sleep disorders.

What to Treat First

Knowing what else you may have along with ADHD will help your doctor provide the best treatment. If you have a history of depression, for example, your doctor might choose to start treating both the ADHD and your depression with an antidepressant rather than a stimulant medication. If you don't have a long-term history of depression, on the other hand, it might be valuable to treat the ADHD symptoms first, as depression or anxiety might be tied to the untreated ADHD. Once the ADHD is discovered and treated, the other conditions might disappear.

According to Dr. John Ratey, M.D., co-occurring anxiety is often treated successfully with ADHD medication, so the two issues can be handled simultaneously. As he says, "The evolutionary reason for this [i.e., the link between anxiety and ADHD] is that we need to be anxious when we are not focused. As we become more focused we get less anxious. Though this seems paradoxical to many, it is nevertheless true." (J. Ratey, personal communication, December 2, 2013.)

Wes Crenshaw and Kelsey Daughtery (2019, p. 172) note that there are times when anxiety needs to be treated first, particularly for those who get anxious or over-stimulated in a hurry. For those people, stimulants may make them feel overwhelmed or exceedingly anxious. If this happens to you, move to treat the anxiety, then consider whether stimulants or another sort of ADHD medication is the next step.

Misdiagnosis

Some disorders look a lot like ADHD but aren't. These include sleep deprivation, sleep apnea, an eye tracking disorder, and something that Dr. Edward Hallowell calls "pseudo ADD." The latter may occur when your life is overfilled with commitments and your brain becomes overwhelmed. To rule out the possibility of pseudo ADD, eliminate some of your commitments. If your distraction and feelings of being overwhelmed go away, you don't have ADHD.

Bipolar disorder is often confused with ADHD (and sometimes coexists with it). Bipolar disorder is a mood disorder, and those who have it suffer from extended rages, long periods of sleep deprivation, manic behavior, racing thoughts, and more.

Sleep deprivation on its own leads to significant brain function issues that resemble ADHD. These include an inability to respond to stimuli quickly, trouble focusing and remembering, distractibility, irritability and emotional lability, and more. So, sleep issues can be either co-existing condition with ADHD (i.e. you have both) or can be the right diagnosis rather than ADHD.

We have more information about diagnosis online in the treatment section at *www.ADHDmarriage.com*. Look for the menu item *ADHD Treatment*.

Multi-Modal Treatment for ADHD—A Stool with Three Legs

We wrote earlier about how low levels of specific neurochemicals result in ADHD symptoms. However, it's not just symptoms, but the *expression* of those symptoms (i.e. the behaviors one has), that treatment seeks to improve. What's most important is *optimizing* treatment so that ADHD symptoms are managed *well enough* to allow a thriving relationship and joyful life. To help our clients optimize treatment, we describe it as having three legs, like a stool. And, like that stool, the best treatment only "stands" if all three legs are employed. You should be consciously selecting options from all three legs. If you are not doing so, you are not optimizing your ability to manage your ADHD.

Target Symptoms

Before we get to the three legs and specific treatments, we want to encourage you to set target symptoms.

In order to have ADHD you must have a significant number of symptoms. Realistically, you can't work on them all at once. So, it's important to think through what symptomatic behaviors are most getting in your way and create a *short* list of *target symptoms.* These will help your doctor choose the medications that will be most helpful to you. They will also help you monitor your success in managing your ADHD.

With your partner, determine which symptoms most interfere with your life and relationship. Common target symptoms include the following:

- **Distraction:** Doesn't pay attention to partner; loses track of things, conversations, or tasks

- **Impulsivity:** Doesn't think before acting; can't stop anger escalation even when wants to; makes many poor decisions, including financially
- **Poor organization:** Can't figure out how to organize or what steps to take when organizing
- **Poor memory:** Short-term memory is difficult
- **Initiation/disengagement issues:** Procrastinates a lot or, conversely, can't stop whatever he or she is doing…or both
- **Time management:** Often late; poor judge of how long something will take; doesn't learn this from experience
- **Anger management:** Outbursts; quick emotionality; rages
- **Overwhelms easily:** Shuts down quickly in the face of too much emotion or information
- **Sleep problems:** Not enough sleep; can't get to bed early enough; sleep apnea; insomnia

Select 2 or 3 symptoms that you most wish to improve, and talk with your doctor about them when you think through your treatment plan.

Leg 1: Physiological Treatments

Since ADHD is about brain chemistry and function, Leg 1 treatments are all about balancing out that chemistry and function. In other words, they involve changing the way your brain works. This leg includes medication as well as other non-medicinal treatments. The best of the "other" treatments include improved sleep, exercise, mindfulness, and adding Omega 3s to your diet. All Leg 1 treatments create a new balance in the chemistry of your brain, thus optimizing function and helping you manage symptoms.

The results of using treatments from Leg 1 can be impressive. Research suggests that medication can "normalize" (we hate that word, but it gets the idea across…) behavior for 50-65% of adults with ADHD and offer significant relief to another 20-30% of adults (Barkley & Benton, 2010, p. 16). Those are impressive numbers—and that's just medication. Adding sleep improvements, mindfulness training, and exercise can help you do even better. The bottom line is that for the vast majority of you, there is a treatment that can help.

Leg 1 treatments can enhance focus, diminish hyperactivity of the mind or body, clear your mind, and more. That's amazing, but what's important from a *relationship* perspective is what you *do* with that new clarity and attention. You must take your ability to focus better and then apply that focus to improving the behaviors you exhibit with your partner. *That's* where the rubber meets the road for your relationship. Improved focus remains in your head—completely unavailable to anyone else but you—until you do something *with* that focus to change how you act in the world. So, when you think about treatment, don't think about the Leg 1 treatments such as medication as the "end" of treatment. Consider them a beginning. Medication and other Leg 1 treatments are simply tools you can use to live your life more easily and support the focus needed to learn to interact with your partner and family more reliably and happily.

Pills don't teach skills.

It's a mistake to just rely on medication to manage ADHD.

What follows is an overview of some medications commonly used to help treat ADHD and/or co-existing conditions. It is *not* intended to be a complete listing of medications, their side effects, contraindications, or warnings. Please make sure to fully discuss any medication with your doctor to determine if it is right for you.

Stimulant Medications

Medications alter the brain's ability to produce or retain certain chemicals, thus improving brain function. Stimulants are often the first type of medication tried, in part because doctors and patients can quickly see the results of taking them. In addition, stimulants have been used for decades, have been heavily researched, and are considered safe to use when used properly.

Many associate stimulants with 'uppers' but what they do for the ADHD brain is 'stimulate' the availability of the important neurochemicals dopamine and norepinephrine.

There are two main families of stimulants: the amphetamines and the methylphenidates.

The **amphetamine** family includes brand names such as Adderall, Vyvanse, Evekeo, Mydayis and Dexedrine. They block the reuptake of dopamine, accelerate the release of dopamine, and change the levels of the stress hormone norepinephrine. Amphetamines, unlike methylphenidates, are sensitive to how much vitamin C is in your system—the more vitamin C, the faster it clears from your body. In addition, *misuse* of amphetamines can cause very serious issues, including death.

When choosing an amphetamine medication, it's good to know they are made of recipes of two different forms of amphetamines – one that reduces impulsivity, and another that reduces hyperactivity. Different brands contain different ratios ('recipes') of these ingredients. So, depending upon what target symptoms you are trying to address, one brand of stimulant might be a better fit for you than another.

Stimulants in the **methylphenidate** family work by blocking the reuptake of dopamine, making the neurochemicals you produce more available. Methylphenidate brand names include Concerta, Metadate, Ritalin, Daytrana Patch, Methylin, Focalin, Quillivant, and Biphentin (in Canada), among others.

Like amphetamines, the methylphenidate stimulants are composed of combinations of two different molecules. In this case, one is significantly more powerful than the other. That is 'D-methylphenidate,' and it is particularly good at improving focus, but it also is known for its side effects, so adults taking this medication need to work carefully with their doctor to find the right dose that provides focus without side effects.

Stimulant Options

Stimulant brands in both categories differentiate themselves in not only formula, but also in other factors:

- **Release duration:** You can choose from short acting (3-4 hours), long-acting or extended release (6-9 hours), and once-daily preparations (12-16 hours).
- **Release profiles:** Amongst each specific duration group, each medication has its own release profile. Some, such as Vyvanse, release evenly across their duration. Adderall XR releases twice – once quickly, and once about four hours later, meaning it does not have an even distribution but might

fit your need for medication at certain times of day better. Concerta builds slowly throughout the day, with a peak at about 5 hours, then gradually decreases again. Mydayis, which claims to last up to 16 hours, releases three times a day with differing patterns of release. For some, this is perfect. For others, it's too long a release and results in sleep problems.

- **How they can be taken/administered:** The Daytrana patch is a transdermal patch you apply to your skin. Some medications come in oral solutions, some come in pills that can be broken open and sprinkled in food. Another medication is taken the night before, but doesn't start working until the morning (often used for kids who have trouble getting up in the morning). You get the idea…

Unfortunately, with so many choices, there isn't any set pattern for what stimulant medication will work for whom. Some people respond to one variety of stimulant, some to another. Some get side effects from one and not others. If you have comorbid conditions, such as depression, you may also need a second, non-stimulant medication.

You might feel the impact of medications immediately and be one of the lucky people who take their first pill and say, "Oh my, I never knew my brain could work this way!" If so, that's great. Or you might need to experiment to get the right dose which, it turns out, is at least as important as which medication you take. But in all cases, when you are taking a medication that helps you manage your symptoms, there is the *immediate impact* (better focus, for example) and there is a *long-term impact.* This long-term impact is even more important than the immediate one—because over time, medication that works for you enables you to make changes in behaviors that have been getting you in trouble in the past. As you learn how to use your new brain capabilities, you will likely start to be in better control of your life.

As one example, enhanced focus could allow you to stay on task at work or at home and be more successful at that task as a result. Over time, you'll gain confidence that you can finish what you start. So will your partner or your co-workers. Because you can more predictably finish, you'll be better able to successfully organize yourself with confidence. Because you can better organize yourself, your partner will feel less need to constantly remind you to do stuff. You may well finish more completely and more quickly, making both you and your partner happier with your performance. As you can see, medication is just the start, and we'll talk more about how to make these sorts of changes in a bit.

We want you to have realistic expectations. You and your doctor will need to experiment with a number of different options to find the one that works best for you, and it will likely take some time to get it right. Melissa's general rule of thumb is that it takes about a year to get all three legs of treatment in place once someone starts really delving in to how to manage their ADHD.

Other Medications

There are other, non-stimulant, medications used to treat ADHD and/or its common co-existing conditions of anxiety or depression. The following medication descriptions have been modified from information contained in Hallowell and Ratey's book on adult ADHD, *Delivered from Distraction* and from Crenshaw and Daugherty's *ADD and Zombies*.

Bupropion (an NDRI that includes brand names Wellbutrin, Zyban) is a moderately effective treatment for adult ADHD that works by increasing norepinephrine and altering dopamine levels in the brain. It is less effective when used alone, but is particularly

effective when used in conjunction with a stimulant in patients who have both ADHD and depression but not anxiety. It has the advantage of providing 24-hour coverage and not elevating heart rate or blood pressure.

SSRIs (brand names include Lexapro, Zoloft, and Celexa) are mostly used for managing anxiety in those with ADHD and can be used in tandem with stimulant medications, which help with focus (as the SSRIs do not). There are some potential issues with these medications to consider. One is they may create a feeling of malaise. If you take an SSRI and feel particularly unmotivated, consider this a negative side effect and either add a stimulant or move to a different medication. The other potential issue, according to Crenshaw, is that perhaps 50% of patients taking SSRIs find they impact one's sex life. Finally, if you take an SSRI, make sure to not discontinue them suddenly as this will leave you feeling unwell. They must be discontinued gradually.

SNRIs (brand names include Effexor, Cymbalta, Pristiq, Fetzima, and Viibryd.) After watching many clients try these different brands, Crenshaw and Daugherty suggest that Effexor and its generic, venlafaxine, are the best non-stimulants at managing co-occurring ADHD and anxiety or ADHD and depression. Crenshaw and Daugherty report that SNRIs are effective at helping tamp down the anxiety or depression, tend to increase motivation and focus, and also have lower side-effect profiles than other non-stimulant medications. That said, they have to be taken quite regularly to avoid negative emotional or even physical impacts of their going out of your system (called discontinuation syndrome, or DS). With Effexor, the effect begins within a few hours of it not being in your system. So you need a solid back up plan if you forget your pill (as in carrying a spare with you) and a good routine so you don't run into DS very often.

Strattera (atomoxetine) is a non-stimulant ADHD medication that primarily blocks norepinephrine reuptake in the brain. It does not target dopamine (though it may raise dopamine in some specific areas of the brain). Therefore, it works better than stimulants for some people and worse for others. Typically, those it helps have underlying anxiety or depression. It may also be a particularly good choice for those who are worried about addiction issues, as it does not impact the reward centers of the brain associated with addiction. It is considered to have no abuse potential and can be stopped, if necessary, with no ill effects. The full effects of Strattera can take 2-4 weeks to become apparent.

Crenshaw and Daugherty suggest that Effexor or Wellbutrin are often better choices than Strattera because they also address anxiety and depression with fewer side effects than Strattera. (It should be noted here that one very rare, but known, side effect of Strattera is suicidal thinking. Make sure your partner knows you are taking Strattera and that you are both looking for this potentially hazardous side effect.)

Modafinil (brand names NuVigil, Provigil) is usually used in combination with other medications. It makes you alert without providing the "push" or urgent feelings that stimulants sometimes provide and tends to improve time management, prioritization skills, and the like. It also helps smooth out the ups and downs of stimulant medications.

Alpha agonists (brand names Kapvay, Tenex, and Intuniv) were introduced to lower blood pressure. They are used to help reduce hyperactivity in the mind and to induce sleep. They can also be used to treat aggression and regulate moods but are considered less effective for ADHD overall because they do not address focus and attention issues. These drugs are powerful and can cause significant issues when used in conjunction with other medications. Several cases of sudden death were reported when clonidine was used in conjunction with Ritalin, so please avoid that combination.

Beta blockers may be used by some physicians in combination with either stimulants or antidepressants to treat impulsivity, tantrums, feelings of inner tenseness, anger, and anxiety.

Tricyclics, which are older anti-depressants, are also sometimes used because they impact norepinephrine levels. However, they can have significant side effects (including death) and are really a last line option treatment.

Your doctor can discuss your options for the best line of treatment for your specific target symptoms, co-occurring conditions, and physical health. But it's also a good idea to have an understanding of what your options are. The best resource for this I've come across is the book, *ADD and Zombies: Fearless Medication Management for ADD and ADHD* by Wes Crenshaw and Kelsey Daugherty.

Generics

Some generics work like the name brand medication. Some do not. Don't assume there is a direct, one to one translation from a name brand to its generic, or vice versa. If you don't think the generic is working for you as well as the name brand did, talk with your doctor.

Medication Dosing and Measurement of Response

If you are taking a stimulant, your dose is at least as important as the brand and type of stimulant you are taking. Again, there is a wide range of doses people of similar size might take. Some people are highly sensitive to the medications, while others are not sensitive at all. As a result, physicians will usually start with a small dose of one type of stimulant, then work to larger doses and/or a different stimulant altogether based upon your response. Start with a small dose and move up until you are getting the

impact you seek or until you get to the point where the dose is too high. Too high a dose of a methylphenidate may make you feel "stoned" or zombie-like. Too much of an amphetamine may increase anger, irritability, and tension.

So, start low, and work your way up until you obtain symptom relief without difficult side effects. If you have side effects, talk with your doctor about lowering the dose again, adding a second medication at a very low dose, or trying a different medication altogether.

Though it takes time to experiment to find just the right dose and medication (often many months), it is well worth the effort. In research, the impact a medication has on target symptoms is measured in "effect size." The greater the effect size, the better the result. The benchmark for a solid, robust effect size is a 1.0. The effect size for stimulants in blind clinical trials is .95—in other words, quite good. The effect size for stimulants in optimized dose trials where patients worked with doctors to take just the right dose was 2.2! That's a big difference, and means you should keep working with your doctor until you feel comfortable that you are getting the best you can from your medications. And don't forget, the best 'medication' for you might be two medications if you have ADHD with other co-occurring conditions.

Coverage Across the Day

The ideal ADHD medication is one that works well for you and provides symptom relief all of the time you are awake. Wellbutrin and Strattera have the potential for 24-hour coverage, and Vyvanse mimics full coverage for some. To get good, 12-16 hour coverage with some of the stimulants, you may have to take medications multiple times during the day. Your doctor can help you create a schedule to do this.

Non-ADHD partner: *My spouse takes medication for work and seems to be improving in that realm. But by the time he's home, the meds have worn off. Plus, he says he likes to take a break from the meds on the weekends. This strikes me as unfair!*

If you have ADHD and are interested in improving your relationship, then taking medications at home as well as at work makes sense. This woman is right—if ADHD symptoms are a problem, then taking a break on weekends is not a great approach to creating a happy relationship. If your desire to take a break stems from side effects, then talk with your doctor about your treatment options.

Taking Time Off

Crenshaw and Daugherty recommend taking 2 weeks of continuous time away from stimulant medications each year to make sure you don't develop a tolerance to them. Hallowell suggests taking a week or so off if you feel as if the meds aren't working for you as they used to at your regular dose. If you start to feel as if they just aren't working as they should, you may need a break.

Medication Side Effects

Medications for ADHD are generally well tolerated, and side effects, if they do occur, are often mild and can usually be addressed through changing dosage or medication.

There are a few side effects that we want to make you aware of. *Please make sure to talk with your doctor about the side effects of the specific medication you are considering taking and any interactions they might have with other medications you take. In most cases you can take medication with very few or no side effects and still see much improvement in target symptoms.* ***What we've listed here is not a complete list!***

- **Interferes with sleep:** If you are taking a stimulant medication that interferes with your sleep, you may be negating the benefits of the medication—perhaps completely—because sleep deprivation increases ADHD symptoms. Take your final dose earlier in the day, take a lower dose, or consider a different medication altogether.

- **Appetite suppression:** According to Dr. Hallowell, appetite suppression is by far the most common side effect of stimulants. See your doctor if unwanted weight loss occurs.

- **Anger/irritability:** Stimulants can increase irritability or anger. If this happens to you, try a different dose or different medication. Anger and irritability are not good side effects in a relationship!

- **Suicidal thinking:** A very rare but known side effect of Strattera is suicidal thinking. If you decide to try Strattera, make sure that both you and your spouse are alert to changes in your mood. These changes can come on suddenly, so if you start to feel depressed or suicidal, assume it is the medication and *immediately* seek help.

- **Feeling tamped down:** Some of the medications have the effect of lessening anxiety or agitation, which can be a good thing if that is what you need. Or, if it's not, you may find yourself feeling exceptionally unmotivated. If so, that could be a side-effect.

- **Sexual issues:** Some of the meds may have sexual side effects, particularly the anti-depressants. If you find that you are no longer interested in sex, or have difficulty climaxing when you didn't used to, then consider talking with your doctor about it. If the medication is a short acting stimulant, you can also take your stimulant after you have sex. This side effect can be off-putting to some who aren't sure about medication. Just remember that if you don't like what happens when you take a stimulant medication you can

simply stop taking it and return to whatever your previous 'normal' was. If you are taking an anti-depressant, talk with your doctor about titrating off of it.

- **Lowered tolerance to alcohol:** Effexor, in particular, has this issue.

The bottom line on side effects: 70-80% of adults with ADHD can find a medication that significantly helps them manage their ADHD without side effects. So, while reading about side effects may be scary, the chances are good that you will be able to find something that helps you manage your symptoms.

The Symptom Reduction Benchmark and Symptom Tracking

Research suggests that significant behavioral change comes when symptom reduction is measured at, or greater than, 50% (Mason, n.d). So that should be your minimum symptom reduction target.

To track shifts in symptom expression, fill out a symptom tracking worksheet either before each visit to your doctor, monthly, or quarterly if your doctor visits are infrequent. One that is often used for adults is the *Adult ADHD Self-Report Scale (ASRS v1.1)*. This can be found in PDF format in the treatment guide area at *www.ADHDmarriage.com*. Tracking your symptoms helps you see how you are doing and helps you remember the benefit of continuing to manage your ADHD.

It's a great idea to have both spouses track symptoms. It is fairly common for someone with ADHD to be unaware of symptomatic behaviors that are having a big impact on a partner.

Once you've found the self-report scale on the website, add some information to help you really understand what's happening in your treatment:

- Your specific target symptoms if they aren't already listed.
- Sleep patterns – how are you doing on getting enough sleep?
- Agitation, anger, irritability, and emotionality. Rate how you are doing with managing your negative emotions.
- Any symptoms or issues that you feel are important that aren't specifically mentioned that you wish to track.

Non-Medicinal Leg 1 Treatments

Exercise

It's not news that exercising is good for you. From the perspective of treating ADHD, exercise has very specific benefits. *Aerobic* exercise can alter brain chemistry (temporarily) and function (long-term) to:

- Create a period of a couple of hours of improved focus immediately after physical activity. Exercising right before you need a boost of attention can be used strategically to boost attention for meetings, time with family, and taking on things that are particularly difficult;
- Over time create new neural pathways that improve learning, retention, attention, and more through a process called neurogenesis;
- Significantly diminish depression and anxiety, which often accompany ADHD;
- Improve mood in general, helping you stay calm in spousal interactions;
- Enhance cognitive function.

According to Dr. John Ratey, an expert on the impact of exercise on the brain, you want to get at least 30 minutes of moderate to intense exercise every day. To do so, try brisk walking, running, riding a bike, jumping rope, swimming, or…you name it. Just try to get your heart rate up enough so that you are sweating. If you can get more than those 30 minutes, great!

Take a Brain Break!

Dr. John Ratey suggests that 3-5 minutes of fairly intense exercise is great preparation for work that requires you to concentrate fully—like homework, presentations for work, or listening to your mate. Walk or run up stairs, jump rope, run in place, or do jumping jacks to get your heart rate up. It really turns on the executive functions!

You can also use brief spurts of exercise to reboot your brain when you start to fade. Say you are sitting at your computer too long. Just stand up and do 25 jumping jacks, or jog in place, lifting your knees as high as you can. This will send oxygen flowing to your brain and help energize you for your next session of concentration.

If you find you are having trouble sticking to an exercise routine, consider joining a scheduled class or getting an exercise buddy with whom you commit to specific times to exercise.

Sleep

We cannot emphasize enough how important good sleep is to those who have ADHD. We also know how hard it is for many with ADHD to get it.

Study after study reports that adults need approximately 7.5 to 8 hours of sleep a night to function at peak cognition. As an added perk, 8 hours of sleep a night forestalls cognitive decline, Alzheimer's, and diabetes. It also helps you keep weight off! Even *30 minutes* less than 8 hours a night has a measurable negative effect on your ability to think and work. People who have survived on less sleep than that for decades often think that they don't need as much sleep as everyone else. Nope. A very, very small proportion of the population needs less sleep than 8 hours—we're talking perhaps 3%.[2] Chances are, that's *not* you! This means it's VERY likely you BOTH need more sleep.

Sleep deprivation significantly *increases* the expression of ADHD symptoms and *decreases* your ability to manage your emotions. Let's turn that around: the reason it's important for you to take your sleep schedule *really* seriously is that sleep is one of the best treatments around for ADHD. This makes sense. If you already have trouble focusing because of ADHD, the cognitive decline caused by sleep deprivation will just make your focus worse. We've included information about ways to improve your ability to sleep (called "sleep hygiene") in the online treatment overview at *ADHDmarriage.com*. Melissa's sleep worksheet provides a concrete, research-based list of things you can do to improve the duration and quality of your sleep.

Finally, you should be aware that there is a higher incidence of sleep apnea amongst those who have ADHD. In fact, there is some discussion as to whether or not sleep apnea issues are actually being misdiagnosed as ADHD. In any event, if the sleep hygiene suggestions in the *Overview of Treatments for Adult ADHD* don't work for you, we recommend you consult a sleep specialist to find out if something other than ADHD is going on.

Sleep Tip

Don't watch electronics near bedtime without a blue light filter. The blue light that electronics emit "tells" your brain it's time to be awake and diminishes the production of melatonin needed to fall sleep. Most recent phones and tablets have a blue light filter feature. Check your settings. For more tips on improving sleep, go to the ADHD Treatment section of *ADHDmarriage.com* and look under *Non-Medicinal Treatments for ADHD*.

Mindfulness Training

Mindfulness training for those with ADHD is about learning to slow down and notice what's going on around you in a more measured way. It's about training yourself to direct your attention, emotions, impulsivity, and self-control. It's been shown to be an excellent treatment for many with ADHD and can be very helpful in relationships, specifically.

The best resource for mindfulness training is Lidia Zylowska, M.D.,'s book, *The Mindfulness Prescription for Adult ADHD*. Another option is *MindfullyADD.com*, which offers a subscription to short mindfulness training videos.

Fish Oil and Omega 3s

Our brain needs Omega 3s to function properly, yet the North American diet does not contain enough food rich in this nutrient. As a result, most of us have too much Omega 6 (found in safflower oil, vegetable oils, and many nuts) and too little Omega 3 (found in oily fishes, flax seeds, walnuts, and winter squash).

Some research done with children suggests that adding fish oil to the diet can help manage ADHD, though it's probably not enough of an impact to suffice as a solo treatment for most. Dr. Hallowell currently recommends that adults take up to 2,000mg a day of fish oil to help treat ADHD symptoms as part of a broader treatment plan. Look for fish oil that has higher concentrations of EPA to DHA as studies show them to be better for mood and attentional control.

Nutrition

Meta-analysis of the research done to date on the impact of diet on ADHD symptoms suggests that diet and food additives have a negligible impact on ADHD symptoms (Barkley, 2012). The only exceptions were eliminating specific food colorings, which provides a very small improvement for those allergic to it, and adding fatty acids such as fish oil (see above) (Sonuga-Barke et al., 2013).

However, since improving your diet is always good for your health, it probably makes sense to consider trying a shift to see whether a change in diet helps you…particularly if your diet is heavy in sugars and caffeine that might interfere with sleep.

Dr. Hallowell's advice for nutrition changes include the following:

- Eat protein at every meal—this helps keep your energy levels and mood more stable.
- Eat primarily vegetables, beans, and whole (rather than processed) grains.
- Eliminate sugar and caffeine whenever possible.

In other words, do all the things that the nutrition experts suggest.

There is also some evidence that a gluten free diet may substantially improve ADHD symptoms *for those who have undiagnosed celiac disease*, which is more highly represented in the ADHD population than the population at large. Fifteen percent of those with ADHD have celiac disease versus one percent of the general population (Niederhofer, n.d.). The data is less clear for those who simply have gluten intolerance. As three data points, Dr. Ned Hallowell (who has ADHD himself) went gluten free for a year and reported a very significant improvement in his symptoms. Dr. John Ratey (who also has ADHD) went grain free and reported more energy, less impulsivity and better motivation. The Orlovs also saw minor improvements in symptoms. All lost weight at the same time. As a data set of three, that's hearsay, not science. On the other hand, it won't hurt you to try it, and if you do see the kind of response that Hallowell and Ratey have seen, you will be thankful. Just remember that you may have to try a gluten free diet for several months before reaching any conclusions.

Neurofeedback

The research is mixed about the effectiveness of neurofeedback for addressing the major symptoms of ADHD. Some research suggests it can have a mid-range effect size, other suggests it's not particularly useful for the primary symptoms of ADHD. Furthermore, it's quite expensive, there are different kinds of neurofeedback (making it hard to figure out if you are choosing the right one), and many of the protocols use 50 or more sessions.

Self-Medication

A number of habits that ADHD people adopt are actually forms of self-medication. We wish to make you aware of a few but leave it to you to decide whether these forms of self-medication are positive or negative in your relationship:

- **Caffeine:** Caffeine is a stimulant and therefore can help provide focus. Too much, though, can interfere with sleep, which then makes symptoms worse. According to Dr. Ratey, energy drinks are particularly dangerous. They work, but at a cost to overall health and are much more dangerous than taking stimulants, as people often don't think of them as medication and therefore use them in erratic, out-of-control ways.

- **Video games:** When you play video games or watch fast-changing films or commercials, your brain responds with little squirts of dopamine. This feels good, though too much time on computers and videos can interfere with connecting with family members and, sometimes, your work.

- **Marijuana:** For some, pot calms an overactive mind. Unfortunately, impulse control issues for those with ADHD can result in using too much pot and hurting other parts of your life, such as your ability to hold a job.

- **Tobacco:** Repeated studies show a correlation between tobacco use and severity of ADHD, possibly because tobacco is a stimulant and therefore used as a form of self-medication.

- **Porn:** Some use porn to quench a chemical "itch" when they feel the need for stimulation. If a partner objects to the porn, impulse control issues can create unwanted conflict.

- **High stimulation activities:** From sky diving to picking fights, highly stimulating activities can feel good to those with ADHD.

- **Sports:** All exercise is good for calming the ADHD mind.

- **CBD oil:** There is no research to suggest that this is an effective treatment for ADHD symptoms, though Dr. Hallowell does report he finds it useful with managing stress and anxiety, as well as a sleep aid. If you decide to try CBD oil, Hallowell recommends using OmegaBrite CBD because it is pharmaceutical grade and precisely dosed.

Leg 2: Behavioral and Habit Changes

Leg 1 treatments are all about getting your body and brain into good shape for optimal performance. Leg 2 treatments are about using that improved brainpower and self-control to change your ADHD behavior and habits in ways that will benefit your life.

An easy way to think about this leg is to realize that those with ADHD often need *external structures* to organize their thinking and time. It isn't that people with ADHD don't know what they ought to be doing—it's that they often can't follow through on what they *want* to do at the right time because symptoms, such as distraction, difficulty planning, and poor short-term memory, interfere. Leg 2 treatments provide an infrastructure so that symptoms like these don't rule—you do. Want to get the car serviced? Use the Leg 2 support structures to put it on the calendar and set one or more reminders. Odds are, the car will get serviced.

ADHD adults often suffer from thinking things such as *everybody else seems to be able to do what they say they will. I ought to be able to, as well, if I just try harder*. This is a trap you don't want to fall into! It's not about trying *harder*—it's about trying *differently.* Simplifying and organizing boring tasks comes more easily to non-ADHD partners because the reminder and reward system is there— invisibly—on the *inside* of their heads. For those with ADHD, that internal system is not there—by definition. That's the "executive function problems" description of ADHD. This means you must *add external structures* that non-ADHD partners don't use.

When those with ADHD accept that their reminder system needs to be external because of their ADHD—and stop beating themselves up about being different—their lives can get much, much easier. It's just fine that a doctor with ADHD has trouble remembering to put his socks in the hamper with the system he currently uses. It's probably a system

that is better suited to someone without ADHD. He might prefer a separate hamper located next to where he gets dressed so that it's within view at the right time. Or he might hang a note next to his bathroom mirror to remind himself to pick up the bedroom right before bed. Taking these steps will ensure that the socks don't remain in a pile on the bed. Of course, he might have to experiment with different solutions before finding something that works for him. Not everyone is the same or is helped by the same external structures.

ADHD coaches can be a big help with Leg 2 treatments. A good ADHD coach can point you towards possible solutions that have worked for others with ADHD, shortening the time it takes to find the right ideas for you. He or she can also provide temporary external structures (reminders, charts, and the like) to help you create new habits. There is a list of ADHD coaches on *ADHDmarriage.com* under *Books & Resources* for *ADHD-savvy professionals.*

So, while Leg 1 treatments can provide focus, clarity and calm, Leg 2 treatments are exciting because they put you back in charge of your life! When you have good external structures in place, you can then decide *whether* or not to do something and *when* to do it. You can remind yourself to engage in your relationship more fully when you *want* to. You can *choose* whether or not to express an angry thought that comes to your head. You can…be you! And typically, the real you looks a lot better, and a lot more reliable, trustworthy, and lovable than those ADHD symptoms.

Getting those Leg 2 behaviors and reminder structures in place takes work. Often adults with ADHD must build this support structure for the first time ever. But it is worth every ounce of effort because these structures put ADHD symptoms back where they belong—under your control. And once that happens, all those other wonderful characteristics you possess, and interests you have, can shine through again.

Strengths-Based Treatment

As each of you ponders what external structures to use, utilize your strengths. If you are a visual person, notes and whiteboards might work well. If you are an audible learner, perhaps using a voice recorder to capture information and setting audible alarms will help. If you like to write, journaling to work out your feelings could be effective. Further, think about structuring your life and tasks around things you do well. Some of us spent a lot of time in school remediating our weaknesses. But as an adult you don't have any paper exams to complete. Once you get past a very basic level of competence, it's much more effective to strengthen your strengths.

As part of a couple, you don't have to do everything well. George is the tech guru whiz in the Orlov household. Anything to do with technology is his bailiwick. He also does everything needed for bike maintenance (something he always finds interesting!), all the family travel planning, health insurance details, and investment. Melissa is a natural manager, so she does the general bill paying, sets up social get togethers, manages home maintenance, and does most of the cooking. For our family, separating out the tasks seems to work better than sharing them.

Everybody has skills and talents. As you search for these, think broadly. Think about qualities such as empathy, creativity, energy, organization, and more. An empathetic and energetic partner might make a great caregiver for children, for example, even if he isn't very organized. Remember to play to your strengths as often as possible and to support your partner in doing the same. This will help you both shine!

Best Resources for Leg 2 Treatments

There are numerous resources for great ideas about how to get more organized, plan better, be on time, and accomplish all the other challenging elements of daily life. We mentioned ADHD coaches as one option. There are also many books, videos, and a growing library of online presentations available. We suggest you delve into the topic and search for those ideas that resonate with you. Then experiment to see what works!

Below are a few books we think are quite good. A more complete list appears at *www.ADHDmarriage.com* under Books & Resources/books/recommended reading. These books are concise, informative, well organized and, importantly, very positive. You *can* make these changes, and these authors know this because they've seen so many others triumph.

ADD-Friendly Ways to Organize Your Life by Judith Kolberg & Kathleen Nadeau, Ph.D.—this book is organized into sections, such as *Learning to Prioritize* and *Time Awareness,* that get to the heart of ADHD symptom issues and provide specific, actionable ideas for how to manage these issues. Highly recommended.

More Attention, Less Deficit: Success Strategies for Adults with ADHD by Ari Tuckman, PsyD, MBA—This book is by far the longest of those we suggest here, but that's because it's about more than just setting structures in place—it also provides interesting, in-

depth information about ADHD, treatment, coping strategies, and more. Behavioral strategies are listed throughout the book, with the last chapters dedicated to tactics you can try. Tuckman also has an extensive library of excellent ADHD podcasts at his *More Attention, Less Deficit* website, which you can find at *adultadhdbook.com/more-attention-podcast.*

There are other recommended books at *ADHDmarriage.com* in the Books menu tab.

Leg 3: Overview of Interactive Improvements

The final leg of our treatment "stool" involves *interactions with your partner*. The overarching concept of this leg is that there are many ways for the two of you to interact around ADHD symptoms. Some provide a positive boost to your relationship while others are quite negative. We want you to use the positive ones!

My two books, *The ADHD Effect on Marriage* and *The Couple's Guide to Thriving with ADHD,* provide many, many examples of Leg 3 treatments and ways to improve your interactions, but here are some overarching concepts to keep in mind. In general, you are moving in the right direction on Leg 3 if you seek ways to interact that are:

- **Respectful.** Respect each other and the fact that you do things differently.
- **Kind.** This sounds simplistic, but it's important. High levels of frustration often lead to low levels of kindness. Remember, this is your life partner. He or she deserves your kindness.
- **Positively engaged.** Your temptation, if you are struggling, may be to disengage. It's often easier than negotiating your differences. Unfortunately, disengaging typically increases your problems over the long-term.

- **Honest about your needs.** Don't bury your needs. Instead, express them in a way that is respectful and kind. It's much healthier for you both.
- **ADHD aware.** ADHD will remain a part of your relationship. Guard against symptom or motivation misinterpretation. Remind yourselves to seek ADHD-friendly approaches to the issues that come up in your lives.

It's important to reiterate a key point: if your partner thinks that ADHD—or responses to ADHD—are hurting your relationship, then you should respond even if you don't agree. After all, *responding is a form of respect and validation*. There is nothing that says an ADHD partner must take medication. But not choosing *some* form of ADHD treatment and behavior modification is a way of saying *I don't care what you think or what your problems are.* That's not respectful, validating, or kind! Ditto for non-ADHD partners. If your partner suggests you are controlling, angry, or some other description you find hard to hear, *don't ignore it*! We urge you BOTH to engage in Leg 3 treatment.

Medication Reminders?

> ***Non-ADHD partner:*** *My husband often forgets to take his meds but gets upset if I remind him. I don't know what to do. I was so looking forward to some changes for the better. Now his forgetfulness is causing a problem.*

Like it or not, the person who has ADHD is in charge of the body that displays the ADHD behaviors. This leaves non-ADHD or other-ADHD partners in the position of *lobbying* for what they believe should happen, without taking over responsibility for the partner's actions by parenting or nagging. It's a very fine line, and sometimes it's hard to keep from crossing it. Reminding your partner to take medications is parenting behavior and should be avoided. Instead, see if a longer-term pattern of forgetfulness or inconsistency

develops, and talk about medication management in general as an important tool in calming your relationship. In that conversation you can reiterate how helpful it is when there is a system in place to ensure medication is taken regularly.

Another version of this issue is a person who suspects he/she might have ADHD but can't manage to make the appointment for diagnosis. In this instance, we suggest an open conversation. If the partner with suspected ADHD really does wish to get a diagnosis but just can't remember to pick up the phone or do the necessary research, then we think it's appropriate for the non-ADHD partner to offer to make the appointment. This gets the ball rolling by removing a stumbling block that just doesn't need to be there. Your partner wants to get help, and this is a small contribution to your mutual progress.

In general, our advice is to try to remain a *partner* rather than a *parent figure* in the search for getting ADHD treatment right. Actions appropriate for partners include:

- Offering temporary help if it's needed. However, leave it up to the ADHD partner to decide whether to accept that help. Do NOT take on the role of long-term reminder person. That's for audible alarms or calendars!
- Being a second point of reference for symptom tracking, if the ADHD partner agrees. Two sets of eyes are better than one.
- Making suggestions for reminder structures without dictating their use. For example, you might say, "I saw a great pillbox today that glows bright red if you haven't taken your pill at the right time!"
- Reinforcing positive behavior as it happens with comments, such as "I noticed how focused you were today and it was so great!" Or, "I'm so delighted you decided to use a coach!"

We urge both partners to remain patient but also committed to forward progress. It often takes a long time—months, not weeks—to get medications figured out, so giving ADHD partners some breathing space is good. Remember to remain respectful of the ADHD partner's efforts to put treatment strategies in place. If it were easy, it would have happened a long, long time ago.

Are You Optimizing Your Treatment?

To see how robust your treatment is, consider using the downloadable *ADHD Effect Treatment Optimization Worksheet* found in the *ADHD Treatment/Start Here* section at *ADHDmarriage.com*. It will help you assess whether or not there are other, or incremental, treatment options that might make sense for you.

Treatment for Non-ADHD Partners

Living with someone with undermanaged or untreated ADHD is stressful, and many non-ADHD partners develop physiological and emotional problems in response. Depression and anxiety are common, as are physical issues related to stress. Non-ADHD partners need to make sure that they don't ignore their own health as they focus on ADHD-related issues. See a doctor or therapist if you feel depressed, anxious, or sick. Get plenty of sleep and exercise. Eat right. And make sure you get enough time with friends and family, as well as your partner, so you will continue to have a life you love.

Learning to manage ADHD is a marathon, not a sprint. You need to be physiologically and mentally ready for the long run.

What to Do If a Partner is Resisting Diagnosis or Treatment

Non-ADHD partner: *My husband has ADHD and is currently undiagnosed. He is less concerned about getting diagnosed than I feel he should be, and we are arguing about this quite a bit. What's the best way to approach this problem?*

Non-ADHD partner: *My partner is taking medications for ADHD but is doing nothing else, so not much has changed for us. He doesn't think his ADHD is a very big deal. What do I do?*

Many adults who will eventually be diagnosed with ADHD initially resist the idea that they might have it. When we've talked with adults about this, they tell us they:

- Thought ADHD was only for kids.
- Can't have ADHD because they know someone with ADHD and they are nothing like this person. They don't realize that those with ADHD show symptoms in different ways.
- Thought they were doing fine.
- Resented the idea that their partner might be asking for an evaluation in order to be able to blame them for their relationship troubles.
- Could easily see their partner's anger, frustration, stress, or other issues and felt this was the real reason for their troubles.
- Were successful at work and therefore couldn't have ADHD (unfortunately, this is a misconception held by some doctors, too).

- Were tired of their partner's nagging and pressure and didn't want to give in, just on principle.
- Thought that smart people didn't have ADHD (intelligence is not correlated with whether or not you have ADHD).

Even after diagnosis, relationship problems encouraged by ADHD symptoms might continue. Melissa and George fought about whether ADHD mattered for two years after his diagnosis. George angrily summed up his feelings about Melissa's claims that ADHD was a problem by saying, "You are the one who is unhappy in this relationship! You obviously have a problem with me. But I don't have a problem with me—I'm just fine! You're the one with the problem!!!"

One resource is a blog post I wrote to help men with ADHD understand just how much their ADHD impacts their partner*, For Men with ADHD Who Aren't Convinced It Matters.*

If you are asking an ADHD partner to consider diagnosis or treatment and are facing resistance, we urge you to drop the label of ADHD for a while. Focus, instead, on the *issues* that show up in your relationship. Ultimately, it is the issues that need to be addressed. If, at some point in the future, the two of you continue to struggle and are searching for other approaches, then return to the possibility of ADHD. At that point you'll be able to refer to what tactics didn't work and bolster your point of view that considering ADHD might be useful.

The Label of ADHD and Bias

Controversial research from Harvard about the nature of bias indicates that our brain may make associations that lead us to connect certain ideas with certain labels (Levitin, 2013). This isn't just cultural. It is *physiologically* easier for us to make some associations than others. This has implications in your relationship.

ADHD partner: *I hate the idea of being labeled as ADHD.*

Some people resist even the idea of getting an ADHD diagnosis because of its negative associations in the media and among friends. Trying to change how you view ADHD and calling it *a different way of being in the world* can help but doesn't fully address the issue.

It's easy for people to harbor unconscious biases about what the label ADHD means. Typical associations might include the following: incompetent, "needs help," thoughtless, rude, dumb, slow, broken, stubborn, and more. These associations may well come more freely than less judgmental associations such as creative, unique, free-spirited, considering all options, energetic, or independent. As you were reading, which set of words was easier for you to associate with? Did one of them stop you short? The first set may resonate more easily with you, but the second set is also true for most with ADHD. Other people's tendency to speak of ADHD in the negative means an ADHD partner's wariness of the label "ADHD" has merit.

The best approach that a non-ADHD partner can take when faced with resistance about the importance of ADHD or any leg of treatment is to:

- Acknowledge that the biases against being labeled ADHD are worthy of concern, and work diligently to combat any personal biases. We hope concerns over bias will not stand in the way of an evaluation and diagnosis, for learning to manage ADHD has great value.
- Acknowledge that ADHD is your partner's health issue. Like it or not, it's your partner's body and should be under his or her control—not yours.
- Not dictate either diagnosis or specific types of treatment. Focus instead on the issues that you feel the two of you have in the relationship. You don't care *how* your ADHD partner addresses those issues, only *that* she addresses those issues!
- Take the pressure off. Sometimes resistance is a knee-jerk response to feeling as if a non-ADHD partner is trying to exert too much control.
- Work on your own issues immediately. You probably have them, and it's hard to request your partner make changes when you aren't doing so yourself.

There's So Much Ahead!

Thanks for taking the time to read this treatment e-book! It's great news to get an ADHD diagnosis because if you have ADHD, you've had these symptoms all along. Now you know what's going on and, more importantly, can learn how to make your life happier and easier.

If you have more questions about ADHD or ADHD in relationships, I hope you will explore www.ADHDmarriage.com. There are many resources there to help answer your questions. You, like so many others, really can find the love you thought you had lost.

Endnotes

1 According to Iliyan Ivanov, M.C., of the Mt. Sinai School of Medicine in New York City, brain scans show that those with ADHD tend to have a smaller thalamic surface and that portions of the corpus callosum section of their brain are smaller. In addition, Dr. Hallowell notes that the prefrontal cortex and the vermis of the cerebellum are areas of the brain that "are ever so slightly different" in those who have ADHD. This is reinforced by Dr. Martin Teicher, Director of the Developmental Biopsychiatry Research Program of McLean Hospital, who observes that there are differences in the cerebellum that show up on MRIs.

2 See the work of Dr. Daniel Buyesse, University of Pittsburgh, on "short sleepers."

Reference List

Barkley, R. A. (2012, October). Effectiveness of restricted elimination diets for management of ADHD: Concerns about the 2011 INCA study. The ADHD Report, 20(5), 1-12.

Barkley, R. A., & Benton, C. M. (2010). Taking charge of adult ADHD. New York, NY: Guilford Press.
Foremost ADHD researcher explains ADHD and provides advice about how to manage it. Full of facts and ideas.

Barkley, R. A., Murphy, K. R., & Fischer, M. (2008). ADHD in adults: What the science says. New York, NY: Guilford Press.
Methodologically rigorous review of the research on ADHD up to 2008.

Crenshaw, W., & Daugherty, K. (2019). ADD and Zombies: Fearless medication management for ADD and ADHD. Lawrence, KS: Family Psychological Press.

Hallowell, E., & Ratey, J. (n.d.). About Dyslexia: Symptoms; Signs; Statistics; and a Personal Story. Retrieved January 2, 2014, from http://www.additudemag.com/adhd/article/799.html

Hallowell, E. M., & Ratey, J. J. (2005). Deivered from distraction: Getting the most out of life with attention deficit disorder. New York, NY: Ballantine.
Inspirational look at adult ADHD and how to live your life fully with it by two of the world's experts on ADHD.

Levitin, D. (2013, February 8). What you might be missing: Startling stories about how our minds work can too easily neglect the bigger picture. Retrieved January 3, 2014, from http://online.wsj.com/news/articles/SB10001424127887323829504578272241035441214
Review of the book, Blindspot

Mason, O. (n.d.). When two meds are better than one: Combination medication management for ADHD [PowerPoint presentation]. Retrieved from http://www.attentionmd.com/
Presented at 2013 CHADD conference on 11/9/13. Symptom reduction studies cited specifically in presentation.

Niederhofer, H. (n.d.). Association of attention deficity hyperactivity disorder and celiac disease: A brief report. Retrieved January 2, 2014, from http://www.ncbi.nlm.nih.gov/pubmed/21977364

Ratey, J. (2013, December 2). [E-mail to M. Orlov].

Smoking and ADHD: What's the connection? (n.d.). Retrieved January 2, 2014, from http://www.help4adhd.org/faq.cfm?fid=44&varLang=en

Sonuga-Barke, E. J.S., Brandeis, D., Cortese, S., Ferrin, M., Holtmann, M., Stevenson, J., . . . European ADHD Guidelines Group. (2013). Nonpharmacological interventions for ADHD: Systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments. American Journal of Psychiatry, 170(3), 275-289.