Richard, 37, is among an estimated one in 10 adults who display classic ADHD symptoms. The profile of an adult with ADHD does vary from that of a child. Instead of pure hyperactive behaviour, adults with the disorder display traits such as impulsiveness, excessive procrastination and an inability to complete everyday tasks.

Now a successful businessman, Richard had previously found it impossible to hold down a job and his condition blighted his prospects and relationships. He underwent treatment at London’s Maudsley hospital. Here, doctors have been using cognitive behavioural therapy (CBT) alongside traditional drug treatments to help patients take control of their disordered lives.

South London and Maudsley NHS Foundation Trust (SLaM) runs one of only two in-hospital adult ADHD clinics in the UK. It is still the only clinic that accepts referrals from across Britain, although local services are slowly improving.

Since its inception in the early 1990s, the clinic has developed into a specialist service providing diagnostic ADHD assessments for more than 2,000 people. Adult ADHD referrals to SLaM have doubled in two years from 39 to 79 patients. New guidance from the National Institute of Health and Clinical Excellence (NICE) is a factor in the rise as well and a major step forward in the official recognition of adult ADHD.

**Role of therapy**

There is no ‘cure’ for ADHD. Scientists believe it is caused by a lack of dopamine. So until now clinicians have prescribed drugs such as methylphenidate (Ritalin) to stimulate dopamine release.

Extreme hyperactivity – or ADHD – is still largely a problem associated with children. Yet there is increasing recognition that adults can be affected too. Sophie Goodchild reports
But Professor Philip Asherson, an honorary consultant psychiatrist at the Maudsley, believes CBT could help thousands of “forgotten” sufferers whose condition has been overlooked or incorrectly attributed to depression or anxiety. They end up on medication which has very little impact on their condition. The prospects for these patients are bleak: broken relationships, career meltdown and exceedingly low self-esteem.

“Almost no-one was diagnosed before the mid-90s so if you were a child a decade or 15 years ago then you would have been overlooked,” says Asherson.

“Even now we know that children aren’t diagnosed when they should be. What brings a child to a psychologist is bad behaviour not an inability to concentrate.”

At the Maudsley, patients take part in group sessions where they are encouraged to challenge their own negative thoughts and behaviour and share their experiences.

Next, patients are given one-to-one CBT sessions, which is invaluable in challenging automatic thoughts and identifying the drivers of entrenched behaviours.

This gives patients the tools to cope with difficulties in everyday life.

Studies have linked ADHD with low intelligence. But Asherson says ADHD patients come from a range of backgrounds and with high to low IQs. One of his current patients is a graduate with a first class honours degree who failed to stick at any of his 25 jobs. The “clever” patients, says Asherson, develop strategies to manage their symptoms.

Richard’s story
In the case of Richard, his IQ score at school was rated as generally high – between 128 and 145 – but with an unusually low span of auditory attention. His carelessness and tendency to disturb other children meant he had attended no less then seven schools by the time he completed his A-levels.

His symptoms continued into adult life. He scraped through an undergraduate degree and ended up changing jobs regularly in his professional life.

“I’d find the distractions associated with open plan offices really difficult, for instance, and I’d often leave tasks unfinished,” he says.

In 2000 after leaving yet another job, Richard decided to start a postgraduate degree in business administration. Despite struggling, he managed to pass the exams but three years after the course had finished he had failed to write more than 1,000 words of his dissertation.

This is when Richard decided to seek help. A private psychiatrist diagnosed him with ADHD and prescribed Ritalin. Within just four weeks, the 20,000 word dissertation was complete. Ritalin helped but it didn’t cure the other traits – avoidance and withdrawal – associated with Richard’s disorder. These became worse and they had an enormous impact on his professional and private life.

In 2007, he began a job with his father. Based at home, Richard found the job overwhelming and by August 2009 his mental state was spiralling. He says: “I really couldn’t see a way out of the mess my life had become.”

His local GP tried to help but there were no local psychological services that could assist him. Then he discovered the Adult ADHD Service at the Maudsley hospital and his primary care trust agreed to fund his treatment which focused on CBT. He describes this as the “real breakthrough” for him.

“I now realise that ‘beating myself up’ if I don’t succeed is a pointless exercise... sometimes harmful,” he says.

“Being kind to myself and allowing imperfections, on the other hand, can be tremendously positive.

“My therapist’s advice has allowed me to understand myself far more clearly, and become comfortable, happy and even proud of who I am. With the tools she has taught me, I feel like I can pull myself out of any difficulties.”

Richard says departments like the Adult ADHD Service at Maudsley are essential in helping people change their lives and make a valuable contribution to society.

“Without the service at SLaM, I genuinely dread to think what would have happened. I’m very grateful to have had the chance to change my life.”

Sophie Goodchild is a freelance journalist