SPRING-SUMMER 2025| ISSUE 4
NEURODEVELOPMENTAL PSYCHIATRY SIG NEWSLETTER
Beyond Labels: Identity, Diagnosis, and Lived Experience

IN FOCUS

ADHD IN OLDER ADULTS

By Dheeraj Chaudhary

Attention Deficit Hyperactivity Disorder (ADHD) is often perceived as only a childhood condition, yet it persists into adulthood, significantly impacting daily functioning and overall health. The prevalence of ADHD in children is approximately 5%, with up to two-thirds of cases continuing into adulthood. Among adults, prevalence estimates range from 4–7%, depending on study methodology and population demographics.

O'Nions et al. (2025) found that adults with diagnosed ADHD experience a notable reduction in life expectancy compared to the general population—6.78 years for males and 8.64 years for females. This highlights ADHD as a critical public health concern, given its role as an independent risk factor for multiple physical and mental health disorders.
As life expectancy increases and the global population ages, ADHD in older adults is likely to emerge as a significant yet overlooked public health issue. Identifying and addressing ADHD in this demographic is essential to improving their quality of life and overall health outcomes.

Dobrosavljevic et al. (2020) conducted a meta-analysis including over 20 million participants, revealing an ADHD prevalence of 2.18% among individuals aged 65 and older when assessed using community-based screening tools. However, this rate dropped drastically to 0.23% when based on clinical diagnoses documented in medical records, indicating a substantial underdiagnosis of ADHD in older adults.
Challenges in Diagnosis

The symptoms of ADHD in older adults such as inattention, memory difficulties and executive dysfunction are often misattributed to normal aging or early-stage dementia. This misclassification can lead to a failure to provide appropriate and effective treatment. When cognitive deficits are automatically ascribed to age-related decline or mild cognitive impairment (MCI), individuals with ADHD may be denied interventions that could significantly improve their quality of life.

Compounding this issue, older adults frequently present with multiple comorbid mental or physical health conditions, further complicating the identification of ADHD symptoms. The longstanding perception of ADHD as a childhood disorder contributes to a lack of awareness regarding its persistence into later life.
Goodman et al. (2024) highlighted key barriers to recognition and treatment in older adults, including clinical blindness, clinical prejudice, clinical inexperience, and clinical complexity.

While the core symptoms of ADHD remain consistent across the lifespan, their manifestation and intensity may differ in older adults. Difficulties with relationships, increased social isolation, and the cumulative impact of lifelong executive dysfunction often become more pronounced with age.
Despite the growing recognition of ADHD in adulthood, specific training on ADHD remains insufficiently integrated into higher training programmes for Old Age Psychiatry. Additionally, there is a notable lack of refined assessment tools designed specifically for diagnosing ADHD in older adults, further contributing to its underdiagnosis and undertreatment.

continued overleaf

Dr Dheeraj Chaudhary is a Consultant Forensic Psychiatrist working for Priory Healthcare. He has a longstanding interest in Neurodevelopmental disorders. He runs a private Neurodevelopmental Psychiatry clinic. He is dedicated to raising awareness about Neurodevelopmental disorders among the general public and health professionals. He achieves this through presentations, talks, and leveraging social media as a platform to reach wider audiences.

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Challenges in Treatment

Treatment rates remain disproportionately low. Research (Dobrosavljevic 2020) indicates that only 0.09% of older adults receive ADHD treatment, with fewer than 40% of those clinically diagnosed ultimately accessing appropriate pharmacological interventions. This discrepancy can be attributed to treatment hesitancy, systemic biases against elderly patients, and a general reluctance to initiate stimulant therapy in later life.

Pharmacological research on ADHD in individuals over 60 remains limited, but available evidence—alongside clinical experience—suggests that older adults respond to treatment with similar efficacy and adverse effect profiles as younger populations.

Concerns regarding the prescription of stimulant medications in older adults are often rooted in clinical bias rather than empirical evidence. A study by Ermer et al. (2013) assessed the safety of lisdexamfetamine in adults aged 55–84 and found no significant trends in pulse or blood pressure variations associated with age, reinforcing the need to challenge unfounded reservations about stimulant use in this demographic.

Conclusion

ADHD must be recognised as a lifespan disorder that extends well beyond childhood and adolescence. Despite increasing awareness of adult ADHD, its presence in older adults remains significantly underdiagnosed and undertreated. The growing body of research highlights its impact on physical health, mental well-being, and overall quality of life.

Misattributing ADHD symptoms to normal aging or cognitive decline denies individuals access to appropriate treatment, contributing to poorer health outcomes and reduced life expectancy.

Addressing these gaps requires a concerted effort in research, psychiatric training, policy development and service provision. By integrating ADHD into the broader framework of psychogeriatrics, we can ensure that older adults receive the recognition, diagnosis, and support they need.

ADHD in older age is not just an emerging clinical challenge—it is a public health priority that demands immediate attention.

Recommendation

ADHD in older adults remains an underexplored area, presenting significant opportunities for much-needed research, guideline development, policy refinement, and service enhancement.

-Urge further recognition and training of ADHD in older adults.
-Develop age-appropriate diagnostic criteria and refined assessment tools.
-Increase awareness among old age psychiatrists to reduce misdiagnosis and underdiagnosis.
-Conduct long-term studies on the safety and efficacy of ADHD medications in older populations.
-Establish services and guidelines for the assessment and treatment of ADHD in older adults.

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