

1. Record Nr.	UNINA9910506382003321
Autore	Kooij J. J. Sandra
Titolo	Adult ADHD : Diagnostic Assessment and Treatment
Pubbl/distr/stampa	Cham : , : Springer International Publishing AG, , 2021 ©2022
ISBN	3-030-82812-3
Edizione	[4th ed.]
Descrizione fisica	1 online resource (284 pages)
Disciplina	616.8589
Soggetti	Electronic books.
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Nota di contenuto	Intro -- Foreword -- Foreword -- Preface -- The Fourth Edition -- Contents -- About the Author -- 1: Introduction -- 1.1 ADHD in Adults -- 1.1.1 Short history of ADHD -- 1.1.2 ADHD in Adults in the Netherlands and Europe -- 1.1.3 ADHD: A Neurobiological Disorder -- 1.1.4 Neuroanatomy -- 1.1.4.1 Neural Connectivity in ADHD -- 1.1.5 Functional Neuroimaging Studies -- 1.1.5.1 New Neuroimaging Techniques -- 1.1.6 Biomarkers for ADHD -- 1.1.6.1 Cortisol -- 1.1.6.2 Heart Rate Variability -- 1.1.7 Neurophysiology -- 1.1.8 Neuropsychology -- 1.1.9 Continuous Performance Test -- 1.2 Prevalence -- 1.2.1 ADHD in Older People -- 1.2.2 Conclusions -- 1.3 Applying DSM Criteria for Children to Adults -- 1.3.1 How Hard Is the Age of Onset Criterion? -- 1.3.2 Late-Onset ADHD -- 1.4 Prevention and Presentation of ADHD in Men and Women -- 1.4.1 Link between ADHD and CFS -- 1.4.2 ADHD and Comorbidity in Boys and Girls -- 1.4.3 ADHD and Comorbidity in Men and Women -- 1.5 Core Symptoms of ADHD -- 1.5.1 Attention Problems -- 1.5.1.1 Hyper-Focus -- 1.5.2 Hyperactivity -- 1.5.3 Impulsivity -- 1.6 ADHD Seldom Comes Alone: Problems with ADHD and Comorbidity -- 1.7 Is ADHD a Disorder? -- 1.7.1 What Does the Diagnosis of ADHD Mean for the Patient? -- 1.8 Morbidity and Mortality in ADHD -- 1.9 Costs of ADHD during the Life Course -- 1.9.1 Cost-Effectiveness -- 2: Diagnostics -- 2.1 Diagnostics: Purpose and Method -- 2.2 Screening -- 2.2.1 Ultrashort Screening List for ADHD in Adults -- 2.2.2 Diagnostics -- 2.3 DSM-5 Criteria -- 2.4 Presentation Types of ADHD

-- 2.4.1 Prevalence of Presentation Types -- 2.5 Age of Onset of ADHD -- 2.6 ADHD and Intelligence -- 2.7 Dysfunction in ADHD -- 2.7.1 ADHD and Driving -- 2.8 Impact of ADHD on Work, Relationships, and Family Life -- 2.8.1 ADHD and Work: Being a Jack of all Trades.
2.8.2 ADHD and Relationships: Short-Lived and Rapidly Changing -- 2.8.3 Impact of ADHD on a Relationship -- 2.8.4 ADHD and Sexuality -- 2.8.4.1 Traumatic Sexual Experiences -- 2.8.5 The Impact of ADHD on the Family -- 2.8.6 Conclusions -- 2.9 Benefits and Limitations of Recall in History Taking -- 2.10 Family History -- 2.11 Additional Information -- 2.12 Neuropsychological Examination -- 2.13 A Fashionable Diagnosis and overtreatment? -- 2.14 Comorbidity and Differential Diagnosis -- 2.14.1 Comorbidity in ADHD -- 2.14.2 ADHD in Other Disorders -- 2.14.3 ADHD and Health -- 2.14.3.1 ADHD, Eating Binges, and Obesity -- 2.14.3.2 Skipping Breakfast and Being Overweight -- 2.14.3.3 ADHD in Obesity -- 2.14.4 ADHD and Sleep Disorders -- 2.14.4.1 Sleeping Disorders in Children -- 2.14.4.2 Presentation Type and Sleeping Problems -- 2.14.4.3 Sleeping Disorders in Adults -- 2.14.4.4 Sleep Duration, Obesity, and Cancer -- 2.14.5 ADHD and Mood -- 2.14.5.1 ADHD and Mood Swings -- 2.14.5.2 ADHD and Depression -- 2.14.5.3 ADHD and Winter Depression -- 2.14.5.4 ADHD and Bipolar Disorder -- 2.14.6 ADHD and Anxiety -- 2.14.6.1 ADHD, Fear of Failure, and Perfectionism -- 2.14.6.2 ADHD and Anxiety Disorders -- 2.14.6.3 ADHD and PTSD -- 2.14.7 ADHD and Addiction -- 2.14.7.1 ADHD and Smoking -- 2.14.7.2 ADHD and Addiction to Alcohol and Drugs -- 2.14.8 ADHD in Personality Disorders -- 2.14.8.1 Cluster B Personality Disorders in ADHD -- 2.14.8.2 Differentiation of ADHD and Personality Disorders -- 2.14.8.3 Precursors to Cluster B Personality Disorders -- 2.14.8.4 ADHD and Sexual Abuse -- 2.14.9 ADHD and Crime -- 2.14.9.1 ADHD in Sex Offenders -- 2.14.10 ADHD and Autism Spectrum Disorder -- 2.14.10.1 Overlap and Differences between ADHD and ASS -- 2.14.11 ADHD and Tourette's and Other Tic Disorders -- 2.14.12 ADHD and Dyslexia.
2.14.13 ADHD and Psychosis -- 2.14.13.1 Differential Diagnosis -- 3: Diagnostic Instruments -- 3.1 Ultrashort Screening list for ADHD in Adults -- 3.2 Self-Report questionnaire on Attention Problems and Hyperactivity for Adulthood and Childhood -- 3.3 Diagnostic Interview for ADHD (DIVA-5) in Adults -- 4: Treatment -- 4.1 The Attitude of the Therapist -- 4.2 Psycho-Education -- 4.2.1 Online Psycho-Education -- 4.2.1.1 Digital Medicine: Super Brains App for ADHD -- 4.2.2 Psycho-Education During Treatment -- 4.3 Important Points for the Practitioner -- 4.3.1 Possible Answers to FAQs in Psycho-Education -- 4.3.1.1 What Is the Impact of Untreated ADHD? -- 4.3.1.2 Is ADHD a Fashionable Diagnosis? -- 4.3.1.3 Does ADHD Only Occur in the Western World? -- 4.3.1.4 Is ADHD Outgrown? And If So, in Whom? -- 4.3.1.5 What Does ADHD Medication do to the Brain? -- 4.4 Medication -- 4.4.1 Introduction -- 4.4.2 Stimulants and Addiction Risk -- 4.4.3 Improvement of Cognitive Functioning -- 4.4.4 Effect of Stimulants on Addiction -- 4.4.5 Functioning of Stimulants in the Brain -- 4.4.6 Order of Treating Comorbid Disorders -- 4.4.7 Medication Available (in The Netherlands) -- 4.4.7.1 Registered Medications Versus Off-label Use -- 4.4.7.2 Dosage -- 4.4.8 Medication Available in the United States -- 4.4.9 Drugs in the Pipeline -- 4.5 Dealing with Alcohol and Cannabis USE Before and During Treatment with Medication -- 4.6 Contraindications to Stimulant Use -- 4.6.1 Relative Contraindications -- 4.7 Measures Prior to and During the Use of Medication -- 4.8 Instruments for Drug

Treatment -- 4.8.1 Symptom and Side Effects List -- 4.8.2 ADHD Rating Scale -- 4.8.3 Example of an Individual Target Symptom List -- 4.8.4 QbTest -- 4.9 Prescribing Methylphenidate to Adults. 4.9.1 Wearing off of Methylphenidate in the Evening and Its Effect on Sleep -- 4.9.2 Short- and Long-term Effectiveness -- 4.9.2.1 Improvement of Cognitive Functioning in Healthy People -- 4.9.3 Differences Between Methylphenidate Preparations -- 4.9.4 Adjusting to the Correct Dosage -- 4.9.4.1 Adjusting to Long-acting Methylphenidate -- 4.9.4.2 Short-Acting Methylphenidate: Disadvantages -- 4.9.4.3 Prescribing Short-acting Methylphenidate -- 4.9.5 Maintenance Treatment with Stimulants -- 4.9.5.1 What Is (non-)response? -- 4.9.6 Side Effects -- 4.9.7 Overdosage -- 4.9.8 Dexamethylphenidate -- 4.9.9 Treatment of Physical Conditions During Stimulant Use -- 4.10 Dextroamphetamine -- 4.10.1 Starting Dextroamphetamine -- 4.11 Pregnancy, Lactation, and the Stimulants -- 4.12 Driving While Using Stimulants -- 4.13 Travelling Abroad -- 4.14 Atomoxetine -- 4.14.1 Starting Atomoxetine -- 4.15 Guanfacine XR -- 4.16 Long-Acting Bupropion -- 4.17 Other Antidepressants: Tricyclic Antidepressants, Venlafaxine, Duloxetine, and Reboxetine -- 4.18 Modiodal -- 4.19 Drug Treatment of ADHD in the Elderly -- 4.19.1 Methylphenidate -- 4.19.2 Methylphenidate in the Elderly with Depression and Dementia -- 4.20 Combining Stimulants with Treatment for Comorbidity -- 4.20.1 Combining Stimulants with Antidepressants -- 4.20.2 Low Mood Associated with Stimulant Use -- 4.20.3 Combining Stimulants with a Mood Stabilizer -- 4.20.3.1 Clinical Dilemmas and Experiences -- 4.20.4 Stimulants in ADHD with Psychosis -- 4.20.5 Stimulants in ADHD and Cluster B Personality Disorder -- 4.20.6 Stimulants in ADHD and Addiction -- 4.20.7 Stimulants and Sexuality -- 4.21 Treatment with Melatonin in Delayed Sleep Phase Disorder -- 4.21.1 Delayed Sleep Phase -- 4.21.2 Melatonin for Delayed Sleep Phase -- 4.21.3 First, Sleep Hygiene. 4.21.4 Side Effects and Protective Effects of Melatonin -- 4.21.5 Melatonin as a Sleep Aid -- 4.21.6 Melatonin Resets the Clock -- 4.21.7 Instructions to the Patient -- 4.21.8 Tips and Tricks -- 4.21.9 Light Therapy for the Delayed Sleep Phase and Possibly for ADHD -- 4.22 Alternative Treatments for ADHD -- 4.22.1 Gaming and Exercise in Young Children with ADHD -- 5: Treatment: Coaching of Adults with ADHD -- 5.1 What Is Coaching? -- 5.2 Similarities and Differences in Cognitive Behavioral Therapy in ADHD and Other Disorders -- 5.3 Rationale of the Treatment -- 5.4 Who Should Provide the Coaching? -- 5.5 (Contra) Indications for Coaching -- 5.6 Motivation for Treatment -- 5.6.1 What Is Motivation all about? -- 5.6.2 Where Does Motivation Begin? -- 5.7 Attitude and Tasks of the Coach -- 5.7.1 Active Structuring -- 5.7.2 Acceptance -- 5.7.3 Information -- 5.7.4 Motivation -- 5.7.5 Case Management -- 5.7.6 Giving Insight -- 5.7.7 Supporting -- 5.7.8 Changing Role of the Coach -- 5.7.9 Relationship between Individual Coaching and Group Treatment -- 5.7.10 Cooperation with the Doctor -- 5.7.11 Digital Coaching -- 5.7.12 Cooperation with External Organizations -- 5.8 The Structure of Coaching -- 5.8.1 Patient Expectations -- 5.8.2 Duration and Frequency of the Coaching Sessions -- 5.8.3 Duration of Treatment -- 5.8.4 Use of a Session Agenda -- 5.8.5 Common Treatment Objectives -- 5.8.6 Setting Targets -- 5.8.7 Dealing with Being Late -- 5.8.8 Dealing with no-Show -- 5.9 Structure of the Treatment -- 5.9.1 Acceptance -- 5.9.2 Coaching for Comorbidity -- 5.9.2.1 Reducing Substance Abuse -- 5.9.2.2 Anxiety Disorders -- 5.9.2.3 Depression and Bipolar Disorder --

5.9.2.4 Seasonal Affective Disorder -- 5.9.2.5 Sleep Phase Problems
-- 5.9.2.6 Personality Disorders -- 5.9.3 ADHD skills.
5.9.3.1 Planning and Agenda Management.
