Treatment of ADHD in patients with bipolar disorder

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High-risk studies have reported an increased prevalence of attention-deficit/hyperactivity disorder (ADHD) in children born to parents with bipolar disorder (BD).1 There is also evidence that children with ADHD have a higher risk of BD being diagnosed later in life.2 Given that ADHD is often a lifelong condition, it is expected and reported3 that ADHD and BD co-occur often.

A 25-year-old man first came to psychiatric attention when he was 18 years old after experiencing a manic episode with psychotic features in the context of cannabis abuse. He did not have any first-degree relatives with psychiatric disorders. Several years later, he presented with ADHD symptoms, mainly concentration and attention difficulties and impulsive behaviors. The diagnosis of ADHD was retained after a complete screening. The rest of the psychiatric evaluation did not identify any other symptoms. Atomoxetine was initiated and titrated to 80 mg daily. A dramatic improvement of ADHD symptoms was observed and was sustained for a few months without major adverse effects. Thereafter, he presented with disorganized behavior, euphoria and religious exaltation. Atomoxetine was discontinued, and after few months he agreed to take long-acting aripiprazole. The manic symptoms remitted completely, and the patient resumed his work. The patient reported that ADHD symptoms and improving attention.

Atomoxetine, a specific blocker of the norepinephrine transporter, is widely used to treat ADHD, but has also been associated with mania and hypomania or mood dysregulation or irritability in 33% of patients with ADHD,6 but some research has indicated that atomoxetine could be a safe treatment for children with ADHD and comorbid BD. α-2 agonists, such as clonidine and guanfacine, are indicated for the treatment of ADHD symptoms, particularly in comorbid cases.10 Clonidine has also been reported to be effective in the treatment of manic episodes.11–13

In summary, data on the treatment of ADHD in patients with comorbid BD are sparse. Clinicians should first make sure that the bipolar symptoms are under control, then propose medications that could improve attention problems. Medication with strong evidence for treating ADHD symptoms, notably psychostimulants and atomoxetine, could be tried, while monitoring for the emergence of symptoms, once the mood symptoms are stabilized with a medication. Clonidine (and possibly guanfacine) may also be offered, as they have been shown to be effective in controlling manic symptoms and improving attention.

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References


