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Book Review

ADHD Comorbidities: Handbook for ADHD Complications in Children and Adults

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Brown, Thomas. *ADHD Comorbidities: Handbook for ADHD Complications in Children and Adults* (1st ed.). Arlington, VA: American Psychiatric Publishing, 2008. 478 pp. ISBN 9781585621583.

It is satisfying to a reader when a book actually lives up to its back-cover accolades. Happily, this comprehensive reference, compiled by Brown from the contributions of more than 30 leading researchers of ADHD and the commonly associated comorbid disorders, does just that. Xavier Castellanos writes "This book offers a rich compendium of information about what is currently known about ADHD and how it can be most effectively treated in all its complexities", and Russell Barkley adds "This is the most up-to-date book on this topic currently available and richly rewards the reader, whether clinician, scientist, or student, with its substantial breadth of coverage and detail." I wholeheartedly agree with these sentiments. This handbook makes an important contribution to the field by highlighting the developmental and genetically mediated nature of ADHD, its potential influences on other psychopathology into adulthood, empirical findings regarding the nature of virtually all ADHD comorbidities, and the implications for and best practices in assessment and intervention with complicated ADHD cases.

Brown builds the case for a revised examination of ADHD comorbidity by reminding the reader that the large majority of child and adult ADHD cases involve externalized, internalized, or mixed comorbidity, which stands in sharp contrast to the bulk of basic and applied research that places a premium on “pure” samples. His first chapter continues in this vein, addressing common misconceptions regarding ADHD, such as the underappreciation of emotional dysregulation as a central feature, that ADHD can legitimately first become evident not only in childhood but also in college and even beyond, and that variability of behavioral and cognitive symptoms across contexts and activities is evidence that a lack of willpower underlies the syndrome. Most important, Brown also makes the case that the high comorbidity between ADHD and so many varied disorders is likely due to risk that accumulates throughout maturation that is attributed to executive function deficits, experience living with the disorder (i.e., within an affected family and in a rejecting social environment), and other factors. The theme of ADHD as a syndrome of executive dysfunction that is primary in cases of comorbidity runs throughout the text.

Aside from focusing on the sometimes underemphasized theme of the developmental nature of ADHD and related comorbidity, a strength of this text is how it comprehensively presents the complexity of empirical research, regardless of whether the existent research supports or precludes definitive conclusions. For instance, it is generally accepted that genetics explains much of the population variance in ADHD characteristics and that twin studies robustly contribute to this conclusion; Rettew and Hudziak’s chapter devoted to this general topic summarizes data from twin and direct allelic research, keeping to the theme of comorbidity by suggesting commonalities with other disorders, while also going into great detail regarding the subtleties and related limitations of twin research methodology within landmark studies. Four chapters on the presentation of ADHD across the life span (in preschool, later childhood, adolescence, and adulthood) round out the broad introductory material. The developmental progression of the syndrome is well illustrated in this fashion, and the segmentation facilitates ready access to information that is most relevant to the reader’s given interest (e.g., regarding an adult client or research stretching into an age that the reader has less experience with, such as preschool). Again, emphasis is put on covering critical, timely, and sometimes controversial topics, such as the use of pharmacological intervention for ADHD in preschool populations (including many findings from the Preschool ADHD Treatment Study), the importance of parent–school collaboration in addressing the needs of older children with

ADHD, and the greater utility of thorough clinical interviews and information gathering relative to the use of neuropsychological tests in assessing adult clients.

The majority of this hefty tome, of course, is composed of chapters covering specific ADHD comorbidities, including anxiety, mood, externalizing, learning, substance use, autistic spectrum, sleep, Tourette, and developmental coordination disorders. Additional chapters focus more narrowly on Obsessive-Compulsive Disorder and the overlap between ADHD, executive dysfunction, and learning disabilities in adults. In general, each chapter provides summary information regarding prevalence and etiology of the comorbid condition and its connection with ADHD, important points to consider facilitating successful identification of the comorbidity, and effective means of intervention. Many of the contributors include case examples that help illustrate how individuals with “complicated ADHD” (i.e., ADHD with one or more comorbidities) may present differently and the subsequent challenges such cases pose.

While the ADHD comorbidities section is generally very well written, providing interesting, useful, and up-to-date information, perhaps the anxiety, mood, conduct, and learning disorder (LD) chapters stand out as particularly informative (although, to be fair, these areas also enjoy the best coverage in existent research). As examples and among many other important points, Carlson and Meyer educate the reader about the treatment-resistant nature of ADHD with depression, note its additive long-term association with personality disorders, wrestle with the thorny differentiation between ADHD and bipolar disorder, and provide detailed case examples to illustrate the presentation and treatment of co-occurring ADHD and depression across severities of mood disturbance. Tannock similarly includes several illustrative vignettes, and paints a clear picture of how behavioral and social impairments associated with ADHD are quite similar across ADHD-only and ADHD-with-anxiety groups, but how particularly children in the latter have a painful awareness of and vigilance regarding such problems. Tannock continues on to highlight how antenatal maternal anxiety may hormonally predispose unborn children to ADHD and anxiety, and helpfully reminds the reader that concomitant SSRI treatment has not proven effective, over and above psychostimulants, in alleviating internalizing symptoms in ADHD-with-anxiety cases.

Newcorn, Halperin, and Miller take on the challenging conceptual questions regarding the overlap of ADHD and

aggression-conduct problems (i.e., Oppositional Defiant Disorder, Conduct Disorder [CD]), detailing epidemiological and experimental evidence that supports both that these are distinct syndromes linked largely by the trait of impulsivity and the contention that ADHD with CD represents a truly distinct subtype of individuals with ADHD; these authors also use case examples and other material to emphasize the severity of impairment in such cases and the complexity of intervention that is required.

Tannock and Brown collaborate directly to address ADHD-LD comorbidities, providing excellent background on current standards of LD definition, the clarity of which will help many to understand the changing landscape in school-based assessment and intervention. They further give specific insight into how ADHD-LD comorbidities (including reading, math, written expression, developmental coordination, and communication) may present and be differentiated from pure ADHD along a comprehensive spectrum of verbal and nonverbal abilities (e.g., even worse at following conversation, slower processing with same degree of inaccuracy), as well as helpful guidance on screening, follow-up assessment, and intervention procedures.

The final four chapters of the handbook specifically focus on assessment, psychopharmacological and psychosocial interventions, and cognitive behavioral therapy (CBT) for adults with the disorder. With the exception of the latter, there is some redundancy here, as the authors of preceding chapters have weighed in on these issues for each comorbidity. Regardless, Quinlan's empirical review of common ADHD assessment techniques (including outlined procedures for children and adults), Prince and Wilens' encyclopedic coverage of treatment and side effects of ADHD medications and the current evidence base for their and alternative medication use across comorbid conditions, Hinshaw's focus on evidence—including a clear analysis of Multimodal Treatment Study of Children with ADHD findings—supporting the inclusion of behavioral interventions and especially for complicated ADHD with internalizing symptoms, and McDermott's introduction to and case for the use of CBT with adult ADHD clients all provide important additional insights and directions for future research and clinical intervention.

In addition to the rich content of this handbook, hopefully adequately illustrated above, each chapter concludes with a bulleted list of “key clinical points” as well as selected readings and helpful online resources, further adding to its overall and immediate utility. This likely reflects Brown's

experienced editorial hand, as does the clarity with which almost all contributors have organized their individual chapters to better orient the reader (e.g., frequent and logical topic and subtopic headings). In sum, by alternately authoring, organizing, and editing this handbook, Brown has made a significant contribution to the published literature and discourse regarding ADHD with comorbidity. As such, this is highly recommended reading for psychologists, psychiatrists, allied professionals and graduate students, particularly those with academic or applied interests in ADHD and other disorders originating in childhood and persisting into adulthood.