ADD with Anxiety and ADD with Depression

Excerpt from DRIVEN TO DISTRACTION by Edward Halloway, MD, and John Ratey, MD

ADD with Anxiety

For some people, the experience of ADD is one of chronic anxiety. What bothers them most is not the inattentiveness or impulsivity of ADD, but the attendant anxiety they frequently feel.

This anxiety can be separated into two parts, one logical and obvious, the other irrational and hidden. The "logical" anxiety is the anxiety that one would expect to feel if one were chronically forgetting obligations, daydreaming, speaking or acting impulsively, being late, not meeting deadlines – all the typical symptoms of ADD. Living in such a state naturally leaves one feeling anxious: What have I forgotten? What will go wrong next? How can I keep track of all the balls I have in the air?

The hidden anxiety is hard to believe, but we see it frequently in clinical practice. This is the anxiety or worry that the individual actively seeks out. The person with "anxious ADD" often starts the day, or any moment of repose, by rapidly scanning his or her mental horizon in *search* of something to worry about. Once a subject or worry has been located, the individual locks in on it like a heat-sensing rocket and doesn't let go. No matter how trivial the subject or how painful the worry, the individual keeps the worry alive, returning to it magnetically, obsessively. Some of these people do in fact have obsessive-compulsive disorder, but the majority do not. They are actually using worry as a means of organizing their thinking. Better to have the pain of worry, they seem to feel, than to have the disquietude of chaos.

Listen to one patient's description: "The minute I have my mind cleared of one problem, I go out and look for another. They are usually really stupid things like an unpaid bill or something someone said to me two days before or whether or not I'm not too fat. But I brood over them until they ruin my whole mood."

This tendency to organize around worry defines the subtype of ADD with anxiety. It is common. Why is it so persistent? In part because the individual doesn't know why he's doing it. Like most habits of mind, it persists until insight can begin to try to change it.

Another explanation for this ruminative, often extremely painful style of thinking has to do with what we call the startle response to ADD. It is a sequence of events that goes as follows:

1. Something "startles" the brain. It may be a transition, like waking up, or going from one appointment to the next, or it may be the completion of a task, or the receiving of some piece of news. It may be, and usually is, trivial, but the "startle" requires some reorganization on the part of the brain.
2. A minipanic ensues. The mind doesn't know where to look or what to do. It has been focused on one thing and is now being asked to change sets. This is very disorganizing. So the mind reaches for something red-hot, something to focus on. Since worry is so "hot," and therefore so organizing, the mind finds something to worry about.

3. Anxious rumination replaces panic. While anxious rumination is painful, it is at least organized. One can say over and over in one's mind, thousands of times a day, "Will I get my taxes paid on time?" or "Does that look she gave me mean she is angry with me?" or "Did I pass the exam?" The panic induced by the "startle" is replaced by the focused ache of anxious rumination.

The whole point of the sequence is to avoid chaos. No one likes chaos, but most people can endure milliseconds, or even seconds, of it as they go from one task to another, one state to another, one stimulus to another. The ADD mind often cannot. Instead, it fixates on worry and gets organized – or stuck – around it.

ADD with Depression

Sometimes the first symptom that brings a person with ADD to a psychiatrist is some form of mood disorder, particularly depression. While ADD is usually defined in terms of other symptoms – distractibility, impulsivity, and restlessness – and consequently is not considered when someone says he or she is depressed, the fact is that ADD and depression frequently coexist.

This is not hard to understand when one considers the typical life experience of someone with ADD. Since childhood, the person with ADD has felt a sense of chronic frustration and failure. Underachieving all along, accused of being stupid or lazy or stubborn, finding the demands of everyday life extraordinarily difficult to keep up with, tuning out instead of tuning in, missing the mark time and again, living with an overflow of energy but an undersupply of self-esteem, the individual with ADD can feel that it is just not worth it anymore, that life is too hard, too much of a struggle, that perhaps it would be better if life were to end than go on.

It is heartening how valiantly people with undiagnosed ADD try in the face of their despair. They don't give up. They keep pushing. Even when they've been knocked down many times before, they stand up to get knocked down again. It is hard to keep them down for good. They tend not to feel sorry for themselves. Rather, they get mad, to get up, to have at it again. In this sense one might say they are stubborn; they just don't give up. But they remain depressed.

While life experience can lead to some of the depression often sees among people with ADD, there may be a biological factor at work as well. It may be that ADD partakes of a common pathophysiology with biological depression (i.e., depression not caused by life events but by biology). That is to say ADD and biological depression may be physiologically, and genetically, related. Whatever goes wrong in depression, whatever the "patho" part of the physiology is, that part may also go wrong in ADD.

James Hudson and Harrison Pope at the Harvard Medical School, in their innovative research, have speculated that eight separate disorders, among them depression and ADD, may share a common physiologic abnormality. They call the group affective spectrum disorder. (It also includes bulimia, obsessive-compulsive disorder, cataplexy, migraine, panic disorder, and irritable bowel-syndrome.) The grouping is supported by response to similar medications, as

well as by clinical evidence. If, as is the case, a medication that successfully treats major depression also successfully treats ADD, might we not suppose that there is a link between the two disorders? Although it is not necessarily so – indeed, there are unrelated disorders in medicine that the same medication treats – it is worth wondering about. Hudson and Pope did just that. Their research shows strong evidence for a physiologic linkage among the eight disorders they include within the "affective spectrum."

On the basis of both biology and life experience, then, it is not surprising to find depression associated with ADD.

Often, however, the mood problem in ADD is subtle. It is not severe enough to be called depression, but it is more severe than the ordinary dips in mood of everyday life. Listen to this description from a patient:

I don't think I've ever been happy. For as long as I can remember, there's always been a sadness tugging at me. Sometimes I forget about it. I guess that's when you could say I was happy. But the minute I start to think, then the bad feeling comes back. It isn't despair. I've never attempted suicide or anything like that. It's just that I've never felt good, about myself or about life or about the future. It's all been an uphill battle. I guess I always thought that's just what life was – one long series of disappointments interrupted by moments of hope.

This patient's description brings to mind a remark made by Samuel Johnson, a man for whom there is ample evidence of having ADD and depression. Johnson observed that "life is a process not from pleasure to pleasure, but from hope to hope." Elsewhere he wrote, "Life is a state everywhere in which there is much to be endured and little to be enjoyed." He also said that "we live in a world that is bursting with sin and sorrow."

Such persistent sadness or lack of pleasure, often accompanies ADD. Sometimes, when the ADD is treated, the sadness lifts. As if a mote had been removed from the eye, the person can see pleasure where there had only been confusion or a blur. In people with this subtype of ADD the distractibility that is part of the syndrome interferes with the process of apprehending pleasure, of perceiving order, and of sensing that life can be all right.

It had never occurred to the patient quoted above that matters could work out in her life because she never recognized it when they did. She was always distracted by some relatively benign worry. But she was so distractible, so subject to the disruptions the worries caused her, that she could never see the forest for the trees. Her sense of chronic disappointment was as much a function of her inability to perceive order or stability in her world as it was of actual failures.

We are not suggesting here that all depression is due to ADD. Far from it. However, there are some people who are chronically sad who do in fact have ADD and don't know it.

The primary disorder – an inability to attend – can lead to the secondary problem of depression. Or the two – ADD and depression – may coexist, both arising independently from the same physiological abnormality.