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Nikada ne bih rekao da je to ADHD
/ I Would Never Have Said It Was ADHD

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ADHD se još uvijek često pogrešno razumije kao prolazni problem ponašanja u dječjoj dobi, iako suvremena istraživanja pokazuju da je riječ o neurorazvojnom poremećaju koji često perzistira u odrasloj dobi i može znatno narušavati obrazovno, radno, socijalno i zdravstveno funkcioniranje. Osim toga, ti pacijenti često razvijaju dodatne komorbiditete, uključujući poremećaje ličnosti. Unatoč relativno visokoj prevalenciji ADHD-a u odraslih, osobito u psihijatrijskim populacijama često ostaje neprepoznat i neliječen. Teškoće pažnje, nemir, impulzivnost, emocionalna disregulacija, nesanica, rizična ponašanja i izvršna disfunkcija nerijetko se pripisuju drugim psihičkim poremećajima, osobinama ličnosti ili komorbidnim stanjima. Cilj je ovoga izlaganja prikazati kako neprepoznati ADHD može djelovati kao tihi pokretač kroničnosti,

ADHD is still often mistakenly understood as a transient behavioral problem in childhood, although contemporary research shows that it is a neurodevelopmental disorder that often persists into adulthood and can significantly impair educational, occupational, social, and health functioning. In addition, these patients frequently develop additional comorbidities, including personality disorders. Despite the relatively high prevalence of ADHD in adults, especially in psychiatric populations, it often remains unrecognized and untreated. Difficulties with attention, restlessness, impulsivity, emotional dysregulation, insomnia, risk-taking behaviors, and executive dysfunction are often attributed to other mental disorders, personality traits, or comorbid conditions. The aim of this presentation is to show how unrecognized ADHD can act as a silent

funkcionalnog oštećenja i terapijske rezistencije u psihijatrijskoj praksi, osobito u pacijenata s ovisnostima, depresivnim smetnjama, kroničnom nesanicom, traumatskim iskustvima i emocionalnom disregulacijom. Prikazana su tri klinička slučaja u kojima ADHD nije bio prepoznat tijekom višegodišnjeg psihijatrijskog liječenja. U prvom je slučaju pacijent s poremećajima ovisnosti i rizičnim ponašanjem bio liječen zbog ovisnosti i graničnog poremećaja ličnosti, dok je tek naknadni probir putem detaljne neuropsihološke procjene potvrdio ADHD iz premorbidne razine. U drugom je slučaju dugotrajno liječena depresivna simptomatologija kod odrasle pacijentice djelomično bila povezana s neprepoznatim nepažljivim ADHD-om. U trećem slučaju kronična nesanica, nemir, teškoće koncentracije i depresivnost u pacijenta s traumatskom anamnezom prikrivale su perzistentni ADHD s izraženom izvršnom disfunkcijom koji traumatska simptomatologija dodatno pogoršava. Prikazani slučajevi naglašavaju potrebu za detaljnom neuropsihološkom procjenom u kompleksnim kliničkim slikama i rezistentnim stanjima. Ključna je procjena simptoma prije 12. godine na osnovi heteroanamnestičkih podataka vidljivih iz neuropsihološkog profila i funkcionalnog oštećenja kroz životni tijek koji afirmiraju i drugi. Pravodobno prepoznavanje i liječenje ADHD-a može značajno poboljšati funkcioniranje i unaprijediti ishode liječenja.

driver of chronicity, functional impairment, and treatment resistance in psychiatric practice, particularly in patients with addictions, depressive disorders, chronic insomnia, traumatic experiences, and emotional dysregulation. Three clinical cases are presented in which ADHD was not recognized during many years of psychiatric treatment. In the first case, a patient with substance use disorders and risky behaviors was treated for addiction and borderline personality disorder, while only subsequent screening through detailed neuropsychological assessment confirmed ADHD at a premorbid level. In the second case, long-term treated depressive symptomatology in an adult female patient was partially related to unrecognized inattentive ADHD. In the third case, chronic insomnia, restlessness, concentration difficulties, and depressive mood in a patient with a traumatic history masked persistent ADHD with pronounced executive dysfunction, which was further exacerbated by traumatic symptomatology. The cases presented highlight the need for detailed neuropsychological assessment in complex clinical pictures and treatment-resistant conditions. A key element is the assessment of symptoms before the age of 12 on the basis of collateral (heteroanamnestic) information, visible in the neuropsychological profile and in functional impairment across the life course, and corroborated by others. Timely recognition and treatment of ADHD can significantly improve functioning and enhance treatment outcomes.