Title:
SCREENING FOR ADHD IN ADULTS WITH CYSTIC FIBROSIS: PREVALENCE, HEALTH-RELATED QUALITY OF LIFE, AND ADHERENCE

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What was your research question?
We wanted to learn how common symptoms of Attention-Deficit Hyperactivity Disorder (ADHD) are in adults with CF. We also wanted to study whether ADHD symptoms were related to the ability to carry out daily treatments, medical outcomes, and quality of life in adults with CF.

Why is this important?
ADHD is a condition featuring problematic levels of hyperactivity, impulsivity, and/or inattention. While international guidelines recommend depression and anxiety screening in individuals with CF ages 12 and above, very little information is available about ADHD in people with CF, especially in adults. ADHD symptoms such as forgetfulness, avoiding tasks, disorganization, and difficulty following detailed instructions could make it harder to manage CF treatment and navigate the health care system. Having ADHD also increases the risk of depression, anxiety, substance abuse, and disordered eating, which can make living with CF more challenging.
What did you do?
We asked 53 adults with CF attending a routine CF clinic visit to complete an ADHD screening tool, the Adult ADHD Self-Report Scale-v1.1 Symptom Checklist (ASRS-v1.1), along with depression and anxiety screeners. They also completed a standardized questionnaire of quality of life, the Cystic Fibrosis Questionnaire-Revised (CFQ-R), and were asked about their educational and medical histories, as well as how often they had completed various CF treatments over the past month. We looked at medical records to examine their lung function and nutritional status.

What did you find?
Fifteen percent of adults with CF had elevated ADHD symptoms, three times higher than expected in the general adult population. Thirty-eight percent of those with elevated ADHD screens had repeated a grade in school, vs. only 11% of those without ADHD symptoms. Half of those screening positive for ADHD also had elevated depression screens, and 38% had elevated anxiety screens. There were no significant differences in lung function, nutritional status, or ability to carry out daily treatments. Three of the quality of life scales, Physical Functioning, Role Functioning, and Respiratory Symptoms, were lower in participants with elevated ADHD screens.

What does this mean and reasons for caution?
ADHD can be effectively addressed with psychological interventions, medications, and changes in medical care delivery, but may be underdiagnosed in adults with CF. While screening tools can be useful, diagnosing ADHD requires careful clinical assessment. While 99.5% of adults with an elevated ASRS-v1.1 score are diagnosed with ADHD after additional evaluation, only 68.7% of those with ADHD have an elevated score. In adults with CF, co-occurring psychiatric and physical symptoms, along with the individual impact of ADHD symptoms on medical self care and quality of life, should be considered as part of a patient-centered decision-making process around ADHD treatment.

What’s next?
This study is the first demonstrating that ADHD symptoms are common in adults with CF and detectable using a short screening tool during CF clinic. Larger studies will help us better understand the impact of ADHD and its treatment on managing CF care, health outcomes, and quality of life.
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