



# Prevalence of Attention Deficit/Hyperactivity Disorder Symptoms in Male Patients with Civil Commitment Caused by Alcohol and/or Substance Use Disorder

Alkol ve/veya Madde Kullanım Bozukluğu Nedeniyle Zorunlu Yatış Kararı Verilen Hastalarda Dikkat Eksikliği/Hiperaktivite Bozukluğu Belirtilerinin Yaygınlığı

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## Abstract

**Introduction:** Attention Deficit/Hyperactivity Disorder (ADHD) causes significant impairment in daily life. Besides, the frequency of alcohol and substance use disorders (ASUD) in ADHD is all too often in the general population.

**Objective:** The study aims to investigate the prevalence of ADHD symptoms in childhood and adulthood as well as ADHD-related problems in patients hospitalized for civil commitment decisions due to problems related to ASUD.

**Materials and Method:** The sample consists of 100 patients with ASUD. A sociodemographic data form includes sociodemographic characteristics, possible ADHD, and alcohol/substance-related problems. Wender Utah Rating Scale and Adult ADD/ADHD Rating Scale were applied to determine ADHD symptoms.

**Results:** We determined that 38% of the patients with ASUD admitted to civil commitment exhibited ADHD symptoms in childhood and 20% in adulthood. More than half of the patients have experienced forensic problems and had a crime history (54% and 55%, respectively). Most patients with ASUD have problems in more than one area related to forensics, spouse, family, or health (63%). Receiving disciplinary punishment in

## Öz

**Giriş:** Dikkat Eksikliği/Hiperaktivite Bozukluğu (DEHB) günlük yaşamda önemli bozulmalara neden olmaktadır. DEHB'de alkol ve madde kullanım bozukluklarının (AMKB) sıklığı genel toplumdan daha yüksektir.

**Amaç:** AMKB ile ilişkili sorunlar nedeniyle zorunlu tedavi için hastaneye yatırılan hastalarda çocukluk ve erişkinlik döneminde DEHB belirtilerinin yaygınlığını ve DEHB ile ilişkili sorunları araştırmayı amaçladık.

**Gereç ve Yöntem:** Örneklem 100 AMKB hastasından oluşmuştur. Sosyodemografik özellikleri, olası DEHB ve alkol-madde ile ilişkili sorunları içeren bir sosyodemografik veri formu kullanılmıştır. DEHB belirtilerini belirlemek için Wender Utah Derecelendirme Ölçeği ve Yetişkin DEB/DEHB Derecelendirme Ölçeği uygulanmıştır.

**Bulgular:** Zorunlu tedavi kararı verilen AMKB hastalarının %38'inin çocukluk döneminde, %20'sinin ise yetişkinlik döneminde DEHB belirtileri gösterdiğini saptadık. Hastaların yarısından fazlası adli sorunlar yaşamıştı ve suç öyküsüne sahipti (sırasıyla %54 ve %55). AMKB'li hastaların çoğunluğu adli, eş, aile veya sağlıkla ilgili birden fazla alanda sorun yaşamıştı (%63). Okul hayatında disiplin cezası almak, zorunlu askerlik hizmetini tamamlamak, askerlikte hava değişimi almak ve adli olaya karışmak DEHB ile ilişkili bulunmuştur.





school life, completing military service, taking a break from military service, and being involved in a judicial problem is associated with ADHD.

**Conclusion:** Undiagnosed and untreated ADHD can lead to lifelong difficulties and ASUD. Although the abuse potential of drugs used to treat ADHD is controversial when ADHD symptoms are not controlled, more serious consequences occur in potential problem areas accompanied by alcohol and/or substance use. This study reveals the problems that may arise throughout life due to ADHD within the framework of ASUD.

**Keywords:** adult; childhood; attention deficit/hyperactivity disorder; alcohol; substance; civil commitment

**Sonuç:** Tanı konmamış ve tedavi edilmemiş DEHB yaşam boyu zorluklara ve AMKB 'ye yol açabilir. DEHB tedavisinde kullanılan ilaçların kötüye kullanım potansiyeli tartışmalı olsa da, DEHB belirtileri kontrol altına alınmadığında, alkol ve/veya madde kullanımının eşlik ettiği potansiyel sorun alanlarında daha ciddi sonuçlar ortaya çıkmaktadır. Bu çalışma DEHB'ye bağlı olarak yaşam boyu ortaya çıkabilecek sorun alanlarını AMKB çerçevesinde ortaya koymaktadır.

**Anahtar Kelimeler:** yetişkin; çocukluk; dikkat eksikliği/hiperaktivite bozukluğu; alkol; madde; zorunlu tedavi

## INTRODUCTION

Attention deficit/hyperactivity disorder (ADHD) is a neuropsychiatric disorder that is not only specific to childhood but also begins in childhood and lasts throughout life. ADHD causes significant impairment in the daily functioning of affected adults in academic, social, and work areas (1). Most cases are diagnosed in childhood, and 40-60% continue until adulthood (2). Adult ADHD is characterized by disruptive symptoms such as inattention, hyperactivity, and impulsivity (3). The prevalence of ADHD is 2.5-4.9% in the adult population. ADHD is not sufficiently recognized in adult psychiatry and is often ignored and misdiagnosed. It is estimated that approximately 90% of adults with ADHD are not treated (4).

Several hypotheses have been proposed regarding the relationship between ADHD and alcohol-Drug use disorder (ASUD). Confirming genetic factors, children of adults with ASUD are more likely to develop ADHD than children of adults without ADHD. Impairment in executive functions in individuals with ADHD leads to increased ASUD due to poor judgment, impulsivity, and novelty seeking. Individuals with ADHD use alcohol-Drug as self-medication to cope with the accompanying impairments in attention and executive functions. Another hypothesis is related to dopamine neurotransmission. The mesolimbic dopaminergic system is responsible for the effects of Drug use and the reward

mechanism. People with ASUD have decreased dopaminergic receptor availability in the striatum (5).

ADHD has various negative effects on the individual, family, and environment. ADHD is associated with low academic achievement, relationship problems, negative affect, marital problems, and low occupational performance (5). Adult ADHD is often accompanied by psychiatric comorbidity. These individuals often exhibit risky behaviors such as accidents, Committing Suicides, and violence (1). Drug use disorder is increased 4-8 times in adults with ADHD (2). Similarly, ADHD is more common in individuals with ASUD (6).

According to DSM-5, there are three types of clinical appearance of ADHD; i) The dominant attention-deficit type, ii) The dominant hyperactive-impulsive type, and iii) The combined attention-deficit-hyperactive-impulsive type (7). Individuals diagnosed with ADHD drive faster under the influence of alcohol—and driving without a driving license is more common—and they are more frequently involved in traffic accidents (8). In particular, hyperactivity and impulsivity are associated with legal problems. Individuals diagnosed with a dominant hyperactive-impulsive type of ADHD are arrested more frequently in adult life and have higher rates of committing multiple crimes. Studies conducted in different countries have shown that 45% of prisoners have a background of childhood ADHD (2). ASUD accompanying ADHD increases the likelihood of committing a crime (9).

**Table 1.** Data about alcohol and/or substance use of the participants

Variable	n (%)
Smoking	
No	6 (6.0)
Yes	94 (94.0)
Frequency of smoking (piece/day)	
None	5 (5.0)
1-10	4 (4.0)
11-20	35 (35.0)
Over 20	56 (56.0)
Alcohol use	
No	34 (34.0)
Yes	66 (66.0)
Frequency of alcohol use	
None	33 (33.0)
Rarely	29 (29.0)
1-2 times in a month	6 (6.0)
1-2 times in a week	12 (12.0)
Every day	20 (20.0)
Drug use	
No	10 (10.0)
Yes	90 (90.0)
Frequency of Drug use	
None	10 (10.0)
Rarely	2 (2.0)
1-2 times in a month	26 (26.0)
1-2 times in a week	15 (15.0)
Every day	47 (47.0)
Drug type	
No substance	9 (9.0)
Methamphetamine	17 (17.0)
Benzodiazepine	2 (2.0)
Inhalant	4 (4.0)
Gabapentine/Pregabalin	2 (2.0)
Multiple substance use	43 (43.0)
Family background of alcohol use	
No	62 (62.0)
Yes	38 (38.0)
Family member who uses alcohol	
No member	62 (62.0)
Father	32 (32.0)
Brother	5 (5.0)
Wife	1 (1.0)
Family background of Drug use	
No	90 (90.0)
Yes	10 (10.0)
Family member who uses Drug	
No member	90 (90.0)
Father	4 (4.0)
Brother	5 (5.0)
Wife	1 (1.0)
Total	100 (100.0)
Age at onset of alcohol (M±SD)	16.8±4.5 (min 10, max 32) years
Age at onset of substance (M±SD)	19.9±6.0 (min 7, max 40) years



Table 2. Possible problems of the patients related to ADHD

Problem area	n (%)
Grade repetition	
No	82 (82.0)
Yes	18 (18.0)
School change	
No	87 (87.0)
Yes	13 (13.0)
Disciplinary punishment at school	
No	84 (84.0)
Yes	16 (16.0)
Job change	
Never	50 (50.0)
Rarely	34 (34.0)
Often	16 (16.0)
Military service	
Completed	73 (73.0)
Not completed	20 (20.0)
Exempted	7 (7.0)
Breaking during military service	
No	68 (68.0)
Yes	12 (12.0)
Not yet enlisted	20 (20.0)
Legal Issue	
No	46 (46.0)
Yes	54 (54.0)
Crime background	
No	45 (45.0)
Yes	55 (55.0)
Prison background	
No	72 (72.0)
Yes	28 (28.0)
Type of crime	
None	40 (40.0)
Traffic accident	10 (10.0)
Injuring	16 (16.0)
Fighting	17 (17.0)
Drug trade	11 (11.0)
Others (extortion, theft, murder etc.)	6 (6.0)
Probation background	
No	58 (58.0)
Yes	42 (42.0)
Violating traffic rules	
No	62 (62.0)
Yes	38 (38.0)
Occupational accident/home injury	
No	88 (88.0)
Yes	12 (12.0)
Self-mutilation	
No	57 (57.0)
Yes	43 (43.0)
Committing Suicide	
No	82 (82.0)
Yes	18 (18.0)



Although involuntary treatment for alcohol and/or Drug use disorder is controversial, civil commitment for treatment can be ordered by judicial decision if there is a risk of harm to self/others or a danger to society. This study aims to determine the prevalence of ADHD in childhood and adulthood and various ADHD-related problems in individuals hospitalized with civil commitment decisions for alcohol and/or Drug dependence. People who do not have alcohol-Drug use and ADHD comorbidities are less likely to cause problems for themselves or the community and are more likely to seek treatment voluntarily. We expect people with alcohol or Drug use disorders to have more ADHD symptoms in childhood and adulthood and to experience more ADHD-related problems due to the coexistence of ADHD and alcohol or Drug use disorder.

## MATERIAL and METHODS

### Sample and Study Design

The sample consisted of 100 individuals with alcohol and/or Drug use disorders who had been given a civil commitment decision due to problems related to alcohol and/or Drug use. The Turkish Civil Code 432 regulates civil commitment in case of dangerousness or committing a crime by a person with mental illness or alcohol or Drug addiction. It also includes placing the person in the appropriate institution for treatment and rehabilitation if there are no alternatives to protect them and society.

This study was conducted in an Alcohol and Drug Abuse Treatment Centre between January 2021 and January 2023. Inclusion criteria were to be between 18-65 years of age and literate at least two weeks after hospitalization and after the disappearance of symptoms related to alcohol and/or Drug withdrawal. Patients with mental retardation, cognitive impairment, and exacerbation of a psychotic or affective disorder were excluded from the study.

Ethics committee approval was obtained from Samsun Training and Research Hospital Clinical Research Ethics Committee with the date 01.01.2021 and number GOKA/2021/2/6. Written informed consent was observed from all patients

### Data Collection

A sociodemographic data form including sociodemographic characteristics of the patients, alcohol or

Drug-related characteristics, and possible ADHD and alcohol-Drug-related problems was prepared by the researchers. Wender Utah Rating Scale and Adult ADD/ADHD Rating Scale were applied to determine ADHD symptoms in childhood and adulthood. The diagnoses of alcohol and Drug use disorder were confirmed according to the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) criteria by responsible psychiatrists.

The Wender Utah Rating Scale is a self-assessment scale and was developed to assess adults' childhood ADHD symptoms retrospectively. Each item is rated between '0' and '4' (0=never, 4=extreme). The cut-off point of the scale is 36 and above (10).

The Adult ADD/ADHD Rating Scale measures ADHD symptoms in adults and consists of three subsections. The first part assesses attention deficit, the second part assesses activity and impulsivity, and the third part assesses some emotional and behavioral symptoms that may be related to ADHD. For a diagnosis, at least 6 of the 9 items in the first and second sections must be scored as 2 or 3. The total score of the third section is expressed as ADHD/ADHD-related characteristics score (11).

### Statistical Analysis

Data were analyzed with SPSS 25.0. Descriptive statistics are reported as mean  $\pm$  standard deviation for continuous numerical variables. All categorical variables are presented in several cases (n) and percentages (%). Whether the independent variables were normally distributed it was evaluated by the Kolmogorov-Smirnov test. For non-normally distributed variables, the significance of differences was evaluated by the Mann-Whitney U test to compare two independent groups. The Levene's test was used to determine the homogeneity of variance in normally distributed data. The Welch test was used to evaluate the data that did not have homogeneity of variance.  $p < 0.05$  value was considered statistically significant.

## RESULTS

### Sociodemographic Characteristics

All participants were male, and the mean age of the patients was  $30.4 \pm 8$  years. Most of the patients were single and had low educational levels. 57% of the patients were employed, and 55% had a middle income.

**Table 3.** Problems caused by alcohol and/or substance use

	n (%)
Type of problem	
None	2 (2.0)
Forensic problem	14 (14.0)
Marital problem	4 (4.0)
Familial problem	16 (16.0)
Health related problem	1 (1.0)
Mixed	63 (63.0)
Legal problem	
No	60 (60.0)
Yes	40 (40.0)
Marital problem	
No	66 (66.0)
Yes	34 (34.0)
Family issues	
No	25 (25.0)
Yes	75 (75.0)
Health related problem	
No	66 (66.0)
Yes	34 (34.0)
Total	100 (100.0)

**Table 4.** Wender Utah Rating Scale and Adult ADD/ADHD Evaluation Scale scores in patients with alcohol and/or substance use disorder

Scale	n (%)
Wender Utah Rating Scale (M±SD)	29.6±19.4 (min 0, max 74)
Wender Utah Rating Scale	
No	62 (62.0)
<b>ADHD</b>	<b>38 (38.0)</b>
Adult ADD/ADHD Evaluation Scale (M±SD)	40.2±28.7 (min 4, max 117)
Adult ADD/ADHD Evaluation Scale	
No ADHD	80 (80.0)
<b>Have ADHD</b>	<b>20 (20.0)</b>
Attention-deficit type	15 (15.0)
Hyperactive-impulsive type	3 (3.0)
Combined type	2 (2.0)

The rate of psychiatric admission during childhood or adolescence was low (17%). In contrast, most patients were admitted to psychiatric services in adulthood (76%), and almost half had a psychiatric diagnosis (49%). However, the rate of treatment for alcohol and/or Drug abuse was low (28%). Almost all patients were admitted to the in-patient clinic with civil commitment through the judicial process (98%).

#### Data on Smoking, Alcohol and Drug Use

The mean age at alcohol onset was 16.8±4.5 years, and the mean age at Drug onset was 19.9±6.0 years. The majority of the participants smoked more than 20 cigarettes per day. The rates of alcohol and Drug consumption were 66% and 90%, respectively. Among the types of Drugs used, multiple Drug use was the highest rate (43%). The rate of family background of alcohol use in alcohol users was 38%, and the highest rate was observed in the father (32%). Family background of Drug use was lower in Drug users (10%). Data on alcohol and/or Drug use of the participants are shown



in Table 1.

### **Possible Problems With ADHD**

More than half of the participants had experienced Legal problems and had a crime background (54% and 55%, respectively). The most common types of offenses were fighting and wounding (17% and 16%, respectively). About half of the subjects had ever been on probation (48%). Self-mutilation background was 43%. Possible ADHD-related problems of the patients are shown in Table 2.

### **Alcohol and/or Drug-Related Problems**

Most patients with alcohol and/or Drug use had problems on multiple issues, such as Legals, spouse, family, or health (63%). The most common problems caused by alcohol and/or Drug use were related to family relationships (75%). The problems caused by alcohol and/or Drug use are presented in Table 3.

### **Childhood and Adulthood ADHD Symptoms in Patients with Alcohol and/or Drug use Disorders**

In this study, we determined that 38% of the patients with alcohol and/or Drug use disorder admitted to civil commitment decision exhibited ADHD symptoms in childhood—according to the Wender-Utah Rating Scale—and 20% in adulthood—according to the Adult ADD/ADHD Rating Scale. The data about scales are presented in Table 4.

### **The Relationship Between Adult ADHD and Potential Problems**

ADHD causes difficulties in education, work life, and legal problems in adulthood. We compared ADHD with grade repetition, school change, disciplinary punishment in school for educational life, job change, exemption and breakage during military service, Legal problems, crime and prison background, violation of traffic rules and probation background for legal problems, work /home injury, self-mutilation, Committing Suicide, alcohol and Drug abuse as potential problem areas. Among all these problem areas, according to the Wender-Utah Rating Scale, receiving disciplinary punishment in school life, fulfilling military service, and being involved in a judicial problem were associated with ADHD ( $p < 0.05$ ). According to the Adult ADD/

ADHD scale, only completing involuntary treatment during military service and taking a break from military service were found to be associated with ADHD ( $p < 0.05$ ). The relationship between adult ADHD and possible problems according to the Wender-Utah Rating Scale and Adult ADD/ADHD Rating Scale are presented in Table 5 and Table 6.

### **DISCUSSION**

In this study, the rate of ADHD symptoms in adults who were given a civil commitment decision due to problems related to alcohol-Drug use was determined as 38% in childhood and 20% in adulthood. The rate of ADHD in adolescents admitted to treatment centers for SUD is 30-50% (12). In a comprehensive meta-analysis, the prevalence of ADHD and SUD comorbidity in adults was reported between 9.9% and 54.1% (13). Our results are consistent with the data in the literature.

ADHD is a risk factor for alcohol and Drug use disorders (3). While the rate of ADHD varies between 35-71% in individuals with alcohol addiction, it is between 15-25% in Drug addicts (1, 5). There may be various reasons for the relationship between ADHD and alcohol and Drug use disorders. Reasons that confirm the self-treatment hypothesis, such as alleviating ADHD-induced emotions and facilitating sleep, have been suggested and contribute to genetic predisposition for ADHD and ASUD (6). Drug use in ADHD starts at younger ages, recovery rates are lower, and Drug use treatment is more difficult (1).

ADHD is a risk factor for regular nicotine use (3). Improvements in attention and executive functions were found in adults with nicotine dependence, which is consistent with the recommendations in the literature for the use of nicotinic agents in the treatment of ADHD (6). We determined that 94% of the patients with alcohol and/or Drug use were smokers. Smoking rates in Drug users are 75-77% (14, 15). Adults and adolescents with ADHD have higher smoking rates than the general population (1). In our study, smoking rates may be higher because some patients had ADHD comorbid with alcohol and/or Drug use.

In our study, the most frequently used Drug type was multiple Drug use, with a rate of 43%. Individuals with ADHD symptoms and all ADHD subtypes have an increased risk for single and multiple Drug use. In



**Table 5. The relationship between adult ADHD and potential problems according to Wender Utah Rating Scale\***

Potential problems	ADHD (-)	ADHD (+)	p
Grade repetition			
No	51	31	p>0.05
Yes	11	7	
School change			
No	56	31	p>0.05
Yes	6	7	
Disciplinary punishment at school			
No	56	28	<b>p=0.028</b>
Yes	6	10	
Job change			
No	55	29	p>0.05
Yes	7	9	
Military service			
Completed	7	13	<b>p=0.005</b>
Not completed	51	22	
Exempted	4	3	
Breaking during military service			
No	47	21	p>0.05
Yes	7	5	
Not yet enlisted	8	12	
Legal Issue			
No	34	12	<b>p=0.024</b>
Yes	28	26	
Crime background			
No	32	13	p>0.05
Yes	30	25	
Prison background			
No	47	25	p>0.05
Yes	15	13	
Probation background			
No	37	21	p>0.05
Yes	25	17	
Violating traffic rules			
No	37	25	p>0.05
Yes	25	13	
Work/home injury			
No	59	29	<b>p=0.005</b>
Yes	3	9	
Self mutilation			
No	39	18	p>0.05
Yes	23	20	
Committing Suicide			
No	52	30	p>0.05
Yes	10	8	
Alcohol			
No	25	9	p>0.05
Yes	37	29	
Drug use			
No	8	2	p>0.05
Yes	54	36	
Total	62	38	

\*Mann Whitney U Test, Welch Test

p<0.05 was considered statistically significant.



ADHD, one Drug is not preferred over another. Individuals with ADHD use psychoactive Drugs that can improve cognitive performance and reduce emotional fluctuations and restlessness in coping with symptoms. The diversity of ADHD symptoms predisposes the way for the use of different types of psychoactive Drugs (1). In ADHD, deficits in self-control or executive functions are the source of symptoms such as inattention and impulsivity/hyperactivity (16). We detected that the common type of ADHD was the attention-deficit subtype. The hyperactivity-impulsivity subtype of ADHD is strongly associated with SUD (6). However, in a large epidemiological study, all ADHD subtypes were associated with an increased risk of SUD, with a predominance for the combined type (3). Furthermore, a recent epidemiological study determined that ADHD subtypes in adults were associated with an increased risk for SUD (17).

Individuals with ADHD are more likely to drop out of school, have lower levels of education, experience marital problems, have higher unemployment rates, are unsuccessful in business life, have poor social skills, and are not consistent in peer relationships in adulthood (5).

Adult ADHD is often associated with risky behaviors and is more vulnerable to risky behaviors such as Drug abuse, violating traffic rules, dangerous driving, and involvement in traffic accidents under symptoms such as impulsivity, attention deficit, and hyperactivity (18). Legal psychiatric examinations are common due to these legal problems and impulsive behaviors (1, 19). In addition, legal records reflect that young people with ADHD have higher arrest rates. Having ADHD symptoms in childhood poses a risk for illegal acts in adulthood (1, 21). In a study examining children diagnosed with ADHD in childhood, it was found that 47% of these children had criminal convictions in adulthood and were five times more likely to be convicted and twelve times more likely to be convicted for violent offenses compared to the general population (21). Alcohol-Drug abuse may worsen ADHD symptoms and trigger criminal behaviour. In our study, as expected, more than half of the participants had a background of criminal problems and offenses (54% and 55%, respectively). The rate of imprisonment for any reason was %28.

ADHD is a lifelong disorder and affects all areas of life.

ADHD causes Legal, spouse, family, and health problems in adulthood. We found that ADHD causes Family issues s at a rate of 75%, and 63% of the patients had problems in more than one area. Civil commitment is usually a court decision given upon the legal application of the family. Considering that the study population consisted of patients with involuntary hospitalization, the presence of Family issues s and problems in more than one field is an expected result.

In this study, The Wender Utah Rating Scale scores were associated with receiving disciplinary punishment in school life, being involved in a judicial event, and completing military service. The Adult ADD/ADHD Rating Scale scores were associated with completing military service and taking a break for mental reasons during military service. Military service is a process that requires compliance with rules and discipline. Individuals with ADHD may lack discipline, focus, and organized work skills. Therefore, ADHD symptoms may make it challenging to fulfill military service. Similarly, school life also includes rules. In this context, individuals with ADHD with impulsive and attention disorders will likely have problems at school and during military service.

The results obtained from this study and previous studies in the literature support that ADHD is a lifelong problem in many areas if untreated. Early diagnosis and treatment of ADHD treatment will be beneficial for many problems that may develop in the following years. In addition to medical treatment, therapies such as cognitive behavioral therapy, play therapy, dance therapy, and psychodynamic psychotherapy can be supported both supportively and to improve residual symptoms that persist despite drug therapy (22-25).

### Limitations

This study has some limitations. First, although the comorbidity rate in ADHD is high and it is difficult to find pure ADHD, comorbid psychiatric disorders accompanying alcohol Drug use were not investigated. Second, only males were included in the study. Studies examining psychiatric disorders accompanying ADHD and including both genders are recommended.

### CONCLUSION

Although a well-defined disorder, ADHD is not rec-



**Table 6. The relationship between adult ADHD and potential problems according to Adult ADD/ADHD Evaluation Scale\***

Potential problems	ADHD (-)	ADHD (+)	p
Grade repetition			
No	66	16	p>0.05
Yes	14	4	
School change			
No	72	15	p>0.05
Yes	8	5	
Disciplinary punishment at school			
No	67	17	p>0.05
Yes	13	3	
Job change			
No	67	17	p>0.05
Yes	13	3	
Military service			
Completed	11	9	p=0.006
Not completed	63	10	
Exempted	6	1	
Breaking during military service			
No	59	9	p=0.009
Yes	9	3	
Not yet enlisted	12	8	
Legal Issue			
No	38	8	p>0.05
Yes	42	12	
Crime background			
No	37	8	p>0.05
Yes	43	12	
Prison background			
No	56	16	p>0.05
Yes	24	4	
Probation background			
No	43	15	p>0.05
Yes	37	5	
Violating traffic rules			
No	47	15	p>0.05
Yes	33	5	
Occupational accident/home injury			
No	71	17	p>0.05
Yes	9	3	
Self mutilation			
No	49	8	p>0.05
Yes	31	12	
Committing Suicide			
No	65	17	p>0.05
Yes	15	3	
Alcohol use			
No	28	6	p>0.05
Yes	52	14	
Drug use			
No	10	0	p>0.05
Yes	70	20	
Total	80	20	

\*Mann Whitney U Test

p<0.05 was considered statistically significant.



ognized in childhood and is often overlooked in adulthood. People with ADHD have a functional and emotional impairment, interpersonal problems, and higher rates of alcohol and Drug abuse. When ADHD is not diagnosed and treated, it is often accompanied by familial, Marital, legal, and work-related problems. Undiagnosed and untreated ADHD in childhood and adulthood can lead to lifelong difficulties and alcohol-Drug use disorder. Although the abuse potential of drugs used in the treatment of ADHD is controversial when ADHD symptoms are not controlled, more serious consequences occur in potential problem areas accompanied by alcohol and/or Drug use. This study reveals the problem areas that may arise throughout life due to ADHD within the framework of ASUD with civil commitment decision.

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