

SYMPTOM COMPARISON ADHD, BIPOLAR DISORDER, RAD

Symptom	ADHD	Bipolar I Disorder	RAD
Age of onset	Birth. 6. 13	2-3, 7, 13-35	Birth to 3
Family history	ADHD. academic difficulties, alcohol & substance abuse	Mood disorders, academic difficulties, alcohol & substance abuse, adoption, ADHD	Abuse & neglect, severe emotional & behavioral disorders, alcohol & substance abuse, abuse & neglect in parents early life
Incidence	Approximately 6% of general population	2-3% of general population	3-6% of general population
Cause	Genetic, exacerbated by stress	Genetic, exacerbated by stress & hormones	Psychological secondary to neglect, abuse, abandonment
Duration	Chronic & unremittingly continuous, tends toward improvement	May or may not show clear behavioral episodes and cyclicity; worsens over years with increased severe and dramatic symptoms	Dependent on life circumstances, including treatment & innate temperament; worsens over years without treatment, resulting in antisocial character disorders
Attention span	Short, leading to lack of productivity	Dependent on interest & motivation, distractible	Usually prolonged secondary to hyper-vigilance, under stress can shorten
Impulsivity	Secondary to inattention or oblivious, regret	Driven, 'irresistible', grandiose, thrill-seeking, counter-phobia, little regret	Usually deliberate actions; poor cause-and-effect thinking; no remorse

**SYMPTOM COMPARISON
ADHD, BIPOLAR DISORDER, RAD (continued)**

Hyperactivity	50% are hyperactive, disorganized	Wide ranges, with hyperactivity common in children	Common
Self-esteem	Low. rooted in ongoing performance difficulties	Low because of inherent unpredictability of mood	Low. rooted in abandonment, feel worthless and unlovable, masked by anger
Attitude	Friendly in genuine manner	Highly unpredictable, dysphoric. moody, negativistic	Superficially charming, phony, distrusting, emotionally distant, non-intimate
Control issues	Tend to desire to seek approval; get into trouble by inability to complete tasks	Intermittent desire to please (based on mood), tend to push limits and relish power struggles	Controlled and controlling, only for self-gain, underhanded, covert and punitive
Oppositional/defiant	Argumentative, but will relent with some show of authority, re-directable	Usually overtly and prominently defiant, often not relenting to authority	Covertly or overtly defiant, passive aggressive
Blaming	Self-protective mechanism to avoid adverse consequences	Disbelief/denial they caused something to go wrong	Rejecting of responsibility, lack of empathy
Lying	Avoid adverse consequences	Enjoys 'getting away with it'	'Crazy lying.' self-centered 'primary process' distortions, remain in control
Fire setting	Play with matches out of curiosity, nonmalicious	Play with matches/ fire setting	Revenge seeking, malicious; danger seeking secondary to despair

**SYMPTOM COMPARISON
ADHD, BIPOLAR DISORDER, RAD (continued)**

Anger, irrationality, temper, rage	Situational. in response to over stimulation, low frustration tolerance and need for immediate gratification; rage reaction is usually short lived	Secondary to limit setting or attempts by authority figures to control their excessive behavior, can last for extended periods of time; overt, assaultive	Chronic, revenge -oriented; eternal "victim" position, with rationalizations for destructive retaliation; hurtful to innocent others and pets
Entitlement	Overwhelming need for immediate gratification	Feel entitled to get what they want, grandiose	Compensation for abandonment & deprivation
Conscience development	Capable of demonstrating remorse when calmed down	Limited conscience development, less cruel than RAD	Very 'street smart', good survival skills, con artists, calculating, lack of remorse
Sensitivity	Oblivious to their circumstances, inappropriateness shows as a result	Acutely aware of circumstances and are 'hot reactors'	Hypervigilant. compensating for past helplessness; limited emotional repertoire, insensitive
Perception	Flooded by sensory over-stimulation, hyperactive, distractible. shuts down	Self-absorbed, preoccupied with internal need fulfillment, narcissistic	Self-centered, primary process, primitive distortions
Peer relationships	Makes friends easily, but not able to keep them	Can be charismatic or depressed, depending on mood; conflicts are the rule	Very poor, controlling & manipulative; not able to maintain relationships
Sleep disturbances	Over-stimulated, once asleep 'sleeps like a rock'	Inability to relax because of racing mind, nightmares common	Hyper-vigilance creates light sleepers; tends to need little sleep, arise early in AM

**SYMPTOM COMPARISON
ADHD, BIPOLAR DISORDER, RAD (continued)**

Motivation	Less resourceful, more adult dependent; OK starters, poor finishers	Grandiose; believe they are resourceful, gifted, creative; self-directed, variable energy and enthusiasm	Consistently poor initiative, limited industriousness, intentional inefficiency
Learning difficulties	Commonly have auditory perceptual difficulties, lack fine motor coordination	Non-sequential, nonlinear learners, verbally articulate	Brain maturational delays secondary to maternal drug/alcohol effects, early life abuse/neglect can create diverse learning problems
Anxiety	Uncommon, unless performance related	Emotionally wired and have high potentials for anxiety, fears & phobias. Somatic symptoms common, needle phobic	Appear invulnerable; poor recognition, awareness or admission of fears
Sexuality	Emotionally immature and sexually naïve	Sexual hyper-awareness, pseudo-maturity, and high activity level	Uses sex as means of power, control, or infliction of pain, sadistic
Substance abuse	Strong tendencies, more out of coping mechanisms for low self-esteem	Strong tendencies in attempt to medically treat either hypomanic/depressive moods	Sporadic/uncommon, need to maintain control
Optimal environment	Low stimulation & stress, support & structure	Clear & assertive, limits & encouragement	Balance of security & stability, limits and clear expectations, nurturance and encouragement
Psychopharmacology	Medications very helpful; Ritalin, Dexedrine, Cylert, Wellbutrin; Clonidine, Imipramine & Nortriptyline useful as adjunctive treatments	Medications helpful to stabilize mood: Lithium, Carbazamine, Valporic Acid, Verapamil, Risperdal	Antidepressants, Clonidine, may help hypervigilance, does not help characterological traits