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Undiagnosed ADHD and Burnout Syndrome – is Untreated ADHD A Risk Factor for Burnout Syndrome?

Opinion
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Can undiagnosed/ untreated ADHD predispose people to develop faster and more severe burnout compared to others? This is an important question, since such clinical dilemma might be more ubiquitous, than previously thought. According to some estimates the prevalence of symptomatic adult ADHD could amount up to 366.33 million globally in 2020 [1]. ADHD is a biological condition. The cultural factors might influence its' diagnosis, treatment and expression of symptoms. However, regardless of the specific psychosocial factors, most complications of untreated ADHD have similar consequences, on most places around the world. Globalization is real and workflow challenges become universal.

The undiagnosed/ untreated ADHD sequelae are related to difficulties with academic achievements, increased performance anxiety, poor concentration, problems with adaptation to complex and constantly evolving job requirements. This in itself could lead to complicated economic behaviors, frequent changes in careers, chronic frustration and sequentially onset of stress, adjustment disorders, anxiety disorders, depressive disorders, chronic low self-esteem. This could limit career opportunities and overall life choices; thus increasing the risk of decline in social functioning.

Burn-out syndrome has several key symptoms: inattention, poor concentration, loss of interest, emotional distancing from the occupational activities. The concept of burn-out syndrome had evolved in time since it was first introduced in late 1960's. Initially it described severe form of fatigue of working too long under severe stress. It had been studied via multiple inventories and questionnaires, including Maslach Burnout Inventory, Copenhagen Psychosocial Questionnaire, Spanish Burnout Inventory, Shirom Melamed Burnout Inventory, Burn out Assessment Tool. It can resemble some aspects of the diagnostic criteria of ADHD, such as inattention, forgetfulness, inability to finish tasks, to follow social cues, etc. Other key symptoms of hyperactivity and impulsivity could represent some behavioral expressions of emotional disturbances of burn-out syndrome.

The symptoms of ADHD and burn-out symptoms could also be part of variety of other mental health conditions, including prodromes of depressive episodes, acute stress disorders, worsening of chronic generalized anxiety disorder. The differential diagnosis could sometimes be difficult to make. The most important elements defining any nosologic entity are the onset and duration of symptoms.

ADHD symptoms would be present constantly, showing up with deficits in attention, ability follow information flow, both at work and at home, in conversations and at reading, analyzing text, both job related (obligatory) and leisure related (non-obligatory focusing). In other words, poor concentration, inattentiveness are present all the time, regardless what the person does. It can become more apparent, when patient is under stress, required to finish projects on time, as per occupational responsibilities. The key difference probably between ADHD and burn-out syndrome could be the timing of the symptom expression. One could make the case that a person with ADHD could develop frustration, emotional distancing from their occupational engagement much sooner compared to a person without this condition. Burn out syndrome would be more obvious, if there'd be a prominent change in behavior, rather than a continuous characteristic of an employee behavior.

Of course, there has to be a clearer idea of the onset of the symptoms in relation to the job related intensity. Both ADHD and burn out syndrome can be triggered by changes in occupational environment. Put it more simply, people with undiagnosed/ undertreated ADHD could exhibit burn-out -like symptoms since early days of their professional engagement on the specific job, while people without ADHD could perform under pressure for a while and then start developing burn out syndrome. This could hardly be used as an exact diagnostic criterion, since we might have some idea of the duration timeline

(weeks, months), but we might not know when exactly the onset of the symptoms happened. Imagine, if a person with untreated burn-out syndrome (or triggered full blown depressive disorder episode) had lost their job, then started a new one, so to speak carrying over their poor concentration, inattentiveness, emotional distancing into the new, current job.

We could use the other specific criterion of burn-out syndrome: symptoms only occur in the context of the occupational situation. A person with burn out syndrome would not have anxiety, inattentiveness, hyperactivity, impulsivity, or lack of emotional engagement when they are at home, or during pleasurable activities, outside of their job; unlike a person with severe ADHD, who are unable to follow plot of movies, remember conversation with significant other, or keep forgetting where they put their belongings at home; i.e. they have persistent inattentiveness and possibly frustration of this poor concentration throughout their whole day, both at work and during their time off.

While it might be confusing which comes first, ADHD related deficits or burn out related problems with productivity, there is another way to help differentiate the two conditions: treatment. ADHD treatment could show positive results faster than treatment of depressive and anxiety syndromes. Treatment of ADHD is mostly with stimulant medication, while burn-out syndrome - mostly with therapy (if it is not part of already full blown depressive episode, or worsening anxiety disorder, then medication would need to be considered too). To make things somewhat more complicated, we have to acknowledge the reality that employees can have both conditions – ADHD and Burn-out syndrome.

Per published analysis of outpatient psychiatric clinic' data adult ADHD diagnosis is registered in close to 27% of the whole psychiatric population. We might infer that there might be even more undiagnosed patients with adult ADHD [2]. We might need to consider ADHD, diagnosed or not, as part of risk factor for burn out syndrome. ADHD can trigger faster onset of burn out syndrome, with more prolonged duration and more severe intensity of its' course. Proper diagnosis and timely medication treatment of ADHD could prevent the burn out syndrome occurrence.

This could alleviate symptoms of already triggered burn-out syndrome. When medication management is not available (e.g. no prescriber available, or long time before the scheduled appointment with a provider), or contraindicated due to some medical conditions (e.g. certain cardiologic conditions), ADHD symptoms and burn out symptoms could be helped with therapeutic approaches such as: individualized time management worksheets, dividing the total workload into smaller parts, rearranged according to the focus intensity and duration required for each of them; alternating between more complex, more attention requiring projects and less energy consuming, less intense tasks during each day; having daily lists of tasks, taking into account that by the end of the day fatigue is normal phenomenon, so keep the easiest tasks for the end of then; limiting the time spent resting between tasks, timing it; limiting online access [3].

The basic rule could be using anything that could work with the specific individual, without negative impact on their self esteem, respectful of their input and commitment. If ADHD symptoms and burn out syndrome are approached timely and correctly, they could help any individual employee becoming more productive. This could improve collectively team cohesion and install hope for better future for all. And this is one of the greatest motivators for anyone.

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