

**A CARLAT PSYCHIATRY  
REFERENCE TABLE**

<b>How DSM-5 ADHD Symptoms May Present Differently in Older Adults</b>			
<b>DSM-5 Symptom Domain</b>	<b>Classic Presentation in Younger Adults</b>	<b>Common Presentation in Older Adults</b>	<b>Common Pitfalls</b>
Inattention	Easily distracted, careless mistakes	Losing the thread in conversations, misplacing items, difficulty managing paperwork or medications	Misattributed to normal aging or mild cognitive impairment
Sustained attention	Trouble focusing on tasks or lectures	Mental fatigue with reading, meetings, complex tasks	Mistaken for depression or cognitive decline
Organization	Disorganized school/work tasks	Difficulty managing schedules, bills, health appointments	Attributed to retirement transitions or stress
Follow-through	Starting tasks but not finishing them	Losing track of projects, incomplete household or financial tasks	Seen as low motivation to complete rather than ADHD
Time management	Chronic lateness	Missing appointments, underestimating time for tasks	Confused with memory impairment
Forgetfulness	Forgetting homework or obligations	Forgetting appointments, names, recent conversations	Raises concern for dementia without context
Hyperactivity	Fidgeting, restlessness	Inner restlessness, feeling “fidgety,” inability to relax	Overlooked because outward hyperactivity fades
Impulsivity	Interrupting, acting without thinking	Hasty decisions, abrupt job changes, impulsive spending	Misdiagnosed as mood disorder or personality trait
Emotional regulation	Irritability, low frustration tolerance	Emotional reactivity, stress intolerance, feeling overwhelmed	Misattributed to anxiety or depression
Functional impairment	Academic or work problems	Reliance on external supports (spouses, assistants), exhaustion from compensatory strategies	Missed because outward success is preserved

From the Expert Q&A:  
**“Uncovering ADHD in Late Life”**  
 by **David W. Goodman, MD**

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