

Methylphenidate May Unmask Obsessive-Compulsive Symptoms in Attention Disordered Adults

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Methylphenidate (MPD) may increase or induce tics in Tourette Syndrome or as a toxic effect in the treatment of attention deficit hyperactivity disorder (ADHD) (Denckla et al, JAMA 235:1349-1351, 1976). TS is commonly associated with obsessive-compulsive disorder (OCD). Psychostimulants may induce both tics and compulsive mannerisms in childhood ADHD (Borcherding, et al, Psychiatry Res, 33:83-94, 1990). Establishing the rate at which obsessive-compulsive disorder is co-morbid with ADHD is complicated by the interference with attention by obsessive rumination, anxiety, and depression. Psychological test profiles of adult ADHD support a high frequency of obsessive traits (Downey et al, J Nerv Ment Dis, 185:32-38, 1997). The limited literature on OCD and MPD suggests a variable but commonly negative effect of MPD on OCD symptoms.

We report here two cases of ADHD adult males 50 and 42 years of age, treated elsewhere with MPD (dosages 20 and 30 mg per day), both of whom experienced documented exacerbation of possibly latent obsessive-compulsive symptoms, both current mildly elevated PT scales on MMPI, within four to six weeks of therapy as recorded by Yale-Brown Obsessive Compulsive Scale (Y-BOCS). In both, symptoms diminished with elimination of MPD and introduction of SSRI therapy. In one, periodic use of MPD assists focus both subjectively and as objectively assessed by neuropsychological measures, i.e., Kagan's Matching Familiar Figures Test and Letter Cancellation Task.

Therapists treating adult disorders of attention need to establish in advance of prescribing psychostimulants presence or absence of OCD symptoms and following patients carefully for their development once MPD therapy has begun. Whether similar phenomena occur in pediatric cases of ADHD warrants investigation.

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