



MALINGERING PATIENT ASKING ABOUT STUDYING PILLS

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<p>Article Info Received 07/09/2015 Revised 17/09/2015 Accepted 29/09/2015</p> <p>Key words: Attention deficit hyperactivity disorder, ADHD, faking, Stimulant abuse.</p>	<p>ABSTRACT Attention deficit hyperactivity disorder (ADHD) has a prevalence rate of 4.0% to 8% of the adults' population. ADHD is associated with substantial morbidity, but is also highly treatable condition. In the college setting, the diagnosis of ADHD may have some challenges. Once the diagnosis of ADHD has assigned, the patient will have a repeated prescription and additional secondary gains.</p>
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INTRODUCTION

Attention deficit hyperactivity disorder (ADHD) is a fairly common psychiatric disease in the general population; the prevalence of this disorder in the adult is 4.0% -8.0%. Roughly 2% of university students are getting drugs for stimulant medications. The definition of "stimulant drug misuse" is consuming a stimulant drug without a medical prescription, or using an overdose of stimulant drug. The rate of stimulant drug misuse among college students is reaching to 17- 33%.

ADHD has serious impact on the adult life (e.g., relationships, academics, and employment) [1]. Diagnostic criteria in adult DSM-V to diagnose ADHD must have at least five symptoms from either (or both) the inattention group, or from the hyperactivity and impulsivity criteria (table 1) [2].

Adults with ADHD will have either combined ADHD type 53%, or inattentive ADHD type 28% or hyperactive-impulsive ADHD type 19% (figure1).

Case Presentation

22-years-old medical student visited the local health center at the evening time complaining of inability to focus on the task, easily distracted, for a long period of

time. He mentioned that he can't focus on tasks long enough with frequent forgetfulness. However, in the first visit, the request was referred to secondary / psychiatric department for appropriate evaluation. While in the second visit, he grumbled about the delay in his appointment, and thus, asking about studying pills to enhance his memory. On further patient past medical history, he had a lot of experience for previous consumption of several ADHD drugs such as Adderall and Ritalin, and he described how it was beneficial in improving his condition. His wide knowledge of the ADHD symptoms, as well as his detailed explanation made a suspect in his true intentions of the visit. He seemed to have a drug abuse of a stimulant medication (Adderall/Ritalin). He desperately begged and insisted that I should prescribe one of those drugs because of his upcoming exams.

DISCUSSION

College students met and encountered an extraordinary number of students who seem to use and abuse of nonmedical use (NMU) of both stimulant (methylphenidate and amphetamine) and non-stimulant (α -adrenergic agonists and atomoxetine) prescription of



ADHD medications. The college students usually misuse stimulant drugs as “study drug [3, 4].

Moreover, there area number of college students lived in mixed accommodations; they have a lot of experience with ADHD students. The diagnosis of college students with ADHD may result in various academic benefits (e.g., giving additional time to complete assignments, an environment free from any interruptions, reduced homework loads, audio recording of lectures).⁵ Given students with ADHD academic benefits, encourage other normal student for feign symptoms of ADHD. College students became easily dependent on stimulant drugs as a method of efficiently increase students concentration and attention levels which are astonishingly enhanced [5, 6].

According to the available research, the symptoms of ADHD can be readily feigned, particularly when symptoms are assessed with checklists [7-11].

The draw back for all ADHD symptom checklists are easily faked, the result is inconsistencies; it takes very little time for an individual to prepare for the defeat of an ADHD testing measure, furthermore, there are many social media giving information about ADHD [12].

The prevalence of drug misuse of many campuses reaches about one-third of college students as well as nearly two-thirds of these diverted medications were related to increasing consumption of stimulant drugs [13-18].

College students may abuse stimulant drugs for a number of reasons (e.g., foe enhancement of alertness/energy/attention, for better academic performance, for relieving psychological distress / restlessness, for recreational purposes/ weight control and athletic performance) (table 1) [15-18, 19-24].

Reasons for Misuse of Stimulant Medication

Table 1. DSM V for diagnosis adult ADHD

Inattentive-type (ADHD-PI)	Hyperactive/Impulsive-type (ADHD-PH)
<ul style="list-style-type: none"> • Avoiding tasks or jobs that require concentration. • Procrastination. • Difficulty initiating tasks. • Difficulty organizing details required for a task. • Difficulty recalling details required for a task. • Difficulty multitasking • Poor time management, losing track of time. • Indecision and doubt. • Hesitation of execution. • Difficulty persevering or completing and following through on tasks. • Delayed stop and transition of concentration from one task to another. 	<ul style="list-style-type: none"> • Chooses highly active, stimulating jobs. • Avoids situations with low physical activity or sedentary work. • May choose to work long hours or two jobs. • Seeks constant activity. • Easily bored. • Impatient. • Intolerant and frustrated, easily irritated. • Impulsive, snap decisions and irresponsible behaviors. • Loses temper easily, angers quickly. • The tendency to hyper focus on particularly stimulating or emotionally engaging tasks.

Table 1. Possible reasons why college students are misuse prescription stimulants

To increase alertness/attention
To increase energy level

- 1- Being male.
- 2- Being a member of a college network/organization
- 3- Upper-class college students.
- 4- High academic college performance.
- 5- For losing weight and getting high-mood.
- 6- The common sources of stimulant drugs were either friends or family members.

Stimulant drugs overdose can mimic acute amphetamine intoxication (e.g., delirium, euphoria, confusion, and toxic psychosis).

However, in Bahrain all stimulant drugs are under controlled medicine and should be prescribed by a psychiatric physician with pink prescription [25].

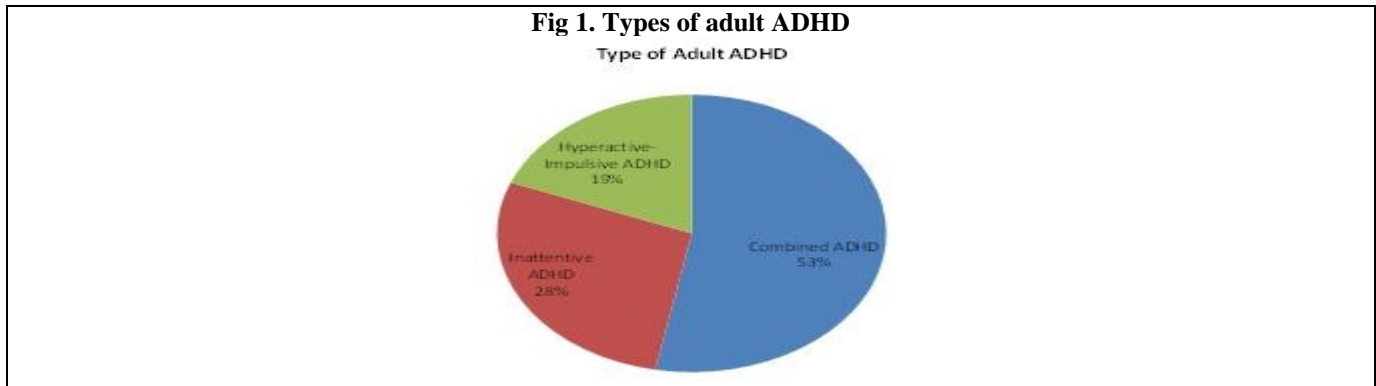
How physician should suspect malingering patient?

Most psychiatric diseases are easily malingering, because diagnosis based mainly on history checklist. Most common two malingering psychiatric diseases are ADHD and PTSD, with potentially secondary gain.

- 1- The patient gives typical “textbook” description of symptoms.
- 2- The patient gives elusive descriptions that could fit any disease.
- 3- The patient gives disproportionately dramatic appearances.
- 4- The patient gives constant lack of response to all treatment modalities.
- 5- Assess the adult by using Adult ADHD Rating Scale, always fakers did at a significantly more compromised level than others.
- 6- Assess the adult by “F scale” in the Minnesota Multiphasic Personality Inventory (MMPI). It is an accurate test to detect false, exaggerated symptoms.
- 7- Test of Memory Malingering, and the Validity Indicator Profile, always fakers did poorly than others [26].



To decrease psychological distress
To decrease restlessness
For recreational purposes
To increase athletic performance
To alleviate weight concerns



CONCLUSION

ADHD affects many of adolescence and adult age group; the diagnosis of ADHD will have a certain academic advantage especially for college students. ADHD can be convincingly depicted through feigning. Fakery have prepared themselves very well before physician consultation on checking symptoms checklists for ADHD. In addition to the potential academic benefits of a diagnosis student with ADHD, it will improve alertness, energy, attention, and academic and athletic performance as well as alleviation of psychological distress, restlessness, and weight concerns. The diagnosis of ADHD needed for close screening and therapeutic monitoring of ADHD medication use, through careful history and cautious sophisticated psychological testing, and prescription should be applied by only expert psychologist. . In addition, non-stimulants ADHD medications might be suitable alternative for suspected patients with concern about abuse, misuse and diversion. There is a need for

young adult prevention and intervention programs to deal with nonmedical prescription of stimulant drugs misuse.

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CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

STATEMENT OF HUMAN AND ANIMAL RIGHTS

All procedures performed in human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

REFERENCES

1. Kessler RC, Berglund P, Dernier O. (2005). Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 62, 593–602.
2. http://en.wikipedia.org/wiki/Adult_attention_deficit_hyperactivity_disorder_
3. ClemowDB , Walker DJ. (2014). The potential for misuse and abuse of medications in ADHD: a review. *Postgrad Med*, 126(5), 64-81.
4. Hartung CM, Canu WH, Cleveland CS, Lefler EK, Mignogna MJ, Fedele DA, Correia CJ, Leffingwell TR, Clapp JD. (2013). Stimulant medication use in college students: comparison of appropriate users, misusers, and nonusers. *psychol Addict Behav*, 27(3), 832-40.
5. McGuire JM. (1998). Educational accommodations: a university administrator's view. In: Gordon M, Keiser S, editors. *Accommodations in Higher Education under the Americans with Disabilities Act (ADA): A No-nonsense Guide for Clinicians, Educators, Administrators, and Lawyers*. DeWitt, New York: GSI Publications, 20–45.
6. Rabiner DL. (2013). Stimulant prescription cautions: addressing misuse, diversion and malingering. *Current Psychiatry Reports*, 15, 375.
7. Fisher AB. (2007). ADHD rating scales' susceptibility to faking in a college student sample. *DissAbstr Int*, 68, 620B.
8. Harrison AG, Edwards MJ, Parker KC. (2007). Identifying students faking ADHD: preliminary findings and strategies for detection. *Arch ClinNeuropsychol*, 22, 577–588.



9. Frazier TW, Frazier AR, Busch RM, *et al.* (2008). Detection of simulated ADHD and reading disorder using symptom validity measures. *Arch ClinNeuropsychol*, 23, 501–509.
10. Booksh RL, Pella RD, Singh AN, Gouvier DW. (2010). Ability of college students to simulate ADHD on objective measures of attention. *J AttenDisord*, 13, 325–338.
11. Sollman MJ, Ranseen JD, Berry DT. (2010). Detection of feigned ADHD in college students. *Psychol Assess*, 22, 325–335.
12. <http://www.wikihow.com/Get-an-Adderall-Prescription>.
13. Gamier LM, Arria AM, Caldeira KM, *et al.* (2010). Sharing and selling of prescription medications in a college student sample. *J Clin Psychiatry*, 71, 262–269.
14. Judson R, Langdon SW. (2009). Illicit use of prescription stimulants among college students: prescription status, motives, theory of planned behavior, knowledge and self-diagnostic tendencies. *Psychol Health Med*, 14, 97–104.
15. Hall KM, Irwin MM, Bowman KA, *et al.* (2005). Illicit use of prescribed stimulant medication among college students. *J Am Coll Health*, 53, 167–174.
16. DeSantis AD, Webb EM, Noar SM. (2008). Illicit use of prescription ADHD medications on a college campus: a multimethodological approach. *J Am Coll Health*, 57, 315–324.
17. Weyandt LL, Janusis G, Wilson KG, *et al.* (2009). Nonmedical prescription stimulant use among a sample of college students: relationship with psychological variables. *J AttenDisord*, 13, 284–296.
18. McCabe SE, Teter CJ, Boyd CJ. (2006). Medical use, illicit use and diversion of prescription stimulant medication. *J Psychoactive Drugs*, 38, 43–56.
19. Rabiner DL, Anastopoulos AD, Costello EJ, *et al.* (2010). Predictors of nonmedical ADHD medication use by college students. *J AttenDisord*, 13, 640–648.
20. White BP, Becker-Blease KA, Grace-Bishop K. (2006). Stimulant medication use, misuse, and abuse in an undergraduate and graduate student sample. *J Am Coll Health*, 54, 261–268.
21. McDuff DR, Baron D. (2005). Substance use in athletics: a sports psychiatry perspective. *Clin Sports Med*, 24, 885–897.
22. Buckman JF, Yusko DA, White HR, Pandina RJ. (2009). Risk profile of male college athletes who use performance-enhancing substances. *J Stud Alcohol Drugs*, 70, 919–923.
23. Piran N, Robinson SR. (2006). Associations between disordered eating behaviors and licit and illicit substance use and abuse in a university sample. *Addict Behav*, 31, 1761–1775.
24. Sansone RA. (2011). Attention Deficit Hyperactivity Disorder. *Innov. ClinNeurosci*, 8(8), 10–13.
25. <http://www.medscape.org/viewarticle/843981>.
26. <http://pro.psychcentral.com/tests-to-detect-malingering/003729.html>.

