



Adults with Attention-Deficit/Hyperactivity Disorder Might Relate with Poor Resilience and Psychological Well-Being in Military Personnel

Dear Editor,

A research assessing relations between coping strategies, resilience, psychological well-being (PWB), and perceived health in soldiers were published in Volume 38 Issue 2 in Journal of Medical Science. The authors concluded that approach-oriented coping results in significant positive effects on resilience and PWB and avoidant coping has opposite effects. Furthermore, they thought positive coping strategies are important.

In the clinical setting, some soldiers visit psychiatrists due to emotional dysregulation, tense interpersonal relationship, low perseverance, or impulsivity, with poor coping strategies, and functional impairment. These situations might relate with mental disorders, such as depressive disorder, bipolar disorder, personality disorder, or attention-deficit/hyperactivity disorder (ADHD). Among these mental disorders, we should raise awareness about the diagnosis of ADHD in soldiers. Individuals with ADHD are not exempt from compulsory service in the current Taiwanese military law, and they might face struggles in the army. They may have more argumentative or defiant behaviors and have difficulty adjusting to military life for the hierarchical relationships in the troop. Their decline in executive function and decreased inhibition might lead to poor time management and occupational performance.¹ The inattention or hyperactivity and impulsivity symptoms in their childhood might be subtle or undetected. With retrospective reports of ADHD traits, they might be diagnosed with child-onset ADHD, late-onset ADHD (with onset age after 12), or adults with ADHD.²

ADHD is a chronic neurodevelopmental disorder and may persist into adulthood. The prevalence rate of ADHD in general population in adults is 2.5%.³ There is greater prevalence in males than females in ADHD. There are also gender differences in ADHD, women with ADHD tend to have more inattentive symptoms, and they are more often undiagnosed. In DSM-5, the age of onset extends from 7 to 12 years and the symptom threshold is lowered to five in individuals who are 17 years or older,⁴ decreasing the rate of false-negative diagnosis of adult ADHD. With the change of diagnostic criteria and evidence from previous research, there is more emphasis on late-onset and adult ADHD. Patients might have decline of executive function, poor academic or occupational achievement, and more psychiatric comorbidities.⁵ The later, the patients with ADHD are diagnosed and treated, the greater risk for low self-esteem

will develop. The comorbid mental disorders included mood disorders or substance use disorders, and the comorbidities might be the reason they visit a psychiatrist for the first time.

Medication alone or combining with psychosocial treatment improves ADHD symptoms. Medication included stimulants, nonstimulants, or treating comorbid depressive or bipolar disorders by antidepressants or antipsychotics.

With high comorbidities and disabling condition in adults, burden of ADHD increases, warrants focused attention and management. We suggest early detection. Screening soldiers with avoidant coping strategies or poor resilience for ADHD might be of great benefit and will help them adapt and increase their quality of life.

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Conflicts of interest

There are no conflicts of interest.

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