Abstract

Objective
To compare educational, occupational, legal, emotional, substance use disorder, and sexual-behavior outcomes in young adults with persistent and desistent attention-deficit/hyperactivity disorder (ADHD) symptoms and a local normative comparison group (LNCG) in the Multimodal Treatment Study of Children with ADHD (MTA).

Method
Data were collected 12, 14, and 16 years post-baseline (mean age 24.7 years at 16 years post-baseline) from 476 participants with ADHD diagnosed at age 7-9, and 241 age- and sex-matched classmates. Probands were subgrouped on persistence vs. desistence of DSM-5 symptom count. Orthogonal comparisons contrasted ADHD vs. LNCG and Symptom-Persistent (50%) vs. Symptom-Desistent (50%) subgroups. Functional outcomes were measured with standardized and demographic instruments.

Results
Three patterns of functional outcomes emerged. Post-secondary education, times fired/quit a job, current income, receiving public assistance, and risky sexual behavior showed the most common pattern: the LNCG fared best, Symptom-Persistent ADHD worst, and Symptom-Desistent ADHD between, with largest effect sizes between LNCG and Symptom-Persistent ADHD. In the second pattern, seen with emotional outcomes (emotional lability, neuroticism, anxiety disorder, mood disorder) and substance use outcomes, the LNCG and Symptom-Desistent ADHD did not differ, but both fared better than Symptom-Persistent ADHD. In the third pattern, noted with jail time (rare), alcohol use disorder (common), and number of jobs held, group differences were not significant. The ADHD group had 10 deaths compared to one in the LNCG.

Conclusion
Adult functioning after childhood ADHD varies by domain and is generally worse when ADHD symptoms persist. It is important to identify factors and interventions that promote better functional outcomes.