



were not significantly different in the 2 groups. Assessment of the children showed that those offspring diagnosed with ADHD had more anxiety and oppositional defiant disorder than controls. The children with ADHD also had poor psychosocial functioning, an effect not significantly influenced by the presence of at least 1 healthy adult. However, children without ADHD had improved functioning when at least 1 parent was healthy.

In their discussion, the authors noted that only 40% of ADHD adults lived with a partner and only 31% had children. Average age was 32.5 years for ADHD males and 34.7 for ADHD females. Higher rates of marriage and children had been expected. ADHD-related emotional immaturity might have contributed to their delays in marriage and entry into family life. It was hypothesized that children with an ADHD parent would have more psychiatric disorders. The presence of ADHD predicted comorbidity (73%) not presence of an ADHD parent. The authors also had hypothesized that family and marital functioning would be compromised by an adult with ADHD. It seemed that men married to ADHD women were quite distressed and critical of their wives but that women married to ADHD men were more supportive and willing to compensate for the husband's impairments.

Another hypothesis was that parental psychopathology, marital discord, and child psychopathology would be correlated. It seems that the presence of ADHD in a child did not influence parental mental health and that non-ADHD children seemed protected from impaired functioning when at least 1 parent was mentally well. On the other hand, almost half of the children with an ADHD parent had current psychiatric disorder and 25% of spouses met criteria. These findings underscore the importance of assessing family members when treating an ADHD adult.

[Abstract](#)