



Quality of Life among Adults with ADHD: A Descriptive Study

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ARTICLE INFO

Keywords: ADHD, Quality of Life, Adult ADHD

Received: 20, November

Revised: 22, December

Accepted: 31, January

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ABSTRACT

This study aims to describe the quality of life in adults with Attention Deficit/Hyperactivity Disorder (ADHD). The study used a descriptive quantitative method using the Quality-of-Life Inventory (QOLI). The results of the descriptive analysis showed that the majority of respondents were in the average quality of life category (67.5%), followed by high (15.0%) and low (12.5%) categories. These findings suggest that although adults with ADHD face various functional and psychosocial challenges, factors such as education, employment status, social support, and access to medication and therapy play a role in maintaining an average quality of life.

INTRODUCTION

Quality of life (QoL) is an important indicator for assessing an individual's overall well-being, encompassing physical, psychological, social, and environmental dimensions. The World Health Organization (2012) defines QoL as an individual's perception of their position in life, within the context of the culture and value system in which they live, and its relationship to their goals, expectations, standards, and challenges. Similarly, Felce and Perry (1995) view QoL as the integration of objective conditions, such as health and social functioning, with an individual's subjective evaluation of life satisfaction and emotional well-being. Thus, QoL is determined not only by external factors but also by how individuals interpret and evaluate their life experiences. QoL is also understood as a multidimensional construct closely related to health, disability, and activities of daily living (Agarwal et al., 2012), and has been shown to have serious implications for survival, as demonstrated by a meta-analysis by Phyo et al. (2020) which reported that a better QoL is associated with a reduced risk of mortality.

In the context of neuropsychiatric disorders, quality of life concerns is particularly relevant for individuals with *Attention Deficit/Hyperactivity Disorder* (ADHD). Adult ADHD is a neurodevelopmental disorder that persists into old age, with a global prevalence of approximately 2.5–4.4% of the population (Faraone et al., 2021). Contrary to the traditional view that ADHD is a childhood disorder, recent scientific evidence confirms that ADHD symptoms can persist and significantly impact adult functioning. A study by Asherson et al. (2024) showed that adult ADHD is often accompanied by various comorbid conditions, such as sleep disorders (insomnia), anxiety, depression, and substance abuse, which cumulatively contribute to a reduced quality of life. The long-term impact of ADHD extends beyond psychological and functional aspects, as demonstrated by a large population study in the UK that reported that adults with ADHD had significantly lower life expectancies, approximately 6.78 years shorter in men and 8.64 years shorter in women, compared to the general population (O'Nions et al., 2025). These findings underscore the urgency of quality of life as a crucial clinical and social indicator in understanding the consequences of adult ADHD.

Numerous empirical studies consistently show that adults with ADHD have a lower quality of life than individuals without ADHD. Studies by Lin et al. (2015) and Adamis et al. (2024) found that adults with ADHD exhibited significant declines across various domains of quality of life, including psychological, social, and productivity functioning. A systematic review by Agarwal et al. (2012) also confirmed that adult ADHD negatively impacts nearly all aspects of QoL, such as mental health, interpersonal relationships, academic and occupational performance, and overall outlook on life. This decline in QoL is influenced not only by core ADHD symptoms but also by psychosocial factors and impaired executive function. Research by Zhang et al. (2021) showed that impaired executive function and emotional symptoms act as key mediators between ADHD and poor QoL, while difficulties with time management, organization, and impulse control further worsen individual well-being

(Matthies et al., 2018). The presence of comorbidities such as anxiety and depression further exacerbate the condition (Quintero et al., 2017).

Furthermore, longitudinal evidence suggests that the impact of ADHD on quality of life is persistent. A study by Yang et al. (2013) showed that ADHD symptoms and emotional comorbidities in adulthood fully mediated the effect of childhood ADHD on quality of life in young adults. This finding is supported by Orm et al. (2023) who reported that childhood ADHD symptoms can predict functional impairment and reduced quality of life in adulthood. Thus, quality of life is an important indicator for understanding the long-term impact of ADHD on the daily lives of adults. Given the complexity and breadth of ADHD's impact on psychological, social, and functional well-being, measuring quality of life is an essential aspect of research and clinical practice in the adult population with ADHD (Agarwal et al., 2012).

LITERATURE REVIEW

Quality of life is a multidimensional concept that describes an individual's perception of the extent to which their life is satisfying, meaningful, and aligned with their personal values and goals. According to the World Health Organization (2012), quality of life encompasses an individual's assessment of their position within the context of their culture, value system, and life expectancy. In positive psychology, quality of life is understood as part of subjective well-being, emphasizing the experience of happiness, life satisfaction, and the realization of one's potential (Diener, 2003; Seligman, 2011). This approach views well-being not simply as the absence of psychological problems, but also as an individual's ability to develop and find meaning in life. In line with this view, Frisch (1992; 2005; 2013) developed a theory of quality of life based on cognitive approaches and positive psychology, emphasizing the importance of subjective evaluation of various domains of life that are considered meaningful to the individual.

Frisch (2013) proposed a conceptual model of quality of life based on a cognitive approach and influenced by a positive psychology perspective. This cognitive approach is used because quality of life is understood as a psychological attribute that can be empirically evaluated and validated through life satisfaction theory. Frisch's conceptual model offers a comprehensive framework for understanding quality of life as an individual's overall self-assessment. In this model, quality of life is conceptualized as a self-evaluation of happiness, well-being, fulfillment of needs, and realization of one's potential in various life domains that are considered important to the individual. Frisch's (2013) quality of life theory has undergone empirical validation and has been proven to be able to measure quality of life comprehensively.

Furthermore, Frisch introduced three main concepts in the development of his quality-of-life model. First, quality of life is seen as a construct that includes life satisfaction, objective living conditions, and an individual's functional capacity to obtain satisfaction in valued life domains. Second, Frisch added the dimension of spiritual life as an important domain that can influence an individual's life goals and value system, especially for those who interpret

spiritual aspects as a central part of their lives. Third, this model integrates the principles of positive psychology regarding life satisfaction and subjective happiness with the cognitive therapy approach developed by Aaron T. Beck, thus providing a strong theoretical foundation for understanding and intervening in quality of life.

Frisch's (2013) theory was developed as a conceptual framework for understanding and measuring *subjective well-being* through the Quality-of-Life Inventory (QOLI) instrument. This model is rooted in *cognitive-behavioral theory* and *positive psychology*, with the assumption that life satisfaction stems from the congruence between important life values and their level of fulfillment.

Main Components of Frisch's Theory

- 1. Life Domains** Frisch identified **16 major life domains** that are relevant to all individuals, such as: health, work, relationships with family, love, friends, creativity, leisure, and spirituality.
- 2. Importance** Each domain has a different importance weight for each individual. The more important a domain is, the greater its impact on overall QoL.
- 3. Satisfaction** Refers to the extent to which a person is satisfied with the actual conditions in that domain.
- 4. Quality of Life Score** Calculated as the result of the combination of importance and satisfaction in each domain:

$$QoL = \sum(Importance_i \times Satisfaction_i)$$

This model emphasizes the balance between what is considered important and what has been achieved/experienced.

METHODOLOGY

This study uses a descriptive quantitative design to describe the quality of life in adult individuals with *Attention Deficit/Hyperactivity Disorder* (ADHD) in Indonesia.

The study population was adult individuals (≥ 20 years) diagnosed with ADHD. Because there is no definitive data available regarding the population size, this study used an infinite population category. The sample was determined using the Cochran formula with a 95% confidence level and a 10% margin of error, resulting in a minimum of 97 respondents. To anticipate invalid data, the sample size was set at 100 adult individuals with ADHD. The sampling technique used was *purposive sampling*, with the criteria for participants having an ADHD diagnosis from a psychiatrist or psychologist and being willing to participate in the study.

Data were collected using an online questionnaire distributed through communities and social media platforms relevant to adults with ADHD. Participation was voluntary and occurred after respondents provided informed consent.

Quality of life was measured using the Quality-of-Life Inventory (QOLI) developed by Frisch (2013) and adapted into Indonesian by Sugara et al. (2020). The QOLI consists of 16 life domains that assess an individual's level of importance and satisfaction. Scores are obtained by multiplying the importance and satisfaction scores for each domain, with higher scores indicating a better quality of life. This instrument has good internal reliability ($\alpha = 0.857$).

RESULTS AND DISCUSSION

This study involved 120 adults in Indonesia with a clinical diagnosis of *Attention Deficit/Hyperactivity Disorder* (ADHD). To gain a more detailed understanding of the characteristics of the study subjects, demographic data are presented based on several aspects, namely age, gender, highest level of education, marital status, and occupation. The participant demographic data are presented in Table 1.

Table 1. Demographic Characteristics of Respondents

Category	Subcategory	Frequency	Percentage (%)
Age	20-29 years	74	61.7
	30-39 years	33	27.5
	40-47 years	13	10.8
Gender	Man	31	25.8
	Woman	89	74.2
Last education	High School/Equivalent	24	20
	Diploma	6	5
	S1	66	55
	S2	24	20
Marital status	Not married yet	82	68.3
	Divorce	5	4.2
	Marry	33	27.5
Work	Private sector employee	47	39.2
	Students (Bachelor, Master, Doctoral)	22	18.3
	Freelancer	12	10
	Professional/Specialist Staff	11	9.2
	Entrepreneur/Businessman	7	5.8
	Education Personnel	6	5.0
	Housewife (IRT)	6	5.0
	Civil Servants/State Civil Apparatus	4	3.3
	Doesn't work	5	4.2

Based on Table 1, the majority of respondents were in the 20-29 age group (74 people (61.7%)), followed by the 30-39 age group (33 people (27.5%)), and the

40–47 age group (13 people (10.8%). This distribution indicates that the majority of respondents were in early adulthood to middle adulthood.

In terms of gender, the respondents were predominantly female, at 89 (74.2%), while the respondents were male at 31 (25.8%). This indicates that female participation in this study was higher than male participation.

Based on their highest level of education, the majority of respondents (66 respondents) had a bachelor's degree (55.0%), followed by a high school or equivalent (24 respondents) and a master's degree (20.0%), and a diploma (6 respondents) (5.0%). This indicates that the majority of respondents had a secondary to tertiary education.

Judging from marital status, the majority of respondents were not married, namely 82 people (68.3%), followed by married respondents as many as 33 people (27.5%), and divorced as many as 5 people (4.2%).

Based on occupational category, the majority of respondents in this study were private sector workers (47 people) (39.2%). The next largest group were students (22 people) (18.3%) and freelance workers (12 people) (10.0%). In addition, there were professionals/specialists such as psychologists, counselors, doctors, therapists, and other technical professions (11 people) (9.2%). Respondents who worked as entrepreneurs/businessmen numbered 7 people (5.8%), education staff numbered 6 people (5.0%), housewives numbered 6 people (5.0%), and civil servants/state civil servants (4.3%). Meanwhile, respondents who were unemployed numbered 5 people (4.2%). These findings indicate that the study participants came from diverse occupational backgrounds, with a predominance of private sector workers and students.

Furthermore, the description of the level of quality of life in adult individuals with ADHD in this study was carried out by categorizing the quality-of-life score using the T-score, which is the result of the transformation of the total quality of life score. Transformation to the T-score was carried out to standardize the data so that it has a mean of 50 and a standard deviation of 10, thus facilitating interpretation and comparison between respondents. Based on the distribution of the T-score, the level of quality of life was then grouped into five categories, namely very low, low, average, high, and very high, with the category boundaries determined based on the distance of one standard deviation from the mean value. The results of the subsequent categorization are presented in Table 2.

Table 2. Categorization of Quality-of-Life Scores

S core Range	Category	Frequency	Percentage (%)
≤ 29	Very Low	3	2.5
30 – 39	Low	15	12.5
40 – 59	Average	81	67.5
60 - 69	High	18	15.0
≥ 70	Very High	3	2.5

Based on the descriptive analysis of 120 adult respondents with ADHD, the majority of respondents (67.5%) were in the average quality of life category. Furthermore, 15.0% of respondents were in the high category, followed by 12.5

% in the low category. Meanwhile, 2.5% of respondents were in the very low and very high categories, respectively. These results indicate that, in general, the adults with ADHD in this study had a moderate quality of life, with variations in subjective well-being between individuals.

The results of this study indicate that the quality of life of adults with ADHD is in the average category (67.5%), reflecting a relatively stable state of well-being despite still being accompanied by various functional challenges. This finding can be understood within the multidimensional framework of quality of life in adults with ADHD, as explained in the literature that the well-being of individuals with ADHD is strongly influenced by the interaction of biological, psychological, social, and environmental factors. Although individuals with ADHD have biological and neuropsychological vulnerabilities, particularly related to impaired executive function, the presence of protective factors can help prevent a decline in quality of life so that it does not fall into the low category.

Biologically and neuropsychologically, adults with ADHD are at risk of executive dysfunction, which impacts work and social relationships, and in certain circumstances can reduce quality of life (Siqueira et al., 2025). However, in this study, the majority of respondents were in their productive adult years, had a bachelor's degree, and were employed. This suggests that despite executive dysfunction, respondents were relatively able to maintain adaptive functioning in their daily lives, contributing to a moderate, rather than low, quality of life.

From a psychological perspective, a moderate quality of life can also be linked to the presence of more adaptive coping strategies and the potential for developing *self-compassion*. Research by Keidar et al. (2023) shows that *self-compassion* is positively related to quality of life in adults with ADHD, as it helps individuals reduce *self-blame* and emotional stress from daily failures. Respondents in this study who have joined the ADHD community and received professional services likely have a better understanding of themselves, allowing them to interpret difficulties as part of a neurodevelopmental condition, rather than as personal failures.

From a social and environmental perspective, the results of this study show that most respondents are members of communities and support networks. This aligns with findings that social support serves as a significant protective factor for the well-being of individuals with ADHD (Adamou & Jones, 2020). The presence of a community allows individuals to share experiences, reduce internal stigma, and increase feelings of acceptance and understanding, ultimately improving perceptions of quality of life. This factor may explain why respondents' quality of life was not classified as low despite facing various functional difficulties.

Furthermore, education and employment factors also play a significant role in shaping quality of life. Individuals with higher education and relatively stable employment status tend to have better access to resources, economic independence, and a more supportive social environment (Adamis et al., 2024). These conditions contribute to a sense of competence and meaning in life, which are important components in subjective evaluations of quality of life.

Access to diagnosis, treatment, and therapy, which most respondents had, was also a key factor explaining moderate quality of life. The literature shows that

comprehensive ADHD management, through both pharmacotherapy and psychological interventions such as CBT and executive function training, not only reduces core ADHD symptoms but also improves social and occupational functioning (Asherson et al., 2024). Thus, even if ADHD symptoms persist, their impact on daily life can be better managed.

Overall, the quality of life of adults with ADHD who were in the moderate category in this study reflected a balance between risk and protective factors. The biological and psychological vulnerabilities inherent in ADHD were offset by education, employment, social support, community involvement, and access to mental health services. These findings confirm that quality of life in adult ADHD is heterogeneous and highly contextual, and emphasize the importance of a holistic approach that focuses not only on symptom reduction but also on strengthening psychosocial and environmental protective factors. Overall, these studies confirm that quality of life in adult ADHD is multifactorial, dependent not only on core symptoms (inattention, hyperactivity, impulsivity) but also influenced by psychosocial factors such as social support, emotion regulation, and self-acceptance. Thus, these results reinforce the view that improving quality of life in adults with ADHD requires a holistic and personalized approach, encompassing medical, psychological, and social support interventions. Approaches such as *self-compassion-based therapy*, emotion regulation training, and enhancing adaptive coping strategies have been shown to be effective in improving their well-being.

CONCLUSIONS AND RECOMMENDATIONS

The results of this study indicate that the quality of life of adults with *Attention Deficit/Hyperactivity Disorder* (ADHD) is generally in the moderate category. The majority of respondents ranked at an average level of quality of life, indicating that although adults with ADHD still face various challenges in attention, emotion regulation, and executive function, this condition does not necessarily result in a low quality of life. This finding reflects a balance between risk and protective factors in the respondents' lives.

A moderate quality of life is thought to be influenced by several supporting factors, such as a relatively high educational background, employment involvement, community involvement or support networks, and access to medication and psychological therapy. These factors play a role in helping adults with ADHD manage symptoms, maintain adaptive functioning, and improve subjective well-being in daily life.

Based on these findings, it is recommended that interventions for adults with ADHD should focus not only on symptom reduction but also on improving overall quality of life. Strengthening social support, improving coping and self-management skills, and ensuring ongoing access to mental health services need to be further developed. Furthermore, educational and work environments should provide more inclusive and adaptive support tailored to the needs of individuals with ADHD. Future research should explore other factors that contribute to quality of life and utilize longitudinal designs to examine changes in quality of life in adults with ADHD over time.

FURTHER STUDY

Based on the results of this study, further research is recommended to explore other variables that potentially influence the quality of life of adults with ADHD. Although this study focused on general quality of life, future studies could consider other psychological and social factors such as ADHD symptom severity, coping strategies, emotion regulation, and the presence of psychological comorbidities. Furthermore, the role of contextual factors such as cultural background, family dynamics, work environment, and access to mental health services also needs further investigation to gain a more comprehensive understanding of the mechanisms influencing quality of life. The use of a *mixed-methods approach* and a longitudinal design is also recommended to capture the dynamics of quality of life in adults with ADHD in greater depth and sustainability.

ACKNOWLEDGMENT

The researcher would like to express her deepest gratitude to all participants who were willing to take the time and share their personal experiences honestly and openly in this study. Their participation and openness were crucial factors in making this research possible and meaningful. The researcher also expresses her appreciation and gratitude to the supervisors and teaching staff who provided continuous guidance, input, and support throughout the research process. Their guidance, attention, and support played a significant role in shaping the direction and depth of this research.

REFERENCES

- Adamis, D., West, S., Hanley, L., Coadá, I., McCarthy, G., Langan, N., Gavin, B., & McNicholas, F. (2024). Functional impairment and quality of life in newly diagnosed adults attending a tertiary ADHD clinic in Ireland. *Irish Journal of Medical Science*. <https://doi.org/10.1007/s11845-024-03713-6>
- Adamou, M., & Jones, S. (2020). Quality of life in adult ADHD: A grounded theory approach. *Clinical Child Psychology and Psychiatry*, 25(4), 1017–1031. <https://doi.org/10.1177/1359104520956672>
- Agarwal, R., Goldenberg, M., Perry, R., & Ishak, W. W. (2012). The quality of life of adults with attention deficit hyperactivity disorder: A systematic review. *Innovations in Clinical Neuroscience*, 9(5–6), 10–21. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3386623/>
- Asherson, P., Balazs, J., Bitter, I., Carpentier, P.-J., Jaeschke, R., Mohr, P., ... Kooij, S. (2024). Attention Deficit Hyperactivity Disorder in Adults: From Research to Clinical Practice. In A. Fiorillo, P. Falkai, & P. Gorwood (Eds.), *Mental Health Research and Practice: From Evidence to Experience* (pp. 135–157). chapter, Cambridge: Cambridge University

Press. <https://doi.org/10.1017/9781009067287.010>

- Bjarkadóttir, R. (2017). *Quality of life and coping mechanisms among adults with ADHD* [Tesis master, University of Iceland]. Skemman. <https://skemman.is/handle/1946/28712>
- Faraone, S. V., Banaschewski, T., Coghill, D., Zheng, Y., Biederman, J., Bellgrove, M. A., Newcorn, J. H., Gignac, M., Al Saud, N. M., Manor, I., Rohde, L. A., Yang, L., Cortese, S., & Almagor, D. (2021). The World Federation of ADHD International Consensus Statement: 208 Evidence-based conclusions about the disorder. *Neuroscience & Biobehavioral Reviews*, 128, 789–818. <https://doi.org/10.1016/j.neubiorev.2021.01.022>
- Felce, D., & Perry, J. (1995). Quality of life: Its definition and measurement. *Research in Developmental Disabilities*, 16(1), 51–74. [https://doi.org/10.1016/0891-4222\(94\)00028-8](https://doi.org/10.1016/0891-4222(94)00028-8)
- Frisch, M. B. (1992). Use of the Quality of Life Inventory in problem assessment and treatment planning for cognitive therapy. *Clinical Psychology Review*, 12(1), 75–91.
- Frisch, Michael. (2005). *Quality of Life Therapy: Applying Life Satisfaction Approach to Positive Psychology and Cognitive Therapy*. New Jersey: Jhon Wiley & Son.
- Frisch, M. (2013). Evidence-Based Well-Being/Positive Psychology Assessment and Intervention with Quality of Life Therapy and Coaching and the Quality of Life Inventory (QOLI). *Social Indicators Research*, 114(2), 193–227. <http://www.jstor.org/stable/24720243>
- Diener, E. (2003). What is positive about positive psychology: The curmudgeon and Pollyanna. *Psychological Inquiry*, 14, 115–120.
- Keidar, Y. L., Maeir, A., Shor, R., & Paley, T. (2023). *Self Compassion and quality of life among adults with and without ADHD in Israel*. <https://doi.org/10.55134/9kmnr6wt>
- Lin, Y.-J., Lo, K.-W., Yang, L.-K., & Gau, S. S.-F. (2015). Validation of DSM-5 age-of-onset criterion of attention deficit/hyperactivity disorder (ADHD) in adults: Comparison of life quality, functional impairment, and family function. *Research in Developmental Disabilities*, 47, 48–60. <https://doi.org/10.1016/j.ridd.2015.07.026>
- Matthies, S., Sadohara-Bannwarth, C., Lehnhart, S., Schulte-Maeter, J., Philipsen, A., & Philipsen, A. (2018). The Impact of Depressive Symptoms and Traumatic Experiences on Quality of Life in Adults With ADHD.

Journal of Attention Disorders, 22(5), 486–496.
<https://doi.org/10.1177/1087054716654568>

- O’Nions, E., El Baou, C., John, A., Lewer, D., Mandy, W., McKechnie, D. G. J., Petersen, I., & Stott, J. (2025). Life expectancy and years of life lost for adults with diagnosed ADHD in the UK: Matched cohort study. *British Journal of Psychiatry*. <https://doi.org/10.1192/bjp.2024.199>
- Orm, S., Øie, M. G., Fossum, I. N., Fjermestad, K. W., Andersen, P., & Skogli, E. W. (2023). Executive Functioning and Anxiety/Depressive Symptoms as Mediators Between ADHD and Quality of Life: A 10-year Longitudinal Study. *Journal of The International Neuropsychological Society*, 29, 515. <https://doi.org/10.1017/s1355617723006653>
- Phyo, A. Z. Z., Freak-Poli, R., Craig, H., Gasevic, D., Stocks, N., González-Chica, D. A., & Ryan, J. (2020). Quality of life and mortality in the general population: A systematic review and meta-analysis. *BMC Public Health*, 20(1), 1596. <https://doi.org/10.1186/s12889-020-09639-9>
- Quintero, J., Morales, I., Vera, R., Zuluaga, P., & Fernández, A. (2017). The impact of adult ADHD in the quality of life profile. *Journal of Attention Disorders*, 25(3), 392–401. <https://doi.org/10.1177/1087054717733046>
- Seligman, M. E. P. (2011). *Flourish: A Visionary New Understanding of Happiness and Well-being*. New York: Free Press.
- Siqueira, I. M. V., Carreiro, L. R. R., Dias, N. M., Delorenzi, J. C. B., Blascovi-Assis, S. M., & Seabra, A. G. (2025). ADHD in adults and relationship with executive functioning and quality of life. *European Psychiatry*, 68(S1), S923. <https://doi.org/10.1192/j.eurpsy.2025.1872>
- Sugara, G.S., Rakhmat, C., Nurihsan, J., Ilfiandra. (2020). Factorial Structure and Psychometric Properties of the Quality of Life Inventory in an Indonesian College Sample. *Mediterranean Journal of Clinical Psychology*, 8(3). <https://doi.org/10.6092/2282-1619/mjcp-2593>
- World Health Organization. (2012). *WHOQOL: Measuring quality of life*. World Health Organization.
- Yang, H.-N., Tai, Y.-M., Yang, L.-K., & Gau, S. S.-F. (2013). Prediction of childhood ADHD symptoms to quality of life in young adults: Adult ADHD and anxiety/depression as mediators. *Research in Developmental Disabilities*, 34(10), 3168–3181. <https://doi.org/10.1016/j.ridd.2013.06.030>
- Zhang, S.-Y., Qiu, S.-W., Pan, M.-R., Zhao, M.-J., Zhao, R.-J., Liu, L., ... Qian, Q.-J.

(2021). Adult ADHD, executive function, depressive-anxiety symptoms, and quality of life: A serial two-mediator model. *Journal of Affective Disorders*, 293, 97-108.
<https://doi.org/10.1016/j.jad.2021.06.020>