about having ADHD, as compared to a control group.
Participants and Methods: A cross-sectional online study included 320 university students (*M*age=19.56±2.92; 72% female; 81% White) without history of ADHD. Participants who reported concern about having ADHD, with (*n*=43) or without other psychological history (*n*=73) rated whether 100 experiences taken from social media were diagnostic of ADHD, and then rated the amount of time they spent on social media searching for ADHD content. They then rated how often they personally experienced the symptoms. Participants who reported no concern about having ADHD (*n*=184) only rated how often they personally experienced the symptoms.
Results: Social media search for ADHD was related to total number of experiences believed to be diagnostic of ADHD among participants concerned about having ADHD without psychological history (*r*=.28, *p*=.03), but not for those with psychological history (*r*=.09, *p*=.57). For participants concerned about having ADHD (regardless of psychological history), social media search for ADHD was related to total number of symptoms personally experienced (*r*s=.48-.56, *p*s≤.001) and to the number of symptoms endorsed at a clinical level (*r*s=.48, *p*s≤.001). Total number of experiences believed to be diagnostic of ADHD was related to the number of symptoms personally experienced among participants concerned about having ADHD with psychological history (*r*=.53, *p*<.001; clinical level .47, *p*=.002), but not for those without psychological history (*r*=.14, *p*=.31; clinical level .19, *p*=.15). Of the 100 symptoms, 56 were believed to be diagnostic of ADHD by at least 50% of participants concerned about having ADHD. Of the 56, 43 were personally experienced at a clinical level by controls. For the 13 remaining symptoms not endorsed at a clinical level by controls, symptoms believed to be diagnostic of ADHD was related to symptoms personally experienced among participants concerned about having ADHD with psychological history (*r*=.53, *p*<.001; clinical level .52, *p*<.001), but not for those without psychological history (*r*=.14, *p*=.30; clinical level .19, *p*=.15).
Conclusions: Greater social media search for ADHD is related to higher symptom report among individuals concerned about having ADHD regardless of psychological history. However, individuals concerned about having ADHD without psychological history who engage in greater social media use appear to be more likely to believe that general symptoms are specifically due to ADHD. These individuals may be more prone to misattribute symptoms to ADHD. Nearly 77% of symptoms rated as diagnostic of ADHD were frequently experienced by individuals without concern about having ADHD, which demonstrates the high base rate of ADHD-like symptoms in the general population.

Categories: ADHD/Attentional Functions
Keyword 1: attention deficit hyperactivity disorder
Keyword 2: self-report
Correspondence: Grace J. Lee, Ohio University, gl107015@ohio.edu

36 Reactivity to Loss and Its Relationship to Clinical Symptoms of ADHD in Adults

Lauren T. Olson[1], David A.S. Kaufman[1], Fred W. Sabb[2], Edythe D. London[3,4], Robert M. Bilder[3]
[1]Department of Psychology, Saint Louis University, St Louis, MO, USA. [2]Prevention Science Institute, University of Oregon, Eugene, OR, USA. [3]Department of Psychiatry & Biobehavioral Sciences, UCLA, Los Angeles, CA, USA. [4]Department of Molecular & Medical Pharmacology, UCLA, Los Angeles, CA, USA

Objective: Individuals with attention-deficit/hyperactivity disorder (ADHD) exhibit deficits in reward-based learning, which have important implications for behavioral regulation. Prior research has shown that these individuals show altered patterns of risky decision-making, which may be partially explained as a function of dysfunctional reactivity to rewards and punishments. However, research findings on the relationships between ADHD and punishment sensitivity have been mixed. The current study used the Balloon Analog Risk Task (BART) to examine risky decision-making in adults with and without ADHD, with a particular interest in characterizing the manner in which participants react to loss.
Participants and Methods: 612 individuals (M_{age} = 31.04, SD_{age} = 78.77; 329 females, 283 males) were recruited through the UCLA Consortium for Neuropsychiatric Phenomics

https://doi.org/10.1017/S1355617723008111 Published online by Cambridge University Press

(CNP). All participants were administered the Structured Clinical Interview for DSM-IV-TR (SCID-IV), which provided diagnoses used for group comparisons between adults with ADHD (n = 35) and healthy controls (n = 577). A computerized BART paradigm was used to examine impulsivity and risky decision-making, while participants also completed the Barratt Impulsiveness Scale (BIS-11), and ADHD participants completed the Adult Self-Report Scale-V1.1 (ASRS-V1.1). The BART presented two colors of balloons with differing probabilities of exploding, and participants were incentivized to pump the balloons as many times as possible without causing them to explode. The primary endpoint was “mean adjusted pumps”, determined as mean across trials of the number of pumps on trials that did not end in explosion. An index of reactivity to loss was calculated as the difference between the mean adjusted pumps following an explosion and the mean adjusted pumps following trials in which the balloon did not explode.
Results: The ADHD and control groups did not differ on mean adjusted pumps across trials, but they did differ in their reactivity to explosion of balloons that followed the most pumps, incurring the greatest level of loss ($F(1, 551) = 7.1$, $p < 0.01$). Interestingly, ADHD participants showed a greater reactivity to loss on these balloons than controls ($p < 0.05$), indicating that they reduced their number of pumps following balloon explosions more than controls. For participants as a whole, there were small correlations between loss reactivity and scales of everyday impulsivity on the BIS-II (ps < 0.05). For ADHD participants, loss reactivity was unrelated to symptoms of inattention but was significantly correlated with symptoms of hyperactivity/impulsivity ($p = 0.01$) and total ADHD symptoms ($p < 0.05$) on the ASRS-V1.1.
Conclusions: In the context of a risky decision-making task, adults with ADHD showed greater reactivity to loss than controls, despite showing comparable patterns of overall performance during the BART. The magnitude of behavioral adjustment following loss was correlated with symptoms of hyperactivity/impulsivity in adults with ADHD, suggesting that loss sensitivity is clinically related to impulsive behavior in everyday life. These findings help to expand our understanding of motivational processing in ADHD and suggest new insight into the ways in which everyday symptoms of ADHD are related to sensitivity to losses and punishments.

Categories: ADHD/Attentional Functions
Keyword 1: attention deficit hyperactivity disorder
Keyword 2: inhibitory control
Keyword 3: motivation
Correspondence: Lauren T. Olson Department of Psychology, Saint Louis University, St Louis, MO, USA lauren.olson.1@health.slu.edu

37 Clinical utility of the BEARS as a sensitive screener for sleep problems in ADHD.

Lynette R Kivisto, Joseph E Casey
University of Windsor, Windsor, Ontario, Canada

Objective: Many children and adolescents do not achieve adequate sleep durations. The prevalence of sleep problems has been estimated at 7% for typically developing children (Corkum, Tannock, & Moldofsky, 1998) and as high as 45% for representative samples of children, including participants with various diagnoses in proportion to what would be expected in the population (Sher-Fen Gau, 2006). For children with ADHD, the prevalence of sleep problems has been estimated at between 25-50% (Corkum, Tannock, & Moldofsky, 1998). Given the important role that sleep plays in children with ADHD, a brief and effective screener is needed to aid clinicians in assessing for sleep problems, especially when the referral for a neuropsychological evaluation concerns ADHD or any other neurodevelopmental disorder for which presenting concerns involve symptoms that overlap with ADHD. While the developers of the BEARS have demonstrated its utility as a screening tool, there is currently no independent published research replicating this finding. The current study aimed to replicate the findings of the BEARS developers by demonstrating its utility as a sensitive screening tool for sleep problems. It was predicted that the BEARS would demonstrate high sensitivity in identifying children with sleep problems.
Participants and Methods: Data from 54 school aged children (aged 6-147-13, Mage = 9.83) was analysed. Children were administered the BEARS, and caregivers completed the BEARS and Children’s Sleep Habits Questionnaire (CSHQ), as part of a larger study.

https://doi.org/10.1017/S1355617723008111 Published online by Cambridge University Press