

Best-Practices for ADHD assessment

(prepared from CADDRA Practice Guidelines*)

ADHD diagnosis can be complex and because of the patient's attentional difficulties should be done over several visits.

Visit 1: Initial screening questions

1. Do you find it harder to focus, organize yourself, manage time, and complete paperwork than others?
2. Do you get into trouble for doing impulsive things you wish you had not?
3. Do you find you are always on the go, or constantly restless or looking for something exciting to do?
4. Do you find it really difficult to get motivated by boring things and easier to do things you enjoy?
5. Do people complain that you are annoying or are easily annoyed, unreliable or difficult to deal with?

If responses to screening question are positive:

- ✓ Begin CADDRA ADHD Assessment Form
- ✓ Give the patient the relevant inventories necessary for the next visit¹. *Adults are not very good at remembering forms so it is better to fill out the relevant questionnaires before leaving.*
- ✓ Ask the patient to bring relevant documentation from their past (e.g. school report cards, assessments, etc.)

Visit 2: Medical history and physical exam

- ✓ Collect the documentation from past records
- ✓ Obtain the relevant questionnaires for scoring before next visit
- ✓ Complete the ADHD Assessment Form to include :
 - a. the physical examination and rule out medical causes of the symptoms of ADHD
 - b. the possible medical consequences of having ADHD (e.g. accidents, sleep, poor nutrition)
 - c. investigate medical contraindications for medications for impairing ADHD symptoms

Visit 3 ADHD Interview (over several visits if needed)

- ✓ Complete review of the childhood developmental history and determine that relevant symptoms were present before age seven

¹Physicians should complete an assessment form (A), a screener (S) and at least one rating scale (R); a collateral rating scale is useful. **Relevant Instruments for Adults:** 1. ADHD Checklist (R) (F) to document child symptoms by patient and other, can also be used to document current symptoms; 2. Adult ADHD Symptom Rating Scale (ASRS) (R); 3. Weiss Symptom Record (WSR) (S) for the patient and their significant other, close friend or parent; 4. Weiss Functional Impairment Rating Scale – Self Report (WFIRS-S) (R), 5.

- ✓ Assess whether there are any life events that were of emotional concern in childhood (e.g., abuse, deaths, major changes)
- ✓ Obtain collateral information from the patient's mother/father or from a close relative that knows the patient's childhood story
- ✓ Make necessary referrals for specialty assessment (e.g. to a psychologist, neuropsychologist or psychiatrist)
- ✓ Make any necessary referrals based upon clinical findings

Visit 4: Feedback and recommendations

- ✓ has well documented evidence of impairment,
- ✓ meets the thresholds for ADHD on the assessment batteries,
- ✓ shows no other medical problems that would contraindicate further treatment,
- ✓ has uncomplicated ADHD, i.e., no comorbid disorders (except Oppositional Defiant Disorder)
- ✓ is motivated to learn about ADHD.

If the patient does not meet this threshold then:

- ✓ backtrack to see where the problem may have arisen and clarify
- ✓ pursue referrals to ADHD specialists.

Visit 5: Medical Treatment

- ✓ Discuss the medical treatment options.
- ✓ Select the initial medication and review the dosing strategy. *Begin with the minimum dose recommended in these Guidelines and increase slowly* in order to assure the optimum comfort on medication.

Qualifications to do ADHD assessment

- ✓ The clinician must be accredited by relevant regulatory bodies
- ✓ The clinician has to be adequately trained in order to understand the developmental context of ADHD
- ✓ The diagnosis needs to reflect an understanding of multi-systemic issues that relate to ADHD (e.g. the educational/vocational, psychosocial, psychiatric and the medical interfaces)
- ✓ Symptoms and functional impairment must be recorded using valid, reliable and sensitive rating scales to evaluate symptom frequency, severity, and outcome
- ✓ The clinician must document all relevant findings in a timely manner both for purposes of outcome
- ✓ The results of the assessment should be communicated to the patient and their family with clarity

When to refer?

In complicated cases of ADHD (ADHD Complex) – where there are comorbid conditions, differential diagnosis and management with often multiple interventions and multiple medications – assessment and treatment of ADHD may be more difficult. In such cases the patient should be referred to a specialist. Once the patient is assessed and treatment initiated, it is reasonable for follow-up to be conducted by family doctors.

* Canadian Attention Deficit Hyperactivity Disorder Resource Alliance (CADDRA): Canadian ADHD Practice Guidelines, Third Edition, Toronto ON; CADDRA, 2011. (<http://caddra.ca/pdfs/caddraGuidelines2011.pdf>)