

Adult ADHD Assessment and Diagnosis Approach

It is suggested that the diagnosis of adult ADHD requires 2-3 visits.
Assessment of ADHD is not a clinical emergency and requires enough time
to gather necessary evidence for the diagnosis.

Suspect ADHD

Self-referral
Adult patient referred for assessment of potential ADHD
Re-assessment of adult patient previously diagnosed with ADHD in childhood

First Visit

- Standard mental health assessment
- Review current symptoms*
- Assess current symptom using a brief validated tool*
- Assess functional impairment at home, work, school and in relationships*
- Identify comorbidities*
- Perform screening for substance use*
- Exclude other disorders
- Assess physical health
- Gather/review additional information
- Request past medical records and complete medical history
- Request childhood and developmental history*
- Identify informants and obtain consent to contact them to collect information*
- Schedule a second visit, preferably include an informant who can corroborate symptoms

Consider Referral*: Consider referral to a psychiatrist in the following several presentations and co-conditions:

- Extreme or severe dysfunction
- Suicidal or homicidal ideations
- Substance use or dependence
- Psychosis
- Extreme psychosocial stressors or present traumatic events
- Previous treatment failures
- Atypical presentation – if presentation as brand new symptoms this is not ADHD, even if not diagnosed as a child the symptoms must concur

Second Visit (in 2-4 weeks)

- Review gathered information and assessment results
- Interview for corroboration of childhood symptoms
- Interview for corroboration of current symptoms and disfunction
- Consider severity of impairment
- Meets DSM-5 criteria for ADHD diagnosis*
- Confirm and document diagnosis

Third Visit

- Explain diagnosis*
- Discuss treatment options, risks and benefits*; shared decision-making
- Consider non-pharmacological management*
- Initiate treatment if recommended*
- Discuss need for treatment monitoring
- Educate patient on their responsibilities in managing their condition and self-management strategies

Follow-up Visits

- New diagnosis, uncontrolled symptoms or change in medication – within 30 days; monthly until functionality is significantly improved; every 3-6 months once stabilized
- Review symptoms and functional abilities, including diurnal variations in symptoms
- Review impressions of informants
- Monitor for drug adverse effects*
- Monitor for adherence to therapy
- Monitor vital signs (weight, blood pressure and heart rate)
- Monitor for signs of misuse/abuse/diversion
- Adjust therapy as needed
- Assist with additional management strategies for psychological, behavioral, occupation and educational needs (e.g., skill-building trainings, psycho-education, parenting, vocational and/or educational accommodation)*

* = Resource available in this Toolkit; this approach is suggested as a general guidance only and is modifiable to fit local context; second and third visits can be combined if enough evidence to diagnose ADHD and initiate treatment