Assessment of ADHD in Adults

Everyone can occasionally have difficulty paying attention or controlling impulsive behavior. However, for some people it can be extreme enough to cause significant and long-lasting impairment on nearly every aspect of their life. Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition that causes significant variation in attention and behavioral modulation. It emerges in early childhood or adolescence and persists at clinical or sub-clinical levels into adulthood in about two-thirds of people.[1]

With broad awareness in our society of ADHD as a condition, patients may seek treatment for different symptoms thought to be ADHD. Providers may also have different processes and clinical thresholds for diagnosing and treating ADHD in adults, which can lead to inequitable care. However, assessment for ADHD is not a clinical emergency. An accurate diagnostic assessment for a condition that has such broad awareness and can mimic or overlap with many other mental health disorders requires a longitudinal approach.

This evidence-based guide is designed to help busy providers navigate the complexities of this process so each patient can receive a correct diagnosis and the best treatment for their condition.

Summary

ADHD is a diagnosis of exclusion. An accurate diagnosis cannot be made from brief office observations or just by talking to the patient. A comprehensive assessment of adults presenting with symptoms of ADHD typically requires at least 2-3 visits, which allows the provider to longitudinally gather historical information from multiple sources, assess motivation for follow-up, persistence of symptoms and function, and likelihood of alternative diagnoses.

Background

Individuals may seek help for ADHD symptoms and impairment as adults, though onset of ADHD occurs in early childhood or adolescence (before age 12 years).[1]

- This could be due to the patient's family or school providing structural support, the patient's innate strengths such as diligence or intelligence, or dismissal of symptoms because ADHD is common in the patient's family.
- Males are more likely than females to be diagnosed with ADHD in childhood, but there does not appear to be any differences in prevalence of ADHD between genders in adulthood. More females seeking help as adults likely reflects their under-diagnosis of ADHD in childhood.[2-5]
- Adults diagnosed with ADHD as a child may seek to reinitiate treatment, particularly in times of life transitions or when experiencing major stressors that impair function associated with ADHD symptoms.[6]

Adults with ADHD have a persistent pattern of inattention and/or hyperactivity and impulsivity causing functional impairment that extends beyond academic and occupational performance, and can include higher rates of accidents, injuries, social dysfunction, metabolic disorders, and premature mortality.

Symptoms of ADHD may be primarily hyperactive/impulsive, primarily inattentive, or combined.

- Inattention may predominate into adulthood and is more strongly associated with negative occupational outcomes and lower overall adaptive functioning.
- Overt symptoms of hyperactivity may be reduced in adulthood, but a feeling an inner restlessness can remain.

Table 1. ADHD Symptoms Interfere with Daily Functioning.

Inattention and hyperfocus	Hyperactivity	Impulsivity
Difficulty paying attention, staying on task or being organized. • Lost in detail • Disorganization • Procrastination, poor time management • Hyper-focused on enjoyable activities • Trouble remembering daily tasks, multitasking, or focusing on large tasks • Difficulty making decisions or solving problems	*Excessive activity or restlessness, even at inappropriate times, and difficulty engaging in quiet activities.* • Inner restlessness • Needs constant activity or stimulation • Very talkative • Ceaseless mental activity • Difficulty relaxing • Restless sleep	*Acting without thinking or having trouble with self-control.* • Acts without thinking • Impatient • Interrupts others • Excessive spending • Walks out of jobs • Chooses immediate rewards over future rewards or consequences • Starts new relationships quickly • Binge eats

ADHD symptoms are persistent, but their severity can fluctuate over time, depending on stress, support systems present and biological factors, such as hormonal changes during different life phases.[7,8]

- Patients with utero-ovarian systems and ADHD may also be at higher risk for more severe premenstrual dysphoric disorder symptoms, postpartum depression, and more severe symptoms during menopausal transition.[9]

Assessment

ADHD is a diagnosis of exclusion. An accurate diagnosis cannot be made from brief office observations or just by talking to the patient. A quick pre-screen can determine whether a comprehensive assessment is needed (**Table 2**).

Table 2. A Quick Pre-screen Approach.

Onset: When did you first experience difficulties with concentration or attention? (Onset should be prior to age 12). **Rule-out:** Are you currently struggling with any other problems, stressors, or life difficulties? (Prioritize concerns for mood disorders, substance use, and eating disorders.) **Setting:** Which areas of your life do these difficulties impact or make worse? (Should be 2 or more settings). **Severity:** To what degree are these symptoms causing impairment in these settings? (functional and persistent impairment across 2 or more 2 settings (e.g., home, work, school)) If criteria for onset, settings, and severity are not met, or if other clinical syndromes may better explain their symptoms, use clinical judgment to rule out a diagnosis of ADHD. If there are significant other possible causes of the patient's symptoms, the following education from Mayoclinic.org may be helpful: "Almost everyone has some symptoms similar to ADHD at some point in their lives. If your difficulties are recent or occurred only occasionally in the past, you probably don't have ADHD. ADHD is diagnosed only when symptoms are severe enough to cause ongoing problems in more than one area of your life. These persistent and disruptive symptoms can be traced back to early childhood. Diagnosis of ADHD in adults can be difficult because certain ADHD symptoms are similar to those caused by other conditions such as anxiety or mood disorders, and many adults with ADHD also have at least one other mental health condition."

A comprehensive assessment of adults presenting with ADHD symptoms typically requires at least 2-3 visits, which allows the provider to longitudinally gather historical information from multiple sources, assess motivation for follow-up, persistence of symptoms and function, and likelihood of alternative diagnoses (**Table 3**).

Table 3. Comprehensive Assessment of Adult Presenting with ADHD Symptoms.[1,3,6]

Ask about symptoms

- Symptoms describe possible ADHD
- Duration of symptoms longer than 6 months
- Symptoms cannot be initially explained by another condition

Screen for ADHD

Use validated tools to help screen for ADHD (**Table 3**):

- Symptoms: ASRS at initial visit, WURS at subsequent visit
- Function: WFIRS-S
- Because rating scales are based on self-reported perceptions, significant others in the adult's life should also complete the forms.

Perform clinical interview

- Assess whether at least some current symptoms were present in childhood or adolescence (before age 12 years).
- Obtain family history of ADHD, other psychiatric and neurodevelopmental disorders, and early cardiovascular disease.
- Assess impact of symptoms on function at home and work (or school).
- Ask about substance use. Untreated ADHD in childhood is associated with the development of substance use disorders.
- DIVA-5 is a validated clinical interview tool that can be used if provider is less familiar with diagnostic ADHD workup or desires thorough workup (**Table 3**).

Rule out other causes

- Identify or rule out disorders that may present similarly to ADHD or overlap with ADHD (**Table 4**).
- Screen for anxiety (GAD-7), depression (PHQ-9) and PTSD (PCL-5), substance abuse, sleep disorders and thyroid issues.
- Presence of most mental health and substance use disorders should not be a barrier to assessing for and treating ADHD, but major mood disorders should be treated prior to assessing for ADHD.

Seek input from significant others

Collateral reporting from a spouse/partner or family increases sensitivity of diagnosis when information is congruent with information from the patient and from screening tools.

Confirm diagnosis

Clinically meaningful and persistent presence of ≥5 symptoms, with some symptoms beginning before age 12 years, resulting in functional impairment across ≥2 settings (refer to DSM-5).

When to refer

- If diagnosis is unclear or complex, refer to psychiatrist, psychologist, or neurologist.
- If diagnosis is clear, share diagnosis and collaborate on treatment plan with the patient's mental health providers (if applicable).

Plan and follow-up

- Discuss management options collaboratively with the patient.
- Address questions and concerns from the patient and partner/family.

Table 4 lists the recommended self-assessment screening tools and clinical interview tools that are part of a comprehensive assessment in clinical practice.

Table 4. Validated ADHD Screening and Clinical Interview Tools for Adults.

Self-Assessment Screening Tools	
Symptoms	
Adult ADHD Self-report Scale (**ASRS**)[10]	- Used as an initial self-assessment screening tool for ADHD in adults as part of a comprehensive assessment by the provider. - Asks about inattentive symptoms and hyperactive-impulsive symptoms - Takes about 5 minutes to complete. - Insights gained through this screening may suggest the need for a more in-depth clinical interview. **ASRS alone is NOT diagnostic**. - Available at no cost online www.hcp.med.harvard.edu/ncs/asrs.php
Wender Utah Rating Scale (**WURS**)[11]	- A self-assessment screening tool for ADHD in adults, which can be used as part of a comprehensive assessment by the provider. - Facilitates diagnosis of ADHD in adults with suspicion of ADHD based on childhood symptoms. - Consists of 61 questions, 25 of which are highly relevant for ADHD. - Available at no cost online from multiple sources.
Function	
Weiss Functional Impairment Rating Scale – Self Report (**WFIRS-S**)	- A self-assessment tool for functional impairment across various domains, particularly in adults with symptoms of ADHD, which can be used as part of a comprehensive assessment by the provider. - ADHD symptoms and functional impairment overlap but are distinct concepts. - The presence of significant impairment of functioning in two or more domains is a requirement for diagnosis. - Available at no cost online from Canadian ADHD Resource Alliance.
Depression	
Patient Health Questionnaire-9 (**PHQ-9**)[12]	- Widely used to rapidly screen for depressive symptoms, help diagnose depressive disorders and monitor treatment progress and symptom changes over time. - Consists of 9 questions, self-administered. - PDF and online tolls available at no cost.

Anxiety	
Generalized Anxiety Disorder 7-item (**GAD-7**)[13]	- Widely used to rapidly screen for clinically significant anxiety disorder, monitor treatment progress and symptom changes over time. - Consists of 7 questions, self-administered. - PDF and online tools available at no cost.
Posttraumatic Stress	
Posttraumatic Stress Disorder (PTSD) Checklist (**PCL-5**)[14]	- Widely used to rapidly screen for PTSD symptoms. - Consists of 20 questions, self-administered. - Available online at no cost. - Scale available from the National Center for PTSD at www.ptsd.va.gov.

Clinical Interview Tools	
Diagnostic Interview for ADHD in Adults v5 (**DIVA-5**)	- A semi-structured diagnostic interview for providers who desire more time for a thorough patient workup. - Takes about 90 minutes to complete so may require more than one individual session to complete. - Consists of three parts – attention deficit, hyperactivity-impulsivity, and age of onset and impairment. - May be considered for providers less familiar with the diagnostic criteria for ADHD in adults or who desire a thorough workup. - Available online in several languages at www.divacenter.eu
Conners' Adult ADHD Rating Scales (**CAARS**)	- Comprehensive tool measures the presence and severity of ADHD symptoms, asks about childhood symptoms. - Self-report and observer rating forms available. - Consists of 26 items for the short form; 66 items for the long form; 30 items for the screening. - Cost associated with the use of this tool.

A significant proportion of patients with ADHD have concurrent psychiatric disorders. Severe disorders usually should be treated before starting treatment for ADHD. However, some symptoms of ADHD can mimic other disorders and will not improve until ADHD is treated (**Table 5**).

Table 5. Psychiatric Disorders that Present Similarly to ADHD or Overlap with ADHD.[15-21]

Psychiatric Disorder	Shared Features with ADHD	Differential Features	Estimated Prevalence with ADHD (%)
Autism Spectrum Syndrome	- Poor concentration - Interrupting others - Talkativeness - Masking	- Hyperfocus on unique activity to the exclusion of normal daily life - Lack of interest in people - Lack of social awareness	23%
Bipolar disorder	- Extremely irritable mood - Poor concentration, racing thoughts - Excessive talkativeness - Distracted, agitated	- Discrete and cyclical onset of manic and depressive episodes - Insomnia - Delusions	19.4%
Generalized Anxiety Disorder	- Restlessness - Poor concentration - Worrying - Feeling overwhelmed	- Exaggerated apprehension - Excessive broad, persistent worry, not anchored in recurrent attention-related errors (e.g., routinely lose keys or leave stove on) - Somatic symptoms of anxiety (e.g., syncope, sleep disturbances, muscle tension)	Any anxiety disorder: 47.1%
Major Depressive Disorder	- Poor concentration, attention or memory - Low self-esteem - Difficulty completing tasks	- Persistent sadness, apathy and anhedonia - Sleep and appetite disturbances - Diminished energy	18.6%
Borderline Personality Disorder	- Impulsivity - Affective liability - Interpersonal difficulties	- Hostile, excessively aggressive behavior (antisocial personality) - Repeated self-injuries or suicidality (borderline personality) - Failure to recognize the effects of their behavior	24.1%
Post-traumatic Stress Disorder	- Restlessness/hyperactivity - Impulsivity or reckless behavior - Poor concentration	- Intrusive reexperiencing of traumatic events - Marked psychological distress related to events - Physiological reaction to cues related to events - Negative cognition and mood related to events	11.9%
Sleep Disturbance (insomnia, restless leg syndrome, sleep apnea)	- Reduced sleep quality - Delayed sleep onset - Sleep awakenings	- Involuntary leg movements during sleep - Total sleep time unaffected by ADHD	Sleep disturbances: 25-55% Restless legs: 20% Obstructive sleep apnea: 20-30%
Substance Use Disorder	- Poor concentration, attention or memory - Mood swings	- Pathologic patterns of substance use with social consequences - Physiologic symptoms of tolerance, dependence or withdrawal	15.2%

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