

Eligible Population	Key Components	Recommendation and Level of Evidence
Children, adolescents and adults	Detection, Assessment and Diagnosis <sup>1</sup>	<p>Consider an evaluation for ADHD for any child 4 through 18 years of age who presents with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity when these symptoms have been present for at least six months to a degree that is maladaptive and inconsistent with developmental level <b>[B]</b>.</p> <ul style="list-style-type: none"> <li>• Children &lt; 4 years old, consider referral to a specialist.</li> </ul> <p>To make a diagnosis of ADHD, criteria from the <a href="#">Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5®)</a> should be met <b>[B]</b>. This includes:</p> <ul style="list-style-type: none"> <li>• Six or more specific symptoms of inattention and/or six or more specific symptoms of hyperactivity and impulsivity (as listed in DSM-5®; five or more symptoms if age 17 or older. Several hyperactive-impulsive or inattentive symptoms should be present before 12 years of age and occur in at least two different settings (e.g., home, school, work, or social settings).</li> <li>• There should be clear evidence that the symptoms interfere with, or reduce the quality of social, academic, or occupational functioning.</li> <li>• Symptoms cannot be explained by a medical disorder, pervasive developmental disorder, psychotic disorder, anxiety disorder, substance use, learning disorder or intellectual disability, or other psychiatric disorder.</li> </ul> <p>Significant co-morbidity with other psychiatric/behavioral disorders (up to 75% of patients with ADHD) such as bipolar, oppositional defiant disorder (ODD), substance abuse, and depression. Tics and sleep problems are also common co-morbid conditions.</p> <p>Co-morbid conditions should be diagnosed and treated accordingly [B]. Indication for mental health referral may include evaluation of co-existing conditions and mental health disorders.</p> <p><b>Clinical diagnosis is based on observed behavior by those who are directly in contact with the individual, i.e. parents, caregivers, teachers, clinicians [B].</b></p> <p>In addition to a clinical interview, assessment should include use of standardized diagnostic rating scales that detect symptoms of ADHD, and screen for other causes of symptoms and/or co-morbid conditions. This would include parents, teacher, and when appropriate, child.</p> <p>Diagnostic tests should NOT be ordered routinely in the evaluation of children with suspected ADHD, e.g. neuroimaging, electroencephalogram, and continuous performance testing <b>[C]</b>.</p> <p>Psychological and neuropsychological testing may be useful in complicated clinical presentations; however, such tests are NOT typically indicated for routine diagnosis of ADHD and are not a substitute for the clinical interview. If provider suspects academic difficulty, consider referral to the school district for related testing.</p> <p>When school accommodations are indicated, such as when evaluating potential learning disabilities, request for an Individualized Education Plan (I.E.P.) or 504 plan should be made in writing to the school district.</p>

<sup>1</sup> The American Academy of Pediatrics recommends using its [ADHD toolkit](#) and stocking the office with questionnaires, diagnostic checklists and patient education materials.

**Levels of evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core assessment steps. It is based on The American Academy of Pediatrics ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents, Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management; Pediatrics 2011;128;1007; and the American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author. Individual patient considerations and advances in medical science may supersede or modify these recommendations.