

Attention-Deficit/Hyperactivity Disorder (ADHD) Diagnostic Process

New or existing patient presenting with attention or behavioral symptoms; ADHD considered as possible diagnosis

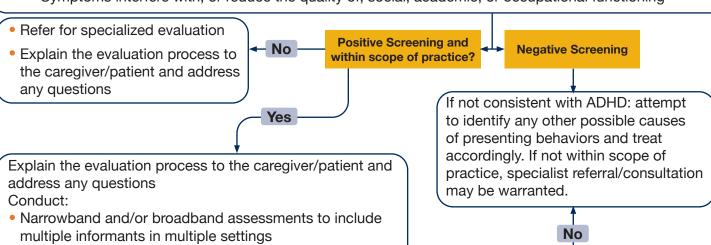
- Identify relevant symptoms and the timeline of development.
- Obtain and review any relevant reports/documentation such as:
 - · Previous evaluations or ADHD rating scales
 - · Prior interventions
 - · Relevant school documentation, collateral reports, observations, medical records, or employment history



Screening for evidence consistent with ADHD based on DSM-5-TR and within scope of practice



- 6 or more DSM-5-TR listed symptoms of either inattention and/or hyperactivity/impulsivity present in children 16 years or younger (in 2 or more settings)
 - Documentation of ADHD symptoms prior to 12 years of age
 - Symptoms presenting for >6 months
 - · Symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning
- 5 or more DSM-5-TR listed symptoms of either inattention and/or hyperactivity/impulsivity present in adolescents and adults 17 years or older (in 2 or more settings)
 - ADHD symptoms prior to 12 years of age
 - Symptoms presenting for >6 months
 - · Symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning



- A thorough physical examination to rule out any medical causes of symptoms/behavior
- Interview regarding social situations and family history
- Additional mental health evaluations, interviews, or assessments for possible alternative diagnoses and/ or coexisting conditions which may present overlapping symptoms with ADHD (SEE* OVERLAPPING SYMPTOMS WITH ADHD for further details):
 - Developmental disorder
 - · Learning disability
 - Past medical history
 - Trauma disorder
 - Anxiety disorder
 - Medical illness
 - Sleep disorder
 - Other potential conditions with overlapping symptoms

 Educate caregivers/patients about nonpharmacologic treatment strategies and initiate where appropriate

Confirmed diagnosis of ADHD?

Yes

- Evaluate if the patient is a candidate for pharmacological treatment. (See* ADHD PHARMACOLOGICAL TREATMENT RECOMMENDATIONS)
- Ensure treatment of coexisting conditions.
- Refer to specialist, if needed, for more complex cases with increased severity of symptoms.

^{*} Please refer to A West Virginia Guide to Evidence-Informed Evaluation, Diagnosis, and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) and comorbid Concerns (The WV ACC Guidelines), available at www.WVADHD.org for a full list of disclaimers (page 4) and references for the content contained in this handout.