

Rx.Dx.of.ADHD

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DIAGNOSTIC ASSESSMENT

So, what then is entailed in a diagnostic evaluation for ADHD? Consider the following:

1 Thorough history, including pregnancy, birth and delivery, medical conditions, genetic conditions/family history, growth/developmental, school/academic, social/behavioral, and present concerns (academic, behavioral, etc.). Best facilitated with a parent questionnaire completed prior to the first appointment, for more efficiency.² There are 30 or more conditions which may mimic ADHD, eg environmental (parent separation, divorce, death); developmental (autism, speech/language, borderline IQ); mental (anxiety/depression); behavioral (oppositional defiant disorder, conduct disorder), which require a thorough history to sort out.

2 Complete (PE). Height, weight, pulse, blood pressure, vision, and hearing screening, signs of chronic illness, as well as dysmorphic features, growth percentiles, body mass index, etc.

3 Brief neurological screening: re: school-based skills, eg writing, sports,² etc. Fine/gross motor coordination, gait, handedness, etc.

4 One-on-one interview (all patients, even pre-school). Perception of why here at the appointment and inquire about:

- **school:** like/dislike, easy/hard, boring/fun
- **social:** eg, friends, sleep-overs, parties, etc.
- **family:** describe parents, siblings, rules, chores, etc.
- **interests:** sports, hobbies, etc.
- **vocation:** wishes, etc.
- Possible other techniques: eg, "3 wishes" (children aged 6-12)
- "Draw a Person" eg, self, family members, etc. Write name and observe the child for:
 - ADHD signs/symptoms (may not exhibit in 1:1 setting)
 - Evidence of a mood disorder (anxiety, depression)
 - Evidence of a communication disorder: stuttering, etc.
 - Evidence of possible ASD: unusual comments, behaviors eg, rocking, poor eye contact
 - Tics
 - Evidence of dysmorphism

5 Tests to consider

- Hematocrit/hemoglobin (Hb/Hct), if not done recently. To rule out anemia as cause of inattention

- Blood lead: use "high-risk" criteria
- Chromosomal karyotype and DNA analysis for Fragile X (If dysmorphic or has ASD traits)
- Electroencephalogram, if episodic history of "spacing out," to R/O petit mal
- Substance abuse testing (for adolescents)
- Psychoeducational testing, if academic delays > 6 months, to R/O specific learning disorder; try to get through school system
- Neuropsychological testing: not needed unless history of traumatic brain injury, seizures, etc.
- Occupational therapy/physical therapy evaluations for fine/gross motor help by school personnel.

6 Computerized diagnostic testing for ADHD. Not helpful. Less accurate than standard approach

7 Brain scans: not indicated in routine cases unless medical history of prematurity, traumatic head injury, near-drowning, etc.

8 Speech language referrals by school personnel. Very helpful eg, history of language delay, stuttering,

9 Review all report cards since kindergarten, ideally, for teacher comments re: focus, finishing work, etc. If possible, call current teacher.

10 RATING SCALES to help R/O coexisting conditions: (most free online)

Vanderbilt ADHD (parent, teachers)

<https://soonersuccess.oumc.edu/> (Vanderbilt also screens for Learning Problems.³)

ADHD Self-Report (adolescent)

www.drthomasebrown.com/assessment-tools

SCARED (anxiety: parent, self). www.shared-care.ca/files/SCARED_Child_Updated_June_2015.pdf

PHQ-9 (depression: self, adolescent version) AAP. www.brightfutures.org

CRAFFTS (substance abuse, all adolescents) www.brightfutures.org

CATS (physical/psychological drama, at-risk adolescents). Google child and adolescent trauma, then check assessment-University of Washington)

ASQ (suicide) Google: adolescent suicidal questionnaire

Screening for coexisting conditions is crucial, since some conditions, eg, substance abuse, suicidal ideation, panic attacks, may necessitate prioritizing of treatment over ADHD treatment.

COMMON ERRORS IN DIAGNOSIS

- Inadequate history
- Overreliance on rating scales. *Rating scales do not diagnose ADHD.* (They only document ADHD symptoms, which can be due to something else, eg, anxiety, specific learning disorder, etc.)
- Using "broadband rating scales" eg, child behavior checklist (CBCL) or behavior assessment system for children (BASC),
- instead of specific ones for ADHD
- Using response to medication to make diagnosis (response to meds neither confirms diagnosis nor does lack of response R/O diagnosis)
- Not assessing for coexistent conditions (which can mimic ADHD)

FDA-APPROVED STIMULANT MEDICATIONS^{11,12} (BRAND NAMES ARE LISTED)

METHYLPHENIDATE DERIVATIVES	AMPHETAMINE DERIVATIVES
Long-Acting	Long-Acting
Adhansia XR (methylphenidate)	Adderall XR (mixed amphetamine salts)
Aptensio XR (methylphenidate)	Adzenys ER (d- & l-amphetamine)
Concerta (methylphenidate)	Adzenys XR-ODT (d- & l-amphetamine)
Cotempla XR-ODT (methylphenidate)	Dexedrine Spansule (d-amphetamine sulfate)
Daytrana (methylphenidate)	Dyanavel XR (d- & l-amphetamine sulfate)
Focalin XR (dexmethylphenidate)	Mydayis (mixed amphetamine salts)
Jornay PM (methylphenidate)	Vyvanse (lisdexamphetamine)
Metadate CD (methylphenidate)	Short-Acting
Metadate ER (methylphenidate)	Adderall (mixed amphetamine salts)
Quillichew ER (methylphenidate)	Evekeo (d- & l-amphetamine sulfate)
Quillivant XR (methylphenidate)	Evekeo ODT (d- & l-amphetamine sulfate)
Ritalin LA (methylphenidate)	Procentra (d-amphetamine sulfate)
Short-Acting	Zenzedi (d-amphetamine sulfate)
Focalin (dexmethylphenidate)	
Methylin (methylphenidate)	
Ritalin (methylphenidate)	
All listed methylphenidate derivatives are FDA-approved starting at age 6	FDA-approval for amphetamine derivatives has onset a varying ages

FDA-APPROVED NON-STIMULANT MEDICATIONS

ALPHA-AGONISTS	SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR
Clonidine ER (Kapvay)	Atomoxetine (Strattera)
Guanfacine ER (Intuniv)	
Medications listed are FDA-approved starting at age 6	



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TIPS FOR PRESCRIBING STIMULANT MEDICATIONS

- 1** In most cases, the long-acting form of the medication is desirable
- 2** Start with the lowest dose
- 3** Titrate weekly to the most effective dose with acceptable side effects¹
- 4** Follow up by phone or electronic messages, or virtual visits with weekly titration, utilizing trained office staff and/or templates for obtaining information.
- 5** Follow up visit within 30 days including height, weight, pulse, blood pressure, physical exam⁶
- 6** Use rating scales to measure improvement in ADHD symptoms and impairment
- 7** If intolerable side effects on first class of stimulants initiated, switch to the other class of stimulant medication.