

## Recognition of ADHD in Adults

### Guideline History

Date Approved	August, 2006
Date Revised	July, 2008
Date Reviewed	
Next Review Date	

These Guidelines are promulgated by Sentara Healthcare (SHC) as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHC Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

## Key Points

- ✓ ADHD is a biologically based disorder. A family history is often present. Adults often recognize the symptoms in themselves after their children are diagnosed.
- ✓ Symptoms of ADHD from childhood often continue into adulthood. Prevalence of ADHD in adults in the US is 4%. Only 11% of adults with ADHD receive treatment for this disorder.
- ✓ Criteria for diagnosis require: 6 or more symptoms of either inattention or hyperactivity-impulsivity lasting for a minimum of 6 months, which are maladaptive and inconsistent with developmental level. Symptoms interfere with functioning in 2 or more areas (work, home/school, relationships).
- ✓ Standardized rating scales can be useful for assessing presence of symptoms and severity of impairment both for diagnostic purposes and to assess effectiveness of treatment. The ADHD Adult Self-Report Scale V1.1 (ASRS V1.1) and the Wender Adult ADHD Rating Scale are attached.
- ✓ ADHD rarely occurs alone. Common comorbidities include: mood disorders (depression and bipolar), anxiety disorders, substance use disorders, learning disabilities, conduct disorder, tics/Tourette syndrome.
- ✓ Choice of medication to treat ADHD in adults may be influenced by concurrent medical conditions and potential interactions with medications being used to treat them.

## Recognition of ADHD in Adults

The National Comorbidity Survey reports Attention-Deficit/Hyperactivity Disorder (ADHD) at 4.4% percent of adults in the United States. Accurate diagnosis of ADHD in adults can be complicated by the overlap between the symptoms of adult ADHD and the symptoms of other common psychiatric conditions (depression, substance abuse, anxiety disorder, hypomania) as well as by high rates of self-diagnosis of ADHD. Due to the high genetic susceptibility, it is not uncommon to recognize characteristics of adult ADHD in the parent of a child being evaluated for the disorder.

The DSM-IV describes three subtypes of ADHD disorder: predominantly hyperactive, predominantly inattentive and a mixed type with symptoms of the other two forms.

Diagnostic criteria include the following:

1. Six or more either inattention symptoms or hyperactivity and impulsiveness symptoms are present for at least six months and cause impairment in functioning
2. Some of the symptoms occurred prior to age 7.
3. Functional impairment occurs in at least two settings, such as home, work or school.
4. Symptoms are not due to another disorder.

### **Inattention symptom examples:**

- Does not pay close attention to details or makes careless mistakes
- Has trouble keeping attention on activities
- Does not seem to listen when spoken to directly
- Does not follow through no instructions and fails to finish tasks
- Has difficulty organizing tasks and activities
- Avoids, dislikes, or is reluctant to do tasks requiring sustained mental effort
- Loses things necessary to do tasks or activities
- Is easily distracted
- Is forgetful in daily activities

### **Hyperactivity or impulsiveness symptom examples:**

- Fidgets with hands or feet or squirms in seat
- Leaves seat at times when remaining seated is expected
- Feels restless
- Has difficulty taking part in leisure activities
- Is “on the go” or acts as if “driven by a motor”
- Talks excessively
- Blurts out answers before questions have been completed
- Has difficulty awaiting turn
- Interrupts conversations or intrudes on other’s activities

**ADHD Adult Self-Report Scale V1.1 (ASRS V1.1)**

The ASRS V1.1 is a 6-item self-reporting tool developed by the World Health Organization, that looks at the adult ADHD symptoms which are most predictive of having the disorder. The first 4 questions relate to inattentive symptoms and the last 2 questions apply to hyperactive-impulsive symptoms. Significant symptoms are shaded and are either rated “sometimes” (n=3) or “often” (n=3). If 4 or more marks appear in the darkly shaded boxes, the patient has symptoms highly consistent with ADHD.

<b>Adult Self-Report Scale-V1.1 (ASRS-V1.1) Screener</b> <i>from WHO Composite International Diagnostic Interview</i> © World Health Organization					
					Date
<i>Check the box that best describes how you have felt and conducted yourself over the past 6 months. Please give the completed questionnaire to your healthcare professional during your next appointment to discuss the results.</i>					
	Never	Rarely	Sometimes	Often	Very Often
1.					
2.					
3.					
4.					
5.					
6.					
<i>Add the number of checkmarks that appear in the darkly shaded area. Four (4) or more checkmarks indicate that your symptoms may be consistent with Adult ADHD. It may be beneficial for you to talk with your healthcare provider about an evaluation.</i>					

The 6-question Adult Self-Report Scale-Version 1.1 (ASRS-V1.1) Screener is a subset of the WHO's 18-question Adult ADHD Self-Report Scale-Version 1.1 (Adult ASRS-V1.1) Symptom Checklist.

AT28491 PRINTED IN USA. 3000054636 0603500 ASRS-V1.1 Screener COPYRIGHT © 2003 World Health Organization (WHO). Reprinted with permission of WHO. All rights reserved.

These Guidelines are promulgated by Sentara Healthcare (SHC) as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHC Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

### **Wender Utah Rating Scale**

Paul Wender developed a set of ADHD criteria, referred to as the Utah criteria, that reflect the distinct features of the disorder in adults. The Wender Utah Rating Scale provides for a retrospective rating of childhood ADHD symptoms. The tool consists of 61 questions answered by the adult patient. Recalling his or her childhood behavior with a subset of 25 questions associated with ADHD. Each question has 5 possible responses, scored from 0 to 4 points. Using a cutoff score of 46, after scoring only the 25 questions, it has been shown to identify 86% of patients with ADHD.

Recently the developers have supported using only the subset of scored questions. A copy of the short form is included in the appendix for reproduction purposes. The entire Wender scale, in an automated Excel format, can be downloaded from the Internet at:

<http://www.medalreg.com/www/sheets/ch18/ADHD%20Wender%20Utah%20rating.xls> or it can be found at <http://www.add-pediatrics.com/add/wender.html>

## Wender ADULT ADHD RATING SCALE Short Form

Patient's Name:

Patient's Number

Date

MD Initials

➤ Instructions: enter an "x" in the appropriate column for each question (only 1 answer per row)					
As a child, I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
concentration problems, easily distracted					
anxious, worrying					
nervous, fidgety					
inattentive, daydreaming					
hot- or short-tempered, low boiling point					
temper outbursts, tantrums					
trouble with stick-to-it-tiveness, not following through. failing to finish things started					
stubborn, strong-willed					
sad or blue, depressed, unhappy					
disobedient with parents, rebellious, sassy					
low opinion of myself					
irritable					
moody, ups and downs					
angry					
acting without thinking, impulsive					
tendency to be immature					
guilty feelings, regretful					
losing control of myself					
tendency to be or act irrational					
unpopular with other children, didn't keep friends for long, didn't get along with other children					
trouble seeing things from someone else's point of view					
trouble with authorities, trouble with school, visits to principal's office					
As a child in school, I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
overall, a poor student, slow learner					
trouble with mathematics or numbers					
not achieving up to potential					
<b><i>Sub-total of Columns</i></b>					
<b><i>Total Score</i></b>					

## Wender ADULT ADHD RATING SCALE Short Form

Patient's Name: \_\_\_\_\_ Patient's Number \_\_\_\_\_ Date \_\_\_\_\_ MD Initials \_\_\_\_\_

➤ Instructions: enter an "x" in the appropriate column for each question (only 1 answer per row)					
As a child, I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
concentration problems, easily distracted	0	1	<del>2</del>	3	4
anxious, worrying	0	1	<del>2</del>	<del>3</del>	4
nervous, fidgety	0	1	<del>2</del>	3	4
inattentive, daydreaming	0	1	2	3	<del>4</del>
hot- or short-tempered, low boiling point	<del>0</del>	1	2	3	4
temper outbursts, tantrums	<del>0</del>	<del>1</del>	2	3	4
trouble with stick-to-it-tiveness, not following through, failing to finish things started	0	1	<del>2</del>	3	4
stubborn, strong-willed	0	<del>1</del>	2	3	4
sad or blue, depressed, unhappy	0	1	2	<del>3</del>	4
disobedient with parents, rebellious, sassy	0	1	2	3	4
low opinion of myself	0	1	<del>2</del>	<del>3</del>	4
irritable	0	1	<del>2</del>	3	4
moody, ups and downs	0	1	2	<del>3</del>	4
angry	0	1	2	<del>3</del>	4
acting without thinking, impulsive	0	1	2	3	4
tendency to be immature	0	1	2	3	<del>4</del>
guilty feelings, regretful	0	1	2	<del>3</del>	4
losing control of myself	0	1	<del>2</del>	3	4
tendency to be or act irrational	0	1	2	<del>3</del>	4
unpopular with other children, didn't keep friends for long, didn't get along with other children	0	1	2	3	<del>4</del>
trouble seeing things from someone else's point of view	0	1	2	<del>3</del>	4
trouble with authorities, trouble with school, visits to principal's office	0	1	<del>2</del>	3	4
As a child in school, I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
overall, a poor student, slow learner	0	1	2	<del>3</del>	4
trouble with mathematics or numbers	0	1	<del>2</del>	3	4
not achieving up to potential				<del>2</del>	4
<b>Sub-total of Columns</b>	<b>0 x 1 = 0</b>	<b>1 x 3 = 3</b>	<b>2 x 8 = 16</b>	<b>3 x 10 = 30</b>	<b>4 x 3 = 12</b>
<b>Total Score</b>	<b>61</b>				
<b>Scores of 46 or higher has shown to identify 86% of patients with ADHD</b>					

These Guidelines are promulgated by Sentara Healthcare (SHC) as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHC Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

## References

Bren, Linda. *ADHD: Not Just for Kids Anymore*. U.S. Food and Drug Administration. FDA Consumer magazine. November-December 2004 Issue.

[http://www.fda.gov/fdac/features/2004/604\\_adhd.html](http://www.fda.gov/fdac/features/2004/604_adhd.html) Accessed May 6, 2008.

Kessler, RC, et al. *The Prevalence and Correlates of Adult ADHD in the United States: Results From the National Comorbidity Survey Replication*. Am J Psychiatry 163:4, April 2006.

McGough, JJ and Barkley, RA.. *Diagnostic Controversies in Adult Attention Deficit Hyperactivity Disorder*. Am J Psychiatry 161:11, November 2004.

Newcorn, JH. *Update on Approaches to ADHD Management*. Managed Care Consultant Vol. 6, No. 2. July 2007.

Sherwood, DA and Rey, JA. *Pharmacological Agents for the Treatment of adult Attention Deficit Hyperactivity Disorder: A Review of the Literature*. Journal of Pharmacy Practice 2006. 19; 6:336-341.

## Resources

CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder)

<http://www.chadd.org/>

National Institute on Mental Health

<http://www.nimh.nih.gov/>

National Resource Center on ADHD

<http://www.help4adhd.org/>