Welcome to Assessment of Adult ADHD: A Guide for Primary Care Providers

Learning Objectives
After completing this module, participants will be able to:

- identify and properly assess adult patients with ADHD
- identify assessment tools that will assist you in conducting a credible ADHD evaluation in adults

Case Vignette
Karen is a 20 year old college sophomore who reports current problems with concentration, easy distractibility, impulsive, forgetfulness, restlessness, fidgeting, and disorganization. She is having trouble studying, paying attention in lectures, sustaining her effort in motivation and getting her work done. Her symptoms are causing her great frustration, poor grades and a feeling that she is not working up to her potential. She is concerned that she may have ADHD and is seeking your help to determine if she has it and how she can treat it.

Case Vignette (cont.)
Your assessment of Karen might include all of the following EXCEPT:

1. Ask her to complete an ADHD rating scale for current and childhood functioning.
2. Prescribe a stimulant medication to see if it helps her symptoms.
3. Consult with a parent about her past and present symptoms and functioning.
4. Inspect any available school records, report cards, teacher comments, progress reports etc. for evidence of ADHD-like symptoms or impairment.
5. Conduct an interview with Karen to obtain additional information and history and to explore alternative explanations for her symptoms.
6. Refer her to a psychologist for additional testing.

An Adult ADHD Assessment should be designed to answer four fundamental questions:

1. Is there credible evidence that the patient experienced ADHD symptoms in early childhood, and that at least by the middle school years, these led to substantial and chronic impairment across settings?
2. Is there credible evidence that ADHD symptoms currently cause significant impairment across settings?

Four Fundamental Questions...

3. Are there explanations other than ADHD that better account for the clinical picture?
4. For patients who meet criteria for ADHD, is there evidence for the existence of co-morbid conditions?

Case Vignette (cont.)
Now thinking of assessment — your assessment of Karen might include all of the following except:

a) consider the past and present symptoms and functioning.
b) prescribe a stimulant medication to see if it helps her symptoms.
c) consult with a parent about her past and present symptoms and functioning.
d) inspect any available records, report cards, teacher comments, progress reports etc. for evidence of ADHD-like symptoms or impairment.
e) conduct an interview with Karen to obtain additional information and history and to explore alternative explanations for her symptoms.
f) refer her to a psychologist for additional testing.

An Adult ADHD Assessment: Four Fundamental Questions

Now an ADHD adult assessment should be designed to answer four fundamental questions.

First, is there credible evidence that the patient experiences adult ADHD symptoms in early childhood and that at least by the middle school years that these symptoms led to substantial and chronic impairment across settings?

Second, is there credible evidence that ADHD symptoms currently cause significant impairment across settings in childhood and adulthood?

Four Fundamental Questions (Cont.)

Third, are there explanations other than ADHD that better account for the clinical picture?

Fourth, for patients who do meet criteria for ADHD is there evidence for the existence of co-morbid conditions?

Primary Care Providers Should Suspect ADHD When Patients:

- have organizational skills problems
- have an erratic school and work history
- indicate they have anger control problems
- are overly-talkative, interrupt frequently or inappropriately
- have marital problems and/or parenting problems
- have trouble with money management
- have substance use or abuse problems
- have frequent accidents, problems with driving

Primary Care Providers Should Suspect ADHD When Patients

Now primary care providers should suspect the possibility of ADHD when patients present with some of the following types of issues. Understand that none of these are by themselves diagnostic of ADHD, but it is something you should be on the lookout for as a possibility of ADHD. If you see things like organizational skill difficulties, erratic or inconsistent school and work history, anger control problems, overly talkative and interrupting frequently or inappropriately, marital problems, parenting problems, trouble with money management, substance use or abuse problems and/or driving difficulties including frequent accidents or speeding tickets or general driving infractions.
you must exhibit six or more inattentive symptoms or six or more hyperactive-impulsive symptoms to a degree that is maladaptive and inconsistent with development level.

**Current DSM-IV-TR Diagnostic Criteria for ADHD**

- Are listed in the DSM-IV-TR
- List 18 symptoms in two symptom dimensions: Inattention and Hyperactive-Impulsive
- Must exhibit 6 or more inattentive or Hyperactive-Impulsive symptoms for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.


**Current DSM-IV-TR Diagnostic Criteria for ADHD**

Now I am going to briefly review the current DSM-IV criteria for ADHD. The DSM-IV lists the symptoms in two dimensions: the inattentive dimension and hyperactive-impulsive dimension. To meet criteria

- ADHD, predominately inattentive type, where people meet the criteria for the 6 to 9 inattention symptoms and do not meet the criteria for the 6 hyperactive-impulsive symptoms
- ADHD, predominately hyperactive-impulsive type where people meet the criteria for the hyperactive-impulsive symptoms, but not the attention symptoms
- ADHD, combined type where people meet criteria for both sets of symptoms on the inattention and the hyperactive-impulsive lists

Before I go to the next slide let’s discuss in more detail the age of onset criteria. This is the more controversial part of the DSM-IV and recent research shows that using age seven onset criteria excluded nearly 50% of adults who met all other criteria. This study found that there were no differences in severity of the disorder, in comorbidity, or in life impairments between those who met the age seven criteria and those who did not.

The age seven criteria also pose a recall problem in this respect. A recent study showed that when both adults with ADHD and their parents were asked to describe when the onset symptoms occurred they differed as many as four years. This suggests that recall is a fairly unreliable way of measuring onset and is certainly not reliable enough to include it as part of the formal diagnostic criteria. So what we think is a more appropriate age of onset is age sixteen. Recent research has shown that age sixteen captures these cases every bit as well as age seven or before. And it’s still considered a childhood onset problem, but extending the age of onset to sixteen is more appropriate. I don’t want you to be looking at this as rigid. If somebody meets all the criteria and the age of onset is eight or nine you may still say they meet the criteria. We need to be a little flexible.

**What Differentiates ADHD from “normal” symptoms of everyday life?**

- Greater number of the 18 symptoms
- Symptoms occur more frequently and with greater severity in ADHD
- Developmental deviance
- IMPACT is for greater and results in chronic and pervasive impairment in major life activities
- New research has shown deficits in executive functioning (EF) for adults with ADHD

1. Biederman J, Faraone V. J Pediatr. 2000. ADHD Adults. Pediatr Clin N Am. 2005, Vol. 52, Issue 2; Current or recent ADHD symptoms were defined as symptoms that increased daily functioning. The presence and severity of symptoms were assessed using the 18-item Impaired Functioning Scale (IF-S) and the Buss and Buss Functioning Scale. Caudry M.

**Well here are some guidelines to help you to differentiate ADHD from normal functioning.**

Individuals with ADHD report having a greater number of the 18 items that I just mentioned. Symptoms occur more frequently and with greater severity in individuals with true ADHD. There is also development deviation meaning that people are not performing as well as their same age peers along these dimensions. Most importantly the impact of the symptoms is far greater in true ADHD and results in chronic and pervasive impairment in major life activities. This is a very important point because you cannot have a disorder without impairment. So people can have symptoms of ADHD but if they do not produce impairment there is no disorder. We are always looking to determine the impact in terms of what is happening and how these difficulties are affecting people in their major life activities.

In fact new research has shown that deficits in executive functioning found in many adults with ADHD, also helps to differentiate ADHD from normal functioning. We will discuss this in more detail.

**Impact of Executive Function Deficits on Adult Functioning**

In terms of the impact of executive functioning deficits we find that there is a poor persistence on tasks and people have difficulty sustaining their effort and motivation toward future goals. There is also difficulty planning ahead — proactive planning — and anticipating future consequences. Adults with ADHD tend to live in the here and now.

Other executive deficits include: poor time management where people might be very late, and have difficulty judging or estimating time; poor
emotional self control and emotional over reactivity; impulsive decision making; and, general disorganization whether in their personal lives or in the workplace. Adults with ADHD often appear to be quite discombobulated throughout their life.

Impact of Executive Function Deficits on Adult Functioning (2)1,2

- Problems keeping promises and commitments to others
- Difficulty keeping track of several things at once and seeing them to completion
- Inability to stop an ongoing enjoyable activity to shift to a more important or urgent task
- Depending on others for maintaining order and goal direction

Impact of Executive Function Deficits on Adult Functioning (3)

- Underachievement in school
- Loss of jobs/impaired work performance
- Unsatisfactory relationships
- Poorer driving performance/outcomes
- Poor money management
- Trouble organizing a household and raising children

in unsatisfactory relationships in marriages or co-worker relationships or peer relationships. As I mentioned poor driving outcomes are very common in adult ADHD, poor money management, saving for retirement and impulsive spending pose real problems. Trouble doing routine tasks of daily life, organizing a household, raising children, parenting, and paying bills show how pervasively this condition affects people in their day to day functioning. So in the assessment you are go look for clues to help you illicit some of these areas of difficulty that are so common to adults with ADHD.

ADHD Assessment Principles

- Thorough and comprehensive – not mere symptom counts
- Include collateral informants when possible
- Obtain historical records when possible
- Attempt to establish childhood onset, chronicity, severity, and pervasiveness of impairment
- Rule outs

ADHD Assessment Principles

Now for a couple of essential assessment principles, it is very important to be as thorough and comprehensive as possible. We don’t assess this condition in a surface level or just give somebody a rating scale, count symptoms, and conclude that they must have ADHD. So we are not just doing a surface level job here, we need to be more comprehensive. I am going to tell you how to do that in an expedient way in a just a few minutes.

Whenever possible you want to include collateral informants when gathering assessment data. Typically, this is either a spouse, or a parent, or a sibling, or somebody who has known the person well for a long time. It is very important to get multiple sources of information when possible. Obtaining historical records when available is very, very helpful. This helps to establish the chronicity, the onset and the pervasiveness of impairment that is mentioned in the next bullet here.

School records, report cards, job performance reviews, medical records things like that can really help us to take a look at the paper trail; it’s a testament to the person’s developmental deviance over time. We also need to rule out other conditions that might better explain ADHD symptoms.

More about ruling out, what do we tend to rule out? Well we have to consider if there are better explanations for existing problems before we conclude that someone has ADHD.

Ruling Out Alternative Explanations for ADHD Symptoms

We need to rule out transient situational stressors as an explanation for ADHD-like symptoms.

A divorce, a career change, a job change, grief reaction, family or lifestyle changes, people having babies or produce stress and ADHD-like symptoms.

Also we have to rule out medical conditions that may also mimic ADHD. Symptoms these include things like: chronic fatigue, thyroid difficulties, diabetes, even menopause, and medication side effects. We also need to rule out other psychiatric disorders as being responsible for the symptoms, not only ruling out but also looking at whether they coexist with the ADHD. Typically these are things like bipolar disorder, substance abuse, depression, anxiety disorders or personality disorders.

Assessment Tools to Help Diagnose Adult ADHD

Here are some assessment tools to help diagnose ADHD. These are the tools that are going to help you answer those four fundamental questions that I mentioned in the beginning – these are at the heart of an ADHD evaluation.

So those are the questions you want to ask and these are the tools that you are going to use to answer those questions.

There are four major things we use to conduct as assessment: structured interview tools, symptom rating scales, historical records and neuropsychological tests. We are not going to concern ourselves so much with neuropsychological tests in this talk because suffice it to say that neuropsych tests are not diagnostic of ADHD. They do help us to better understand strengths and weaknesses and may help in establish comorbidity but we’ll focus on the other three areas at this time.

Components of an ADHD Evaluation

It’s important for you to understand that a typical evaluation does not require lengthy, structured interviews or a comprehensive neuropsychological test battery. ADHD assessment does not have to be an onerous difficult process.

We can do this fairly reliably in a relatively quick way. Accurate diagnosis can be obtained by doing a careful, traditional history taking and a records review, combined with the use of symptom rating scales and a clinical interview that focuses on the ADHD diagnostic criteria.

This is the rub of what I want to tell you about in this segment.
Structured Interviews

- An Adult ADHD Interview (reviews history, domains of impairment, and presence of common co-morbid conditions) *
- Brief Semi-Structured Interview for ADHD in Adults  
- Barkley’s Quick Check for Adult ADHD Diagnosis (new validated 18 question interview assessing current and childhood ADHD symptoms and areas of impairment) *

The shorter interviews that are more user friendly to use, are the “Brief Semi-Structured Interview for ADHD in Adults” which is part of your Adult ADHD Toolkit. I encourage you to look at these tools at the end so you can get familiar with them and use them as vehicles to elicit this information that can be very helpful.

There is also Barkley’s “Quick Check for Adult ADHD” which is a new validated 18 question interview that assesses current and childhood ADHD symptoms and areas of impairment.

**Self-Report Scales**

- A rating scale (RS) is a screening device to determine if a more thorough evaluation is necessary.
- RS data or symptom counts alone are never sufficient to make a diagnosis of ADHD in adults.

Consistent with adult functioning. There is also a screener version of this scale, which has six select items, known as the ASRS Screener. This is available in the Adult ADHD Toolkit. I encourage you to look at this as well.

Finally you will find a copy of the Barkley “Adult ADHD Quick Screen” in your Adult ADHD Toolkit. This is a 13-item validated questionnaire based on recent research that assesses current ADHD symptoms and impairment in major life activities.

**Commonly Used Self-Report Scales**

- Adult ADHD Self-Report Scale (ASRS) developed by WHO and includes 18 items corresponding to the DSM-IV–TR criteria for ADHD; a Screener version of 6 select items is known as THE ASRS Screener.
- Barkley’s Adult ADHD Quick Screen; 13 item validated questionnaire based on recent research assessing current ADHD symptoms and impairments in major life activities.

When To Refer

- When patient is presenting with symptoms of a major mental illness, serious mood disorder, substance dependence, or other complex co-morbid psychiatric symptoms
- When you are confused about the patient’s presentation, unsure about ADHD, and uncomfortable about the idea of prescribing ADHD medication for this person
- When you suspect drug seeking behavior

**When To Refer**

Now what about when you are seeing patients and you are not sure when to refer a patient to a psychiatrist or to another medical professional. Here are some guidelines along that line. I think when a patient is presenting with symptoms of a major mental illness, a serious mood disorder, clear substance dependence, or some other complex comorbid psychiatric symptoms you might want to refer that person to a psychiatrist. You should consider referring if after trying to do an assessment, you’re very confused about the patient’s presentation, you are unsure about ADHD or you’re uncomfortable about the idea of prescribing a stimulant medication for this person. You would also consider referring out when you suspect the patient is just simply exhibiting drug seeking behavior.

**Internal Experience of Adult ADHD**

I wanted to mention a little bit more about the internal experience of an adult with ADHD. I want to give you a sense of some things to look for to better understand your patient. There is an intense frustration. They report that “I don’t understand why I am so inefficient, why I mess things up all the time. I feel like I am competent and intelligent, but I can’t seem to get positive outcomes and I don’t know why.” There is a sense of demoralization “No matter how hard I try, no matter what I do, nothing seems to work out.” A lot of times you will see folks with ADHD mentally check out of school – they feel ineffective because they have heard so many negative messages over the course of their lives. Things like, “you’re lazy…you’re unmotivated…you’re irresponsible…you don’t follow through…you don’t do your homework…” I’ve had it with you…” After hearing comments like these from parents, teachers, peers, and supervisors, adults with ADHD really develop a sense of demoralization and feeling one down.

One of the important things in treatment is to help instill hope and turn this pattern around. Adults with ADHD have trouble finishing things, following through, staying the course, sustaining their effort and motivation to over time complete tasks. This is very, very frustrating and inexplicable. A lot of times you ask somebody, “Why don’t you just do your homework?” or “Why don’t you just follow through?” or “Why don’t you just do your chores and get them done?” Their answer is, “I don’t know. It’s just harder for me than it is for other people and I don’t get it…I don’t understand why?” That is the essence of the frustration and the inner turmoil that you see a lot. It all adds up to underachievement. Many children don’t finish high school and adults fail out of college. School is a particularly difficult place for them to succeed at and it manifests itself in the workplace as well.

Adults with ADHD often feel chronically misunderstood. People assign labels and attributions about them “you’re lazy.” They know they are not lazy but nobody else seems to get it. When you as a primary care professional get it, and show them that you understand their issues, this forms the basis for the alliance with your patient. This gives you a lot of credibility and helps to keep the adult engaged in the treatment process. When folks with ADHD struggle so much, you could almost pair it down to “I would if I could, but I can’t.” It’s important to be on the look out for this kind of theme when you are doing your assessments.

**DSM-IV Symptoms** The “Brown ADD Scale” provides both a self report and significant other report on the same form, and measures ADHD symptoms and various executive functioning deficits. The Brown is useful, but it is a little more lengthy than the other quick scales mentioned earlier.

**Commonly Used Self-Report Scales (2)**

- Connors Adult Attention Deficit Rating Scale (CAARS); 42 item validated scale covering areas of functioning including the DSM-IV-TR ADHD symptoms
- Brown Attention Deficit Disorder Scale (BADD); has a self report and a “significant other” report on the same form; measures ADHD symptoms and various executive functioning deficits
Situational Variability of ADHD Symptoms

- Explains why adults may function better in
  - one setting versus another
  - tasks of high interest versus tasks that are repetitive or boring
  - grade variability at school
- Spousal reactions

high stakes, if it is novel, if it is exciting, if it is highly relevant to what they like, they may look quite normal. But when the task is boring, repetitive, low interest or irrelevant to them they have a great deal of difficulty and symptoms become exacerbated. That is why you see a great deal of variability at school and work.

It is important to get spousal reactions. Spouses often feel overburdened at times. They feel they have to be the glue that keeps things together. They have to be on top of things because their ADHD spouse is unreliable. They feel very frustrated in the relationship.

Summary—Key Assessment Points

- ADHD is a legitimate and serious disorder that is associated with significant impairment in multiple life domains including school, work, social relationships, driving, money management, and daily adaptive functioning
- ADHD is associated with significant co-morbidity; most commonly oppositional defiant disorder, conduct disorder, substance abuse, dysthymia, major depression, and anxiety disorders

Summary—Key Assessment Points

- A trial of a stimulant medication is not a test for ADHD
- There is no litmus test for ADHD; none of the assessment tools described here should be used as a stand alone diagnostic measure
- Rather, rating scales, interviews with patients and collateral informants, testing, and historical records should be used in combination

Summary—Key Assessment Points (2)

- ADHD has an onset in early childhood or adolescence, persists into adulthood in most cases, and causes chronic and pervasive impairment over time and across situations
- ADHD is not an adult-onset disorder
- Clinicians should always attempt to rule out other reasons for ADHD-like symptoms before concluding ADHD is present

Summary—Key Assessment Points (3)

First, ADHD is a legitimate and serious disorder that is associated with significant impairment in multiple life domains including school, work, social relationships, driving, money management, and daily adaptive functioning

Secondly, ADHD is associated with significant comorbidity — most commonly oppositional defiant disorder, conduct disorder, substance abuse, dysthymia, major depression, and anxiety disorders

Also, ADHD has an onset in early childhood or adolescence, persists into adulthood in most cases, and causes chronic and pervasive impairment over time and across situations

ADHD is not an adult-onset disorder. It does not suddenly arise in adult life. Clinicians should always attempt to rule out other reasons for ADHD-like symptoms before concluding ADHD is present.

Summary—Key Assessment Points

A trial of a stimulant medication is not a test for ADHD. And this is not something that should be done as part of an assessment, rather medication should be prescribed after the assessment when you have a good idea that this person does meet criteria for ADHD and a medication is appropriate. Don’t do a trial balloon in the beginning to see if there is a positive reaction. In fact, most people taking a stimulant, whether they have ADHD or not, would respond in a positive manner.

Another thing to remember is that there is no litmus test for ADHD—no neuropsychological test battery, no brain scan that can be used to determine whether ADHD is present or not. The assessment tools described here should be used in combination and not used as a stand alone diagnostic measures.

We need to use the rating scales, interviews with patients and collateral informants, testing, and historical records in combination to help us make the best and most informed judgments about diagnosis.

The Adult ADHD Toolkit can help you very much make more sense out of all this and gives you a blueprint of how to do this effectively.

Case Vignette

Now getting back to the case vignette, I am not going to read it again, but after listening to this presentation your answer here is all the choices are correct EXCEPT prescribing stimulant mediation as part of the assessment. I hope this helps you understand ADHD assessment better in this segment.

Thank You