The following guideline recommends procedures for evaluation of attention-deficit/hyperactivity disorder.

<table>
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<th>Eligible Population</th>
<th>Key Components</th>
<th>Recommendation and Level of Evidence</th>
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| Children and adolescents being evaluated for ADHD | Detection, Assessment and Diagnosis | 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].  
  • Children < 4 years old, consider referral to a specialist.  
  • To make a diagnosis of ADHD, criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5®) should be met [B]. This includes:  
    • 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).  
    • There should be clear evidence that the symptoms interfere with, or reduce the quality of social, academic, or occupational functioning.  
    • 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.  
  • 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.  
  • Co-morbid conditions should be diagnosed and treated accordingly [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].  
  • 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.  
  • Diagnostic tests should NOT be ordered routinely in the evaluation of children with suspected ADHD, e.g. neuroimaging, electroencephalogram, and continuous performance testing [C].  
  • 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.  
  • 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. |

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1The American Academy of Pediatrics recommends using its ADHD toolkit and stocking the office with questionnaires, diagnostic checklists and patient education materials.