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ADHD Diagnosis in Adults: When to Refer to a Specialist

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When to refer to a specialist:

Referral Criteria – When to Involve a Specialist

Refer to a **psychologist or psychiatrist** if any of the following are present:

- **Extreme** or **severe dysfunction**
- **Suicidal** or **homicidal ideations**
- **Substance use** or **dependence**
- **Psychosis**
- **Extreme psychological stressors** or **current traumatic events**
- **Previous treatment failures**
- **Atypical presentations**
- Concerns for **Medication diversion**
- Complicated **psychiatric history / differential diagnosis**

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ADHD In Adults

Includes:

- DSM-5 ADHD Criteria
- Workup of ADHD
- Differential of ADHD-like symptoms
- When to refer to a specialist

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DSM-5: ADHD Criteria

- **Combination of Inattentive and Hyperactive/Impulsive symptoms**
  - Under 17 years: **≥6 symptoms**
  - 17 years and older: **≥5 symptoms**

• Symptoms must be present **before age of 12**
• Symptoms must persist for **6+ months in 2 or more settings** (e.g., school, home, community).
• There must be evidence where that it **affects functioning in multiple domains** (academic, social, or occupational functioning)
• Symptoms not attributed to other psychiatric disorders

Timeline for Diagnosis

AAFP recommends a ***minimum of 2 visits***

Initial Visit – ADHD Evaluation Checklist

- Set expectations of discussion
  - *"Today, I'll get a thorough history to understand what your concerns are, how they started, and what might be contributing to them. Then, I will review your medical records, and possibly have you fill out some paperwork. I'll have you come back in 2 weeks, and we can look at all of it together and discuss treatment options"*
- Obtain detailed **history of current symptoms**
  - *"What are your concerns?"*
  - *"When did these symptoms start?"*
  - *"What kinds of problems does this cause in your daily life"?*
- Review **past medical, psychiatric history, and childhood behavior**
- Gather input from **informants** (e.g., spouses, coworkers, etc.)
- Rule out **other disorders** that may mimic ADHD (Psychiatric and non-psychiatric disorders)

Second Visit – ADHD Evaluation Follow-Up

- Occurs **2–4 weeks after** the initial visit
- Review:
  - **Current symptom reports**
  - **Childhood development**
  - **Informant input** (e.g., spouses, coworkers, etc.)
- Assess **symptom severity**
- Establish/confirm **ADHD diagnosis**

Symptoms

Inattentive symptoms	Hyperactive/Impulsive symptoms
Poor listening skills	Restlessness
Forgets daily activities	Difficulty engaging in quiet activities
Easily distracted	Interrupts conversations/activities
Diminished attention span	Overly talkative
Unable to complete assignments	Fidgets with hands/feet

ADHD-like conditions:

Disorder	Unique Symptoms	Qs to ask
Major Depressive Disorder	Persistent anhedonia mood, Sleep disturbances	Is the patient's desire to do things present or absent? Are the patient's symptoms episodic or chronic?
Bipolar Disorder	Euphoric mood, Delusions	Are the patient's symptoms episodic or chronic?
Generalized Anxiety Disorder	Increased worrying, syncope	Does the patient ever feel symptoms like muscle tension, sweating, or a racing heartbeat?
Substance Abuse or dependence	Symptoms of tolerance, dependence, and/or withdrawal	When did the patient first notice problems with attention, focus, or impulsivity? Are symptoms present even when not using substances?
Autism Spectrum Disorder	Highly specific routines, Lack of interest in people	Does the patient have any specific routines that they follow very closely?