



TOOL KIT

FOR THE MANAGEMENT OF

ADULT

**ATTENTION – DEFICIT/
HYPERACTIVITY DISORDER**

(ADHD)

TOOL KIT FOR THE MANAGEMENT OF ADULT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

The clinical tool kit is intended to assist the PCP in assessing the needs of the adults age 18 and over regarding depression and decisions regarding health care services provided by the PCP or subsequent referral to the Regional Behavioral Health Authority (RBHA) if clinically indicated. Tools include:

- The decision making algorithm (Use when there are 4 or more responses that fall in the shaded areas of Part A of the “ADHD Self Report Scale (ASRS-vI.I) Symptom Checklist”
- “The Value of Screening for Adults With ADHD” document
- “ADHD Self-Report Scale (ASRS-vI.I) Symptom Checklist” Instructions
- “ADHD Self Report Scale (ASRS-vI.I) Symptom Checklist completed by the adult
- The list of medications universally available through AHCCCS Health Plans and the RBHA.

Clinical resources and adaptations of clinical sources are referenced within the individual documents.

NOTE:

A RBHA consultation is available at any time.

The tool kit was developed by the AHCCCS Tool Kit Workgroup in collaboration with Acute Health Plans and ADHS/DBHS (January, 2008 through January, 2009). The tool kit is only a resource and may not apply to all patients and all clinical situations. It is not intended to replace clinical judgment.

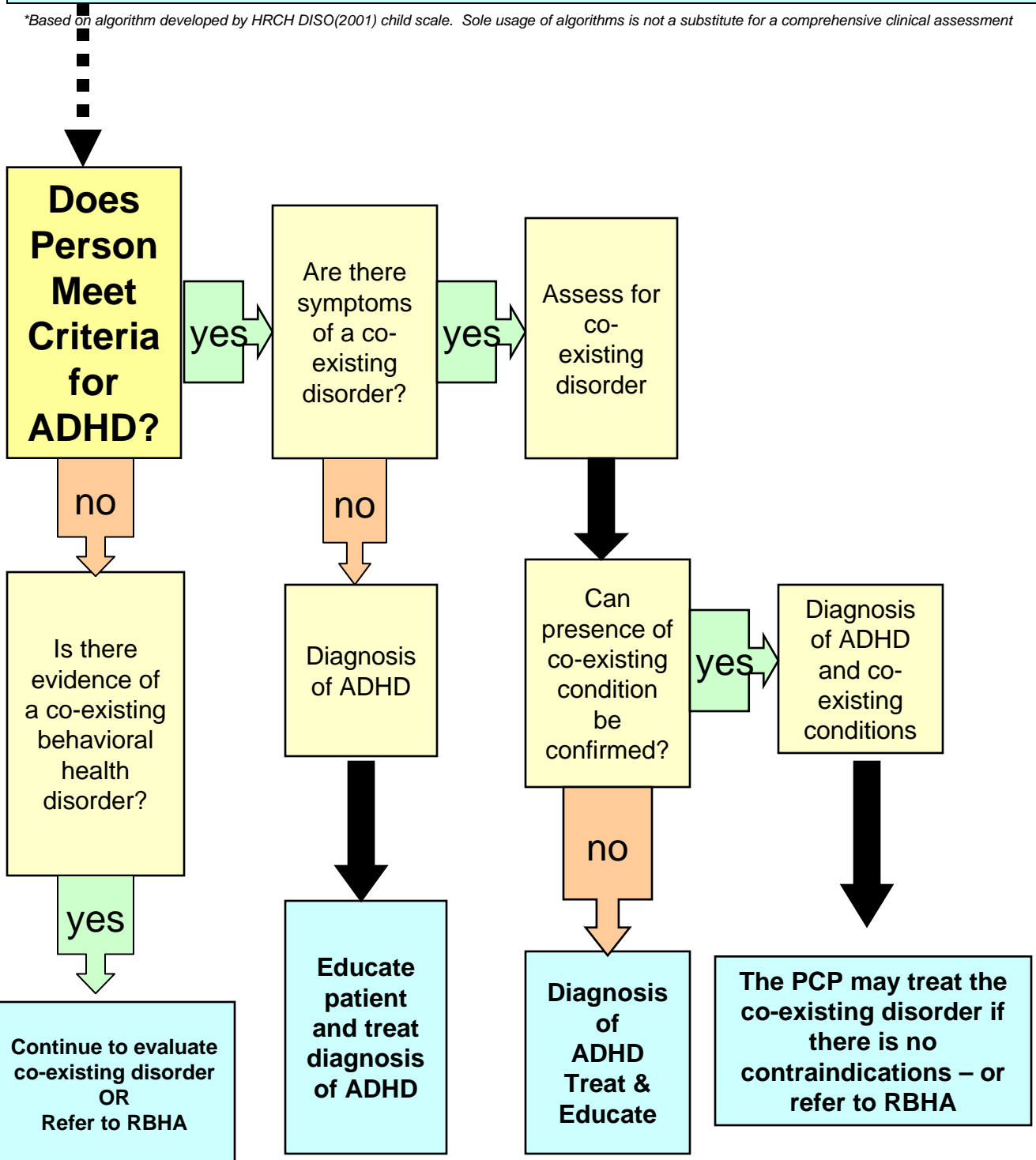
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ADHD

ASSESSMENT of the adult by the PCP includes:

- Standard history and physical examination
- Basic neurological examination
- Family assessment
- Completion of ADHD screening instrument prior to initiation of algorithm

**Based on algorithm developed by HRCH DISO(2001) child scale. Sole usage of algorithms is not a substitute for a comprehensive clinical assessment*



The Value of Screening for Adults With ADHD

Research suggests that the symptoms of ADHD can persist into adulthood, having a significant impact on the relationships, careers, and even the personal safety of your patients who may suffer from it.¹⁻⁴ Because this disorder is often misunderstood, many people who have it do not receive appropriate treatment and, as a result, may never reach their full potential. Part of the problem is that it can be difficult to diagnose, particularly in adults.

The Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist was developed in conjunction with the World Health Organization (WHO), and the Workgroup on Adult ADHD that included the following team of psychiatrists and researchers:

- **Lenard Adler, MD** Associate Professor of Psychiatry and Neurology New York University Medical School
- **Ronald C. Kessler, PhD** Professor, Department of Health Care Policy Harvard Medical School
- **Thomas Spencer, MD** Associate Professor of Psychiatry Harvard Medical School

As a healthcare professional, you can use the ASRS v1.1 as a tool to help screen for ADHD in adult patients. Insights gained through this screening may suggest the need for a more in-depth clinician interview. The questions in the ASRS v1.1 are consistent with DSM-V criteria and address the manifestations of ADHD symptoms in adults. Content of the questionnaire also reflects the importance that DSM-V places on symptoms, impairments, and history for a correct diagnosis.⁴

The checklist takes about five minutes to complete and can provide information that is critical to supplement the diagnostic process.

References:

1. Schweitzer JB, et al. *Med Clin North Am.* 2001;85(3):10-11, 757-777.
2. Barkley RA. *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment.* 2nd ed. 1998.
3. Biederman J, et al. *Am J Psychiatry.* 1993;150:1792-1798.
4. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.* Washington, DC, American Psychiatric Association. 2000: 85-93.

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Instructions

The questions on the back page are designed to stimulate dialogue between you and your patients and to help confirm if they may be suffering from the symptoms of attention-deficit/hyperactivity disorder (ADHD).

Description: The Symptom Checklist is an instrument consisting of the eighteen DSM-V-TR criteria. Six of the eighteen questions were found to be the most predictive of symptoms consistent with ADHD. These six questions are the basis for the ASRS v1.1 Screener and are also Part A of the Symptom Checklist. Part B of the Symptom Checklist contains the remaining twelve questions.

Instructions:

Symptoms

1. Ask the patient to complete both Part A and Part B of the Symptom Checklist by marking an X in the box that most closely represents the frequency of occurrence of each of the symptoms.
2. Score Part A. If four or more marks appear in the darkly shaded boxes within Part A then the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted.
3. The frequency scores on Part B provide additional cues and can serve as further probes into the patient's symptoms. Pay particular attention to marks appearing in the dark shaded boxes. The frequency-based response is more sensitive with certain questions. No total score or diagnostic likelihood is utilized for the twelve questions. It has been found that the six questions in Part A are the most predictive of the disorder and are best for use as a screening instrument.

Impairments

1. Review the entire Symptom Checklist with your patients and evaluate the level of impairment associated with the symptom.
2. Consider work/school, social and family settings.
3. Symptom frequency is often associated with symptom severity, therefore the Symptom Checklist may also aid in the assessment of impairments. If your patients have frequent symptoms, you may want to ask them to describe how these problems have affected the ability to work, take care of things at home, or get along with other people such as their spouse/significant other.

History

1. Assess the presence of these symptoms or similar symptoms in childhood. Adults who have ADHD need not have been formally diagnosed in childhood. In evaluating a patient's history, look for evidence of early-appearing and long-standing problems with attention or self-control. Some significant symptoms should have been present in childhood, but full symptomology is not necessary.

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date				
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?						
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?						
3. How often do you have problems remembering appointments or obligations?						
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?						
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?						
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?						
Part A						
7. How often do you make careless mistakes when you have to work on a boring or difficult project?						
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?						
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?						
10. How often do you misplace or have difficulty finding things at home or at work?						
11. How often are you distracted by activity or noise around you?						
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?						
13. How often do you feel restless or fidgety?						
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?						
15. How often do you find yourself talking too much when you are in social situations?						
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?						
17. How often do you have difficulty waiting your turn in situations when turn taking is required?						
18. How often do you interrupt others when they are busy?						
Part B						

ADHD

UNIVERSALLY AVAILABLE MEDICATIONS THROUGH
AHCCCS HEALTH PLANS AND RBHA PROVIDERS*

SHORT ACTING

Mixed amphetamine salts (Adderall)

Methylphenidate (Ritalin)

INTERMEDIATE ACTING

Methylphenidate, long acting (Ritalin LA)

LONG ACTING

Mixed amphetamine salts, extended release
(Adderall XR)

Methylphenidate, extended release
(Concerta)

NON-STIMULANT

Atomoxetine (Strattera)

*Refer to health plan for prior authorization requirements and medication availability.