JUNE 2024

ADHD diagnosis

In the UK, ADHD is most often diagnosed by a paediatrician, child psychiatrist - or for adults by an adult psychiatrist (but one who has the necessary specialist knowledge and experience of ADHD).

A diagnosis of ADHD is made by ruling out other potential causes to how we present (see diagnostic criteria) e.g. developmental delay, anxiety, depression, thyroid dysfunction, iron deficiency, socio-environmental causes.

There is a thorough assessment process based on having enough robust evidence - and clinic time to work through it. Essential to this are virtual/face-to-face clinic appointments, plus some/all of the following:

- Detailed childhood/family history
  (a lot of this is now asked for ahead of the initial appointment)
- Information from parents/carers, partners etc.
- School/college/university reports
- Reports/assessments from other professionals e.g. Educational Psychologist
- Evidence that symptoms are causing difficulties in everyday life e.g. home, school, work, relationships
- Assessing for co-existing conditions e.g. Autistic Spectrum Disorder, dyslexia, dyspraxia, OCD

Diagnostic criteria

The most commonly used criteria in the UK is DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), which defines three types of ADHD:

- Inattentive subtype
- Hyperactive/Impulsive subtype
- Combined subtype

You **do not** need to be Hyperactive or Impulsive to be diagnosed with ADHD. ‘Attention Deficit Disorder’ (ADD) is an outdated term and is now called (confusingly, let’s be honest!) ‘ADHD of the Inattentive subtype’.

Inattention is the most prevalent and less ‘obvious’ aspect of ADHD and may exist with Hyperactivity/Impulsivity to become the Combined subtype.

Hyperactive/Impulsive aspects generally evolve in adolescence/adulthood into ‘restlessness’

- Symptoms in at least two different settings
- Displaying symptoms for at least six months
- Symptoms that are not just part of a developmental disorder or difficult phase
- Started to show symptoms before the age of 12*
- Symptoms that make life considerably more difficult on a social, academic or occupational level
- Symptoms not better accounted for by another condition

** To be diagnosed up to the age of 18, not so rigorously applied to adults (particularly in later life). For children and young people, the second setting (other than home) is expected to be school/educational setting. For adults there is a much higher degree of self-reporting with input from significant others e.g. parent/carer, partner.*

The adult criteria wording is very similar to the one for children/young people. The wording in italics below is where the child/young person one differs. The expansion of each statement below is predominantly geared towards the presentation in adults (please note this is taken from an adult self-assessment tool).

ADHD Inattentive subtype

DSM-5: to meet this criteria, ages 17 upwards need to demonstrate five or more symptoms from these nine in at least two different settings (before age 17 it is six symptoms).

Is often distracted by extraneous stimuli
Difficulty shutting off from extraneous stimuli (noises, events, other people's conversations), difficulty filtering and/or selecting information, struggling to pick things up again after being distracted.

Often does not seem to listen when spoken to directly
Dreamy/preoccupied, difficulty concentrating on conversation (and after not knowing what it was about), changing the subject of the conversation, others saying your thoughts are elsewhere (often in the absence of obvious distraction).

Often forgetful in daily activities
Forgets appointments, keys/phone etc, to pay bills, return calls, to keep or look at daily agenda, to do chores or errands. Returns to fetch forgotten things, needs frequent reminders, rigid use of lists.

Often loses things necessary for tasks or activities *(e.g. toys, pencils, books or tools)*
Mislays things/leaves them behind, loses things and loses time searching for them, panics if others move things around, stores things in the wrong place.

Often has difficulty organising tasks and activities
Difficulty planning activities or planning too many/managing sequential tasks, creating but not using schedules, failure to meet deadlines, double-booking, messy/disorganised, poor sense/management of time, arriving late, difficulty keeping materials/belongings in order, inflexible, relying on others for structure.

Often has difficulty sustaining attention in tasks *or play activities*
Unable to keep attention on tasks for long*, quickly distracted by own thoughts or associations, distracted by unrelated thoughts, difficulty remaining focused during lectures/conversations, difficulty watching a film until the end or read a book*, quickly bored with things*, asks questions about subjects that have already been discussed.
*unless the subject is found to be really interesting.

Often does not follow through on instructions and often fails to finish *schoolwork,* chores or duties in the workplace *(but not because of oppositionality or failure to understand)*
Does things muddled up together without completing, starts quickly but loses focus/is side-tracked, needs time limit to complete tasks, difficulty completing administrative tasks or following instructions from a manual.

Often fails to give close attention to detail, makes careless mistakes with *school* work and other activities
Makes careless mistakes, works slowly to avoid mistakes, inaccurate work, does not read instructions carefully, overlooks or misses details, too much time needed to complete detailed tasks, easily bogged down by details, works too quickly and therefore makes mistakes.

Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort *(such as schoolwork or homework)*
Do easiest/nicest things first, postpone boring/difficult tasks, miss deadlines, avoid monotonous work, avoidance of tasks requiring a lot of concentration, avoiding preparing reports/completing forms, do not like reading.

ADHD Hyperactive/impulsive subtype

DSM-5: to meet this criteria, ages 17 upwards need to demonstrate five or more symptoms from these nine in at least two different settings (before age 17 it is six symptoms).

Often fidgets with hands/feet or squirms in seat
Difficulty sitting still, fidgets with legs, taps with pen/plays with something, fiddling with hair/nails, able to control restlessness but makes stressed.

Often leaves seat in *the classroom or other* situations in which remaining seated is expected
Often leaves seat in office or workplace, avoids places where expected to sit for long periods, prefers to walk around than sit, never sits still for long, stressed by trying to sit still, makes excuses to enable to walk around.

Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

Often feels restless
Restless/agitated inside, constantly feeling that you have to be doing something, finding it hard to relax.

Often ‘on the go’ or acts as if ‘driven by a motor’
Always busy doing something, step over your own boundaries, uncomfortable being still for extended time, too much energy/always on the move, others find you restless/difficult to keep up with, find it difficult to let things go, excessively driven.

Has difficulty *playing or in* engaging in leisure activities quietly
Talks during activities when not appropriate, too 'cocky' in public, loud in all kinds of situations, difficulty doing activities quietly/speaking softly.

Often talks excessively
So busy talking others find it tiring, known as an incessant talker, difficulty stopping talking, tendency to talk too much, not giving others room to speak, needing a lot of words to say something.

Often blurts out answers before questions have been completed
Being a 'blabbermouth' and saying what you think, saying things without thinking first, giving answers before others haven't finished speaking, completing other people's sentences, being tactless.

Often interrupts or intrudes on others *(e.g. butts into conversations or games)*
Quick to 'interfere' with others, intrudes on others, disturbs other people's activities without being asked - or takes over their tasks, others comment on interference, difficulty respecting the boundaries of others, having an opinion about everything and immediately expressing this.

Often has difficulty awaiting turn
Difficulty waiting in/jumping queues, impatient, quickly starting relationships/jobs or ending/leaving them.

Referrals process

NHS: Ask your GP to refer you to the Adult ADHD Service in your area. Not all areas will necessarily have this service, so may involve a referral out of area or potentially Right to Choose (see below). For this information, and potential waiting times for assessment you will need to refer to your local NHS.

Right to Choose: This is private assessment and may include titration (getting to the optimum dose of appropriate medication) but funded by the NHS. It is available to adults in England, but does not appear to be an option elsewhere in the UK currently. Some Right to Choose providers also offer this for children and young people, but it seems to be quite limited at this point in time.

There are numerous approved Right to Choose providers e.g. Psychiatry UK, ADHD 360, Clinical Partners. An up-to-date list with links can be found on the ADHD UK website www.adhduk.co.uk/right-to-choose (also includes waiting times for assessment)

All details of what you need to do are on the respective websites. Does require forms completed to be sent off by your GP.

Private: Prices vary hugely between different practices. The main thing to be aware of is the complete cost of what you need e.g. assessment, diagnosis, follow-up appointments, letters, titration, prescriptions.

Many private consultants do not include their pricing on their websites, so it is difficult to make comparisons.

We cannot make any recommendations but it is worth looking at e.g. Psychiatry UK (www.psychiatry-uk.com) or MyPace UK (www.mypaceuk.com) as they break down the cost of multiple elements, which is a helpful guideline when asking questions of different providers to make the best choice.

Nb. If diagnosed privately you will pay for your prescriptions (not standard NHS rate). It has tended to be standard practice in our area that the private consultant writes to your GP once you are diagnosed and on the optimum dose of medication - and asks them to take on prescribing medication. This is called shared care which there is no guarantee they will agree to, so it is best to ask this question of your GP ahead of this. Some areas may not have shared care protocols in place at all.

Your GP can only prescribe the medication/dose as directed by your private consultant. Any changes would need a review with them, plus NICE guidelines require adults to have a 12-monthly review to maintain shared care (with children/young people it is 6-monthly).

If diagnosed privately, you can ask your GP to refer you to your local NHS Adult ADHD Service, including all paperwork you have in support of your private diagnosis, so you move over to NHS treatment, rather than having an ongoing need to see private consultant on an annual basis. Waiting times for this may well be as long as for a new referral for assessment. There is no guarantee the local ADHD service will accept a private diagnosis however, and it is likely they will want to verify.

ADHD Solutions

ADHD Solutions CIC (Community Interest Company) is an independent not-for-profit voluntary organisation. We operate predominantly in Leicester, Leicestershire and Rutland where we have some Local Authority funding to provide support for children, young people, adults, parent/carers and their families.

It is possible for those outside our area to access the above as much of what we provide is now online, but there is a cost for this. For example 'All About ADHD' workshops to increase knowledge/understanding and 'Positive Parenting Solutions' and 'Parenting Challenging Teens' courses which provide practical day-to-day ideas and strategies for managing children and young people.

For more information, please see our website www.adhdsolutions.org or email info@adhdsolutions.org

We can also provide 1:1 coaching (including for the workplace) or couples coaching for adults which is £50 an hour.

We offer paid-for training to any organisation e.g. educational settings, employers (has included companies such as Pinsent Masons LLP, Cadent, Druck and Leicester City Football Club), Health professionals, Police, Probation, domestic violence projects, children's homes, therapists and many more.

For more information about the above, please see our website www.adhdsolutions.org or you can contact me direct by emailing training@adhdsolutions.org

Useful resources

There are many different ways to access information in the format you are most comfortable with e.g. books, podcasts, webinars, videos. The following are some that many adults I've worked with have found particularly helpful.

ADDitude is an ADHD magazine, community and website that you can sign up for. Lots of up-to-date articles shared via email links, plus for videos/webinars. www.additudemag.com

Dr. Russell A. Barkley (recommended by several people who watched the piece I did for Wellbeing Wednesday)

Dr. Edward Hallowell

Jessica McCabe (hosts the 'How to ADHD' You Tube channel)

Dr. Sharon Saline

Dr. Thomas E. Brown

Melissa Orlov (on ADHD and relationships)

Dr. Thomas W. Phelan (created the 123 Magic behaviour system that we've used since we began)

Information supplied by Ian Hall (Training Manager and Specialist ADHD Coach) at ADHD Solutions CIC.