AT THE FOREFRONT UChicago Medicine

Adult ADHD Screening and Management

Adult ADHD screener
Positive if ≥ 4 shaded boxes checked
Overall score 17-23: likely ADHD; ≥ 24: highly likely ADHD

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Assess history and other symptoms
Age of onset < 12, problems in multiple domains (school, work, home) → more likely ADHD

→ Signs of severe aggression or Tourette's disorder → refer to Psychiatry for diagnosis

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Screen for frequently comorbid conditions
Anxiety (GAD-2/7), depression (PHQ-2/9), bipolar (MDQ or CIDI-3), substance misuse

→ Treat comorbid conditions as well → refer to Anxiety, Depression, Bipolar, Alcohol, Opioid, and Tobacco clinical decision support tools

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Patient education (.pcgbmedADHD)
AND
Start stimulant
1st line: Methylphenidate ER 20 mg daily OR
2nd line: Amph/dextroamph (Adderall) XR 20 mg daily (high misuse potential)
If age≥40 years, order EKG
AND/OR
Refer to therapy

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Follow-up in 4 weeks
via MyChart, phone, or in person

Adequate response → **Continue treatment**

Inadequate response → **Increase** methylphenidate ER 20 → 36 mg
OR
Switch methylphenidate → amph/dextroamph

→ **Refer to Psychiatry**
if inadequate response after trials with both drug classes

Developed by the UChicago Medicine Primary Care Group-Behavioral Health Integration Program (Director: Neda Laiteerapong, MD, MS)

Last updated 2/1/2022