



ADHD Diagnosis and Screening in Adults

**Clinical assessment using
the ASRS v1.2 Screening Scale**

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ADULT ADHD

- Mean worldwide prevalence of ADHD is estimated at **2.8% (range 0.6-7.3%)** in adults.¹
- ADHD in childhood and adolescence is acknowledged to persist into adulthood in **~50–66%** of individuals.¹⁻⁴
- The European Consensus Statement on the diagnosis and treatment of adult ADHD acknowledges that **many adults with ADHD may be misdiagnosed**.⁵
 - There may be a lack of recognition/misunderstanding of adult ADHD.⁵
 - Adults with ADHD may adjust their behaviour in order to cope with symptoms.⁶
 - Associated psychiatric comorbidities may hide/mask symptoms of ADHD.^{6,7}
- Psychiatric comorbidities are common in adult ADHD.^{1,8-10}
 - An analysis of the World Health Organization World Mental Health Surveys reported that 51.7% of adults with ADHD had a comorbid, mood, anxiety, substance-use or behavioural disorder and that ~9% of adult patients with mood disorders or anxiety have ADHD.¹
 - An observational study of newly diagnosed adults with ADHD (n=367) found that on average **2.4 psychiatric comorbidities** were present at the time of first diagnosis and that 66.2% of the sample had a least one psychiatric comorbidity.⁸
 - A population-based survey of adult twins born in Sweden (n=17,899) found that symptoms of ADHD were associated with an increased risk for symptoms of (odds ratio [95% confidence interval]) generalised anxiety disorder (5.6 [4.3–6.5]), major depression (2.8 [2.4–3.2]), bipolar disorder (8.0 [5.1–12.6]), obsessive-compulsive disorder (3.9 [3.1–4.9]) and alcohol dependence (2.6 [2.2–3.1]), with no significant difference between genders.⁹
 - The National Comorbidity Survey Replication of US adults (aged 18–44 years) identified 3199 cases of adult ADHD using a two-part diagnostic interview.¹⁰ Commonly reported psychiatric comorbidities and their associated odds ratios (95% confidence interval) included: mood disorders (5.0 [3.0–8.2]), anxiety disorders (3.7 [2.4–5.5]), substance-use disorders (3.0 [1.4–6.5]) and impulse-control disorders (3.7 [2.2–6.2]).¹⁰

Diagnosing ADHD in adults

- The impact of ADHD can be felt at home^{11,12} and in the workplace,¹²⁻¹⁴ and may put a strain on relationships^{11,12} with family, friends and colleagues. ADHD can also be associated with substantial financial burden for individuals and societal healthcare services.^{11,15-17}
- There is currently no single tool used for the diagnosis of ADHD. Formal diagnosis is made using evidence accumulated from the initial clinical assessment and medical classification systems.^{18,19} Formal assessment and diagnosis should only be made by appropriately qualified healthcare professionals, such as specialist psychiatrists, specialist nurses, or other qualified healthcare professionals, who have training and expertise in the diagnosis of ADHD.¹⁹
- There are two main classification systems for diagnosing ADHD: American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5TM)²⁰ and the the International Classification of Mental and Behavioural Disorders 10th revision (ICD-10).²¹ These medical classification systems may be used alone or in conjunction with a range of rating scales.

ADULT SELF-REPORT SCALE (ASRS) v1.2 SCREENING SCALE: A NEW SCREENER BASED ON DSM-5™

The ASRS v1.1 symptom checklist^{22,23} was first developed by the World Health Organization, and contains 18 questions based on the 18 category A symptoms from the DSM-IV.²⁴ The ASRS v1.1 screening scale was developed from this and contains 6 of the 18 questions that were most predictive of ADHD, and these correspond to the 6 questions in part A of the full ASRS v1.1 symptom checklist.^{22,23}

In 2017, the ASRS v1.1 screening scale was updated to ASRS v1.2 by revising the 6 DSM-IV questions to 4 questions based on the DSM-5™ (questions 1–4) and 2 non-DSM-5™ questions (questions 5 and 6).²⁵ The scale is short, easily scored and has been shown to correctly identify adults who meet the diagnostic criteria for ADHD in both the general population and in a speciality treatment setting.²⁵

The patient answers the questions below, rating each of the criteria shown using the scale on the right side of the page. As they answer each question, they should place an X in the box that best describes how they have felt and conducted themselves over the past 6 months.²⁵

- | | Never | Rarely | Sometimes | Often | Very often |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? (DSM-5™ A1c) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How often do you leave your seat in meetings or other situations in which you are expected to remain seated? (DSM-5™ A2b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How often do you have difficulty unwinding and relaxing when you have time to yourself? (DSM-5™ A2d) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When you are 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? (DSM-5™ A2g) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How often do you put things off until the last minute? (Non-DSM) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. How often do you depend on others to keep your life in order and attend to details? (Non-DSM) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Scoring: Never = 0 for all questions; however, the scores for higher responses vary with each question, with maximum scores of 5 for questions 1 and 2, 4 for question 5, 3 for question 6, and 2 for question 4. Total scores are in the possible range of 0 to 24.²⁵

A score of 14 or higher is suggestive of ADHD (91.4% sensitivity, 96.0% specificity).²⁵

Adapted with kind permission from Ustun B, Adler LA, Rudin C, et al. The World Health Organization Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5. JAMA Psychiatry 2017; 74: 520-526.

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