



DANISH HEALTH
AUTHORITY

NATIONAL CLINICAL GUIDELINE FOR THE ASSESSMENT AND TREATMENT OF ADHD IN ADULTS

– WITH DISTURBANCE OF ACTIVITY AND ATTENTION AND
ATTENTION DEFICIT DISORDER WITHOUT HYPERACTIVITY

2016

NATIONAL CLINICAL GUIDELINE FOR THE ASSESSMENT AND TREATMENT OF ADHD IN ADULTS

– WITH A FOCUS ON THE DIAGNOSES “DISTURBANCE OF ACTIVITY AND ATTENTION” AND “ATTENTION DEFICIT DISORDER WITHOUT HYPERACTIVITY”

Quick guide

Assessment	
√	<p>It is good practice to include the following sub-elements in a diagnostic standard assessment for ADHD in adults:</p> <ul style="list-style-type: none"> • Rating scale completed by the person undergoing assessment, e.g. Adult Self-Report Scale (ASRS) v. 1.1. • Interview – preferably with the participation of relatives – including medical history with systematically collected information on the person’s development, psychiatric symptoms and accompanying difficulties from early childhood to adulthood as well as any previous or current abuse. Additionally, information on the person’s health, social and financial situation as well as his/her educational and professional background and daily level of functioning should be collected. • Medical, somatic examination • Standard assessment of ADHD based on the criteria in ICD-10 and use of a semi-structured question guide such as DIVA 2.0 (Diagnostic Interview for ADHD in Adults)
√	It is good practice to include the use of ASRS v. 1.1 (Adult ADHD Self-Report Scale) as a tool in the first part of an assessment for ADHD in adults.
√	It is good practice to include the use of a semi-structured question guide such as DIVA 2.0 (Diagnostic Interview for ADHD in Adults) in connection with an assessment for ADHD in adults.

Treatment	
Pharmacological interventions, if indicated	
↑	Consider use of methylphenidate in the treatment of adults with ADHD (⊕⊕○○).
√	It is good practice to consider use of methylphenidate in adults with ADHD and symptoms of anxiety and depression for relieving hallmark symptoms and disability.
↑	Consider use of atomoxetine in the treatment of adults with ADHD (⊕○○○).
↑	Consider use of atomoxetine in adults with ADHD and symptoms of anxiety and depression for relieving core symptoms and impairment (⊕⊕○○).
↑	Consider use of lisdexamphetamine in the treatment of adults with ADHD (⊕⊕○○).

Non-pharmacological interventions	
√	It is good practice to offer psychoeducation in the form of a short course of individual or group-based manualised psychoeducation, i.e. an information-based course, if the responsible healthcare professional assesses that the patient will be able to comply with the treatment and benefit from it.
Combined interventions	
↑	Consider offering cognitive behavioural therapy to adults with ADHD who are receiving pharmacological treatment for ADHD, if the responsible healthcare professional assesses that the patient will be able to comply with the treatment and benefit from it (⊕⊕○○).
√	It is good practice to consider offering cognitive behavioural therapy to adults with ADHD and symptoms of anxiety and depression who are receiving pharmacological treatment for ADHD, if the responsible healthcare professional assesses that the patient will be able to comply with the treatment and benefit from it.

About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the assessment and treatment of ADHD in adults. The guideline was prepared by a working group established by the DHA.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, recommendations, process descriptions etc. in this field.

The national clinical guideline for the assessment and treatment of ADHD in adults focuses on the necessary elements of a thorough assessment. It also focuses on selected medical and non-medical treatments for adults aged 18 years or more who are suspected or known to suffer from “Disturbance of activity and attention F90.0” or “Attention deficit disorder without hyperactivity F98.8C” according to the criteria in ICD-10. Therefore, the guideline recommendations concern adults with ADHD associated with considerable disability.

The recommendations are preceded by the following indications of their strength:

- ↑↑ = a strong recommendation for
- ↓↓ = a strong recommendation against
- ↑ = a weak/conditional recommendation for
- ↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

- (⊕⊕⊕⊕) = high
- (⊕⊕⊕○) = moderate
- (⊕⊕○○) = low
- (⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
