🧠 Psychiatric NP Cheat Sheet: ADHD

🎯 (Attention-Deficit/Hyperactivity Disorder)

📋 Diagnostic Criteria (DSM-5)

(Substance Abuse and Mental Health Services Administration, 2016)

🎭 ADHD Presentation Types

🔍 Predominantly Inattentive

⩾ 6 inattention symptoms
(⩾ 5 for age 17+)

⚡ Predominantly Hyperactive/Impulsive

⩾ 6 hyperactive/impulsive symptoms
(⩾ 5 for age 17+)

🎯 Combined Presentation

Meets criteria for both
inattentive and hyperactive/impulsive

🔍 Inattention Symptoms

(⩾ 6 symptoms, ⩾ 5 for age 17+)

🎯 The "Focus Challenges" Checklist: ✅ **Detail Detective Deficit:** Often fails to give close attention to details or makes careless mistakes ✅ **Attention Span Struggles:** Often has difficulty sustaining attention in tasks or activities ✅ **Listening Lapses:** Often does not seem to listen when spoken to directly

✅ **Follow-Through Failures:** Often does not follow through on instructions and fails to finish tasks ✅ **Organization Obstacles:** Often has difficulty organizing tasks and activities ✅ **Mental Effort Avoidance:** Often avoids, dislikes, or is reluctant to engage in tasks requiring sustained mental effort ✅ **Thing-Losing Tendencies:** Often loses things necessary for tasks or activities ✅ **Distraction Magnet:** Often easily distracted by extraneous stimuli ✅ **Forgetfulness Factor:** Often forgetful in daily activities

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⚡ Hyperactivity/Impulsivity Symptoms

(≥ 6 symptoms, ≥ 5 for age 17+)

🚀 The "Energy & Impulse" Checklist: ⚡ **Fidget Master:** Often fidgets with or taps hands or feet or squirms in seat ⚡ **Seat Escape Artist:** Often leaves seat in situations when remaining seated is expected ⚡ **Inappropriate Climber:** Often runs about or climbs in situations where inappropriate (restlessness in adolescents/adults) ⚡ **Quiet Time Challenger:** Often unable to play or engage in leisure activities quietly ⚡ **Motor-Driven Mode:** Often "on the go," acting as if "driven by a motor" ⚡ **Chatterbox Champion:** Often talks excessively ⚡ **Answer Blurter:** Often blurts out an answer before a question has been completed ⚡ **Turn-Taking Troubles:** Often has difficulty waiting turn ⚡ **Interruption Specialist:** Often interrupts or intrudes on others

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📋 Additional Criteria

🕐 **Timeline Requirements:** - Several symptoms present **before age 12** - Several symptoms present in **≥ 2 settings** (e.g., home, school, work) 🎯 **Impact Requirements:** - Clear evidence that symptoms **interfere with functioning** - Symptoms **not better explained** by another mental disorder

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🔬 Assessment Tools

(American Academy of Family Physicians, 2020)

👶 Rating Scales for Children/Adolescents

🧒 **ADHD Rating Scale-5 (ADHD-RS-5)** 🧒 **Vanderbilt ADHD Diagnostic Rating Scales** 🧒 **Conners-3** 🧒 **Child Behavior Checklist (CBCL)** 🧒 **Behavior Assessment System for Children (BASC-3)**

👨‍⚕️ Rating Scales for Adults

👤 **Adult ADHD Self-Report Scale (ASRS)** 👤 **Conners' Adult ADHD Rating Scales (CAARS)** 👤 **Barkley Adult ADHD Rating Scale (BAARS-IV)** 👤 **Brown Attention-Deficit Disorder Scales for Adults**

🔍 Additional Assessments

🧪 **Laboratory tests** to rule out medical causes (thyroid, lead levels, etc.) 🧠 **Neuropsychological testing** for complex cases 👁️ **Vision and hearing screening** 😴 **Sleep evaluation** if indicated 📚 **Academic/cognitive testing** if learning disorders suspected

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💊 Pharmacological Treatment

🥇 First-Line: Stimulants

⚡ Methylphenidate Formulations

(Verghese & Abdijadid, 2024)

| 💊 **Medication** | ⏰ **Duration** | 📅 **Dosing** | 📝 **Notes** | |---|---|---|---| | Methylphenidate IR | 3-4 hrs | 2-3 times

daily | 🚀 Immediate release | | Concerta (OROS) | 10-12 hrs | Once daily | 💧 Osmotic release | | Ritalin LA | 8-10 hrs | Once daily | 🔄 Biphasic release | | Metadate CD | 8-10 hrs | Once daily | 🔄 Biphasic release | | Daytrana (patch) | 9-12 hrs | Once daily | 🩹 Transdermal | | Jornay PM | 10-12 hrs | Evening before | 🌙 Delayed onset | | Adhansia XR | 12-16 hrs | Once daily | 🏗️ Multilayer release | | Aptensio XR | 10-12 hrs | Once daily | 🏗️ Multilayer release |

⚡ Amphetamine Formulations

(Childress, 2021)

| 💊 **Medication** | ⏰ **Duration** | 📅 **Dosing** | 📝 **Notes** | |----------|----------|----------|----------| | Mixed Amphetamine Salts IR | 4-6 hrs | 2-3 times daily | 🚀 Immediate release | | Adderall XR | 10-12 hrs | Once daily | 🔄 Biphasic release | | Vyvanse (lisdexamfetamine) | 10-14 hrs | Once daily | 🧬 Prodrug | | Dexedrine Spansule | 8-10 hrs | Once daily | ⏳ Extended release | | Mydayis | 12-16 hrs | Once daily | 🔗 Triple-bead release | | Adzenys XR-ODT | 10-12 hrs | Once daily | 👅 Orally disintegrating | | Dyanavel XR | 10-12 hrs | Once daily | 🥤 Liquid formulation |

🥈 Second-Line: Non-Stimulants

🎯 **Atomoxetine (Strattera)** - 🧠 **Selective norepinephrine reuptake inhibitor** - 💊 **Dosing:** 0.5-1.2 mg/kg/day (max 100 mg) - ⏰ **Full effect:** May take 4-6 weeks - 🎯 **Consider with:** Comorbid anxiety, tics, substance use #### 🎛️ **Alpha-2 Agonists** **🟢 Guanfacine ER (Intuniv)** - 💊 **Dosing:** 1-4 mg daily - 😴 **Less sedating** than clonidine - 🎯 **Good for:** Hyperactivity, impulsivity, aggression, tics **🔵 Clonidine ER (Kapvay)** - 🔄 **Similar to guanfacine ER** but more sedating #### 🧠 **Bupropion** - 🎯 **Consider with:** Comorbid depression (adults)

📊 Monitoring

🏁 Baseline Assessments

❤️ **Vital signs:** BP, HR, height, weight 🫀 **Cardiac history** and examination 📈 **Consider ECG** if cardiac risk factors 🧠 **Psychiatric comorbidity** screening 🚫 **Substance use screening** (adolescents/adults) 🤰 **Pregnancy test** (if applicable)

📈 Follow-up Monitoring

🎯 Efficacy Tracking:

📊 **Symptom rating scales** ⚡ **Functional improvement** 🎓 **Academic/occupational performance** 👥 **Social functioning**

⚠️ Stimulant Side Effects:

❤️ **Vital signs:** Every visit initially, then every 3-6 months 📏 **Weight/height:** Every 3-6 months (more frequently in children) 😴 **Sleep:** Every visit 🍽️ **Appetite:** Every visit 😤 **Mood/irritability:** Every visit 👊 **Tics (if present):** Every visit

🔍 Non-stimulant Side Effects:

🧪 **Atomoxetine:** LFTs if hepatic symptoms, suicidal ideation ❤️ **Guanfacine/Clonidine:** BP, HR every visit initially, then every 3-6 months 🧠 **Bupropion:** Mood, anxiety, seizure risk

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⚙️ Medication Adjustments

🚀 Stimulants:

📈 **Titrate every 1-2 weeks** until optimal response or limiting side effects 🔄 **Consider switching class** if inadequate response to optimized dose ➕ **Consider adding non-stimulant** for partial response

🎯 Non-stimulants:

⏰ **Atomoxetine:** May take 4-6 weeks for full effect 📈 **Guanfacine/Clonidine:** Titrate slowly, may take 3-4 weeks for full effect ⚠️ **Avoid abrupt discontinuation** of alpha-2 agonists (rebound hypertension)

👥 Special Populations

👶 Preschool Children (4-5 years)

🎭 **Behavioral therapy first-line** 💊 **Methylphenidate** if behavioral therapy insufficient ⚖️ **Lower doses,** more careful monitoring 🚫 **Avoid amphetamines** (limited data) 🎯 **Guanfacine/clonidine** for severe symptoms if stimulants contraindicated

🧑‍🎓 Adolescents

⚠️ **Higher risk** for substance abuse/diversion ⏰ **Consider longer-acting** or prodrug formulations 🚗 **Address driving safety** 🎓 **Transition planning** for college/work 🤝 **Involve adolescent** in treatment decisions

👨‍💼 Adults

💼 **Often need coverage** for workplace functioning 🧠 **Consider comorbid conditions** (anxiety, depression, substance use) ⚖️ **May need higher weight-based dosing** 📊 **Assess functional impairment** in multiple domains 🏢 **Address occupational accommodations** if needed

🤰 Pregnancy/Breastfeeding

📊 **Limited data** on safety ⚖️ **Risk-benefit assessment** critical 🌿 **Consider non-pharmacological** approaches 💊 **If medication necessary,** methylphenidate may have more safety data 👩‍⚕️ **Consultation with perinatal psychiatrist** recommended

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🤝 Comorbid Conditions

| 🧠 **Condition** | 💡 **Considerations** | |----------|----------| | 😰 **Anxiety disorders** | Consider atomoxetine, CBT | | 😔 **Mood disorders** | Consider stimulants + antidepressants, mood stabilizers | | 🌈 **Autism spectrum disorder** | Lower stimulant doses initially, consider alpha-2 agonists | | 👊 **Tic disorders** | Consider atomoxetine, alpha-2 agonists | | 🚫 **Substance use disorders** | Consider non-stimulants, lisdexamfetamine, close monitoring | | ⚡ **Seizure disorders** | Caution with bupropion, stimulants generally safe with controlled epilepsy |

📈 Prognosis and Course

📊 Persistence Rates

👩‍🎓 **65-75%** continue to meet full or partial criteria in **adolescence** 👨‍💼 **50-65%** continue to meet full or partial criteria in **adulthood** ⚠️ **Functional

impairment** often persists even when full criteria not met

🎯 Predictors of Persistence

📊 **Severity** of initial symptoms 🤝 **Comorbid conditions** 👨‍👩‍👧‍👦 **Family history** of ADHD 🏠 **Psychosocial adversity** 🚫 **Lack of appropriate treatment**

⚠️ Long-term Outcomes if Untreated

📚 Academic underachievement 💼 Occupational difficulties 💔 Relationship problems 🚨 Higher rates of accidents/injuries 🚫 Increased substance use risk ⚖️ Legal problems 😔 Lower self-esteem

✅ Benefits of Treatment

🎓 **Improved academic/occupational functioning** 🛡️ **Reduced risk-taking behaviors** 👥 **Improved social relationships** 🚫 **Reduced substance use risk** 🚗 **Improved driving safety** 😊 **Better self-esteem and quality of life**

💎 Clinical Pearls

🧠 **ADHD is a neurodevelopmental disorder,** not just a childhood condition 📈 **Symptoms change with development** (hyperactivity often decreases, executive function deficits persist) 🎯 **Treatment should address functional impairment,** not just symptoms 💊 **Stimulant medications do not increase substance abuse risk** (may reduce risk if ADHD properly treated) 🏖️ **Drug holidays can be considered** to assess continued need and minimize growth effects 🤝 **Combining behavioral interventions with medication** produces best outcomes 🧠 **Executive function deficits may persist** despite symptom improvement 🤝 **Comorbidity is the rule** rather than the exception 👨‍💼 **Adult ADHD often presents with more subtle symptoms** (internal restlessness vs. hyperactivity) 💪 **Treatment adherence is a significant challenge** - address

barriers directly 🌍 **Consider cultural factors** in symptom presentation and interpretation 😴 **Sleep problems can mimic or exacerbate** ADHD symptoms 😤 **Emotional dysregulation is common** but not included in diagnostic criteria 🧪 **Positive response to stimulants is not diagnostic** (non-ADHD individuals also show cognitive enhancement) 📅 **Structured daily routines** significantly benefit ADHD patients

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📚 References

American Academy of Family Physicians. (2020). Assessment and Diagnosis. *Aafp.org.* https://www.aafp.org/family-physician/patient-care/prevention-wellness/emotional-wellbeing/adhd-toolkit/assessment-and-diagnosis.html **Childress, A. C.** (2021). Novel Formulations of ADHD Medications: Stimulant Selection and Management. *FOCUS, 19*(1), 31–38. https://doi.org/10.1176/appi.focus.20200032 **NHS.** (2024). Medication for ADHD (Attention Deficit Hyperactivity Disorder). *NHS.* https://bedslutonchildrenshealth.nhs.uk/neurodiversity-support/adhd-attention-deficit-hyperactivity-disorder/medication-for-adhd-attention-deficit-hyperactivity-disorder/ **Stevens, J. R., Wilens, T. E., & Stern, T. A.** (2013). Using Stimulants for Attention-Deficit/Hyperactivity Disorder. *The Primary Care Companion for CNS Disorders, 15*(2). https://doi.org/10.4088/pcc.12f01472 **Substance Abuse and Mental Health Services Administration.** (2016). Table 7, DSM-IV to DSM-5 attention-deficit/hyperactivity disorder comparison. *Nih.gov;* Substance Abuse and Mental Health Services Administration (US). https://www.ncbi.nlm.nih.gov/books/NBK519712/table/ch3.t3/ **Verghese, C., & Abdijadid, S.** (2024, October 29). Methylphenidate. *Nih.gov;* StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK482451/ **Vilus, J. T., & Engelhard, C.** (2025). Nonstimulant Medications for Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatric Annals, 54*(1). https://doi.org/10.3928/19382359-20241007-07

🧠 Your Complete ADHD Clinical Reference 🎯

Professional • Comprehensive • Visually Engaging