

ADHD—How is Attention Deficit/Hyperactivity Disorder Diagnosed?

There is no single test for attention deficit/hyperactivity disorder (ADHD). Diagnosis requires several steps and involves gathering information from multiple sources. You, your child, your child's school, and other caregivers should be involved in observing your child. Read on for information from the American Academy of Pediatrics about diagnosing ADHD.

How is ADHD diagnosed?

Your child's or teen's doctor will determine whether your child or teen has ADHD by using standard guidelines developed by the American Academy of Pediatrics specifically for children, teens, and young adults 4 to 18 years of age.

It is difficult to diagnose ADHD in children younger than 4 years. This is because younger children change very rapidly. It is also more difficult to diagnose ADHD once a child becomes a teen.

Children with ADHD show signs of inattention, hyperactivity, and/or impulsivity in specific ways. Your child's doctor will consider how your child's actions compare with that of other children his age, using the information reported about your child by you, his teacher, and any other caregivers who spend time with your child, such as coaches, grandparents, or child care workers.

Here are guidelines used to confirm a diagnosis of ADHD.

- Some symptoms occur in 2 or more settings such as home, school, and social situations and cause some impairment.
- In a child or teen 4 to 17 years of age, 6 or more symptoms must be identified.
- In a teen or young adult 17 years and older, 5 or more symptoms must be identified.
- Symptoms significantly impair your child's ability to function in some daily activities, such as doing schoolwork, maintaining relationships with parents and siblings, building relationships with friends, or having the ability to function in groups such as sports teams.

Your child's doctor will conduct a physical and neurological examination. A full medical history will be needed to put your child's action into context and screen for other conditions that may affect behavior. Your child's doctor will also talk with your child about how he acts and feels.

Your child's doctor may refer your child to a pediatric subspecialist or mental health professionals if there are concerns of

- Intellectual disability (previously called mental retardation)
- Developmental disorders, such as in speech, coordination, or learning
- Chronic illness being treated with a medication that may interfere with learning
- Trouble seeing and/or hearing
- History of abuse
- Major anxiety or major depression
- Severe aggression
- Possible seizure disorder
- Possible sleep disorder

How can parents help with the diagnosis?

As a parent, you will provide crucial information about your child's actions and how they affect life at home, in school, and in other social settings. Your child's doctor will want to know what symptoms your child is showing, how long the symptoms have occurred, and how these affect him and your family. You will likely be asked to fill in checklists or rating scales about your child's actions.

In addition, sharing your family history can offer important clues about your child's behavior.

How will my child's school be involved?

For an accurate diagnosis, your child's doctor will need to get information about your child directly from his classroom teacher or another school professional. Children at least 4 years and older spend many of their waking hours at preschool or school. Teachers provide valuable insights. Your child's teacher may write a report or discuss the following topics with your child's doctor:

- Your child's actions in the classroom
- Your child's learning patterns
- How long the symptoms have been a problem
- How the symptoms are affecting your child's progress at school
- Ways the classroom program is being adapted to help your child
- Whether other conditions may be affecting the symptoms
- If there are evaluations and help the school can provide

In addition, your child's doctor may want to see report cards, standardized tests, and samples of your child's schoolwork.

How will others who care for my child be involved?

Other caregivers may also provide important information about your child's actions. Former teachers, religious and scout leaders, grandparents, or coaches may have valuable input. If your child is homeschooled, it is especially important to assess his actions in settings outside the home.

Your child may not behave the same way at home as he does in other settings. Direct information about the way your child acts in more than one setting is a requirement to make a diagnosis. It is important to consider other possible causes of your child's symptoms in these settings.

In some cases, other mental health care professionals, such as child psychologists or psychiatrists, may also need to be involved in gathering information for the diagnosis.

Are there other tests for ADHD?

You may have heard theories about other tests for ADHD. There are no other proven diagnostic tests at this time.

Many theories have been presented, but studies have shown that the following evaluations add little value in diagnosing the disorder:

- Screening for thyroid problems
- Computerized continuous performance tests
- Brain imaging studies, such as computed tomography (CT) and magnetic resonance imaging (MRI)
- Electroencephalography (EEG) or brain-wave testing

While these evaluations are not helpful in diagnosing ADHD, your child's doctor may see other signs or symptoms in your child that warrant additional tests.

What are coexisting conditions?

As part of the diagnosis, your child's doctor will look for other conditions that cause the same types of symptoms as ADHD. Your child may simply have a different condition or ADHD combined with another condition (a coexisting condition). Most children with a diagnosis of ADHD have at least one additional condition.

Common coexisting conditions include

- **Learning disabilities**—Learning disabilities are conditions that make it difficult for a child to master specific skills, such as reading or math. ADHD is not a learning disability per se. However, ADHD can make it hard for a child to learn and do well in school. Diagnosing learning disabilities requires conducting evaluations, such as intelligence quotient (IQ) and academic achievement tests, and it requires educational interventions. The school will usually be able to assess whether your child has a learning disability and what his educational needs are.
- **Oppositional defiant disorder or conduct disorder**—Up to 35% of children with ADHD may have inappropriate actions because of an oppositional defiant or conduct disorder.
 - Children with oppositional defiant disorder tend to lose their temper easily and to annoy people on purpose, and they can be defiant and hostile toward authority figures.
 - Children with conduct disorder may break rules, destroy property, be suspended or expelled from school, violate the rights of other people, or show cruelty to other children or animals.
 - Children with coexisting conduct disorder are at higher risk of having trouble with the law or having substance use problems than children who have only ADHD. Studies show that this type of coexisting condition is more common among children with the combined type of ADHD.

• **Anxiety disorders**—About 25% of children with ADHD also have anxiety disorders. Children with anxiety disorders have extreme feelings of fear, worry, or panic that make it difficult to function. These disorders can produce physical symptoms such as racing pulse, sweating, diarrhea, and nausea. Counseling and/or different medication may be needed to treat these coexisting conditions.

• **Mood disorders, including depression**—About 18% of children with ADHD also have mood disorders, usually depression and less commonly bipolar disorder (formerly called manic depressive disorder). There may be a family history of these conditions. Coexisting mood disorders may put children and teens at higher risk for self-harm or suicide, especially during the teen years. These disorders are more common among children with inattentive or combined type of ADHD. Children with mood disorders or depression often require additional interventions or a different type of medication than those typically used to treat ADHD.

• **Language disorders**—Children with ADHD may have difficulty with how they use language. This is referred to as a pragmatic language disorder. It may not show up with standard tests of language. A speech-language clinician can detect it by observing how a child uses language in his day-to-day activities.

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Adapted from the American Academy of Pediatrics patient education booklet, *Understanding ADHD: Information for Parents About Attention-Deficit/Hyperactivity Disorder*. Information applies to all sexes and genders; however, for easier reading, pronouns such as he are used in this publication. The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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