Children's Hospital of Philadelphia
RESEARCH INSTITUTE

Attention-Deficit/Hyperactivity Disorder Diagnostic Criteria

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Partnering to Achieve School Success

Alongside other professionals, clinicians identify children with attention-deficit/hyperactivity disorder (ADHD) and coordinate care to ensure proper treatment and management of ADHD.

ADHD is the most common neurodevelopmental disorder of childhood, occurring in 5-8% of school-age children, and is characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with daily life functioning or development.

The *Diagnostic and Statistical manual of Mental Disorders, Fifth Edition* (DSM-5) outlines the criteria used to make a diagnosis of ADHD.

For children to be diagnosed with ADHD, the following conditions must be met:

1. Six or more symptoms of inattention and/or hyperactivity-impulsivity were present for the past six months.
2. Enough symptoms are present in two or more settings (e.g., at school and home).
3. Symptoms interfere with or reduce the quality of social, school, or work functioning.

Based on the types of symptoms, three presentations of ADHD can occur:

Predominantly inattentive presentation (ADHD-I)	Predominantly hyperactive-impulsive presentation (ADHD-HI)	Combined presentation (ADHD-C)
• Do not pay close attention to details, make careless mistakes • Have difficulty staying focused • Do not appear to listen • Struggle with following instructions • Have difficulty getting organized • Avoid or dislike tasks that require a lot of mental effort • Lose things • Are easily distracted • Forget to do daily activities	• Fidgets with hands or feet, squirms in seat • Have difficulty staying seated • Run around or climb excessively • Have difficulty working or playing quietly • Always "on the go," motorized • Talk a lot • Blurt out answers before a question has been finished • Have difficulty waiting or taking turns • Interrupt or intrude upon others	Children are hyperactive, impulsive, and have trouble paying attention.

Changes to ADHD Diagnosis with DSM-5

- For older adolescents and adults with ADHD, DSM-5 raised age of when symptoms should be documented from age 7 years to age 12 years.
- DSM-5 changed description of ADHD from three subtypes to three "presentations" because symptoms may change over time, and a person can change presentations over time, as well.
- DSM-5 added "current severity" to diagnosis of ADHD based on number of symptoms and degree of functional impairment.
    - **Mild:** Few symptoms beyond the required number for diagnosis, and symptoms result in minor impairment.
    - **Moderate:** Symptoms or impairment between "mild" and "severe."
    - **Severe:** Many symptoms beyond the required number for diagnosis, or several symptoms that are particularly severe, or symptoms result in extreme impairment.

Clinical Practice Guideline

The American Academy of Pediatrics (AAP) published the 2019 clinical practice guideline for the diagnosis, evaluation, and treatment of children and adolescents with ADHD. The AAP has also released a process of care algorithm to assist in implementing guideline recommendations and a supplemental article that addresses systemic barriers to care of children and adolescents with ADHD.

The AAP guideline recommendations for pediatricians and primary care clinicians are summarized below.

1. Initiate ADHD evaluation for children age 4-18 who present with academic or behavioral problems and symptoms of inattention and/or hyperactivity-impulsivity.
2. Determine ADHD diagnosis based on DSM-5 criteria and by collecting behavior rating scales and information from multiple informants (e.g., parents, teachers, other adults who interact with child).

3. Screen for common comorbid conditions with ADHD, including emotional and behavioral conditions, developmental disorders, and physical conditions.
4. Treat and manage ADHD as a chronic condition following the chronic care and medical home models.
5. Recommendations for treatment vary, depending on child's age:
    - **Preschool (4-5 years):** Parent and/or teacher administered behavioral interventions as first line of treatment. Medication (methylphenidate) may be considered if behavioral interventions are insufficient or not available.
    - **Elementary School (6-11 years):** Combination of FDA-approved medication and parent and/or teacher administered behavioral interventions. School supports and related services may also be included in treatment plan (e.g., as part of an IEP or 504 Plan).
    - **Adolescence (12-18 years):** FDA-approved medication with adolescent's assent and behavioral and/or educational interventions, if available. School supports and related services may also be included in treatment plan (e.g., as part of an IEP or 504 Plan).
6. If medication is prescribed, titrate dosage to achieve maximum benefit with minimal side effects.
7. Make the diagnosis and initiate treatment for comorbid conditions if trained or experienced to do so. If not, make a referral to an appropriate subspecialist.

Common Coexisting Conditions with ADHD

More than half of children with ADHD have at least one other coexisting condition, also referred to as a co-occurring or comorbid condition. The ADHD evaluation and diagnostic process should also include assessment of coexisting conditions. Learn more.

Common coexisting conditions with ADHD include:

- Learning disabilities
- Oppositional defiant disorder
- Conduct disorder
- Anxiety
- Depression
- Autism spectrum disorder
- Sleep disorders
- Tic disorders