ADHD — Diagnostic Algorithm & Comorbidity

Specialist's 5-step pathway & mandatory comorbidity checks

CLINICAL PATHWAY

The specialist confirms the diagnosis; your role is the comorbidity screen. Anxiety, depression, bipolar disorder and substance use disorder are common alongside ADHD and change what happens next — screen for all four before or alongside referral.

5-STEP DIAGNOSTIC ALGORITHM

Specialist-led; systematic, not self-report alone.

1	**Symptoms:** confirm ≥6 (≥5 if 17+) symptoms for ≥6 months using the DSM-5-TR checklist systematically — collateral history is essential, not optional
2	**Chronicity & settings:** ≥2 settings (e.g. home and school/work); some symptoms present before age 12 — school reports give the most compelling evidence
3	**Functional impairment:** quantify it — falling grades, job loss, relationship breakdown, missed appointments; impairment is what separates disorder from trait
4	**Rule out other causes:** did symptoms clearly predate any mood episode, psychosis or substance use? Autism, anxiety, depression, bipolar disorder and trauma can all overlap
5	**Severity:** mild/moderate/severe, guiding treatment intensity and follow-up frequency

MANDATORY COMORBIDITY SCREENING

- **Anxiety (GAD-7):** present in up to 50% of adult ADHD — ADHD inattention is context-independent, anxiety-related inattention is tied to worry; both can coexist and both need treatment. If anxiety predominates, consider a non-stimulant first
- **Depression (PHQ-9):** ask whether inattention, disorganisation and impulsivity were clearly present in childhood, before the first depressive episode. If mood disorder is primary, treat it first and reassess ADHD once stable
- **Bipolar disorder (MDQ):** ADHD plus anxiety carries a high risk of undiagnosed bipolar disorder, and stimulants can precipitate or worsen mania. Red flags: distinct episodes of elevated mood, grandiosity, markedly reduced need for sleep, risky behaviour — if suspected, psychiatry review before any stimulant
- **Substance use disorder (AUDIT + DAST-10 + urine drug screen):** roughly double the risk in adult ADHD; active cannabis use mimics core ADHD symptoms for weeks after stopping. If SUD is active, address it first; if in stable remission, stimulant prescribing may be appropriate with specialist oversight

■ SAFETY

- Don't start a stimulant while bipolar disorder is suspected but unscreened — it can precipitate or worsen a manic episode
- Don't assume mood or anxiety symptoms are secondary to ADHD without checking the timeline — treat the primary condition first if it predates ADHD-like symptoms
- Don't proceed with stimulant prescribing in active, unstable substance use disorder

■ RED FLAGS / REFER

- Bipolar red flags present → psychiatry referral before any stimulant is considered
- Diagnostic uncertainty after Step 4 (rule-out), or overlapping autism/trauma features → specialist co-assessment
- Active SUD with suspected ADHD → specialist oversight for both, not GP-led initiation