ADHD

Assessment and Basic Management of ADHD (Attention-Deficit/Hyperactivity Disorder) for Field Health Workers

1. Purpose

To guide field health workers in **identifying, assessing, and providing basic support for children, adolescents, and adults with ADHD**, based on standard psychiatric guidelines.

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2. Identify Possible ADHD

ADHD is a **neurodevelopmental disorder** characterized by **persistent patterns of inattention, hyperactivity, and impulsivity** that are **inconsistent with developmental level** and interfere with **social, academic, or occupational functioning**.

Key features:

1. **Inattention**
    - Often fails to pay close attention to details
    - Difficulty sustaining attention in tasks or play
    - Does not follow through on instructions
    - Avoids tasks that require mental effort
    - Frequently loses items
    - Easily distracted
2. **Hyperactivity-Impulsivity**
    - Fidgets or squirms in seat
    - Leaves seat when expected to stay seated
    - Runs or climbs inappropriately
    - Unable to play quietly
    - “On the go” or “driven by a motor”
    - Talks excessively
    - Blurts out answers

    - Difficulty waiting turn
    - Interrupts or intrudes on others

DSM-5 criteria (simplified for field use):

- Symptoms **present before age 12**
- Symptoms **persist for at least 6 months**
- Symptoms occur in **two or more settings** (home, school, community)
- Clear evidence that symptoms **interfere with daily functioning**
- Symptoms **not better explained** by another mental disorder

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3. Assessment Steps

Step 1: Gather History

Ask carers, teachers, or colleagues about:

- Patterns of **inattention and hyperactivity**
- **Onset and duration** of symptoms
- Impact on **school, work, or social life**
- Previous interventions or strategies tried

Use **examples of behaviour**:

- Difficulty completing schoolwork
- Forgetting daily routines
- Interrupting conversations
- Trouble sitting still for meals or meetings

Step 2: Rule Out Other Conditions

Check for conditions that may mimic ADHD:

- **Learning disabilities**
- **Anxiety or depression**

- **Sleep disorders**
- **Thyroid problems**
- **Hearing or vision impairment**
- **Traumatic brain injury**

Manage or refer as needed.

Step 3: Assess Functional Impairment

Determine whether ADHD symptoms **interfere with daily life**:

- Academic difficulties or school failure
- Problems at work or with colleagues
- Social relationship problems
- Safety issues (e.g., impulsive behaviour, accidents)

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4. Basic Management

1. Psychoeducation

Explain to parents, caregivers, and the person:

- ADHD is a **real neurodevelopmental condition**, not due to poor parenting or laziness
- Symptoms can **persist into adulthood**
- With support and treatment, **functional outcomes can improve**
- Provide guidance on **daily routines, structure, and supervision**

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2. Behavioural and Educational Interventions

For children and adolescents:

- **Structured environment** at home and school
- **Clear rules and routines**
- **Positive reinforcement** for desirable behaviour

- Break tasks into **small, achievable steps**
- Encourage **physical activity** to reduce hyperactivity
- Use **visual aids** and reminders

For adults:

- Time management strategies
- Organisational tools (calendars, apps)
- Structured work environment

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3. Medication (if available and under supervision)

Based on **Maudsley Guidelines**:

- **First-line:** Stimulants (e.g., methylphenidate, lisdexamfetamine)
- **Alternative:** Non-stimulants (e.g., atomoxetine, guanfacine)
- **Start low, titrate gradually** based on response and side-effects
- Monitor **blood pressure, heart rate, appetite, sleep**
- Educate on **adherence and potential side-effects**
- Avoid abrupt discontinuation

Important: Medications are prescribed only if **available, safe, and supervised by a trained clinician**.

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4. Support for Families and Caregivers

- Teach **parenting strategies** to manage hyperactivity and impulsivity
- Encourage **family participation in therapy**
- Provide **social support and stress reduction strategies** for caregivers

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5. Referral

Refer to a **specialist** if:

- Symptoms are **severe or complex**
- Functional impairment is significant
- There are **comorbid conditions** (e.g., epilepsy, depression, anxiety)
- Medication initiation is required but not supervised locally

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6. Follow-Up

- Regular follow-up to monitor:
    - Symptom improvement
    - School or work performance
    - Medication response and side-effects
- Adjust interventions as needed
- Reinforce behavioural strategies and routines

References

1. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association, 2013.
2. Maudsley Prescribing Guidelines in Psychiatry, Taylor D, Paton C, Kapur S.
3. Oxford Textbook of Psychiatry, Gelder M, Andreasen N, Lopez-Ibor J, Geddes J.