



THE PRIMARY CARE COMPANION FOR CNS DISORDERS

Supplementary Material

Article Title: Assessment of Physician Practices in Adult Attention-Deficit/Hyperactivity Disorder

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Disclaimer

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

Appendix 1. Adult Attention Deficit/Hyperactivity Disorder (ADHD) Clinical Practice Assessment Survey

Case #1: A 38-year-old man presents for a check-up to see if there could be a medical reason for increasing problems he is having in dealing with work and family issues. He works in advertising at a large company. When interviewed, he reports the following: He recently was put on probation at work for inability to complete projects in a timely and error-free manner. He has trouble concentrating at work because it is so boring; then he gets behind because he puts off the really “mind-numbing” tasks in projects. He has always put off anything that is just not interesting and it has worked out, even though in school his grades suffered because he missed deadlines. He prefers the excitement of giving presentations over writing up all the materials that lead up to the presentations. His habit of misplacing items like his keys and forgetting family activities has caused tension recently with his wife. His patience has worn thin with his really hyper 12-year-old son. He complains that he is now worrying about work outcomes and getting along with his wife. You perform a physical examination that is unremarkable. He reports no significant medical problems, only a tonsillectomy as a child and a broken leg. He is not taking any medications. A review of systems is unremarkable. His ECG is normal.

1. Which of the Following is More Characteristic of Presenting Attention-Deficit/Hyperactivity Disorder (ADHD) Symptoms in Adults Than in Children? (Select Only 1)

- A. Constantly on the go, as though “driven by a motor”
- B. Disorganized, with inconsistent follow-through
- C. Hyperactive/impulsive symptoms

2. How Would you Initially Screen This Patient for ADHD? (Select Only 1)

- A. Conduct an extended life history interview
- B. Interview third-party sources about current or past symptoms
- C. Give a trial of a psychostimulant to observe a response
- D. Refer for neuropsychological testing
- E. Use a rating scale for current ADHD symptoms

3. How Confident are you in Diagnosing an Adult Patient With ADHD? (Select Only 1)

- A. Not at all confident
- B. Somewhat confident
- C. Extremely confident

4. Which of the Following is the Most Significant Barrier to Diagnosis of ADHD in Adults? (Select Only 1)

- A. Concerns about the validity of an ADHD diagnosis in patients without hyperactivity and impulsivity
- B. Limited corroborating history from family or close friends
- C. Difficulty distinguishing ADHD from other disorders
- D. Limited experience with ADHD diagnosis in adults

5. What Pharmacologic Treatment Approach is Recommended for This Patient as the First Treatment? (Select Only 1)

- A. A short-acting stimulant
- B. A long-acting stimulant
- C. An antidepressant with known benefits for ADHD
- D. A nonstimulant

6. When Would you Follow up With This Patient? (Select Only 1)

- A. 1 week
- B. 3 weeks
- C. 6 weeks
- D. 2 months

7. Assuming you had the Patient Self-Rate his or her ADHD Symptoms Before Starting Treatment, how Often Would you Use a Rating Scale to Track Symptom Progress When Treating ADHD?(Select Only 1)

- A. At each visit until stabilized and then every 3 months
- B. At the initial visit and if the patient's symptoms return
- C. At each visit until the patient's symptoms have resolved by 50%
- D. Would not use; rating scales are not particularly helpful when titrating medication dose

8. If the Patient had Been Started on a Long-Acting Stimulant and Noticed Improvement but Reported Having new-Onset Headaches, Intermittent Lightheadedness, and Discomforting Palpitations (With no History of These Symptoms), What Would be Your Next Step for This Patient? (Select Only 1)

- A. Cardiac work up and no change in dose given clinical response
- B. Cardiac work up and reduce the stimulant dose
- C. No cardiac work up, reduce stimulant dose and monitor side effects
- D. Cardiac work up and reduce stimulant dose or change to alternative agent
- E. Cardiac work up, switch to nonpharmacologic treatment

9. What Nonpharmacologic Strategies Could you Recommend for This Patient? (Select Only 1)

- A. Psychodynamic psychotherapy
- B. Environmental restructuring
- C. Relapse prevention techniques
- D. Deep breathing and relaxation techniques

10. How Confident are you in Treating Adult Patients With ADHD? (Select Only 1)

- A. Not at all confident
- B. Somewhat confident
- C. Extremely confident

Case #2: A 34-year-old woman who has recently moved to the area presents to your office with her records from her previous physician. She is concerned that “she just can't seem to get on top of things, or get around to, stick with, or complete what she wants to.” The records reveal a history of high cholesterol with recommended diet changes and a recent diagnosis of hypertension. When asked about family history, she reveals her father was treated for atrial fibrillation at age 67, and 2 of her grandparents died of “heart attacks” in their 70s. Her physical examination and vital signs are normal. Her blood pressure is under control with hydrochlorothiazide. An ECG is normal. You screen her for ADHD and she meets all criteria, including childhood onset and lifelong impairments. She wants to start medication immediately, saying that she thinks it would make a profound improvement in her life.

11. What Treatment Approach Would you Use for This Patient? (Select Only 1)

- A. An anxiolytic
- B. A nonstimulant
- C. An antidepressant with known benefits for ADHD
- D. A short-acting stimulant
- E. A long-acting stimulant

12. How Confident are you in Managing the Care of an Adult Patient With ADHD and Cardiovascular Disease? (Select Only 1)

- A. Not at all confident
- B. Somewhat confident
- C. Extremely confident

Case #3: A 28-year-old man presents for the first time to your office seeming distressed and disheartened. When you start the patient interview, he says, “I just can't seem to get it together. All my friends are done with their degrees or settling into careers, and I can't seem to make it work. I've had so many disappointments—losing my job several weeks ago just makes me want to quit trying.” He reports he had bouts of depression in his teens but thought he had grown out of the problem. Further into the interview, he mentions problems with focusing, follow-through, accuracy with details, forgetfulness, misplacing things, and organizing his daily activities and physical space. He feels sad, is having difficulty sleeping well, feels stuck and continues to ruminate about his poor performance, has

withdrawn socially, and has to force himself to “go through the motions” of each day. When he was a child, his teachers and parents had concerns back to second grade about his ability to follow through when he was asked to do schoolwork or minor chores, as well as his ability to pay attention in lessons and conversations.

13. Which of the Following Aspects of his History Could Help Clarify if he is Suffering From Depression, Rather Than Demoralization due to Chronic ADHD Challenges? (Select Only 1)

- A. Tendency to avoid activities others tell him he has aptitude for
- B. Withdrawn, apathetic, and low motivation for pleasurable activities
- C. Level of impairment related to low interest and energy
- D. Sleep disruption

Case #3 (cont.): Talking more with the patient and obtaining collateral information from his wife, you learn that he has been making fatalistic and hopeless comments like “What's the point of even trying” and “There's no hope for me” frequently over the past few weeks. When asked, he is having difficulty seeing a future for himself and wishes he would die in his sleep. You determine that he meets the criteria for lifelong ADHD and recently has entered into major depression.

14. What Would you do at This Time? (Select Only 1)

- A. Start an antidepressant
- B. Start stimulant treatment, because it will help both depression and ADHD symptoms
- C. Start a nonstimulant for ADHD, because it will help both depression and ADHD symptoms
- D. Refer to a psychiatrist

Case #4: A 20-year-old college sophomore in good physical health presents asking for “Ritalin® or something that will get me more focused.” She says her friend uses Ritalin and thinks she should take it to get her schoolwork done and “to stop being so spacey.” She reports getting drunk at college parties “2 or 3 nights a week” and smoking marijuana about 3 times a week since coming to school a year ago. She had planned to cut down on both pot and alcohol a few times in the past year, but has not been able to. She admits to missing some classes because of a hangover and received a driving while intoxicated citation 6 months ago. Her physical examination is unremarkable, and she is not taking any medications. You find that she clearly meets the criteria for ADHD with impairing symptoms in childhood.

15. Which of the Following Would be Your Next Step? (Select Only 1)

- A. Start a long-acting stimulant or a nonstimulant
- B. Refer for educational evaluation
- C. Start an antidepressant with known benefits for ADHD
- D. Refer for substance abuse counseling

Case #4 (cont.): During follow-up visits over 6 months, she reports that she has eliminated the use of marijuana and has been able to limit alcohol to 2 drinks per occasion. Results of a urine drug screen including marijuana came back negative. She still reports significant cognitive symptoms consistent with ADHD.

16. Which of the Following Would you do now? (Select Only 1)

- A. Start a short-acting stimulant once a day
- B. Start a short-acting stimulant 2 or 3 times a day
- C. Start a long-acting stimulant or nonstimulant
- D. Start a combination of short- and long-acting stimulants
- E. Refer for substance abuse counseling
- F. Refer to a psychiatrist

17. Which of the Following Nonpharmacologic Recommendations Would you be Most Likely to Recommend for This Patient now? (Select Only 1)

- A. Social skills groups and school accommodations
- B. Cognitive behavioral therapy and school accommodations
- C. Working with a homework “coach “
- D. Educational support group and substance abuse counseling

18. Which of the Following is the Most Significant Barrier to the Optimal Management of ADHD in Adults? (Select Only 1)

- A. Difficulty clinically distinguishing ADHD from other conditions
- B. Lack of adherence to prescribed medications
- C. Difficulty gauging therapeutic response to pharmacotherapy
- D. Safety concerns regarding pharmacotherapy in adult patients
- E. Patient perception of stigma attached to ADHD diagnosis

19. Do you Have Reasonable Access to a Psychiatrist for Patient Referral?(Select Only 1)

- A. Yes
- B. No

20. What is the Chance That an Adult in the United States Could Have a Lifelong History of ADHD Symptoms, Meeting Criteria for Adult ADHD? (Select Only 1)

- A. <1%
- B. 2%
- C. 4%
- D. 7%
- E. 9%

21. When do you Typically Screen an Adult Patient for ADHD? (Select all That Apply)

- A. When the patient requests screening for ADHD
- B. When the patient complains of common ADHD symptoms
- C. When the patient has a child, sibling, or parent who has been diagnosed with ADHD
- D. When the patient complains about feeling anxious or depressed
- E. When a new patient presents for an initial mental health evaluation
- F. I do not screen adult patients for ADHD in my practice

22. Which of the Following may be Related to ADHD in Adults? (Select Only 1)

- A. Anxiety
- B. Depression
- C. Insomnia/sleep disorder
- D. Substance use disorder
- E. Eating disorder

23. Please Indicate how Relevant These Self-Assessment Questions are to Your Practice: Approximately how Many Adult Patients With ADHD do you see Each Week? (Select Only 1)

- A. 0
- B. 1-5
- C. 6-10
- D. 11-15

24. What is Your Degree? [MD/DO; PA; NP; RN; Other]

25. What is Your Specialty? [Psychiatry; Internal Medicine; Family Medicine; Other]