

## OVERVIEW

# Navigating the tensions of stimulant prescribing for ADHD

Attention-deficit/hyperactivity disorder (ADHD) has gained national and international attention in the news and social media. Both diagnostic rates and stimulant prescribing rates have increased. This has led physicians and patients to seek clarity on proper assessment and diagnosis of ADHD, appropriate treatment, and long-term management.

## Assessment

### Appropriate diagnosis

While ADHD can be a complex diagnosis, it can be done with deliberate and thoughtful application of evidence-based clinical practice guidelines, and adherence to robust diagnostic criteria.

Patients are seeking help for various symptoms and needs. Taking the time to evaluate the concerns and needs of patients and their families is essential to good medical care.

Physicians should not focus on only one aspect of the diagnosis, such as inattention. It is important to evaluate the patient's overall functioning and holistic well-being at home, school, work, and in social situations.

Diagnosing ADHD is nuanced and involves investing time and having a strong therapeutic alliance. Multiple visits are typically required for a proper assessment, if comorbid or confounding medical disorders are suspected. A proper assessment includes a comprehensive history and physical examination, and supplemental laboratory evaluation (bloodwork, ECGs, etc.).

ADHD is a neurodevelopmental disorder. Physicians must seek appropriate collateral information from some of the following people to establish patterns extending to childhood for a proper diagnosis:

- parents
- care givers
- family physicians
- psychiatrists

The list of differential diagnoses is long. Physicians should be aware of the broad range of conditions that overlap with the diagnostic criteria for ADHD:

- anxiety
- depression
- other psychiatric, neurological or physical conditions

It is important to note these conditions do not automatically rule out the diagnosis of ADHD as it may be comorbid with these potential confounders.

Appropriate ADHD diagnosis may protect against development of substance use disorders (SUD); however, it is also possible for patients to develop comorbid or concurrent SUD, or stimulant use disorder, when they are prescribed stimulant medications. Comorbid or concurrent SUD must be considered when diagnosing ADHD or when managing ADHD with stimulant medications in the long term.

Due diligence should be exercised when diagnosing ADHD. Increased public awareness has led to more patients requesting an assessment and treatment for the condition. While this could lead to patients seeking appropriate help, it can also lead to false positive presentations when patients self-diagnose through an online form. Self-rating scales can sometimes yield false positive or false negative results and are not sufficient to diagnose ADHD.

### **What are the criteria for making an ADHD diagnosis?**

According to the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5-TR)*<sup>1</sup>, an ADHD diagnosis requires confirmation that five criteria are met:

1. The patient must have a specified number of symptoms present for at least six months.
2. The symptoms must have been present before the age of 12.
3. The symptoms must be present in more than one setting.
4. The symptoms must lead to clinically significant functional impairment.
5. The symptoms must not be better explained by any comorbidities present.

### **Prescribing stimulant medications**

Patient inquiries about ADHD and demands for stimulant medications to treat it are on the rise as ADHD becomes a prominent topic in the news and social media. It is important to recognize contributing factors to this increased demand, including:

- patients may experience the benefits of using stimulant medications in the short term (e.g. a relief of a variety of symptoms) and over-value these benefits
- patients may feel better with stimulants; these performance-enhancing medications will often alleviate symptoms in the short term, even if they are not due to ADHD

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<sup>1</sup> American Psychiatric Association (2022). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*. American Psychiatric Association Publishing.

- patients have access to online self-assessment tools, which can lead to unreliable conclusions and hasty diagnoses

While patients may experience a short-term improvement in many of their general mental health and emotional symptoms with stimulant medication, the goal of stimulant medications should always be to achieve sustained improvement throughout the course of a health condition. Proper ADHD treatments are chronic treatments and should be viewed as such.

Despite potential concerns about over valuation, it is important to not assume that patients who seek stimulant medication are intending to misuse these medications.

## Risks and benefits

Registrants must evaluate both potential benefits and risks when prescribing stimulants to patients with ADHD.

Potential benefits of stimulants	Potential harms of stimulants
<ul style="list-style-type: none"> <li>• Improved executive functioning               <ul style="list-style-type: none"> <li>○ better learning, higher academic achievement</li> <li>○ improved job performance</li> </ul> </li> <li>• Reduced disruptive behaviours and impulsivity at school or work</li> <li>• Improved self-image and confidence</li> <li>• May protect against substance use and traumatic accidental injury</li> </ul>	<ul style="list-style-type: none"> <li>• Possible decreased growth velocity in height and weight with long term use</li> <li>• Prolonged or inappropriate use can lead to psychosis, seizures, and cardiac complications, particularly for those with pre-existing medical conditions</li> <li>• Risk of misuse and abuse</li> <li>• Risk of harm to others if medications are diverted and misused or abused</li> </ul>

It is also important to recognize there are risks associated with the under diagnosis or missed diagnosis of ADHD. Risks could include poor academic or work performance, and low self-esteem.

## Enhancement versus treatment

Patients may find it hard to accurately locate their subjective goals on the spectrum between enhancement and treatment when they inquire about an ADHD diagnosis. Enhancement improves normal health and functioning. Treatment restores or maintains normal bodily function and cognition. This makes it challenging to decide if prescribing stimulant medication is worth the risk of harm.



Registrants should ensure an ADHD diagnosis is established according to accepted current criteria. This requires confirmation of current clinically meaningful functional impairment. It is never appropriate to prescribe stimulant medication as a performance enhancer for patients who do not meet the criteria for ADHD.

## Treatment and ongoing management

As managing ADHD can be complicated, the decision to prescribe stimulant medication must be carefully considered and be part of a broader treatment plan. This should include psychosocial treatments as indicated and as available. Psychosocial treatment alone is recommended as a first line for preschool aged children.

Prescribing stimulant medication should occur after careful consideration of comorbid conditions such as:

- substance use disorder
- cardiac conditions
- neurological conditions
- psychiatric comorbidities

Patients must be carefully followed when medications are initiated and adjusted. More than one medication often needs to be tried.

Starting a patient on a medication must be accompanied by a commitment to:

- the long-term care of the patient and their family
- follow through on the therapeutic alliance until the patient's needs are addressed

Physicians providing specialized diagnosis and management of ADHD are required to engage in an effective and timely manner with patients' primary or long-term care providers. Collaborative and team-based care requires effective ongoing communication between care providers.

## Professional obligations

Most patients approach their physicians with genuine concerns and needs, and are not looking to misuse medications. All registrants must be able to address their patients' worries even if it is beyond their scope to diagnose and treat ADHD. Registrants must take the time to understand their patients' and families' physical, mental, and emotional health concerns. This includes simply offering advice on where to seek help. Some registrants may not feel confident diagnosing or treating this condition, but it is important to recognize this condition and their patients' concerns about it. Just as inappropriate diagnosis and treatment can do harm and add burden to the health care system, so can failure to recognize ADHD when it is there.

### Virtual care

Virtual care alone does not meet the expected and acceptable standard of care for the diagnosis of ADHD and the longitudinal care for patients with ADHD (refer to CPSBC practice standard [Virtual Care](#)).

### Professional development

CPSBC encourages registrants to learn more about this emerging issue and the ongoing scientific research on this topic. It requires a commitment to long-term care of patients diagnosed with this condition. CPSBC urges interested registrants to continue to develop these competencies.

See [recommended prescribing resources and toolkits](#).