



The Association
for Child and Adolescent
Mental Health

Practical Updates in ADHD Diagnosis and Management

A Guide to Session Recap, Reflective
Activities and Further resources

Professor Samuele Cortese



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What You'll Find in This Guide



Session recap

A summary highlighting the most important points from the session



Further reading

Selected resources for further exploration



Surveys & dissemination

Complete two surveys and help share the SleepBuddy study



Reflective Activity

Guided questions to support professional reflection



Test your knowledge activity

A set of questions and answers to test what you've learned and reinforce key ideas

[Click here and download this guide now!](#)

Practical Updates in ADHD Diagnosis and Management

Professor Samuele Cortese



“We are talking about a diagnostic category which includes individuals who are extremely heterogeneous and extremely different one from the other”

“The evidence does not point to a major increase in the true prevalence of ADHD, but rather to greater awareness and recognition, which may be contributing to higher rates of diagnosis and service demand”



Beyond the Checklist: Why ADHD Diagnosis Needs More than Symptom Counting

One diagnostic category can include very different clinical presentations

Symptoms alone may say little about real-world impact

A checklist cannot explain what is driving the presentation

Treatment decisions rarely come from symptom counts alone



The question is not only: *“Does this child meet the symptom threshold?”*, but also: *“Does this pattern point to ADHD in a way that helps explain impairment and guide care?”*

A Look at a Careful ADHD Assessment

ADHD assessment can become more meaningful when it brings together history, context, impairment, and alternative explanations.



The clinical interview still carries most of the weight

A detailed conversation with parents or caregivers, together with developmental history, often provides the clearest picture of how difficulties began, how they evolved, and how impairing they are.

Looking across settings can change the interpretation

Difficulties may look different at home, at school, or in clinic. Information from different settings can help distinguish a neurodevelopmental pattern from a more context-specific difficulty.



Impairment gives symptoms clinical meaning

Symptoms become easier to interpret when linked to their impact on learning, relationships, family life, emotional wellbeing, and everyday functioning.

Differential diagnosis is also very important

ADHD-like symptoms can also arise in anxiety, trauma, sleep problems, autism, or learning difficulties, and sometimes more than one condition is involved.



*The value of assessment is not only **diagnostic clarity**, but a fuller understanding of **impairment, context, and possible overlap with other difficulties**.*



Matching Treatment to the Target

Medication has the strongest evidence for core symptoms

- **Methylphenidate** is often used first-line
- **Amphetamines** may be considered when response or tolerability is limited
- **Non-stimulants such as atomoxetine or guanfacine** may be useful when stimulants are not effective, or not well tolerated

Different interventions may help different outcomes

- A useful **treatment question** is not only “What works for ADHD?” but “**Best for what?**”
- **Medication** tends to have the strongest evidence for core symptoms, while some **non-pharmacological interventions** may be more helpful for parenting practices, oppositional behaviour, and other associated difficulties.

Shared decisions improve when evidence is clear

- Treatment decisions often become more meaningful when families can understand **what each option may help with**, what its **limitations** are, and **how strong the evidence is**.
- Presenting evidence in a more accessible way can **support clearer and more realistic choices**.

Broader Clinical Considerations in ADHD Care

Looking beyond treatment choice

1. Side effects need to be weighed against the risks of not treating ADHD

Side effects matter, but they are only one part of the decision. The likely consequences of not treating ADHD may also need to be considered when weighing benefits, risks, and long-term care.

2. Treatment needs active review over time

A treatment plan may look appropriate at the start, but its value often becomes clearer through follow-up. Response, tolerability, duration of effect, and ongoing need may all shape outcomes over time.

3. ADHD and trauma may both shape the presentation

When ADHD and trauma are both relevant to the clinical picture, it may be more useful to think in both/and terms rather than either/or. This can help build a fuller formulation and support clearer treatment planning.

4. Service organisation may shape outcomes as much as treatment

Clinical outcomes are not shaped only by assessment and intervention choices. Waiting lists, fragmented pathways, and limited flexibility may all affect whether appropriate care is delivered at the right time.

Information Worth Sharing

ADHD diagnosis often becomes more useful when symptom counts are interpreted in context. *Looking beyond the threshold can help clinicians understand how difficulties present, how impairing they are, and what kind of support may be most helpful.*

Assessment may add most value when it brings together history, impairment, and context. *A fuller picture often comes from combining developmental history, information across settings, and careful attention to how difficulties affect daily life.*

Differential diagnosis can be one of the most important parts of ADHD assessment. *ADHD-like symptoms may also appear in anxiety, trauma, sleep problems, autism, learning difficulties, or more than one condition at the same time.*

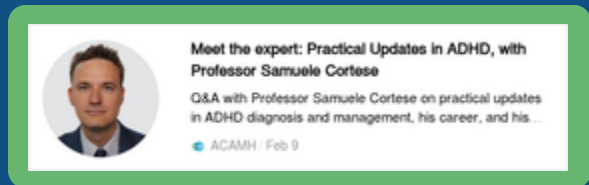
Treatment decisions often become clearer when the main target is defined early. *Not all interventions are expected to improve the same outcomes, so it can help to ask what the treatment is actually trying to change.*

Medication continues to have the strongest evidence for core ADHD symptoms. *At the same time, treatment planning may still benefit from considering response, tolerability, family preferences, and the role of non-pharmacological support.*

Clinical outcomes may be shaped by more than treatment choice alone. *Follow-up, side effects, comorbidity, and the way services are organised may all influence how well a treatment plan works over time.*

Recommended Reading and Resources

Explore more about ADHD with Prof. Cortese on our website!



EBI-ADHD

A platform that brings together the best available research on how different treatments proposed for ADHD work and how safe they are. It helps clinicians, people with ADHD and their carers, guideline developers, and other decision-makers make informed choices



Selected Articles



- [The ADHD Assessment Quality Assurance Standard for Children and Teenagers \(CAAQAS\)](#)



- [Practitioner Review: Clinical utility of the QbTest for the assessment and diagnosis of attention-deficit/hyperactivity disorder – a systematic review and meta-analysis](#)



- [Benefits and harms of ADHD interventions: umbrella review and platform for shared decision making](#)



- [Non-pharmacological interventions for attention-deficit hyperactivity disorder in children and adolescents](#)

Have your say!

We invite all delegates to complete the two surveys below. Your feedback will help shape the development of the PETRA tool and highlight the areas that matter most in relation to AEs.

**PETRA - Clinicians' input
on tool structure and
design**



<https://forms.office.com/e/8fW3aYn64p>

**What are the most
important AEs?**



https://southampton.qualtrics.com/jfe/form/SV_eQgsPThyXleRi3Y

Help us spread the word

Please help disseminate the QR code below to families, carers, colleagues, and relevant networks who may be interested in the SleepBuddy study.

**Does your Child
have ADHD and
Sleep Problems?**

The University Hospital of Southampton and
Southampton Clinical Trials Unit are running a study.



The study is testing a new website, called **Sleep Buddy**, which has been designed by medics and psychologists, to see if it improves sleep problems in children aged 6-12 years with an ADHD diagnosis.

<https://www.discasleep.org.uk/get-involved>



Integrating Learning into Professional Practice

Consider a recent case in which ADHD was assessed or managed. Use the prompts below to reflect on how the ideas from this masterclass might apply to your own work.

1. Looking beyond the checklist

- *In that case, how much did the formulation rely on symptom presence alone, and how much on the wider picture of impairment, context, and developmental history?*

2. Clarifying what was most impairing

- *What seemed to be causing the greatest difficulty for the young person and family: core ADHD symptoms, emotional dysregulation, behavioural difficulties, learning problems, or something else?*

3. Thinking through overlap

- *Were there any features that could also have reflected trauma, anxiety, sleep problems, autism, learning difficulties, or more than one condition at the same time?*

4. Defining treatment targets and reviewing outcomes

- *Was the main goal of intervention clearly defined? If so, what was it? If not, how might that have affected treatment decisions?*
- *Did the chosen intervention match the main problem being addressed, or would another option have been more closely aligned with the target?*
- *What else may have shaped the outcome: side effects, tolerability, follow-up, comorbidity, family understanding, or service constraints?*



After revisiting this case, is there one aspect of your assessment, formulation, or treatment planning that you might approach differently?



Test your knowledge!

1

What does current evidence suggest about structural brain differences in individuals with ADHD?

2

Why should structural and neuroimaging findings not be used as diagnostic biomarkers for ADHD?

3

What have meta-analyses found regarding functional brain connectivity in ADHD?

4

T or F? "ADHD rating scales can be used as standalone diagnostic tools."

5

Why is early diagnosis of ADHD particularly challenging in young children?

6

How does etiological research contribute to understanding ADHD?

[Check the answers](#)





Check your answers!

1

There are small reductions in overall brain volume in children with ADHD, with differences diminishing in adolescence and not evident in adults

2

Because no biomarker has shown sufficient sensitivity and specificity (>80%) consistently across studies to support clinical diagnosis

3

Findings are inconsistent, with no clear or reliable pattern of hyper- or hypo-connectivity across studies

4

False. They can produce false positives and do not assess key elements such as impairment, age at onset, and symptom pervasiveness

5

Because behaviours such as inattention or hyperactivity can overlap with normal development, making it difficult to distinguish typical variation from clinically significant impairment

6

It shows that ADHD is multifactorial, involving multiple small genetic and environmental influences rather than a single identifiable cause



Thank you for joining us at this event!

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You can explore our upcoming
CPD events and training
opportunities at
<https://www.acamh.org/events/>