Australian evidence-based clinical practice guideline for attention deficit hyperactivity disorder (ADHD).

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Australian ADHD Professionals Association (AADPA) | ADHD Foundation Australia | ADHD Western Australia (WA) | Australian Association of Psychologists (AAPi) | Australian Clinical Psychology Association (ACPA) | Australian Digital Health Agency (ADHA) | Australian Psychological Society (APS) | Occupational Therapy Australia | Royal Australian and New Zealand College of Psychiatrists (RANZCP) | Royal Australasian College of Physicians (RACP) | Speech Pathology Australia | World Federation of ADHD

Australian ADHD Guideline Development Group. Australian evidence-based clinical practice guideline for attention deficit hyperactivity disorder (ADHD). Melbourne: Australian ADHD Professionals Association (AADPA); 2022. 202 p.

View Original Guideline

Overview

Guideline Objective

- To provide recommendations on the identification, diagnosis, and treatment of people with attention deficit hyperactivity disorder (ADHD)
- To provide a roadmap for ADHD clinical practice, research and policy, now and in the future, and to help people in Australia who are living with ADHD, and those who care for them, to improve their health and wellbeing

Note: This guideline does not provide full safety and usage information on pharmacological interventions. The guideline does not address drug dosages including maximum daily limits.

Patient Population

Young children (aged less than 5 years), children (aged 5 to 12 years), adolescents (aged 13 to 18 years), adults (aged 18 years and over) and older adults (aged 65 and over) in all healthcare settings with ADHD

Recommendations

Recommendation Statements

Major interventions covered in this guideline include:

- Guidance on identification of high-risk groups, screening, diagnostic assessment, co-occurring conditions, and differential diagnosis
- Role of multimodal treatment and support, as well as transition between services
- Non-pharmacological interventions, including parent/family training, cognitive-behavioral approaches, and ADHD coaching
- Pharmacological interventions, including medication choice (based on age), monitoring, adherence, review, and discontinuation
- Considerations for special populations

Note: Full recommendation statements have not been provided because this guideline does not meet EGT's systematic review of the evidence criteria. Refer to the original guideline for more information.

Evidence Rating Scheme

Refer to the original guideline documentation for more information.

Recommendation Rating Scheme

Refer to the original guideline documentation for more information.

Related Content

Supporting Documents

- Technical Report; 2022.

Implementation Tools

- Summary of Recommendations; 2022.
- Infographic.
- Factsheet for Clinicians: What is ADHD.
- Factsheet for Clinicians: Treatment Overview.
- Factsheet for ADHD and Aboriginal & Torres Strait Islander Peoples.
- Factsheet for ADHD in the Correctional Facility.

Patient Education

- Factsheet for People with a Lived Experience of ADHD: What is ADHD.
- Factsheet for People with a Lived Experience of ADHD: Treatment Overview.

Note: This patient information is intended to help patients better understand their health and their diagnosed disorders. Patients and their representatives should still consult with a licensed health care professional for evaluation of treatment options as well as answers to their personal medical questions.

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