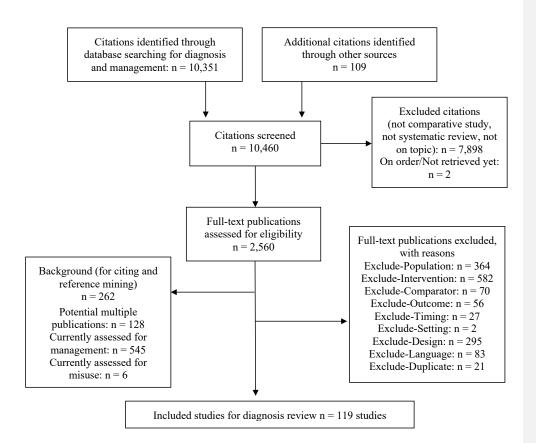
List of Eligible Studies and Literature Flow Diagram

Systematic Review – Diagnosis of Attention-Deficit/Hyperactivity Disorder in Adults

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Literature Flow Diagram



Eligibility Criteria

	Inclusion Criteria	Exclusion Criteria
Population	Adults 18 years and older with symptoms of ADHD and without the diagnosis of ADHD	Individuals 17 years of age or younger unless findings are reported separately for older participants
Intervention	Any ADHD diagnostic tool used for the diagnosis of ADHD in adults	Studies not reporting on diagnostic performance; non-English language questionnaires and interview guides
Comparator	Confirmation of diagnosis by a specialist (reference standard), such as a psychologist, psychiatrist or other healthcare provider using a well validated and reliable process of confirming a clinical diagnosis of ADHD	Comparison to diagnosis with another diagnostic instrument
Outcome	Diagnostic accuracy (e.g., sensitivity, specificity, accuracy, area under the curve, positive predictive value, negative predictive value, likelihood ratios, false positives, false negatives)	Provider opinion of tests, cost without performance measures
Timing	or impact associated with diagnosing ADHD Diagnostic follow-up must be completed before treatment is initiated	Any other timing
Setting	Primary or specialty care settings, including telehealth	Settings where diagnosis is for nonclinical or not research purposes
Study Design	Diagnostic accuracy studies	Editorials, nonsystematic reviews, letters, case series, pre-post studies, case reports. Systematic reviews are not eligible for inclusion but will be retained for reference mining.

Commented [MOU1]: What is your definition of a diagnostic tool? Some tools claim to measure only part of the ADHD diagnosis (i.e., the symptom count criteria, the impairment criteria, the age of onset criteria). Some like the DIVA or SCID would claim to be assessing the entirety of the diagnosis. Still others are claiming to make a diagnosis based on non-DSM criteria (i.e., they aren't actually assessing ADHD criteria but some sort of proxy for it like on a cognitive task). This definition and fleshing out these issues with specificity is critical to the success of this review.

Commented [MOU2]: Research team or can a community diagnosis count? Should only be research team because community are known to be inaccurate.

Commented [MOU3]: This is being made into an artificial monoloith. An impairment tool should not predict the diagnosis. Most diagnoses of ADHD are made by a collection of measures put together for their various purposes. It should be accuracy of measuring the part of the diagnosis the tool is supposed to measure.

Commented [MOU4]: This might need to be clarified if a research setting validating the scale that is not conducted in a real world primary or speciality care clinic can be included.

List of Included Studies

Key Question 1: What is the comparative diagnostic accuracy, unintended consequences, and impact of tools that can be used in the primary care practice setting or by specialists to diagnose ADHD among adults?

a. How does the comparative diagnostic accuracy of these tools vary by clinical setting, including primary care or specialty clinic, or patient characteristics, including, age, gender, or other risk factors associated with ADHD?

Studies meeting eligibility criteria for key question 1.

- 1. Abramson DA, White DJ, Rhoads T, et al. Cross-validating the Dot Counting Test Among an Adult ADHD Clinical Sample and Analyzing the Effect of ADHD Subtype and Comorbid Psychopathology. Assessment. 2023 Mar;30(2):264-73. doi: 10.1177/10731911211050895. PMID: 34643101.
- 2. Adamou M, Jones SL, Marks L, et al. Efficacy of Continuous Performance Testing in Adult ADHD in a Clinical Sample Using QbTest. J Atten Disord. 2022 Sep;26(11):1483-91. doi: 10.1177/10870547221079798. PMID: 35255743.
- 3. Aita SL, Sofko CA, Hill BD, et al. Utility of the Personality Assessment Inventory in detecting feigned Attention-Deficit/Hyperactivity Disorder (ADHD): The Feigned Adult ADHD index. Arch Clin Neuropsychol. 2018 Nov 1;33(7):832-44. doi: 10.1093/arclin/acx113. PMID: 29186287.
- 4. Amen DG, Henderson TA, Newberg A. SPECT Functional Neuroimaging Distinguishes Adult Attention Deficit Hyperactivity Disorder From Healthy Controls in Big Data Imaging Cohorts. Front Psychiatry. 2021;12:725788. doi: 10.3389/fpsyt.2021.725788. PMID: 34899414.
- 5. Andrikopoulos D, Vassiliou G, Fatouros P, et al. Machine learning-enabled detection of attention-deficit/hyperactivity disorder with multimodal physiological data: a case-control study. BMC Psychiatry. 2024;24(1). doi: 10.1186/s12888-024-05987-7.
- 6. Bakare B, Jordanova V. Psychometric Properties of a Brief Screening Measure for ADHD in Adults. Int J Psychol Res (Medellin). 2020 Jul-Dec;13(2):78-88. doi: 10.21500/20112084.4511. PMID: 33329880.
- 7. Bastiaens L, Galus J. Comparison of the Adult ADHD Self Report Scale Screener for DSM-IV and DSM-5 in a Dually Diagnosed Correctional Population. Psychiatr Q. 2018 Jun;89(2):505-10. doi: 10.1007/s11126-017-9553-4. PMID: 29270886.
- 8. Becke M, Tucha L, Butzbach M, et al. Feigning Adult ADHD on a Comprehensive Neuropsychological Test Battery: An Analogue Study. Int J Environ Res Public Health. 2023 Feb 24;20(5). doi: 10.3390/ijerph20054070. PMID: 36901080.
- 9. Berger C, Lev A, Braw Y, et al. Detection of Feigned ADHD Using the MOXO-d-CPT. J Atten Disord. 2021 May;25(7):1032-47. doi: 10.1177/1087054719864656. PMID: 31364437.

Commented [MOU5]: It looks like you excluded all of the work in the MTA follow-up because of "Exclude Intervention." This is odd. This study in particular:

Sibley MH, Swanson JM, Arnold LE, et al. Defining ADHD symptom persistence in adulthood: optimizing sensitivity and specificity. J Child Psychol Psychiatry. 2017 Jun;58(6):655-62. doi: 10.1111/jcpp.12620. PMID: 27642116. Exclude-Intervention

Is exactly what you are looking for? There is no intervention component to the MTA follow-up study. It was just recruited from the original MTA study. The data was 16 years after treatment and the research had nothing to do with the treatment the kids had received as part of the MTA acute study 16 years ago. By this definition you would need to exclude a lot of the longitudinal follow-up samples that have done key work in this area (like Barkley's) that originally started out as clinical samples that were then followed. What is the point of hat inclusion criteria? How are you envisioning it is invalidating your findings? Instead it is kicking out a large portion of the literature.

Much of the important work here is on self vs. informant reports, retrospective reporting, and chronicity of symptoms over time, and our ability to measure them. You are going to have a very incomplete review if you exclude that entire literuature...Pittsburgh ADHD longitudinal study, MTA, Barkley, BGals, Biederman, and more all came from initially treated samples as children that then grew up into adults and were studied decades later in a different context....

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List of Excluded Publications with Reasons for Exclusion

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- 158. A 10-week Randomized, Multicenter, Double-blind, Parallel, Fixed-dose Study of MDX (Metadoxine Immediate-release/Slow-release, Bilayer Tablet) 1400 mg Compared With Placebo in Adults With Attention Deficit Hyperactivity Disorder (ADHD). 2015. *Possible multiple publication*
- 159. A Phase 3, Randomized, Double-blind, Multicenter, Placebo-controlled, Forced-dose Titration, Safety and Efficacy Study of SHP465 in Adults Aged 18-55 Years With Attention-deficit/ Hyperactivity Disorder (ADHD). 2015. *Possible multiple publication*
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- 223. Could a Strength- Based Treatment Improve Self-management in Adults With Attention Deficit Hyperactivity Disorder. 2021. *Currently being assessed for management*
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This list of publications has not been received as full text.

- 1. Goto T, Kooij S, Conners K, et al. Validity of conners' adult attention-deficit/ hyperactivity disorder rating scale-investigator rated: Screening version in european patients with attention-deficit/hyperactivity disorder. International Journal of Neuropsychopharmacology. 2012;15:220-1. doi: 10.1017/S1461145712000508.
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