The AHRQ-generated report cover goes on this page, color or B&W>

Comparative Effectiveness Review

Number xx

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

Prepared for:

Agency for Healthcare Research and Quality

U.S. Department of Health and Human Services

5600 Fishers Lane

Rockville, MD 20857

www.ahrq.gov

This information is distributed solely for the purposes of predissemination review. It has not been formally disseminated by the Agency for Healthcare Research and Quality. The findings are subject to change based on the literature identified in the interim and peer-review/public comments and should not be referenced as definitive. It does not represent and should not be construed to represent an Agency for Healthcare Research and Quality or Department of Health and Human Services (AHRQ) determination or policy.

Contract No. [to be inserted in the final report]

Prepared by:

[to be inserted in the final report].

Investigators:

[to be inserted in the final report].

AHRQ Publication No. xx-EHCxxx

<Month Year>

This report is based on research conducted by the [to be inserted in the final report] Evidence-based Practice Center (EPC) under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (Contract No.). The findings and conclusions in this document are those of the authors, who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ. Therefore, no statement in this report should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services.

**None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.**

The information in this report is intended to help healthcare decision makers—patients and clinicians, health system leaders, and policymakers, among others—make well-informed decisions and thereby improve the quality of healthcare services. This report is not intended to be a substitute for the application of clinical judgment. Anyone who makes decisions concerning the provision of clinical care should consider this report in the same way as any medical reference and in conjunction with all other pertinent information, i.e., in the context of available resources and circumstances presented by individual patients.

This report is made available to the public under the terms of a licensing agreement between the author and the Agency for Healthcare Research and Quality. Most AHRQ documents are publicly available to use for noncommercial purposes (research, clinical or patient education, quality improvement projects) in the United States, and do not need specific permission to be reprinted and used unless they contain material that is copyrighted by others. Specific written permission is needed for commercial use (reprinting for sale, incorporation into software, incorporation into for-profit training courses) or for use outside of the U.S. If organizational policies requires permission to adapt or use these materials, AHRQ will provide such permission in writing.

AHRQ or U.S. Department of Health and Human Services endorsement of any derivative products that may be developed from this report, such as clinical practice guidelines, other quality enhancement tools, or reimbursement or coverage policies may not be stated or implied.

A representative from AHRQ served as a Contracting Officer’s Representative and reviewed the contract deliverables for adherence to contract requirements and quality. AHRQ did not directly participate in the literature search, determination of study eligibility criteria, data analysis, interpretation of data, or preparation or drafting of this report.

AHRQ appreciates appropriate acknowledgment and citation of its work. Suggested language for acknowledgment: This work was based on an evidence report, [INSERT TITLE], by the Evidence-based Practice Center Program at the Agency for Healthcare Research and Quality (AHRQ).

**Suggested citation:** <Authors>. <Topic in Title Caps>. <Report Series Name in Title Caps No.> <#>. (Prepared by the <EPC Name> Evidence-based Practice Center under Contract No. <##>.) AHRQ Publication No. XX-EHCXXX-EF. Rockville, MD: Agency for Healthcare Research and Quality. <Month Year>. Posted final reports are located on the Effective Health Care Program [search page](https://effectivehealthcare.ahrq.gov/search?f%5B0%5D=field_product_type%3Aresearch_report&f%5B1%5D=field_product_type%3Asystematic_review&f%5B2%5D=field_product_type%3Atechnical_brief&f%5B3%5D=field_product_type%3Awhite_paper&f%5B4%5D=field_product_type%3Amethods_guide_chapter&sort_by=field_product_pub_date).

<doi>.

Preface

The Agency for Healthcare Research and Quality (AHRQ), through its Evidence-based Practice Centers (EPCs), sponsors the development of systematic reviews to assist public- and private-sector organizations in their efforts to improve the quality of healthcare in the United States. These reviews provide comprehensive, science-based information on common, costly medical conditions, and new healthcare technologies and strategies.

Systematic reviews are the building blocks underlying evidence-based practice; they focus attention on the strength and limits of evidence from research studies about the effectiveness and safety of a clinical intervention. In the context of developing recommendations for practice, systematic reviews can help clarify whether assertions about the value of the intervention are based on strong evidence from clinical studies. For more information about AHRQ EPC systematic reviews, see https://effectivehealthcare.ahrq.gov/about/epc/evidence-synthesis

AHRQ expects that these systematic reviews will be helpful to health plans, providers, purchasers, government programs, and the healthcare system as a whole. Transparency and stakeholder input are essential to the Effective Health Care Program. Please visit the website (www.effectivehealthcare.ahrq.gov) to see draft research questions and reports or to join an e-mail list to learn about new program products and opportunities for input.

If you have comments on this systematic review, they may be sent by mail to the Task Order Officer named below at: Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, MD 20857, or by email to epc@ahrq.hhs.gov.

|  |  |
| --- | --- |
| Mamatha S. Pancholi, M.S.  Acting Director  Agency for Healthcare Research and Quality  Christine Chang, M.D., M.P.H.  Director  Evidence-based Practice Center Program  Center for Evidence and Practice Improvement  Agency for Healthcare Research and Quality | Therese Miller, Dr.P.H.  Director  Center for Evidence and Practice Improvement  Agency for Healthcare Research and Quality  Meghan Wagner, Pharm.D., M.B.A.  Task Order Officer  Center for Evidence and Practice Improvement  Agency for Healthcare Research and Quality |

Acknowledgments

The authors gratefully acknowledge the following individuals for their contributions to this project: [to be inserted in the final report]

Key Informants

In designing the study questions, the EPC consulted several Key Informants who represent the end-users of research. The EPC sought the Key Informant input on the priority areas for research and synthesis. Key Informants are not involved in the analysis of the evidence or the writing of the report. Therefore, in the end, study questions, design, methodological approaches, and/or conclusions do not necessarily represent the views of individual Key Informants.

Key Informants must disclose any financial conflicts of interest greater than $5,000 and any other relevant business or professional conflicts of interest. Because of their role as end-users, individuals with potential conflicts may be retained. The TOO and the EPC work to balance, manage, or mitigate any conflicts of interest.

The list of Key Informants who provided input to this report follows:

[to be inserted in the final report]

Technical Expert Panel

In designing the study questions and methodology at the outset of this report, the EPC consulted several technical and content experts. Broad expertise and perspectives were sought. Divergent and conflicted opinions are common and perceived as healthy scientific discourse that results in a thoughtful, relevant systematic review. Therefore, in the end, study questions, design, methodologic approaches, and/or conclusions do not necessarily represent the views of individual technical and content experts.

Technical Experts must disclose any financial conflicts of interest greater than $5,000 and any other relevant business or professional conflicts of interest. Because of their unique clinical or content expertise, individuals with potential conflicts may be retained. The TOO and the EPC work to balance, manage, or mitigate any potential conflicts of interest identified.

The list of Technical Experts who provided input to this report follows:

[to be inserted in the final report]

Peer Reviewers

Prior to publication of the final evidence report, EPCs sought input from independent Peer Reviewers without financial conflicts of interest. However, the conclusions and synthesis of the scientific literature presented in this report do not necessarily represent the views of individual reviewers. AHRQ may also seek comments from other Federal agencies when appropriate.

Peer Reviewers must disclose any financial conflicts of interest greater than $5,000 and any other relevant business or professional conflicts of interest. Because of their unique clinical or content expertise, individuals with potential nonfinancial conflicts may be retained. The TOO and the EPC work to balance, manage, or mitigate any potential nonfinancial conflicts of interest identified.

The list of Peer Reviewers follows:

[to be inserted in the final report]

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

Abstract

**Objectives.** This evidence report synthesizes the results of evaluations of available tools for diagnosing attention deficit/hyperactivity disorder in adults to inform patients, clinicians, and policy makers.

**Review methods.** Following a detailed published protocol and informed by a technical expert panel, we reviewed the evidence for diagnostic tools. In October 2024, we searched nine research databases from inception, research and guideline registries, reference-mined existing reviews and practice guidelines, and consulted with experts to identify evaluations that compared tools used for the diagnosis of ADHD in people of 18 years or older to a clinical diagnosis. The review will be updated during peer review. Registration CRD42025638106.

**Results.** We identified 117 studies evaluating the diagnostic performance of self-report questionnaires, peer review questionnaires, neuropsychological tests, neuroimaging, electroencephalogram (EEG), diverse biomarkers, clinician tools, combinations of modalities, and tools to identify feigning ADHD.

We found few direct performance comparisons between tests; the strength of evidence (SoE) was often insufficient for evidence statements. There was low SoE for lower clinical misdiagnosis rates (false positive rate in clinical samples) for self-report versus both clinician tools and neuropsychological tests, and for combinations of input versus neuropsychological tests alone. For sensitivity, results favored self-report and combinations of input over neuropsychological tests alone and studies found no difference between self-reports and clinician tools. For specificity, results favored combinations of input over neuropsychological tests alone, and self-reports over clinician tools.

Combinations of input indicated a fair rate of clinical false positive rates, good sensitivity, and acceptable specificity. Self-reports showed good sensitivity and specificity, but often not both in the same study; administration time was short, but agreement with other raters was limited. Peer reports showed limited specificity. Neuropsychological tests reported substantial false positive rates in clinical samples, acceptable sensitivity and specificity, and short administration times. The small number of neuroimaging studies and EEG studies reported acceptable sensitivity and specificity, and short administration time. Clinician tools reported fair sensitivity. All results were rated low SoE. Results for all other key outcomes (e.g., diagnostic concordance between primary care clinicians and specialists) were rated insufficient, either due to lack of studies or wide variation in results.

**Conclusions.** A substantial volume of research for diagnostic performance of tests for ADHD in adults exists, in particular for self-report questionnaires and neuropsychological tests. Multiple different diagnostic modalities have been explored and combinations of input appear particularly promising. Despite the volume, evidence was insufficient for several key outcomes. Performance is associated with the comparator and whether diagnostic tools aim to distinguish between adults with ADHD and neurotypical adults, or adults with other clinical conditions.

Contents

[1. Introduction 1](#_Toc201103546)

[1.1 Background 1](#_Toc201103547)

[1.2 Purpose and Scope 2](#_Toc201103548)

[2. Methods 3](#_Toc201103549)

[2.1 Key Questions 3](#_Toc201103550)

[2.2 Logic Model 3](#_Toc201103551)

[2.3 Search Strategy 4](#_Toc201103552)

[2.4 Inclusion/Exclusion Criteria 4](#_Toc201103553)

[2.4.1 Screening Process 5](#_Toc201103554)

[2.5 Data Extraction and Abstraction 5](#_Toc201103555)

[2.6 Risk of Bias Assessment 6](#_Toc201103556)

[2.7 Assessing Applicability 6](#_Toc201103557)

[2.8 Data Synthesis and Analysis 7](#_Toc201103558)

[2.9 Grading the Strength of the Body of Evidence 8](#_Toc201103559)

[3. Results 10](#_Toc201103560)

[3.1 Results of Literature Search 10](#_Toc201103561)

[3.2 Results of 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? 12](#_Toc201103562)

[3.2.1 Combination 20](#_Toc201103563)

[3.2.2 Self-Report Questionnaires 20](#_Toc201103564)

[3.2.3 Peer Report Questionnaires 22](#_Toc201103565)

[3.2.4 Neuropsychological Assessment 22](#_Toc201103566)

[3.2.5 Neuroimaging 23](#_Toc201103567)

[3.2.6 EEG 24](#_Toc201103568)

[3.2.7 Biomarker 24](#_Toc201103569)

[3.2.8 Clinician Tool 25](#_Toc201103570)

[3.2.9 Key Question 1a: How does the comparative diagnostic accuracy of these tools vary by clinical setting, including primary care or specialty clinic, or patient characteristics, including age, sex, cultural background, and risk factors associated with ADHD? 25](#_Toc201103571)

[3.2.10 Key Question 1 Summary of Findings 28](#_Toc201103572)

[4. Discussion 38](#_Toc201103573)

[4.1 Comparative diagnostic performance of tools to diagnose ADHD among adults 39](#_Toc201103574)

[4.1.1 Measures Reported for Diagnostic Performance 39](#_Toc201103575)

[4.1.2 The Importance of the Comparator Sample 40](#_Toc201103576)

[4.1.3 Rating Scales 41](#_Toc201103577)

[4.1.4 Neuropsychological Tests 41](#_Toc201103578)

[4.1.5 Other Diagnostic Tools 42](#_Toc201103579)

[4.2 Direct Comparisons of Diagnostic Performance 43](#_Toc201103580)

[4.3 Implications 44](#_Toc201103581)

[4.4 Strengths, Limitations, and Applicability 45](#_Toc201103582)

[4.5 Next Steps 45](#_Toc201103583)

[References 47](#_Toc201103584)

[Abbreviations and Acronyms 63](#_Toc201103585)

Tables

[Table 1. Eligibility Criteria 4](#_Toc201103250)

[Table 2. Comparative Studies 14](#_Toc201103251)

[Table 3. Summary of Findings Table Comparative Performance, Performance of Combinations, and Performance of Individual Tools against a Reference Standard 30](#_Toc201103252)

**Figures**

[Figure 1. Logic Model for Diagnosis of ADHD in Adults 3](#_Toc201103275)

[Figure 2. Literature Flow Diagram 10](#_Toc201103276)

[Figure 3. Risk of Bias 11](#_Toc201103277)

[Figure 4. Applicability to Routine Practice of Reported Results 12](#_Toc201103278)

[Figure 5. Reported Sensitivity and Specificity of ADHD Self-Report Questionnaires in Adults Across Studies 21](#_Toc201103279)

[Figure 6. Reported Sensitivity and Specificity of Neuropsychological Tests for ADHD in Adults across Studies 23](#_Toc201103280)

[Figure 7. Reported Accuracy and Area Under the Curve (AUC) Across Tools 27](#_Toc201103281)

[Figure 8. Sensitivity and Specificity of ADHD Tests in Adults across Studies 29](#_Toc201103282)

**Appendixes**

Appendix A. Search Strategy

Appendix B. List of Included, Background, and Excluded Studies

Appendix C. Evidence Tables

Appendix D. Critical Appraisal and Applicability Tables

1. Introduction
   1. Background

Attention-deficit/hyperactivity disorder(ADHD) is characterized by persistent symptoms in the domains of inattention, hyperactivity, and impulsivity that often begin in childhood.1 Clinically significant symptoms, especially inattention, persist into adulthood in most individuals.1-5 The lifetime prevalence of ADHD is approximately 5.3%,6 although epidemiological studies that have not required a childhood onset have suggested that its prevalence in adults may be as high as seven percent.7-10 Many adults with ADHD adopt lifestyles that help compensate for their symptoms, they often need to exert excess energy to overcome impairments. Impaired productivity because of poor time management, procrastination, and distractibility can limit work productivity and lower overall quality of life.11 Affected adults are often distressed by their inability to realize their full potential and by persistent symptoms of restlessness, erratic moods, and poor self-esteem.11, 12

ADHD is most often first diagnosed in elementary or middle school age years or, less commonly, in high school or college when increasing academic demands surpass the attentional capacities of the affected person. ADHD can also be first diagnosed in adulthood, when impairments in attention, organization, and impulsivity produce recurrent problems with occupational, social, or family functioning. Adult diagnosis is often difficult because the outward manifestations most readily evident to others, especially hyperactivity and impulsivity, often improve during adolescence and no longer meet diagnostic criteria.13 The symptoms of inattention (e.g., easy distractibility, poor organization, being “spacey,” avoiding and trouble completing tasks that require sustained attention, losing things, forgetfulness) are more subtle and may not reach the level of obvious functional impairment until adulthood, within an occupational setting or a marriage.

The diagnosis of ADHD in adults, as in childhood, is complicated by the overlap of symptoms with other disorders.14, 15 Attention and concentration, for example, can be impaired in persons who have depression, bipolar disorder, anxiety, psychosis, post-traumatic stress disorder, or substance abuse, or in adults who need to perform well in an overdemanding environment or who are highly stressed16 or sleep-deprived. Hyperactivity can be confused with anxiety-related behaviors and the excessive movements of tic and obsessive-compulsive disorders. Impulsivity is often prominent in bipolar and substance use disorders. The accurate diagnosis of adult ADHD is further complicated by individuals who seek stimulant medications to aid cognitive performance, especially college students and highly driven working professionals.17 Stimulants have long been known to improve sustained attention and reduce distractibility in healthy individuals who do not have ADHD,18-22 which may prompt success-oriented individuals to feign symptoms in diagnostic interviews, self-reports, or neuropsychological test assessments to obtain stimulant medications, and some students feign illness to receive academic accommodations, such as extended time on tests, tutoring services, and alternative courses that can improve their grades.

Claims of exceptional diagnostic performance of these tools, the differing measures of performance, and the differing performance characteristics of different versions of a given tool,23 are controversial and often confusing to clinicians, patients, and other stakeholders. In addition, whether the performance of diagnostic tools varies with the characteristics of the participants with ADHD or comparator sample is unknown.24 These diagnostic challenges can complicate the accurate and reliable diagnosis of adult ADHD even for experienced mental health clinicians.

Thus, despite established criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), diagnosing ADHD in adults remains challenging due to the frequent absence of hyperactivity and impulsivity symptoms, the subtlety of inattention symptoms, the inaccuracy of recall in adults for their retrospective assessments of ADHD symptoms in childhood (required to meet DSM-5 diagnostic criteria), the common symptom overlap with other mental health conditions,13-15 and the large number of individuals,17-22 including healthy college students,25, 26 who feign symptoms to obtain stimulant medications. Moreover, the DSM-5 diagnostic criteria, developed primarily for children, may not be equally suitable for adult diagnosis, and its requirement that symptoms begin before age 12 has been debated.27-31 The absence of a true and undisputed “gold-standard” to verify an ADHD diagnosis, the variability in performance of diagnostic tools among clinicians and settings, and the lack of clear practice guidelines further add to diagnostic complexity.32-35

Furthermore, the diagnosis of ADHD in adults is often made not by mental health specialists, but by primary care physicians and nurse practitioners,36 who may benefit particularly from accurate diagnostic aids. Further, the dispensing of ADHD medications to adults has increased steadily over time.30 The accuracy of diagnosis directly affects the management and treatment of ADHD and may help prevent medication misuse, highlighting the need for effective diagnostic tools and guidelines. The existing standards and guidelines for diagnosing ADHD in adults are limited, however, and the use of diagnostic tools and assessments varies widely in practice.37-39 No clinical practice guidelines for the diagnosis of adults with ADHD have thus far been developed in the United States, though one is in development.40 Moreover, the diagnostic accuracy of tools and assessments used in adult ADHD diagnosis is unclear, and their performance may vary depending on the characteristics of the ADHD participants and comparator samples.23, 24

* 1. Purpose and Scope

This systematic review aims to provide a comprehensive and unbiased assessment of diagnostic tools used to diagnose ADHD in adults to inform patients, clinicians, and policy makers. Commissioned by the Food and Drug Administration (FDA), this Agency for Healthcare Research and Quality (AHRQ) report documents the evidence for the diagnostic performance of existing tools for ADHD. We explore the effects of setting and participant characteristics that may influence the diagnostic performance of available tools. A contextual question is which tools are frequently being used in current clinical practice.

1. Methods

The systematic review followed a protocol that outlines the methods in detail.41 The methodology followed the EPC Methods Guide.42 The review is registered as CRD42025638106. The project was supported by a technical expert panel (TEP) to provide different perspectives of a broad group of interest holders to ensure the evidence report is relevant to a large audience. The panel included multi-disciplinary experts in adult ADHD and well as advocates considering the needs of affected patients as well as family members.

2.1 Key Questions

The systematic review was guided by the following key questions:

* 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?
  + Key Question 1a: How does the comparative diagnostic accuracy of these tools vary by clinical setting, including primary care or specialty clinic, or patient characteristics, including age, sex, cultural background, and risk factors associated with ADHD?

In addition, a contextual question provided additional information:

* Contextual Question. How frequently are the various tools to diagnose ADHD in adults currently being used?

We addressed the key question in a systematic review documented in detail in the result chapter. Information pertaining to the context question was incorporated into the discussion.

2.2 Logic Model

Figure 1 illustrates the scope of the review.

Figure 1. Logic Model for Diagnosis of ADHD in Adults

A diagram of a diagram

AI-generated content may be incorrect.

Notes: ADHD attention deficit hyperactivity disorder, KQ key question

The model shows the population of interest (adults with suspected ADHD) and depicts the key question (diagnostic test performance) and sub-question (effect modifiers). The model also shows outcomes, ranging from side effects of the testing modality (e.g., relevant for invasive tests), to intermediate outcomes such as the diagnostic accuracy established in the study, to final outcomes such as the impact of a diagnosing or misdiagnosing ADHD.

2.3 Search Strategy

The literature search used a combination of known tests to diagnose ADHD and general search terms for diagnostic accuracy studies to identify novel tools. In October 2024 we searched PubMed (biomedical literature), EMBASE (pharmacology emphasis), and PsycINFO (psychological research) without search date restriction and restricted to English language. The search strategy was peer reviewed within the EPC program. We used existing reviews for reference-mining; these were identified through the same databases plus searching the Cochrane Database of Systematic Reviews, Campbell Collaboration, and PROSPERO. We also searched the ECRI repository, G-I-N, and ClinicalKey for published guidelines and used these for reference-mining cited literature. All searches will be updated during the public comment period.

In addition, we leveraged technical experts to ensure that relevant research studies had been identified. We provided a list of included studies, together with all associated publications, and a list of excluded studies to facilitate this process. A Supplemental Evidence And Data for Systematic Reviews (SEADs) portal was available from January 10 to February 4 2025 for this review. Additional data and publications suggested to us from any source, including peer and public review, will be screened applying the outlined eligibility criteria. The search will be updated during peer review.

2.4 Inclusion/Exclusion Criteria

The eligibility criteria for this review are shown in Table 1.

Table 1. Eligibility Criteria

|  |  |  |
| --- | --- | --- |
|  | **Inclusion Criteria** | **Exclusion Criteria** |
| Population | Adults 18 years and older with symptoms of ADHD and without the diagnosis of ADHD; studies reporting on broader age samples, had to report separately for adults | 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); unintended consequences and impact associated with diagnosing ADHD | Provider opinion of tests, cost without performance measure |
| Timing | 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, case reports, pre-post studies.  Systematic reviews were not eligible for inclusion but were retained for reference mining |

Included ADHD tests were not limited to a set of pre-specified tools; instead, the review documents all tools that have been evaluated in the scientific literature and for which diagnostic accuracy evidence exists. Studies had to compare to a clinical diagnosis made by a clinician in a formal diagnostic interview, typically enhanced by information from patient questionnaires. We searched databases from inception and we did not apply any publication date restrictions. Studies with data exclusively published in non-English language publications were excluded to ensure transparency. We obtained all published reports providing data on a study (a study is defined by the included participants), including trial records and multiple publications, and consolidated the information into one study record.

2.4.1 Screening Process

We used an online database designed for systematic reviews to screen the literature search output. The team designed detailed citation and full text screening forms to ensure a transparent, consistent, and unambiguous approach. All citations were screened by two independent literature reviewers. Citations found to be potentially relevant by at least one reviewer were obtained as full text. All citations were also screened by a DistillerSR software machine learning algorithm trained by the human reviewers to ensure that no relevant citation was missed. Any citations identified as potentially relevant by the algorithm that were not selected for full text publication review were rescreened for relevance by an independent literature reviewer.

Full text screening applied the detailed eligibility criteria. Training ensured a shared understanding of all inclusion and exclusion criteria. Full text publications were screened by two independent reviewers to reduce errors and bias, and any discrepancy was resolved through discussion in the review team. The screening decisions and reasons for exclusion of publications were tracked in the online database and citation management software. These citations were shared with the technical expert panel and were documented with the review to ensure that the literature flow was transparent and objective.

2.5 Data Extraction and Abstraction

We captured detailed information about eligible studies. One literature reviewer extracted data and categorized information where relevant, and an experienced methodologist checked the data for accuracy and completeness. We designed and pilot tested a detailed form in the software DistillerSR to ensure accuracy and minimize ambiguity.

The data abstraction documented the targeted population and characteristics of all included participants (participants with ADHD and those without). We documented the clinical setting, method of establishing the reference standard (a clinical ADHD diagnosis), and diagnostic tool characteristics (format, name of the tool, employed cut offs, use of a training and validation set). We collected data for a diagnostic meta-analysis where possible (i.e., number of false positives, number of false negatives) along with the summary diagnosis accuracy measures reported by the authors such as sensitivity, specificity, area under the curve, positive predictive value. We differentiated between the diagnostic accuracy to diagnose ADHD and the diagnostic accuracy to detect faking ADHD. For all studies reporting multiple results, we selected the best accuracy performance model (either based on the authors’ opinion, accuracy data, or trying to maximize sensitivity and specificity simultaneously).

2.6 Risk of Bias Assessment

The critical appraisal for individual studies applied criteria consistent with QUADAS 2.43 QUADAS-2 evaluates four domains: *patient selection*, *index test* characteristics, *reference standard* quality, as well as *flow and timing:*

* Patient selection: The domain addresses whether the selection of patients could have introduced bias, taking into account whether the study enrolled a consecutive or random sample, whether the data are not based on a retrospective case-control design, and whether the study avoided inappropriate or problematic exclusions from the patient pool.
* Index test: The domain evaluates whether the conduct or interpretation of the test could have introduced bias, taking into account whether the results of the test were interpreted without knowledge of the results of the reference standard and whether any thresholds or cut-offs were pre-specified (e.g., instead of determined during the study to maximize diagnostic performance).
* Reference standard: The domain evaluates whether the reference standard, its conduct, or its interpretation may have introduced bias, taking into account the quality of the reference standard in correctly classifying the condition and whether the reference standard test results were interpreted without knowledge of the results of the index test.
* Flow and timing: The last domain evaluates whether the conduct of the study may have introduced bias. The assessment takes into account whether the interval between the test and the reference standard was appropriate, whether all patients received the reference standard and whether they received the same reference standard, and whether all patients were included in the analysis.

For each domain, we assessed the potential risk of bias in the study to identify high risk of bias and low risk of bias studies. One literature reviewer assessed risk of bias, and a methodologist reviewed individual studies and rating across studies to ensure accuracy and consistency of ratings. As outlined in the applicability section, we also evaluated for each study and appraisal domain whether there were concerns regarding the applicability of the study results to the review question. This encompassed whether the patients included in the studies matched the review question; whether the test, its conduct, or interpretation differed from the review question; or whether the target condition as defined by the reference standard fully matched the review question. The information was incorporated into the strength of evidence assessment.

2.7 Assessing Applicability

Results are based on the international literature and applicability ratings provided assessments regarding the generalizability of samples, settings, and tool results for U.S. clinical practice. For each study, we assessed the population included in the study to identify studies with narrow eligibility criteria (e.g., looking for a specific subgroup of ADHD participants only), studies that excluded participants with comorbidities, or studies that had more complex participants than typically seen in the community (e.g., dually diagnosed participants). We assessed whether studies described tools not used as recommended or commonly used in practice, the presence of highly trained test team or set up (e.g., analysis via complex machine learning models), or assessors that were not qualified for the assessment. We assessed whether the reference standard was ambiguous, different from standard clinical practice, or insufficiently described.

2.8 Data Synthesis and Analysis

We answered the key question with the available evidence. We broadly differentiated diagnostic tools as

* Self-report questionnaires
* Peer report questionnaires
* Neuropsychological tests
* Neuroimaging
* EEG
* Biomarker
* Observational data
* Clinician tools
* Combination predictions using more than one modality
* Tests to detect feigning of ADHD

We documented comparative effect results where studies compared the performance of more than one tool. In addition, we documented the range of results reported in studies within each tool category (e.g., self-reports). We documented the diagnostic accuracy results for all outcomes as reported by the authors in the individual studies. Sensitivity estimates were documented together with specificity estimates given that the estimates are not independent. A detailed evidence table displays key characteristics, the reference standard, psychometric properties and diagnostic accuracy outcomes for all included studies. In addition, we identified the number of true positives, true negatives, false positives, and false negatives where clearly reported for use in a diagnostic meta-analysis. All studies were considered for the narrative synthesis accompanying the summary of findings table.

We documented the results for available diagnostic tools across studies in a comprehensive summary of findings table documenting all assessed outcomes related to the diagnostic accuracy, reliability, and impact of the tool. Key outcomes for the summary of findings table were determined with the help of the TEP:

* Clinical misdiagnosis (risk of missed condition that can appear as ADHD)
* Sensitivity
* Specificity
* Administration and scoring time
* Inter-rater reliability
* Costs
* Diagnostic concordance of primary care provider with specialist

The synthesis took study limitations and the risk of bias of individual studies contributing to estimates into account. We determined whether summary estimates corresponded to data reported in low risk of bias studies or were primarily based on high risk of studies.

To address the sub-question, we reported on subgroup results for different clinical settings (differentiating general and specialty care settings), patient characteristics (differentiating sex, age, cultural background, and comorbidity groups), and ADHD presentation (differentiating predominantly inattentive, hyperactive-impulsive, combined). We assessed whether these variables can explain heterogeneity identified in results across studies.

To address the contextual question, we documented the frequency of identified research for each individual tool. In addition, we summarized data sources that reported on the frequency of tool use in clinical practice with emphasis on the U.S. healthcare setting in the discussion.

2.9 Grading the Strength of the Body of Evidence

We applied the EPC strength of evidence criteria to evaluate the body of evidence. In determining the quality of the body of evidence, the following domains were evaluated:

* Study limitations: The extent to which studies reporting on a particular outcome for a specific test were likely to be protected from bias. The aggregate risk of bias across individual studies reporting an outcome was considered; graded as low, medium, or high level of study limitations.
* Inconsistency: The extent to which studies reported the same direction and/or magnitude of effects for a particular outcome; graded as consistent, inconsistent, or unknown (in the case of a single study or the absence of studies).
* Indirectness: Determines whether the test and the comparator were directly (i.e., within studies) or indirectly (e.g., across studies) compared. The domain was graded as direct or indirect.
* Imprecision: Describes the level of certainty of the estimate of effect for a particular outcome, where a precise estimate is one that allows a clinically useful conclusion. The domain was graded as precise or imprecise.
* Reporting bias: Publication bias, selective outcome reporting, and selective analysis reporting are types of reporting bias. Reporting bias is difficult to assess as systematic identification of unpublished evidence is challenging.

A final strength of evidence grade for each evidence statement was assigned by evaluating and weighing the combined results of the above domains. We formulated comparative evidence statements based on direct comparisons of tests within studies. For all other tests, we evaluated the magnitude of the effects for the outcomes of interest. Given that most outcomes showed some variation and a precise pooled estimate was not available, we broadly characterized the magnitude as follows based on the observed performance and published suggestions:

* Clinical misdiagnosis: low (<5%), fair (<20-5%), substantial (20-60%) rate
* Sensitivity and specificity: limited (<80%); poor (<69%), fair (70-79%), acceptable (80-89%), good (90-95%), excellent (96-100%)
* Administration and scoring time: short (<30 minutes)
* Rater agreement: limited (kappa <0.8, correlations <0.40)
* Costs and concordance: N/A

We differentiated an overall grade of high, moderate, low, or insufficient according to a four-level scale:

* High: We are very confident that the estimate of effect lies close to the true effect for this outcome. The body of evidence has few or no deficiencies. We believe that the findings are stable (i.e., another study would not change the conclusions).
* Moderate: We are moderately confident that the estimate of effect lies close to the true effect for this outcome. The body of evidence has some deficiencies. We believe that the findings are likely to be stable, but some doubt remains.
* Low: We have limited confidence that the estimate of effect lies close to the true effect for this outcome. The body of evidence has major or numerous deficiencies (or both). We believe that additional evidence is needed before concluding either that the findings are stable or that the estimate of effect is close to the true effect.
* Insufficient: We have no evidence, we are unable to estimate an effect, or we have no confidence in the estimate of effect for this outcome. No evidence is available, or the body of evidence has unacceptable deficiencies, precluding reaching a conclusion.

The summary of findings table included the reasons for downgrading or upgrading the strength of evidence. The strength of evidence assessment documented uncertainty and communicated our confidence in the evidence statements that can be drawn from the literature.

1. Results

The chapter is organized by the literature search results, the comparative diagnostic accuracy, results for individual tests, reporting on the diagnostic accuracy, unintended consequences, and information on the impact associated testing.

3.1 Results of Literature Search

The flow diagram documents the literature flow of the systematic review.

Figure 2. Literature Flow Diagram

Additional citations identified through other sources: n = 510

Citations identified through database searching for diagnosis and management: n = 10,371

Excluded citations

(not comparative study, not systematic review, not on topic): n = 7,681

Citations screened  
n = 10,881

Full-text publications assessed for eligibility  
n = 3,200

Full-text publications excluded,   
with reasons

Exclude-Population n = 516

Exclude-Intervention n = 701

Exclude-Comparator n = 90

Exclude-Outcome n = 79

Exclude-Timing n = 33

Exclude-Setting n = 3

Exclude-Design n = 388

Exclude-Language n = 93

Exclude-Duplicate n = 111

Background (for citing, reference mining, and context)

n = 550

Management of ADHD or misuse of stimulants

n = 515

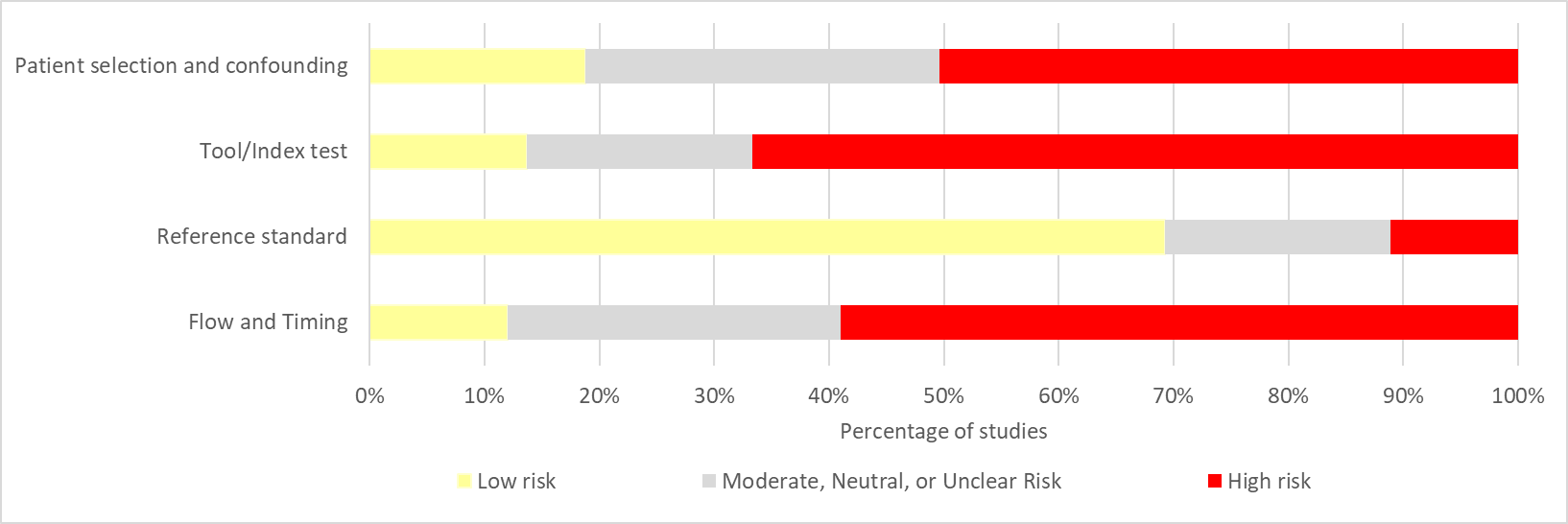
Included studies for diagnosis review n = 117 studies

(reported in 121 publications)

We identified 117 studies meeting inclusion criteria reported in 121 publications.44-164 The earliest identified study was published in 1997.135 Studies evaluated tools in Brazil, Canada, China, Denmark, Germany, Greece, India, Ireland, Israel, Korea, the Netherlands, Norway, Sweden, Switzerland, Turkey, UK, USA, or combined evaluations in multiple countries. Sample sizes varied widely, from a dozen participants to large samples with over a thousand participants.48, 121, 153 Studies included participants diagnosed with ADHD and compared to different non-ADHD samples. These included neurotypical adults not diagnosed with ADHD, adults from a clinical sample evaluated or diagnosed for another clinical condition, and/or adults feigning ADHD. Half of the included studies (51%) incorporated a neurotypical group of adults that did not meet criteria for ADHD, and in some cases, were also selected specifically because they also never had a childhood diagnosis of ADHD. Many studies (40%) compared participants with a diagnosis of ADHD to a clinical sample of participants who were being evaluated for another clinical condition. In addition, two studies each (1%) compared to participants with autism,78, 122 conduct disorder or anger dysregulation,88, 98 or depression,119, 130 respectively. A quarter (23%) of the identified studies included participants identified or specifically trained to pretend to have ADHD. Studies varied in whether they included an additional group (e.g., a neurotypical or clinical sample), but some studies included only participants feigning ADHD, which were compared to participants with a diagnosis of ADHD.44, 127, 133, 134

The risk of bias across studies is shown in figure 3.

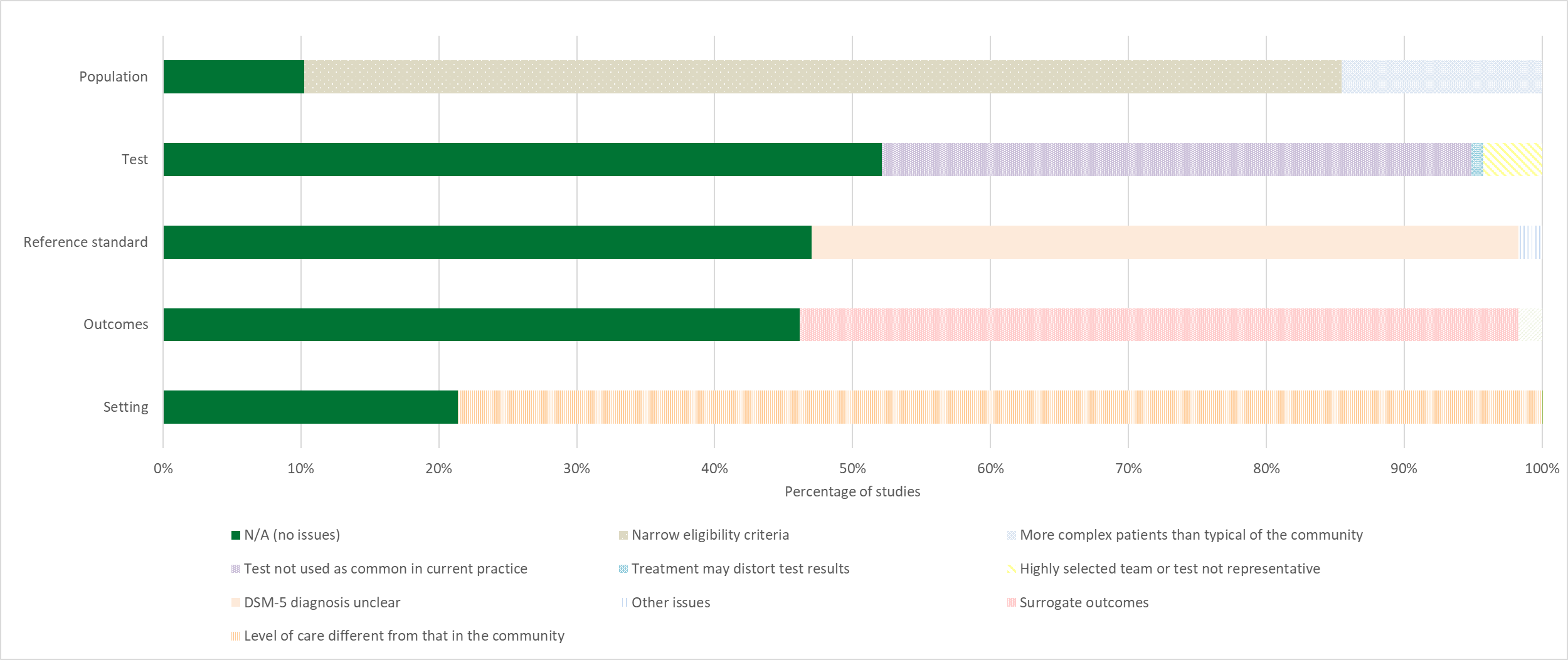
Figure 3. Risk of Bias



Nearly half of the identified studies demonstrated high risk of bias in patient selection, indicating prevalent issues with how participants were recruited and selected across the evidence base. Almost two thirds of studies exhibited high risk of bias in the index test domain, indicating widespread concerns about how diagnostic tools were applied and interpreted. The reference standard domain showed the most favorable profile, with about 60 percent of studies at low risk of bias and about 20 percent at high risk, suggesting relatively good quality in how the diagnostic “gold standard” was implemented. The flow and timing domain shows that nearly 60 percent of studies showed high risk of bias in flow and timing, indicating significant concerns about the sequence and intervals of test administration and analysis.

The applicability assessment assessing the generalizability of study results identified in this review is summarized in figure 4.

Figure 4. Applicability to Routine Practice of Reported Results



Few studies had no applicability concerns regarding population, with most studies having narrow eligibility criteria or including more complex patients than typical of community settings. Half the studies had no applicability concerns regarding the test, though many others used tests not common in current practice, or they employed highly selected teams not representative of typical clinical settings. About half of the studies had no applicability concerns for the reference standard, with the remaining studies showing unclear DSM-5 diagnostic criteria or other reference standard issues limiting generalizability. Half the studies indicated no applicability concerns regarding outcomes, with many others using surrogate outcomes that may not directly translate to clinical practice. Most studies had applicability concerns regarding setting, with the vast majority conducted in care levels different from community settings, limiting their generalizability to routine practice.

Identified studies reported on self-report questionnaires, peer review tools, neuropsychological tests, neuroimaging, electroencephalogram (EEG), diverse biomarkers, clinician tools, combinations of modalities, and tools to identify feigning ADHD. Studies reported on the success of identifying ADHD, success in identifying feigning and exaggerating of ADHD symptoms, or both.

3.2 Results of 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?

We identified numerous studies that included multiple tools used alone or in combination. However, not all studies reported diagnostic performance for all tools and combinations, and only selected studies allowed direct comparisons.

The 11 studies with head-to-head comparisons between modalities compared primarily self-report questionnaires with other modalities, including parent ratings,122 peer reports,65, 98 a combination of self and other ratings,65, 98, 154 neuropsychological tests,98, 145 a combination of self-report and EEG;132 and clinician tools.98, 100 Three studies compared neuropsychological test results to combinations of input;78, 119, 123 one compared a neuropsychological test and one compared EEG data under Go/NoGo task conditions with task performance indicators.54 Table 2 documents the results for key outcomes for the comparative studies.

Table 2. Comparative Studies

| **Study ID**  **Participants** | **Self-report** | **Peer rating** | **Combined prediction** | **Neuropsychological tests** | **EEG** | **Clinician interview** |
| --- | --- | --- | --- | --- | --- | --- |
| Biederman, 201754  N = 60  n ADHD = 36  Specialty care | N/A | N/A | N/A | Go/NoGo task errors, participants were seated in a dimly lit room at a distance of 70 cm from a 17-inch CRT screen; Go stimuli were white letters appearing in equal proportions, the NoGo stimulus was a white x symbol, stimuli were presented on the center of a black background computer screen for 150 ms and were located between 2 vertical white lines, 10 trial practice block, analyzed reaction time, error rates (commission and misses)  **Clinical misdiagnosis**: N/A  **Sensitivity**:N/A  **Specificity**: N/A  AUC 0.67  **Admin time**: 12 minutes across all tests.  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | Event-related potential data to analyze brain activity patterns during Go/NoGo task, Go condition  **Clinical misdiagnosis**: 5%  **Sensitivity:** Go condition 86%; NoGo condition: 76%; cross-validation data: NoGo 68%, Go 62%  **Specificity**: Go condition 95%, NoGo condition: 91%; cross-validation data: NoGo 80%, Go 69%  **PPV**: cross-validation data: NoGo 0.77, Go 0.69  **NPV**: cross-validation data: NoGo 0.72, Go 0.65  **Admin time**: 12 minutes across all tests.  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A |
| Dvorsky, 201665  N = 86 college studients with suspected or previously diagnosed ADHD and interested in special accommodations.  n ADHD = 59  n non-ADHD with internalizing disorder = 27  College | BAARS-IV (Barkley Adult ADHD Rating Scale-IV) for self-reported assessment of ADHD symptoms on a 4-point scale (0 = never or rarely to 3 = very often), cut off > 3 symptoms presence  **Clinical misdiagnosis**: N/A  **Sensitivity**: 89%  **Specificity**: 30%  **Admin time**: N/A  **Rater reliability**: BAARS-IV self-report vs BAARS-IV parent ratings Parent ratings compared against student self-reports Current inattention ICC 0.43, current hyperactivity ICC  **Costs**: N/A  **Concordance**: N/A | BAARS-IV (Barkley Adult ADHD Rating Scale-IV) parent report  **Clinical misdiagnosis**: N/A  **Sensitivity**: 60%  **Specificity**: 77%  **Admin time**: N/A  **Rater reliability**: Parent ratings compared against student self-reports Current inattention ICC 0.43, current hyperactivity ICC 0.31, current impulsivity ICC 0.32, retrospective children inattention ICC 0.42, retrospective childhood hyperactivity/impulsivity ICC 0.37  **Costs**: N/A  **Concordance**: N/A | Combination prediction model with BAARS parent and self rating of current and childhood ADHD diagnosis  **Clinical misdiagnosis**: N/A  **Sensitivity**: 89  **Specificity**: 63  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | N/A | N/A |
| Groom, 201678  N = 57  n ADHD = 33  n ASD = 25  College | CAARS-E (Conners Adult ADHD Rating Scale-subscale E)  **Clinical misdiagnosis**: N/A  **Sensitivity**:  **Specificity**:  AUC: 0.77  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | Integration of CAARS-E (Conners Adult ADHD Rating Scale - ADHD Index) with the AQ10 (Autism Quotient - 10), and the QbTest (computerized Continuous Performance Test with motion tracking)  **Clinical misdiagnosis**: 16% in Autism Spectrum Disorder sample  **Sensitivity**: 94%  **Specificity**: 84%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | QbTest is a computerized continuous performance test with infra-red motion tracking system, designed to assess attention, impulsivity, and activity levels; participants respond to stimuli on a screen while their movements are tracked, and scores are calculated based on attention accuracy, reaction time, and movement data  **Clinical misdiagnosis**: 20% in Autism Spectrum Disorder sample  **Sensitivity**: 84%  **Specificity**: 80%  UCC: 0.87  **Admin time**: Approximately 20 minutes.  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | N/A |
| Kingston, 201398  N = 120, all in a forensic evaluation, 53.8% in the criminal justice system  n ADHD = 59  no ADHD = 61 | ASRS-v1.1 Part A, a scale based on nosological criteria and pertain to frequency, rather than severity, of ADHD symptoms; Part A comprises 6 screening questions and is considered to be the most predictive of symptoms consistent with ADHD; adminstered together with ASRS-v1.1 Part B, Brown ADD (attention deficit disorder) Scale, CAARS-Self ADHD Index (Connors Adult ADHD Rating Scale, Long Version, Self-Report), and WURS (Wender Utah Rating Scale)  **Clinical misdiagnosis**: 16%  **Sensitivity**: 76% ASRS-v1.1 Part B 66%, Brown ADD Scale 84%, CAARS-Self ADHD Index 63%, WURS 82%  **Specificity**: 84% ASRS-v1.1 Part B 93%, Brown ADD Scale.73%, CAARS-Self ADHD Index.91%, WURS.69%  **Admin time**: N/A  **Rater reliability**: rater agreement between self-report measures (ASRS-v1.1, CAARS-Self, WURS, and Brown ADD Scale) and observer-rated measures (CAARS-Observer) r 0.51  **Costs**: N/A  **Concordance**: N/A | CAARS-O ADHD Index (Observer), observer report  **Clinical misdiagnosis**: 25%  **Sensitivity**: 76%  **Specificity**: 75%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | Integration of ASRS-v1, CAARS-Self and CAARS-Observer, Brown ADD scale, and WURS in a discriminant function  **Clinical misdiagnosis**: 18%  **Sensitivity**: 91%  **Specificity**: 82%  **Admin time**: N/A  **Rater reliability**:  **Costs**: N/A  **Concordance**: N/A | IVA + Plus FSRCQ (Integrated Visual and Auditory Continuous Performance Test Full Scale Response Control Quotient), a computerized continuous performance test utilizing visual and auditory stimuli to assess response control; constant and sustained attention is required, as participants respond or inhibit their response to 500 counterbalanced trials; FSRCQ measures impulsivity and commission errors, normative quotient scores have a mean of 100 and a standard deviation of 15  **Clinical misdiagnosis**: 26%  **Sensitivity**: 30% IVA + Plus (FSAQ): .39 (.29–.54)  **Specificity**: 74% IVA + Plus (FSAQ): .69 (.53–.82)  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | N/A |
| Kumar, 2011100  N = 110 psychiatric inpatients  n ADHD = 6  n not ADHD = 104 | CAARS-S:SV (Conners' Adult ADHD Rating Scales: Screening Version), 30-item self-report tool that screens for ADHD symptoms in adults, using a 4-point rating scale to assess the frequency of symptoms based on DSM-IV criteria, cut off point wasT score>70  **Clinical misdiagnosis**: 31%  **Sensitivity**: 83%  **Specificity**: 69%  **Admin time**: N/A  **Rater reliability**: Correlation self-report CAARS-S:SV and MINI r 0.58  **Costs**: N/A  **Concordance**: N/A | N/A | N/A | N/A | N/A | MINI (International Neuropsychiatric Interview), a short, structured diagnostic interview designed to assess a range of different mental health disorders  **Clinical misdiagnosis**: 48%  **Sensitivity**: 83%  **Specificity**: 52%  **Admin time**: 10-25 minutes  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A |
| Nikolas, 2019119  N = 246  n ADHD = 109  n Depression and no ADHD = 52  n controls with no ADHD or Depression = 85  Specialty care and community | N/A | N/A | Combination of self/informant symptom ratings (BAARS-IV), family history, and reactiontime variability from TOVA (Test of Variables of Attention)  **Clinical misdiagnosis**: N/A  **Sensitivity**:  **Specificity**:  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | TOVA ommission errors, cutoff <95 as part of a large battery with many exploratory analyses to differentiate ADHD and non-ADHD  **Clinical misdiagnosis**: 15%  **Sensitivity**: 50%  **Specificity**: 85%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | N/A |
| Palmer, 2023122  N = 71 with Autism Spectrum Disorder  n ADHD and ASD = 40  n ASD but no ADHD = 31  Community | CAARS-S (Conners Adult ADHD Rating Scales Self-Report) ADHD Index assessed ADHD symptoms with a cutoff of ≥56; adminstered together with the SDQ (Strengths and Difficulties Questionnaire), cutoff of ≥9  **Clinical misdiagnosis**: N/A  **Sensitivity**: CAARS 57%; SDQ>9: 28%  **Specificity**: CAARS 81%; SDQ>9: 100%  **AUC**: CAARS 0.70; SDQ>9: 0.65  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | CAARS-P (Conners Adult ADHD Rating Scales Peer Report) parent report, ADHD Index cutoff >56; administered together with ABC (Aberrant Behavior Checklist) Hyperactivity/Non-compliance subscale (a cutoff of ≥3) parent-report  **Clinical misdiagnosis**: N/A  **Sensitivity**: 94% ABC scale: 91%  **Specificity**: 57% ABC scale: 42%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | N/A | N/A | N/A |
| Pettersson, 2018123  N = 108 outpatients being evaluated for suspected ADHD  n ADHD = 60  n not ADHD = 48  Specialty care | ASRS Screener (Adult ADHD Slef-Report Scale Screener)  **Clinical misdiagnosis**: 8%  **Sensitivity:** 92%  **Specificity:** 27%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | Model with DIVA report, QbTest cardinal variable Acticity, QbTest cardinal variable Inattention, and CpT II Commission errors, combining neuropsychological tests, DIVA clinician report, and self-report ASRS Screener  **Clinical misdiagnosis**: 17%  **Sensitivity**: 90%  **Specificity**: 83%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | Model with CPT II Commission errors, QbTest cardinal variable Inattention, and QbTest cardinal variable Activity  **Clinical misdiagnosis**: 33%  **Sensitivity**: 80%; QBTest Act 77%; QBTest Ina 58%; QBTest Omi 73%, QBTest RT Var 43%; PASAT tot 33%; CPT II Com 33%, CPT II Var 27%  **Specificity**: 67%; QBTest Act 44%; QBTest Ina 67%; QBTest Omi 56%, QBTest RT Var 75%; PASAT tot 77%; CPT II Com 92%, CPT II Var 85%  **Admin time**: 20 minutes  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | DIVA (Diagnostic Interview for ADHD in Adults), dichotomized as ADHD if 6 or more symptom criteria in both adulthood and childhood, and in either or both of the domains Attention Deficit and Hyperactivity–Impulsivity, and as non-ADHD if fewer than 6 symptom criteria  **Clinical misdiagnosis**: 27%  **Sensitivity**: 90%  **Specificity**: 73%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A |
| Robeva, 2004132  N = 12 all female  ADHD n = 6 taking medication  Not ADHD n = 6  College students | WURS (Wender Utah Rating Scale), a 61-item retrospective questionnaire witha cutoff score of 30 on the short form with higher cutoff values  **Clinical misdiagnosis**: N/A  **Sensitivity**: N/A  **Specificity**: N/A  Accuracy: classification <85%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | Bayesian probability model integrated three diagnostic tools (WURS, ConsistencyIndex (EEG), Alpha Blockade Index (EEG)  **Clinical misdiagnosis**: N/A  **Sensitivity**: 100%  **Specificity**: 100%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | EEG-based physiological markers  **Clinical misdiagnosis**: N/A  **Sensitivity**: N/A  **Specificity**: N/A  Accuracy: classification <85%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A |
| Solanto, 2004145  N = 93 evaluated for suspected ADHD  n = 44 combined-type ADHD  n = 26 inattentive ADHD  n=33 mood or anxiety disorder  Specialty care | BADDS (Brown Attention-Deficit Disorder Scale), assesses executive and adaptive functioning across five clusters (Activation, Attention, Effort, Affect, and Memory), cutoff 50  **Clinical misdiagnosis**: 67%  **Sensitivity**: 92%  **Specificity**: 33%  **Accuracy**: 74%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | N/A | C-CPT (Conners Continuous Performance Test), a 14-minute computerized task where participants respond to non-target stimuli; most CPT scores were in the clinically normal range for all groups; fFor Hit Reaction Time Inter-Stimulus Interval Change in discriminating inattentive ADHD from combined type ADHD  **Clinical misdiagnosis**: 14%  **Sensitivity**: 47%  **Specificity**: 86%  **Accuracy:** 70%  **Admin time**: 15 minutes  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | N/A |
| Van Voorhees, 2011154  N = 269 evaluated for attnetion problems  n ADHD = 184 (n=71 Combined Type; n=89 Predominately Inattentive Type; n = 24 ADHD Not Otherwise Specified)  Specialty care | CAARS:S (Conners’ Adult ADHD Rating Scales, Self Rating, Long Version), 66-items rated on a 4-point scale (0 to 3) to assess ADHD symptoms  **Clinical misdiagnosis**: 39%  **Sensitivity**: 65%  **Specificity**: 61%  **Admin time**: N/A  **Rater reliability**: Self-reports (CAARS-S) and observer reports (CAARS-O including ratings from friends, parents, and spouses) Ranged from r 0.24 (“distractible”) through r 0.46 (“on the go/driven by a motor”)  **Costs**: N/A  **Concordance**: N/A | N/A | CAARS-LV combining self-report CAARS:S and observer-report CAARS-O; T-Scores >65 for Conners’ index  **Clinical misdiagnosis**: 17%  **Sensitivity**: 43%  **Specificity**: 83%  **Admin time**: N/A  **Rater reliability**: N/A  **Costs**: N/A  **Concordance**: N/A | N/A | N/A | N/A |

Notes: N/A not available, not applicable; N number of participants

Several identified studies compared multiple tests, but not all reported results for all outcomes of interest for every test. Two studies compared self-reports versus a clinician interview tool, both reported a lower rate of clinical misdiagnoses for in the direct comparison.100, 123 Two studies found no difference in sensitivity between self-report and a clinician tool.98, 100 Two studies reported higher sensitivity for self-reports versus neuropsychological tests.98, 145 Two studies reported higher specificity for self-reports over a clinician tool.98, 100

Three studies reported on sensitivity for combinations of input versus neuropsychological tests alone, all found higher values for the combination78, 98, 123 One study compared a combination to EEG marker alone and also reported results in favor of the combination.132 Four studies found higher specificity for combinations of input versus neuropsychological tests alone78, 98, 123 or EEG marker alone.132

Evidence for all other comparisons was insufficient and we were not able to make comparative evidence statement for the outcomes administration time, inter-rater reliability, costs, or concordance between primary and specialty care diagnoses. All available comparative results across test modalities (e.g., combinations of variables vs neuropsychological test results alone) are documented in the summary of findings table (Table 3).

3.2.1 Combination

Eight studies reported on a combination of input from different modalities.57, 65, 78, 98, 119, 123, 132, 154 Several included self and informant symptom ratings, and some also used demographic variables, neuropsychological assessment results, or EEG data. Studies varied in their complexity of the combination; one study, supported by machine learning, used 93 variables.57 The Appendix Table C.1 documents results for all studies that evaluated a combination.

Reported clinical false positive rate ranged from 16 percent in a study combining self-ratings and QBTest data to distinguish ADHD from Asperger’s syndrome78 to 18 percent in a study combining multiple self-reports and an observer report to distinguish from aggression.98 As illustrated in Figure 8, sensitivity was variable but mostly good, but not excellent. Reported sensitivity ranged from 94 percent (corresponding specificity 84%)78 to 43 percent (corresponding specificity 83%)154 in the identified studies. Specificity ranged from 84 percent (corresponding sensitivity 94%)78 to 82 percent (corresponding sensitivity 91%).98 We found no data for the outcomes administration time, inter-rater reliability, costs, or concordance between primary and specialty care diagnoses. The table shows the specific combinations used to diagnose ADHD. Results for key outcomes are synthesized in the Summary of Findings table (Table 3).

3.2.2 Self-Report Questionnaires

Forty-three studies reported at least one self-report measure evaluated for its performance in diagnosing ADHD. The studies reported on numerous self-report measures: ADHD Rating Scale, ADSA (Attention-Deficit Scales for Adults), AHA (Assessment of Hyperactivity and Attention), ALS-SF (Affective Lability Scale-Short Form), APQ (Adult Problem Questionnaire), ASRS (Adult ADHD Self-Report Scale), ASSET-BS (ADHD Symptom and Side Effect Tracking Baseline Scale), BAARS-IV Barkley Adult ADHD Rating Scale), BADDS (Brown Attention-Deficit Disorder Scale), CAARS (Conners Adult ADHD Rating Scale), CBS (Current Behavior Scale), EarlyDetect Questionnaire, IPDE-SQ (International Personality Disorder Examination screening questionnaire), PAI (Personality Assessment Inventory), PDI-4 (Provisional Diagnostic Instrument), SR-WRAADDS (Self-Report Wender-Reimherr Adult ADHD Scale), and WURS (Wender Utah Rating Scale). Nine studies reported on more than one questionnaire.62, 63, 92, 108, 111, 120, 130, 135, 142 The Appendix Table C.2 documents results for all studies that evaluated a written self-report for the diagnosis of ADHD.

Performance for clinical misdiagnosis varied across studies but was generally substantial: reported false positive rates in clinical samples ranged from 12 percent differentiating from depression or generalized anxiety using the WURS130 to 90 percent in students with academic or psychological difficulties using the CAARS-S.101 The ability to detect ADHD varied but was good for many questionnaires as illustrated in Figure 5.

Figure 5. Reported Sensitivity and Specificity of ADHD Self-Report Questionnaires in Adults Across Studies



Notes: ADSA (Attention-Deficit Scales for Adults), AHA (Assessment of Hyperactivity and Attention), ALS-SF (Affective Lability Scale-Short Form), APQ (Adult Problem Questionnaire), ASRS (Adult ADHD Self-Report Scale), ASSET-BS (ADHD Symptom and Side Effect Tracking Baseline Scale), BAARS-IV Barkley Adult ADHD Rating Scale), BADDS (Brown Attention-Deficit Disorder Scale), CAARS (Conners Adult ADHD Rating Scale), CBS (Current Behavior Scale), EarlyDetect Questionnaire, IPDE-SQ (International Personality Disorder Examination screening questionnaire), PAI (Personality Assessment Inventory), PDI-4 (Provisional Diagnostic Instrument), SR-WRAADDS (Self-Report Wender-Reimherr Adult ADHD Scale), and WURS (Wender Utah Rating Scale)

Neurotypical only = true indicates that the study differentiated ADHD from neurotypical adults, neurotypical only = false indicates that the study differentiated ADHD from other clinical conditions or a combination of neurotypical adults and adults with other clinical conditions

Figure 5 represents each study that reported on a self-report with one questionnaire, selecting the scale with the highest sensitivity and specificity where more than one tool was evaluated. In the individual studies sensitivity ranged from 100 percent at the expense of low specificity (CAARS-S corresponding specificity 10%101 or ASRS-v1.1 with specificity not reported)58 to only 14 percent (CAARS-S, corresponding specificity 92%).86 The ability of self reports to correctly rule out ADHD was good in many cases but also rarely excellent: Specificity ranged from 99 percent (CBS corresponding sensitivity 90%)71 to as low as 10 percent (CAARS-S, corresponding sensitivity 100%).101 Only one study explicitly reported on the administration time for the questionnaire, indicating short administration.105 Rater agreement was reported in multiple studies, with most studies indicating limited agreement between different raters.50, 65, 98, 100, 108, 109, 154, 163 We did not identify data on cost or correspondence between primary and specialty care. Results for key outcomes are synthesized in the Summary of Findings table (Table 3).

3.2.3 Peer Report Questionnaires

Three studies evaluated peer reports.65, 122, 124 One of the studies asked parents to rate their young adults with autism using the CAARS-P and the ABC (Aberrant Behavior Checklist).122 Another study included parent ratings of undergraduates using the BAARS-IV (Barkley Adult ADHD Rating Scale-IV).65 In both studies, the peer report was a parent rating of young adults. One study in a forensic outpatient clinic reported on CAARS-Observer ratings but did not state who served as the rater.98 The Appendix Table C.3 documents all results for the small number of studies that evaluated a written peer report for the diagnosis of ADHD.

Evidence for clinical misdiagnosis was determined to be insufficient due to lack of information on the observers in the single clinical sample. Sensitivity was determined to be insufficient due to the wide reported range (from poor to good). Specificity was limited and ranged from fair to poor (77% for BAARS-IV, corresponding sensitivity 60%,65 57% for CAARS-P, corresponding sensitivity 60%);122 both illustrated in Figure 8. For rater agreement, only one study reported results and none of the studies reported on costs, administration time, or concordance between primary and specialty care. Results for key outcomes are synthesized in the Summary of Findings table (Table 3).

3.2.4 Neuropsychological Assessment

Twenty-seven studies reported on the performance of neuropsychological assessment to diagnose ADHD. Studies evaluated test batteries such as AQT, BQSS, C-CPT, DII, IVA, MOXO-dCPT, QbTest, SCWT, SNST, or the performance of individual tasks such as the Go-NoGo task or WAIS-IV Processing Speed Index. Five studies reported diagnostic accuracy data for multiple tests and tasks.59, 107, 140, 151, 160 The Appendix Table C.4 documents results for all neuropsychological tests evaluated to diagnose ADHD. The index test description shows the evaluated test selection that showed the best performance, together with all administered tests.

Performance for clinical misdiagnoses showed a substantial false positive rate in most studies. Reported results ranged from 11 percent in a study using Stroop test variables for participants referred for neuropsychological evaluation95 to 60 percent in a model based on QbTest with motion tracking variables,144 Sensitivity was acceptable in most studies as illustrated in Figure 6, but reported sensitivity showed a wide range from 93 percent (corresponding specificity 100%) integrating AQT variables118 to 17 percent for an individual subtest of the C-CPT (corresponding specificity 90%).146

Figure 6. Reported Sensitivity and Specificity of Neuropsychological Tests for ADHD in Adults across Studies



Notes: AQT A Quick Test of Cognitive Speed; BQSS Boston Qualityative Scoring System for the Rey-Osterrieth Complex Figure; C-CPT Conners Continuous Performance Test; IVA Integrated Visual And Auditory Continuous Performance Test Full Scale Response Control Quotient; QbTest quantified behavioral test; SCWT Stroop Color and Word Test; TOVA Test of Variables of Attention

Figure 6 shows the different specific evaluated tests as well as the substantial number of studies that did not evaluate a specific tool but used variables in a test battery to develop a models that maximizes the ability to discriminate between ADHD and comparator characteristics. The figure also shows the wide variation in specificity, with some studies reporting excellent specificity, but most studies were characterized by acceptable or even poor specificity. Reported specificity ranged from 100 percent (corresponding sensitivity 93%) integrating AQT variables118 to 40 percent for a model integrating QbTest Plus variables (corresponding sensitivity 88%).144

There was some variation, but 7 studies estimated the duration of the neuropsychological test administration to be about 20 minutes.45, 55, 66, 69, 78, 123, 144 None of the studies reported on rater agreement, costs, or concordance between diagnostic settings. Results for key outcomes are synthesized in the Summary of Findings table (Table 3).

3.2.5 Neuroimaging

Five studies evaluated neuroimaging.48, 56, 136, 157, 161 Studies used brain perfusion single-photon emission computed tomography (SPECT),48 3-D SPECT,136 structural magnetic resonance imaging (MRI) and diffusion tensor imaging,56 and resting state functional MRI.157, 161 The Appendix Table C.5 documents results of studies that evaluated neuroimaging for the diagnosis of ADHD. The table provides details on the final selection model where reported.

Reported clinical misdiagnoses rates varied from a low three percent in a brain perfusion SPECT study analyzing a large psychiatric database48 to a substantial 24 percent false positive rate in a sample with various psychiatric and neuropsychiatric disorders using 3D thresholded SPECT.136 Studies reported sensitivity ranges from excellent to poor, but it was acceptable in most studies. Performance ranged from 100 percent in a large retrospective cohort study using brain perfusion SPECT (corresponding specificity 97%)48 to 54 percent in a clinical sample (SPECT, corresponding specificity 76%). Similarly, reported specificity ranged from 97 percent (SPECT, corresponding sensitivity 100%)48 to 65 percent (functional MRI, corresponding sensitivity 91%),161 but most studies reported acceptable specificity as illustrated in Figure 8. Studies varied in how much detail the often machine-learning generated discriminant function that achieved the best diagnostic performance was documented. Only one study reported on administration time; the study reported a procedure duration of 15 to 20 minutes.136 One study evaluated rater agreement, the study reported a kappa coefficient of 0.79 for agreement in visual interpretation of neuroimaging scans.48 None of the studies reported on costs or concordance of diagnostic results between different clinical settings. Results for key outcomes are synthesized in the Summary of Findings table (Table 3).

3.2.6 EEG

Twelve studies evaluated EEG (electroencephalogram) data used to distinguish ADHD from other clinical conditions or neurotypical developing adults.54, 80, 89, 91, 96, 97, 115, 116, 125, 126, 132, 139 Studies tested the diagnostic performance for very different conditions, ranging from analyzing resting state EEG,96, 125 and event-related potentials during neuropsychological tasks,54, 115 to EEG recording during transcranial magnetic stimulation.80 The Appendix Table C.6 documents results for the studies that evaluated the use of EEG data for the diagnosis of ADHD.

Only one study reported on misdiagnosis in a clinical sample; the study reported a low false positive rate of 3.8 percent using auditory brainstem response profiling test.89 Most studies were conducted in academic samples and did not involve clinical samples. Reported sensitivity results ranged from 100 percent achieved in a machine-learning assisted diagnostic study that utilized phase space reconstruction of brain signals during a continuous performance test (corresponding specificity 87%)91 to only 67 percent (resting state EEG, corresponding specificity 83%)125 with overall acceptable results. Specificity showed an even wider range from excellent to poor performance: Reported specificity ranged from 95 percent (event-related potential, corresponding sensitivity 86%)54 to 37 percent (resting state EEG, corresponding sensitivity 73%)96 but was generally good in identified studies. Reported session duration ranged from six minutes96 to 26 minutes116 with no information about the scoring or interpretation time. Studies did not report on rater agreement, costs, or concordance with diagnoses from other settings. Results for key outcomes are synthesized in the Summary of Findings table (Table 3).

3.2.7 Biomarker

Five studies evaluated biomarkers other than EEG or neuroimaging-based indicators.49, 79, 88, 138, 150 Studies evaluated very different markers, including genetic marker,79 eye tracking results,88 blood oxidative status,138 physiological data from a wearable device,49 or used MFNU (Motor Function Neurological Assessment)150 to diagnose ADHD. None of the same modality or type of biomarker was evaluated in more than one study. The Appendix Table C.7 documents all results for the small number of studies that evaluated the use of biomarkers other than neuroimaging or EEG to aid in the diagnosis of ADHD.

The clinical misdiagnosis rate varied widely: one study reported a false positive rate of 17 percent in an eye tracker study in sample of participants with conduct disorder,88 another study reported a false positive rate of 75 percent in a MFNU assessment in a psychiatric outpatient clinic where some patients were considered to have subthreshold ADHD.150 Sensitivity was acceptable in most studies and showed a range of 98 percent for MFNU (corresponding specificity 25%)150 to 80 percent in an eye tracker study (corresponding specificity 83%).88 Specificity varied widely, from 83 percent in the eye tracker study (corresponding sensitivity 80%)88 to only 25 percent in the MFNU assessment (corresponding sensitivity 98%). Only one study reported on the administration time, the study reported that the eye tracking task took about 15 minutes;88 none of the studies reported on test result processing, evaluation, or interpretation time. Studies did not report on rater agreement in interpreting the variables, costs, or concordance between settings. Results for key outcomes are synthesized in the Summary of Findings table (Table 3).

3.2.8 Clinician Tool

Three studies reported on a clinician interview or questionnaire that was assessed for congruence with an external reference standard.100, 121, 123 Studies evaluated the DIVA (Diagnostic Interview for ADHD in Adults),123 MINI (Mini-International Neuropsychiatric Interview),100 the MINI-Plus121 which were used by clinicians in clinical samples. The reference standards used to evaluate the diagnostic performance of the clinician tools were assessments from trained clinicians,121 the recorded chart diagnosis,100 or clinical case conferences.123 The Appendix Table C.8 documents study and participant details, and presents all reported results for these studies.

The results reported in the identified studies varied widely for the clinical misdiagnosis: false positive rates ranged from nine percent for the MINI-Plus in an addiction treatment center study121 to 48 percent in an inpatient psychiatric hospital unit for the CAARS-O.100 The sensitivity was acceptable, performance ranged from 83 percent (corresponding specificity 52%) to 73 percent (corresponding specificity 90%).123 Specificity showed a wider range, reported results included good as well as poor sensitivity: performance ranged from 91 percent (corresponding sensitivity 75%)121 to 52 percent (corresponding sensitivity 83%).100 The identified studies did not report on administration time, rater agreement, costs, or concordance with specialty care. Results for key outcomes are synthesized in the Summary of Findings table (Table 3).

3.2.9 Key Question 1a: How does the comparative diagnostic accuracy of these tools vary by clinical setting, including primary care or specialty clinic, or patient characteristics, including age, sex, cultural background, and risk factors associated with ADHD?

Because raw data for diagnostic accuracy were often not reported, we were not able to detect effect modifiers in meta-regressions by adding variables to the meta-analytic model. Results are based on subgroups as reported by the authors and analyses conducted within the original studies.

**Clinical setting**: Half of the identified studies were conducted in specialty care (n=55). The next most frequent setting was college (n=37). Very few studies were conducted in primary care (n=2). In addition, none of the identified studies analyzed the effect of the setting on the diagnostic process. Hence the question which tests should be used in primary care is difficult to answer. However, several studies addressed the effect of the reference standard and comparator sample, i.e., study characteristics. In addition, several studies addressed the effect of comorbidities. Although primarily a patient characteristic, participants evaluated for other clinical conditions was more typical of a specialty care clinical setting.

**Reference standard and comparator sample**: Three studies addressed the effect of the method of establishing a clinical ADHD diagnosis, but all addressed different aspects. One study comparing self-reported and neuropsychological tests highlighted that diagnostic accuracy measures were high when comparing ADHD-diagnosed participants to the general population but were less effective when distinguishing ADHD from other psychiatric conditions, with overlapping scores noted for anxiety and depression.145 Similarly, a self report study reported a high false-positive rate in patients with depression.64 Another study evaluating a self-report measure reported that comorbidities such as anxiety and depression were associated with elevated scores on scales which may overlap with ADHD symptoms and potentially contribute to misclassification and highlighted the importance of considering comorbid conditions during assessment.102 One study evaluating neuromuscular assessment reported that they found several patients with subthreshold ADHD in a clinical sample suggesting possible diagnostic overlap and the need for further evaluation.150

Figure 7 differentiates two diagnostic accuracy measures, overall accuracy and the area under the curve (AUC), for all diagnostic modalities. The figure stratifies studies by samples that identified ADHD in a sample of neurotypical adults, in a clinical sample, or in samples that included neurotypical adults, adults with other clinical conditions such as autism spectrum disorder, and/or adults feigning ADHD.

Figure 7. Reported Accuracy and Area Under the Curve (AUC) Across Tools



Figure 7 visualizes a trend toward higher diagnostic accuracy when tools distinguish between people with ADHD and neurotypical adults: diagnostic performance exceeded that of results in clinical samples in five out of six studies reporting on overall accuracy and in three out of four test modalities in studies that reported on AUC.

**ADHD presentation**: Four studies addressed diagnosis in different presentations of ADHD with some conflicting results. One-self-report study reported that diagnostic accuracy did not significantly vary across ADHD presentations/subtypes (inattentive, hyperactive-impulsive, and combined) but noted that combined type ADHD was the most frequently identified subtype, which could influence overall sensitivity and specificity estimates.141 Similarly, another study reported that sensitivity and specificity were consistent across ADHD presentation types (inattentive, hyperactive, and combined), but noted that misdiagnosis rates were slightly higher for the inattentive subtype in self reports compared to clinician diagnoses, and inter-rater reliability between self-reported and clinical ratings was fair, with higher concordance for combined presentation.70 Another self report study highlighted that sensitivity for the inattentive subtype was 100 percent on the Inattentive Symptoms subscale, with specificity at 25 percent.101 One self report study pointed out that inattention symptoms were more predictive of ADHD persistence into adulthood than hyperactivity-impulsivity symptoms; and individuals with the combined-type ADHD in childhood were more likely to retain a diagnosis in adulthood, whereas hyperactive-impulsive presentations were more likely to remit.94

**Participant age**: Several studies reported on the effect of the age of the participants or specifically on the age at diagnosis, but studies focused on different aspects. A self-report study reported that executive functioning impairments were more predictive of ADHD persistence in older adults, while hyperactivity-impulsivity symptoms were more prevalent in younger adults, suggesting age-related shifts in symptom expression and diagnostic criteria applicability; sensitivity and specificity of ADHD diagnoses were higher in younger adults (18–30 years) compared to older adults (31–44 years), likely due to better recall of childhood symptoms and reduced cognitive decline in memory-based reporting.94 A self report and neuropsychological test study reported that age was inversely correlated with scores on scales for attention and effort, suggesting that older participants exhibited fewer ADHD-related symptoms, potentially reflecting developmental improvements in executive functioning.145 One study did not comment on differential effects on the diagnosis, but suggested that a potential biomarker, oxidative stress, may increase with the duration of the disease.138 Another study found that age represented as independent variable in a multiple regression did not significantly influence parameters measured by the QbTest.55 A further study reported that ADHD diagnosis based on CAARS-S or MINI were not correlated with age.100

**Participant sex**: Several studies reported on the effect of the sex of the participants on the diagnostic performance, but studies reported conflicting results. One EEG study reported lower sensitivity in females compared to males.89 A neuroimaging study noted that classification performance was higher in the male-only subgroup compared to the mixed-gender subgroup, suggesting that male ADHD patients may have more significant neuroanatomical deviations from controls.56 A self-report study did not find lower sensitivity but lower specificity in females versus males.155 One study concluded that sex did not influence parameters of the neuropsychological test.55 A self-report study did not detect differences in sensitivity and specificity between sexes.163 A study reporting on a self-report and a clinician interview noted that ADHD diagnosis based on the tests were not correlated with sex.100

**Participant ethnicity**: None of the studies stratified diagnostic performance by race or ethnicity.

**Comorbidities**: Multiple studies reported on the effect of comorbidities in participants with ADHD on diagnostic performance, but results and conclusions differed. One college study reported that comorbidities contributed to challenges in specificity but not sensitivity and that functional impairment was higher in participants with comorbid conditions.101 Similarly, a study in addiction centers reported on variability in specificity values across subgroups while sensitivity remained similar.153 Another study reported reduced specificity in participants with overlapping symptoms of borderline personality disorder and bipolar disorder in neuropsychiatric clinics.66 One study reported lower sensitivity and higher specificity in participants with comorbidity in a mental health center.106 Two studies in outpatient centers reported that diagnostic performance was unaffected by comorbidities.55, 102 Some studies pointed out the high prevalence of comorbid conditions such as depression and anxiety.77, 94, 135, 141 One study suggested that participants with ADHD and depression reported higher levels of anxiety.64

3.2.10 Key Question 1 Summary of Findings

Despite the large number of studies, many did not report on the exact number of true positives, true negatives etc. The most common metrics were the author reported sensitivity. Given that sensitivity and specificity are not independent of each other, we plotted both for all reported tests in Figure 8. The tool indicates also whether studies differentiate adults with ADHD from neurotypical adults or adults with another clinical diagnosis.

Figure 8. Sensitivity and Specificity of ADHD Tests in Adults across Studies



Figure 8 visualizes the much larger evidence base for self-reports compared to all other modalities. The figure also illustrates the wide variability reported in the individual studies for the same modality. In addition, the visualization shows that tests were sometimes able to maximize sensitivity or specificity, but not both. Finally, with few exceptions, the evaluated tests were limited in their success of detecting a clinical diagnosis of ADHD.

The summary of findings table (Table 3) provides a synthesis of the results for the key outcomes. Direct comparisons between test modalities are shown first, followed by the test performance for individual tests, and the summary of the subquestion. The summary of findings table shows results for the key outcomes for which at least one study with data was identified. The clinical misdiagnosis results were limited to studies reporting on clinical samples and/or studies comparing to another clinical condition such as anxiety. We downgraded by one or by two, depending on the impact of the reasons for downgrading on our confidence in the summary estimate and resulting evidence statements. Results of individual studies for all abstracted outcomes beyond the key outcomes are shown in the evidence tables in Appendix C.

Table 3. Summary of Findings Table Comparative Performance, Performance of Combinations, and Performance of Individual Tools against a Reference Standard

| **Key question**  **Outcome**  **Comparison or Test** | **Contributing studies** | **Results of the primary studies** | **Reasons for downgrading** | **Strength of Evidence and Conclusion** |
| --- | --- | --- | --- | --- |
| KQ1  Comparative clinical misdiagnosis  Combinations vs self-report | 2 studies98, 154 | Conflicting results: 1 study reported a 16% misdiagnosis rate for the ASRS compared to 18% for a combination of variables,98 while 1 study reported a misdiagnosis rate of 39% for the CAARS-S compared to 17% for a combination of self and observer reports154 | Inconsistency (conflicting results) | Insufficient for comparative statements between tools |
| KQ1  Comparative clinical misdiagnosis  Combinations vs neuropsychological tests | 1 study123 | Favors combination: 1 study reported a clinical misdiagnosis rate of 17% for a combination from multiple sources compared to 33% for a neuropsychological test123 | Inconsistency (no replication) | Insufficient for comparative statements between tools |
| KQ1  Comparative clinical misdiagnosis  Self-report vs clinician tools | 2 studies98, 100 | Favors self-reports: 1 study reported a 16% clinical misdiagnosis rate for the ASRS compared to 25% for clinician rating tool;98 another study reported a 31% misdiagnosis rate for the CAARS-S compared to 48% for the MINI100 | Study limitation (studies assessed different tests) | Low for lower clinical misdiagnosis rate in self-report compared to clinician tool |
| KQ1  Comparative clinical misdiagnosis  Self-report vs neuropsychological tests | 2 studies98, 145 | Conflicting results: 1 study reported a 16% misdiagnosis rate for the ASRS compared to 26% for a CPT;98 1 study reported a 47% misdiagnosis rate for the BADDS compared to 14% for the C-CPT100 | Inconsistency (conflicting results) | Insufficient for comparative statements between tools |
| KQ1  Comparative sensitivity  Combination vs self-report | 2 studies98, 154 | Conflicting results: 1 study reported a sensitivity of a combination of 91% (corresponding specificity 82%) vs 76% for the ASRS (corresponding specificity 84%),98 1 study reported a sensitivity of a combination of 43% (corresponding specificity 83%) vs 65% for the CAARS-S (corresponding specificity 61%);154 | Inconsistency (conflicting results) | Insufficient for comparative statements between tools |
| KQ1  Comparative sensitivity  Combination vs neuropsychological tests | 3 studies78, 98, 123 | Favors combination: Estimates ranged for a combination from 94% (corresponding specificity 84%) vs QbTest 84% (corresponding specificity 80%)78 to 90% for a combination (corresponding specificity 83%) vs a CPT test with 80% (corresponding specificity 67%)123 | Study limitation (compared different tests and combinations) | Low for higher sensitivity when using combinations of tests compared to neuropsychological tests |
| KQ1  Comparative sensitivity  Self vs parent report | 2 studies65, 122 | Conflicting results: 1 study reported a sensitivity of 89% for the BAARS (corresponding specificity 30%) vs BAARS parent rating 60% (corresponding specificity 77%);65 1 study reported a sensitivity of 57% for CAARS-S (corresponding specificity 81%) vs 94% for a parent rating (corresponding specificity 57%)122 | Inconsistency (conflicting results) | Insufficient for comparative statements between tools |
| KQ1  Comparative sensitivity  Self-report vs neuropsychological tests | 2 studies98, 145 | Favors self-report: 1 study reported a sensitivity of 92% for the BADDS (corresponding specificity 33%) vs 47% for the C-CPT (corresponding specificity 86%);145 1 study reported 76% for the ASRS (corresponding specificity 84%) vs 30% for a CPT (corresponding specificity 74%)98 | Study limitation (compared different tests and combinations) | Low for higher sensitivity for self-reports compared to neuropsychological tests |
| KQ1  Comparative sensitivity  Self-report vs clinician tool | 2 studies98, 100 | No difference: 1 study reported a sensitivity of 83% for CAARS-S (corresponding specificity 69%) vs 83% for MINI (corresponding specificity 52%);100 1 study reported 76% for the ASRS (corresponding specificity 84%) vs CAARS-O sensitivity of 76% (corresponding specificity 75%)98 | Study limitation (compared different tests and combinations) | Low for no difference in sensitivity between self-reports and clinician tools |
| KQ1  Comparative specificity  Combination vs self-report | 2 studies98, 154 | Conflicting results: 1 study reported a specificity of 83% for a combination (corresponding sensitivity 43%) vs 61% for the CAARS-S (corresponding sensitivity 65%);154 1 study reported a specificity of 82% for a combination (corresponding sensitivity 91%) vs 84% for the ASRS (corresponding sensitivity 76%)98 | Inconsistency (conflicting results) | Insufficient for comparative statements between tools |
| KQ1  Comparative specificity  Combination vs neuropsychological tests | 3 studies78, 98, 123 | Favors combination: Estimates ranged from 84% for a combination (corresponding sensitivity 94%) vs 80% for the QbTest (corresponding sensitivity 84%)78 to 83% for a combination (corresponding sensitivity 90% (corresponding sensitivity 80%) vs 67% for CPT123 | Study limitation (compared different tests and combinations) | Low for higher specificity in combination tests compared to neuropsychological tests |
| KQ1  Comparative specificity  Self vs parent report | 2 studies65, 122 | Conflicting results: 1 study reported a specificity of 81% for the CAARS-S (corresponding sensitivity 57%) vs 57% for the CAARS-P (corresponding sensitivity 94%);122 1 study reported a specificity of 30% for the BAARS self-report (corresponding sensitivity 89%) vs 77% for the BAARS parent report (corresponding sensitivity 60%)65 | Inconsistency (conflicting results) | Insufficient for comparative statements between tools |
| KQ1  Comparative specificity  Self-report vs neuropsychological tests | 2 studies98, 145 | Conflicting results: 1 study reported a specificity of 84% for the ASRS (corresponding sensitivity 76%) vs 74% for a CPT (corresponding sensitivity 30%);98 1 study reported a specificity of 33% for the BADDS (corresponding sensitivity 92%) vs 86% for the C-CPT (corresponding sensitivity 47%)145 | Inconsistency (conflicting results) | Insufficient for comparative statements between tools |
| KQ1  Comparative specificity  Self-report vs clinician tool | 2 studies98, 100 | Favors self-report: 1 study reported specificity of 84% for the ASRS (corresponding sensitivity 76%) vs 75% for the CAARS-O (corresponding sensitivity 76%);98 1 study reported a specificity of 69% for the CAARS-S (corresponding sensitivity 83%) vs 52% for the MINI (corresponding sensitivity 83%)100 | Study limitation (compared different tests and combinations) | Low for favoring self-reports over clinician tools |
| KQ1  Comparative administration and scoring time | 0 studies | N/A | N/A | Insufficient for comparative statements between tools |
| KQ1  Comparative inter-rater reliability | 0 studies | N/A | N/A | Insufficient for comparative statements between tools |
| KQ1  Comparative costs | 0 studies | N/A | N/A | Insufficient for comparative statements between tools |
| KQ1  Comparative diagnostic concordance of primary care provider with specialist | 0 studies | N/A | N/A | Insufficient for comparative statements between tools |
| KQ1  Combination  Combining self and informant symptom ratings, demographic variables, neuropsychological assessments and/or EEG data to diagnose ADHD  Clinical misdiagnosis | 3 studies78, 98, 123 | Reported clinical false positive rate ranged from 16% in a study combining self-ratings and QbTest data to distinguish ADHD from Asperger’s syndrome78 to 18% in a study combining multiple self-reports and an observer report to distinguish from aggression98 | Study limitation (cannot be replicated based on reported detail) | Low for fair clinical false positive rate |
| KQ1  Combination  Combining self and informant symptom ratings, demographic variables, neuropsychological assessments and/or EEG data to diagnose ADHD  Sensitivity | 6 studies65, 78, 98, 123, 132, 154 | Sensitivity ranged from 100% using a Bayesian probability model integrating 3 diagnostic tools (WURS and EEG variables, corresponding specificity 100%, n=12)132 to 43% combining CAARS self and observer reports (corresponding specificity 83%)154 with the majority of studies reporting good sensitivity | Imprecision | Low for good sensitivity |
| KQ1  Combination  Combining self and informant symptom ratings, demographic variables, neuropsychological assessments and/or EEG data to diagnose ADHD  Specificity | 6 studies65, 78, 98, 123, 132, 154 | Specificity ranged from 100% using a Bayesian probability model integrating 3 diagnostic tools (WURS and EEG variables, corresponding sensitivity 100%, n=12)132 to 63% in a prediction model that combined BAARS parent and self-ratings of current and childhood ADHD diagnosis (corresponding specificity 89%)65 with the majority of studies reporting acceptable sensitivity | Imprecision | Low for acceptable specificity |
| KQ1  Self-report  Clinical misdiagnosis | 23 studies46, 50, 51, 62, 77, 87, 98, 100-102, 106, 108, 109, 111, 112, 122, 123, 130, 131, 141, 145, 153, 163 | Reported clinical false positive rates ranged from 12% differentiating from depression or generalized anxiety using the WURS130 to 90% in students with academic or psychological difficulties using the CAARS-S101 | Imprecision (values ranged widely) | Low for substantial clinical false positive rate |
| KQ1  Self-report  Sensitivity | 40 studies46, 50, 51, 58, 62-65, 70, 71, 77, 86, 87, 92, 94, 98, 100-102, 105, 106, 108, 109, 111, 112, 122, 123, 130, 131, 135, 141, 142, 145, 152-155, 159, 163, 164 | Sensitivity ranged from 100% (CAARS-S corresponding specificity 10%101 or ASRS-v1.1 with specificity not reported)58 to 14% (CAARS-S, corresponding specificity 92%)86 | Imprecision (range from excellent to poor) | Low for good sensitivity |
| KQ1  Self-report  Specificity | 37 studies50, 51, 62-65, 70, 71, 77, 86, 87, 92, 94, 98, 100-102, 105, 106, 108, 109, 111, 112, 122, 123, 130, 131, 141, 142, 145, 152-155, 159, 163, 164 | Specificity ranged from 99% (CBS corresponding specificity 90%)71 to 10% (CAARS-S, corresponding specificity 100%)101 | Imprecision (range from excellent to poor) | Low for good specificity |
| KQ1  Self-report  Administration and scoring time | 1 study105 | 1 study explicitly stated that the newly developed ADHD rating scale took about 15 minutes to complete105 | Inconsistency (no replication) | Low for short administration and scoring time |
| KQ1  Self-report  Rater agreement | 8 studies50, 65, 98, 100, 108, 109, 154, 163 | 1 study reported on kappa and found 0.006 agreement between WURS-brief vs DIVA rating;50 1 study reported 89% agreement between self and informant report;108  1 study reported an ICC of 0.43 for self vs parent BAARS-IV ratings;65 6 studies reporting Pearson self-observer correlations reported ranges from r 0.24 for a CAARS subscale154 to r 0.58 for CAARS-S:SV vs MINI report100 | Inconsistency (reporting on different measures and questionnaires) | Moderate for limited rater agreement |
| KQ1  Peer report  Clinical misdiagnosis | 1 study98 | Reported clinical false positive rates was 48% in an inpatient psychiatric hospital unit for the CAARS-O98 | Inconsistency (no replication) | Insufficient |
| KQ1  Peer report  Sensitivity | 3 studies65, 98, 122 | Sensitivity varied widely from 94% (CAARS:P, corresponding specificity 57%)122 to 60% (BAARS-IV, corresponding specificity 77%)65 | Inconsistency (reporting on different questionnaires), imprecision (range from excellent to poor) | Insufficient |
| KQ1  Peer report  Specificity | 3 studies65, 98, 122 | Specificity ranged from 77% (BAARS-IV, corresponding sensitivity 60%)65 to 57% sensitivity (CAARS:P, corresponding sensitivity 94%)122 | Inconsistency (reporting on different questionnaires), imprecision (range from fair to poor) | Low for limited specificity |
| KQ1  Peer report  Rater agreement | 1 study65 | 1 study reported ICCs ranging from 0.43 to0.31 for BAARS-IV subscales65 | Inconsistency (no replication), study limitation (subscales only) | Insufficient |
| KQ1  Neuropsychological tests  Clinical misdiagnosis | 9 Studies45, 55, 78, 95, 98, 119, 123, 140, 145 | Reported clinical false positive rates ranged from 11% in a study using Stroop test variables for participants referred for neuropsychological evaluation95 to 60% in a model based on QbTest with motion tracking variables144 | Inconsistency (studies used different combinations of variables), Study limitation (unclear if conditions can be replicated | Low for substantial clinical false positive rate |
| KQ1  Neuropsychological tests  Sensitivity | 21 studies45, 55, 59, 66, 68, 69, 78, 95, 98, 104, 114, 118, 119, 123, 134, 137, 140, 144-146, 158 | Reported sensitivity ranged from 93% (corresponding specificity 100%) integrating AQT variables118 to 17% for an individual subtest of the C-CPT (corresponding specificity 90%)146 | Imprecision (wide range of results) | Low for acceptable sensitivity |
| KQ1  Neuropsychological tests  Specificity | 21 studies45, 55, 59, 66, 68, 69, 78, 95, 98, 104, 114, 118, 119, 123, 134, 137, 140, 144-146, 158 | Reported specificity ranged from 100% (corresponding sensitivity 93%) integrating AQT variables118 to 40% for a model integrating QbTest Plus variables (corresponding sensitivity 88%)144 | Imprecision (wide range of results) | Low for acceptable specificity |
| KQ1  Neuropsychological tests  Administration and scoring time | 15 studies45, 55, 59, 66, 68, 69, 75, 78, 99, 104, 114, 123, 144, 145, 151 | There was some variation, but 7 studies estimated the duration of the test to be 20 minutes45, 55, 66, 69, 78, 123, 144 | Study limitation (scoring / data interpretation not mentioned) | Low for short administration time |
| KQ1  Neuroimaging  Clinical misdiagnosis | 2 studies48, 136 | 1 study reported a 3% clinical false positive rate for a large psychiatric database;48 1 study reported a 24% rate in a sample with various psychiatric and neuropsychiatric disorders using 3D thresholded SPECT136 | Imprecision (range from low to substantial) | Insufficient |
| KQ1  Neuroimaging  Sensitivity | 5 studies48, 56, 136, 157, 161 | Performance ranged from 100% (SPECT, corresponding specificity 97%)48 to 54% in a clinical sample (SPECT, corresponding specificity 76%)136 | Imprecision (wide range of values) | Low for acceptable sensitivity |
| KQ1  Neuroimaging  Specificity | 5 studies48, 56, 136, 157, 161 | Performance ranged from 97% (SPECT, corresponding sensitivity 100%)48 to 65% (functional MRI, corresponding sensitivity 91%)161 | Imprecision (wide range of values) | Low for acceptable specificity |
| KQ1  Neuroimaging  Administration and scoring time | 1 study136 | 1 study reported a procedure duration of 15-20 minutes136 | Inconsistency (no replication, very specific test) | Low for short duration |
| KQ1  Neuroimaging  Rater agreement | 1 study48 | 1 study reported kappa 0.79 for agreement in visual interpretation of scans48 | Inconsistency (no replication, very specific task) | Insufficient |
| KQ1  EEG  Clinical misdiagnosis | 1 study89 | 1 study reported a clinical false positive rate of 3.8% using auditory brainstem response profiling test89 | Inconsistency (no replication, very specific test) | Insufficient |
| KQ1  EEG  Sensitivity | 10 studies54, 80, 96, 97, 115, 116, 125, 126, 135, 139 | Reported sensitivity ranged from 100% (machine learning assisted, corresponding specificity 87%)91 to 67% (resting state EEG, corresponding specificity 83%)125 | Imprecision (values ranged widely) | Low for acceptable sensitivity |
| KQ1  EEG  Specificity | 10 studies54, 80, 96, 97, 115, 116, 125, 126, 135, 139 | Reported specificity ranged from 95% (event-related potential, corresponding specificity 86%)54 to 37% (resting state EEG, corresponding specificity 73%)96 | Imprecision (values ranged widely) | Low for good specificity |
| KQ1  EEG  Administration and scoring time | 6 studies54, 91, 96, 97, 116, 125 | Reported session duration ranged from 6 minutes96 to 26 minutes116 | Imprecision (substantial variation) | Low for short duration |
| KQ1  Biomarkers  Clinical misdiagnosis | 2 studies88, 150 | 1 study reported a clinical false positive rate of 17% in an eye tracker study in sample of participants with conduct disorder;88 1 study reported a rate of 75% in a MFNU study in a psychiatric outpatient clinic (some participants had subthreshold ADHD)150 | Imprecision (value ranged widely), Inconsistency (very different biomarkers, only 1 study each) | Insufficient |
| KQ1  Biomarkers | 4 studies49, 79, 88, 150 | Performance ranged from 98% (MFNU, corresponding specificity 25%)150 to 80% (eye tracker, corresponding specificity 83%)88 | Imprecision (values varied), Inconsistency (no replication of the same marker) | Insufficient |
| KQ1  Biomarker  Specificity | 4 studies49, 79, 88, 150 | Performance ranged from 83% (eye tracker, corresponding sensitivity 80%)88 to 25% (MFNU, corresponding sensitivity 98%)150 | Imprecision (values ranged from acceptable to poor) | Insufficient |
| KQ1  Biomarker  Administration and scoring time | 1 study88 | 1 study reported that the eye tracking task took about 15 minutes88 | Inconsistency (no replication, very specific task) | Insufficient |
| KQ1  Clinician tools  Clinical misdiagnosis | 3 studies100, 121, 123 | Reported clinical false positive rates ranged from 9% for the MINI-Plus in an addiction treatment center121 to 48% for the MINI100 | Inconsistency (different tools), Imprecision (values ranged widely), Study limitation (likely dependent on specific patient population) | Insufficient |
| KQ1  Clinician tool  Sensitivity | 3 studies100, 121, 123 | Performance ranged from 83% (corresponding specificity 52%)100 to 73% (corresponding specificity 90%)123 | Imprecision (values varied), Inconsistency (different tools), Study limitation (likely dependent on patient population) | Low for fair sensitivity |
| KQ1  Clinician tool  Specificity | 3 studies100, 121, 123 | Performance ranged from 91% (corresponding sensitivity 75%)121 to 52% (corresponding sensitivity 83%)100 | Imprecision (values varied), Inconsistency (different tools), Study limitation (likely dependent on specific patient population) | Insufficient |
| KQ1  All tests  Costs | 0 studies | N/A | N/A | Insufficient |
| KQ1  All tests  Concordance primary care and specialty | 0 studies | N/A | N/A | Insufficient |
| KQ1a  Effect of clinical setting  All outcomes | N/A | N/A | Inconsistency (lack of primary care studies) | Insufficient |
| KQ1a  Effect of comparator sample  Clinical misdiagnosis | N/A | 4 studies noted that tests were less effective when distinguishing ADHD from other clinical conditions (rather than the general population) due to overlapping symptoms64, 102, 145, 150 | Study limitation (not all tests addressed) | Low for higher risk of clinical misdiagnosis in clinical samples\* |
| KQ1a  Effect of ADHD presentation  Sensitivity | N/A | Conflicting results across 4 studies70, 94, 101, 141 | Inconsistency (conflicting results) | Insufficient |
| KQ1a  Effect of age of participants and age at diagnosis  Sensitivity and specificity | N/A | 1 study reported that sensitivity and specificity were higher in younger adults (18-44) compared to older adults (31-44)94 | Inconsistency (no replication) | Insufficient |
| KQ1a  Effect of participant sex  Sensitivity and specificity | N/A | Conflicting results across 5 studies55, 56, 89, 100, 155, 163 | Inconsistency (conflicting results) | Insufficient |
| KQ1a  Effect of comorbidities  Sensitivity | N/A | Conflicting results: while 2 studies reported no effect of comorbidities on sensitivity,101, 153 1 study reported lower sensitivity,106 and 2 studies reported that diagnostic performance was unaffected by comorbidities55, 102 | Inconsistency (conflicting results) | Insufficient |
| KQ1a  Effect of comorbidities  Specificity | N/A | 3 studies reported challenges for specificity,66, 101, 153 1 study reported higher specificity in participants with comorbidities,106 2 studies reported that diagnostic performance was unaffected by comorbidities;55, 102 4studies pointed out the high prevalence of comorbid conditions such as depression and anxiety.77, 94, 135, 141 | Study limitation (not all tests addressed) | Low for lower specificity in participants with comorbidities |

Notes: We broadly categorized performance as follows: low (<5%), fair (<20-5%), substantial (20-60%) clinical misdiagnosis rate; limited (<80%), poor (<69%), fair (70-79%), acceptable (80-89%), good (90-95%), excellent (96-100%) sensitivity and specificity; short (<30 minutes) administration and scoring time; limited rater agreement (kappa <0.8, correlations <0.40); \*clinical samples defined as composed of participants undergoing diagnostic workup (as opposed to general, unselected, and/or neurotypical participant samples)

Abbreviations: ADHD Attention-Deficit/Hyperactivity Disorder; AQT Adult ADHD Quick Test; ASRS Adult ADHD Self-Report Scale; BAARS Barkley Adult ADHD Rating Scale; BADDS Brown Attention-Deficit Disorder Scales; C-CPT Conners continuous performance test; CAARS-O Conners Adult ADHD Rating Scale-Observer-Report; CAARS-P Conners Adult ADHD Rating Scale-Peer-Report; CAARS-S Conners Adult ADHD Rating Scale-Self-Report; CBS Current Behavior Scale; CPT continuous performance test; DIVA Diagnostic Interview for ADHD in Adults; EEG electroencephalogram; ICC intra-class correlation; GRADE Grading of Recommendations Assessment, Development and Evaluation; KQ key question, MINI Mini-International Neuropsychiatric Interview; MFNU Motor Function Neurological Assessment; MRI magnetic resonance imaging; N/A not applicable or not available; QbTest quantified behavioral test; SPECT single photon emission computed tomography; vs versus; WURS Wender Utah Rating Scale

The included studies did not report on the impact for participants of being correctly or incorrectly diagnosed. Studies reported only on the performance of the tests but not the effect a diagnosis (or a misdiagnosis) had on participants or similar.

None of the included studies reported on unintended consequences, adverse events, adverse effects, or side effects of the diagnostic tools, including blood-based biomarker, EEG, neuroimaging, and neuropsychological test studies.

Finally, we identified numerous studies reporting on the performance of tests for detecting feigning ADHD. All studies also reporting also on the diagnostic performance of diagnosing ADHD are included in the respective test sections earlier in this chapter and the evidence tables C1 to C8. Studies used subjective tests such as self-report questionnaires as well as objective tests such as neuropsychological test batteries. Results of all studies reporting on feigning ADHD are shown in the evidence table in the appendix (Appendix Table C9).

4. Discussion

This evidence report synthesizes the results of evaluations of available tools for diagnosing attention deficit/hyperactivity disorder in adults. The systematic review reveals a complex landscape with varying levels of evidence across assessment approaches. We identified over 100 studies evaluating the diagnostic performance of self-report questionnaires, peer review questionnaires, neuropsychological tests, neuroimaging, electroencephalogram (EEG), diverse biomarkers, clinician tools, combinations of modalities, and tools to identify feigning ADHD. Despite the research volume, direct comparisons between tests were limited, often resulting in insufficient strength of evidence for definitive evidence statements.

As part of the review, we also addressed a context question regarding the relative frequency of use of tools, given that the use of tools in routine care can be quite different from the scientific research literature. The current frequency of use of the various tools for diagnosing ADHD in adults by primary care and specialty mental health clinicians is unknown. Nevertheless, some published reports suggest that their use is common and widespread. For example, the American Academy of Family Practitioners recommend obtaining rating scales for ADHD from both the patient and significant others in the patient’s life (spouse, a close relative, employer, or colleague). Likewise, the American Psychiatric Association advises the use of ADHD rating scales in addition an in-depth clinical interview for the ADHD diagnosis.165

Large surveys suggest that primary care physicians, psychiatrists, and psychologists commonly, but nurse practitioners less often, rely on one or more of these tools when diagnosing ADHD. An online survey of 1,924 U.S. physicians completed a survey about care of adults for ADHD; 83 percent of primary care physicians and 97 percent of psychiatrists screened for adult ADHD in adults who complained of typical ADHD symptoms, with 64 percent of primary care physicians and 57 percent of psychiatrists using an ADHD rating scale to aid their screening.166 However, only 20 percent of primary care physicians and 25 percent of psychiatrists conducted an extended interview to confirm the diagnosis. Once initiating stimulant treatment, however, 69 percent reported using a rating scale to help titrate the dose. Another survey of 400 primary care physicians surveyed indicated that 85 percent would take a more active role in making an ADHD diagnosis if they had a screening tool that was appropriately developed and validated and both easy to use and quickly administered.167 Studies of diagnostic reports submitted by young adults who were seeking academic accommodations at postsecondary schools or on medical licensing exams showed that most relied primarily or exclusively on current self-reported symptoms on rating scales, suggesting their widespread use by psychologists. Those studies also reported, however, that the clinicians failed to obtain collateral reports, confirm childhood onset, establish functional impairment, or rule out other potential causes for the reported symptoms.168-171 A survey mailed to 262 nurse practitioners in Alaska indicated that only 12 percent were likely to diagnose ADHD in practice; 38 percent of the 68 who responded to a question about methods used to diagnose ADHD in adults reported using a diagnostic screening tool.172

Neuropsychological test measures and specialized rating scales are also commonly used for both diagnostic and clinical assessment of ADHD in adults. This is particularly true with the recent promulgation of commercial, computer-based platforms for administering various versions of the Continuous Performance Task (CPT), such as the QB test, that claim diagnostic utility for adults with ADHD. An indirect indication of the frequency of use of these tests, at least by psychologists and neuropsychologists, is a Delphi consensus study published in 2019. The study surveyed 27 clinician researchers from around the world who were experienced in working with adults who have ADHD and asked them to rate, over four rounds of questioning that progressively honed a list of most highly prioritized tests, the importance of neuropsychological functions in assessing adults who have ADHD, with the aim of composing a list of the most relevant neuropsychological functions to assess and the corresponding tools to assess them.173 The top five domains identified and the tools recommended to assess them with strong group consensus were: (1) sustained attention (assessed using Conners Continuous Performance Test III), (2) distractibility (Conners CPT III), (3) inhibitory control (Go/NoGo test), (4) task planning and organization (the BRIEF self-report survey), (5) working memory (digit span test). ADHD symptoms identified to assess included impulsivity and hyperactivity. The assessments were not considered to be diagnostic per se, because poor scores on the measures can have multiple causes. The tools were instead recommended for clinical assessment to characterize neuropsychological functioning in adults already diagnosed with ADHD.

4.1 Comparative diagnostic performance of tools to diagnose ADHD among adults

We identified over 100 studies that assessed putative tools to aid the diagnosis of ADHD in adults. Although this is a substantial number of studies, we deemed the strength of evidence for the reported performance measures across each of categories of diagnostic tools to be generally low because of large performance variability across studies, the use of widely varying non-ADHD comparison populations, reporting practices that precluded meta-analyses across studies, and statistical analyses that were often exploratory across a large number of variables.

4.1.1 Measures Reported for Diagnostic Performance

As outlined in detail in the introduction, diagnosing Adult ADHD is complex and in addition to issues surrounding the reference standard, this review also highlighted limitations associated with reported measures. Most studies reported sensitivity (true positive rate), specificity (true negative rate), and diagnostic accuracy (how many are correctly diagnosed). Although these are standard performance statistics for diagnostic classification, they have the important limitation of being dependent on an arbitrary threshold that is applied to scores from a diagnostic tool that defines whether individual participants do or do not have ADHD – for example, the percent of symptoms endorsed, the numerical score on a rating of symptom severity or measure of cognitive performance, or the power in an EEG frequency band. Studies that use the same diagnostic tool often apply different thresholds to the scores from that tool, which will necessarily alter the reported sensitivities and specificities. Comparing sensitivities and specificities across studies that use differing thresholds is therefore like comparing apples and oranges.

Moreover, sensitivity and specificity, because of how they are defined and calculated, inherently have an inverse relationship to one another, such that raising the diagnostic threshold for a score on a tool will reduce sensitivity (i.e., it will identify fewer people who truly have ADHD) but increase specificity (i.e., falsely identify fewer people as having ADHD who do not in fact have it), and vice versa for lowering the diagnostic threshold. This inherent trade-off between sensitivity and specificity establishes an operational limit for plots of sensitive versus specific as shown in the figures along the y = -x line, i.e., from the upper left to lower right corner of the plot, which would identify diagnostic tests that perform at no better than chance. Tools in the upper right quadrant of that plot improve in overall performance as they approach the upper right corner, or perfect accuracy (100% true positives and 100% true negatives). Identified research shows that, for categories of tools such as rating scales and neuropsychological test measures that have the most data points, many studies perform little better than chance (they lie close to the y = -x line; studies that lie to the left of it perform worse than chance) and, moreover, because they lie on or near the diagonal, the findings suggest that variability in performance likely derives from differences in the thresholds applied to the scores from the diagnostic tools. Unfortunately, adjusting sensitivity and specificity through use of the same diagnostic threshold is impossible without having the scores from the tool for each study participant. Reports of diagnostic accuracy suffer the same limitation of depending inherently on the diagnostic threshold applied to the tool’s score.

One index of diagnostic performance that addresses these limitations of sensitivity and specificity metrics is AUC (area under the curve), a measure from receiver operating characteristic (ROC) curves that was first developed by engineers during World War II to detect enemy objects in the battlefield. An ROC curve is a plot of sensitivity vs specificity across the entire range of possible diagnostic thresholds. The area under this ROC curve provides a single, overall index of performance that is independent of diagnostic threshold. AUC values range of 0.5 (corresponding to the y=x line) indicate that the tool provides no information above chance for diagnostic classification. Values of 1.0 (corresponding to the vertical x=0 line) indicate that the tests performs perfectly, correctly classifying all participants who have ADHD as having it and all non-ADHD participants as not having it. Intermediate AUC values of 90 to 100 are commonly classified as *excellent* performance; 80 to 90 as *good*; 70 to 80 *fair*; 60 to 70 *poor*; and 50 to 60 as *failed*. Studies of diagnostic tools are increasingly reporting performance in terms of AUC, in addition to the more traditional measures of sensitivity and specificity.

A minority of studies reported other measures of diagnostic performance, including positive predictive value (PPV) and negative predictive value (NPV). They are calculated as PPV = True Positives / (True Positives + False Positives), and NPV = True Negatives / (True Negatives + False Negatives). PPV is the probability that a person with a positive test result has the condition; NPV is the probability that a person with a negative test result does not have the condition. False positives will increase and false negatives will decline with lower base rates in the population – if no one has the condition, all positive results are false, and all negative results are correct then PPV will decrease to 0.00 (no one with a positive test result has the condition) and NPV will increase to 1.00 - everyone with a negative test result does not have the condition (and the reverse is true if everyone has the condition). Thus, these metrics represent the utility of diagnostic tools in a particular setting that has a specific base rate of ADHD in population sampled. They will differ across varying diagnostic settings because the base rates of ADHD differ across those settings (the base rate may be, for example, 60-70% in a clinic where patients assessed for suspected ADHD, it may be 50% in a study designed to have equal numbers of ADHD and healthy control participants, or it may be 5% in an epidemiological sample of the general population). Very few studies that we identified for inclusion reported PPV and NPV values, generally without providing accurate and independent estimates of the base rates of ADHD in the study’s specific diagnostic setting.

4.1.2 The Importance of the Comparator Sample

Measures of diagnostic accuracy will vary with the characteristics of the non-ADHD participants from which the diagnostic tool is attempting to discriminate the study’s ADHD participants. For example, if the non-ADHD participants are patients who have more symptoms that overlap those of ADHD, as occurs commonly with patients who have autism, depression, or anxiety, false positives will tend to be higher than in studies where the non-ADHD participants have few or no symptoms that overlap, as happens when the comparator group is a sample of neurotypical controls.

In real-world clinical practice, clinicians rarely if ever need to determine whether a patient has ADHD or is healthy and symptom-free (the clinical equivalent of a neurotypical control in many research studies). The patient has presented to the clinician with some kind of clinical problem, or they would not be seeing the clinician. That problem likely has symptoms that overlap those of ADHD, or ADHD would not be considered as a clinical possibility. For these reasons, the much more clinically relevant studies of performance for tools that aid the diagnosis of ADHD are those that employ a comparator group of participants who have mental health problems and symptoms that may overlap those of ADHD. The *most* clinically relevant comparison are from studies in which all participants were presenting for evaluation of possible ADHD, because real-world clinicians are asked to diagnose ADHD in patients who are presenting for an ADHD assessment.33 These comparator samples will tend to produce more false positives in diagnostic testing, thus lowering specificity metrics.168

4.1.3 Rating Scales

Numerous studies reported on performance for at least one self-report measure in diagnosing ADHD (Figure 5). The number of different scales was large (17), but the most commonly reported measures were the CAARS, ASRS, and WURS. Studies that used the same measure often applied different diagnostic cut-offs to the score the measure generates. Self-reports were generally able to correctly rule out ADHD, with good but rarely excellent performance and substantial variation across studies.71, 86, 101

Examination of the plotted sensitivity versus specificity suggests that sensitivity and specificity measures are similarly distributed around the y=x line, indicating that self-rating scales are similarly likely to under-identify individuals who truly have ADHD (reflecting sensitivity) and to over-identify individuals who do not have ADHD (reflecting specificity).168 Closer examination also suggests that the measures of CAARS performance tended to lie along the y = -x line or close to it, suggesting poorer performance independent of the specific diagnostic threshold used. Measures of the ASRS tended to cluster closer to the upper right corner, suggesting overall better performance, independent of the diagnostic threshold used. Only three studies reported performance for peer ratings, but the characteristics of the studies preclude interpretation.

4.1.4 Neuropsychological Tests

A considerable number of studies have been published that report on the performance of various neuropsychological tests to diagnose ADHD in adults. Most of these studies assessed performance of a wide range of measures in a highly exploratory way, without specific hypotheses for which measures would perform best. All the studies reported on performance of some form of CPT, but the CPT, like most of the individual neuropsychological tests, itself generates many measures, and which of those measures was reported and performed best varied widely across studies. These approaches to the analysis and reporting of results greatly complicate comparison of performance across studies and the interpretation and generalization of findings. The best performing of the neuropsychological tests are reported here, which risks a positive bias for assessing overall performance of neuropsychological tests, but which nevertheless seems to be the most efficient way to report findings.

With all these caveats, results indicated a substantial false negative rate in most studies.95, 144 Sensitivity varied widely, from excellent for the AQT118 to very poor,146 with most sensitivity measures in the fair range or poorer, indicating that neuropsychological tests often missed the diagnosis in those who truly had ADHD. Specificity likewise varied widely, from perfect specificity for the AQT118 to poor specificity for QbTest Plus variables,144 though in general, specificity was fair at best, indicating that tests often incorrectly identified non-ADHD controls as having ADHD.

Comparing sensitivity and specificity measures across categories of diagnostic tools, neuropsychological tests do not seem to perform better than self-report measures (self-report measures have more frequent clusters near the upper right corner of the plots, indicating better combinations of sensitivity and specificity). Recent systematic reviews of the diagnostic utility of continuous performance measures for adults with ADHD have concluded that these tests are vulnerable to practice effects and the feigning of symptoms, and they alone do not sufficiently dis­criminate persons who have ADHD from clinical controls.38, 39

4.1.5 Other Diagnostic Tools

With a couple of exceptions, overall diagnostic performance of EEG measures was fair to good for the dozen studies that reported them, although, similar to the limitations of neuropsychological test studies, the EEG measures varied widely across studies and were often highly exploratory in assessing performance across many measures. Measures, for example, ranged from resting state EEG,96, 125 to event-related potentials during neuropsychological tasks,54, 115 to EEG recordings during transcranial magnetic stimulation.80 Several of the studies used machine learning or other techniques to combine various EEG measures into a highly complex test measure that would be difficult or impossible to replicate in future studies. Most employed a non-clinical comparator sample, which likely contributed to the reasonable performance measures. Sensitivities ranged from perfect performance during a CPT and using machine learning-derived EEG measure91 to fair performance using resting state EEG measures.125 Specificity showed an even wider range from excellent for event-related potential54 to poor performance in a study evaluating resting state EEG96 but was generally good in identified studies. Most clinical practices and even research centers do not have EEG capability, let alone under the complex testing conditions employed in these studies. The real-world applicability of these measures is therefore currently extremely limited.

The studies that assessed diagnostic performance for neuroimaging measures used a wide range of imaging technologies, including SPECT,48 3-D SPECT,136 structural MRI, DTI,56 and resting state fMRI.157, 161 Limitations of these studies are similar to those for EEG measures, with diagnostic test measures highly ad hoc and complex, precluding generalizability and opportunities for replication. Comparator samples were often non-clinical, and analyses were often exploratory across multiple test measures. Sensitivities ranged from perfect in a large retrospective cohort SPECT study48 to poor in a SPECT study136 with a clinical comparator sample. Specificities ranged from excellent in the retrospective SPECT study48 to fair in an fMRI study).161 Also similar to EEG, the real-world applicability of using neuroimaging methods to aid diagnosis is limited by the practical challenges in acquiring the imaging measures.

Five studies reported on performance of putative biomarkers in diagnosing ADHD. Each used a different technology, including a genetic marker,79 eye tracking,88 blood oxidative status,138 physiological data from a wearable device,49 and Motor Function Neurological Assessment (MFNU).150

4.2 Direct Comparisons of Diagnostic Performance

Because measures of diagnostic performance, especially measures of sensitivity and specificity, vary with the diagnostic threshold applied to the score that the diagnostic tool generates, as well as sample characteristics, interpreting differences in measures of diagnostic performance across studies is exceedingly difficult. All these differences in study characteristics undoubtedly contributed to the scatter of data points in the plots of sensitivity versus specificity shown in the figures; disentangling all of these effects on measures of diagnostic performance across studies is impossible.

For these reasons, studies that directly compare measures of performance across diagnostic tools in the same sample of participants are most valuable to identify better performing tools. We identified 11 such studies. Of those, two had only six participants each who had ADHD100, 132 and preclude interpretation. One study reported performance metrics only for EEG measures.54 Of the remaining studies, seven were discriminating participants with ADHD from participants with other clinical conditions65, 78, 98, 122, 123, 145, 154 and one was discriminating from participants with a mix of patients and neurotypical controls.119 They all assessed performance of self-rating scales for ADHD symptoms. Those that attempted to make very difficult clinical discriminations reported the poorest performance (e.g., ADHD+ASD vs ASD alone: sensitivity 57%, specificity 81%;122 combined type ADHD vs predominantly Inattentive ADHD: sensitivity 65%, specificity 61%).154 The other studies generally reported sensitivities ranging from the mid-70’s to low 90’s, but those with the highest sensitivities had the lowest specificities, in the high 20’s and low 30’s, as expected given the inherent trade-off between sensitivity and specificity that depends on the diagnostic threshold applied to scores from the rating scale. Peer ratings were also assessed in three of the studies:65, 98, 122 one reported substantially lower sensitivities but higher specificities than for the self-ratings;65 one reported performance comparable to self-ratings; 98 and one reported substantially higher sensitivity and specificity when using both an ADHD scale and an ASD scale in discriminating ASD+ASD from ASD alone.122 Combining the self-ratings and peer ratings in two of these studies yielded comparable sensitivity in one study,65 improved sensitivity in the other,98 and improved specificity in both, compared with self-ratings alone.

Neuropsychological measures were assessed in five of these studies.78, 98, 119, 123, 145 Sensitivities ranged from 30 percent (corresponding specificity 74%) 98to 84 percent (corresponding specificity 80%),78 and specificities ranged from 56 percent (corresponding sensitivity 73.3%)123 to 86 percent (corresponding sensitivity 47%).145 Generally, however, performance of these as stand-alone measures was poorer than for self-ratings, and studies were inconsistent in identifying which of the numerous measures from the continuous performance measurement (e.g., omission errors, commission errors, reaction time variability) provided the best performance. Three of these studies assessed diagnostic performance when combining self-ratings with continuous performance measures.78, 119, 123 One found substantially better sensitivity than for the neuropsychological test alone and better specificity than for the self-rating alone, one found better sensitivity and specificity than for the continuous performance test alone,78 and one did not report sensitivity or specificity for the combination.119

These findings from head-to-head comparisons, taken together, suggest that the combination of self-ratings, peer ratings, and continuous performance test scores may one day prove more useful than either measure alone in accurately diagnosing ADHD. Currently, however, self-ratings combined with peer ratings offer the best evidence for improving diagnostic performance over either rating alone.

4.3 Implications

Self-report scales are easy to use tools to aid the diagnosis of ADHD in both primary and specialty care settings. They are prone, however, to both false positive and false negative findings, especially when used in a setting where adults present for evaluation of suspected ADHD. A negative test is reassuring but not conclusive, and it likely prompts in a patient complaining about ADHD symptoms an assessment of current symptoms, as well as retrospective assessment of symptoms earlier in childhood (when symptom expression may have been more complete) from other sources – including spouses, significant others, parents, siblings, and teacher comments in school records. A negative test also prompts questions about other mental health problems whose symptoms overlap those of ADHD, especially depression, anxiety, substance abuse, stress, and trauma.

Self-report scales are also prone to false positives, most often from the presence of one or more of these conditions with overlapping symptoms. Therefore, assessing the validity of positive responses to questions on the scale helps in deciding how likely the test result is to be a true positive. Thus, patients with a positive test results should elaborate on experiences of symptoms in their own words, noting when the symptoms first began to discern if they were present in childhood, reviewing the trajectory of the symptoms over time, the settings or experiences that exacerbate them, and what kind of functional impairment they produce, if any.16 ADHD symptoms in childhood can be assessed by asking patients and parents to complete retrospective symptom reports on standard checklists, such as the ADHD rating scale174 or the Conners 3 rating scale.175 Similar to a negative test, positive tests also raise questions about overlapping symptoms from other conditions. Assessing symptoms of other conditions that can overlap with ADHD symptoms can be done even in a busy clinical practice through the use of existing scales for depression and anxiety (such as the PHQ-9176 and GAD-7177). It is critical to assess whether positive responses truly represent ADHD or instead the symptoms of another clinical condition.16

Neuropsychological tests, including the CPT, are not routine in diagnosing ADHD in adults, and both sensitivity and specificity for these tests are on average lower than for self-report measures. Certainly, the long and expensive batteries of traditional neuropsychological testing will not aid diagnosis of ADHD, though they may serve other clinical purposes. Prior reviews of CPT performance as a diagnostic tool in adults with ADHD have yielded these same conclusions.38, 39 Whether the combination of a CPT with self-report measures can improve diagnostic performance is at present unclear. In addition, symptom validity tests and performance validity tests can detect some invalid presentations in self-reports and inadequate effort in neuropsychological tests and many experts have recommended the use of these tools as part of a comprehensive assessment of ADHD in adults.178-184 Identified studies varied regarding the inclusion of validity tests. In addition, an individual’s effort during testing can fluctuate significantly over the course of an assessment, and individuals differ in what cognitive abilities they choose to exaggerate or feign deficits.110, 185

Finally, the quality of evidence for objective tests that are not vulnerable to impression management such as EEG, neuroimaging, and biomarkers, as tools to diagnose ADHD in adults is low. None of the performance findings have been replicated, and no clinical effectiveness studies have been conducted to assess use of these tools in the real world to diagnose ADHD. From a practical perspective, very few primary care or specialty mental health clinicians have access to these technologies. Thus, these tools are not even remotely close to being ready for clinical application to aid diagnosis, even though the FDA has approved one EEG measure as a purported diagnostic aid.186, 187

4.4 Strengths, Limitations, and Applicability

A strength of this review is its scope and inclusiveness - publications did not have date restrictions, and they were not limited to use of any pre-specified tools, which led to inclusion of novel EEG, neuroimaging, and biomarker studies in the diagnosis of ADHD. Nonetheless, this review was limited to diagnostic accuracy studies and did not focus on psychometric considerations such as the validity of symptoms supporting a diagnosis. In addition, we restricted the review to English-language studies, which will have missed some tools used locally outside of the U.S. and other English-speaking countries.

The conclusions of this review are limited by the poor quality of evidence for performance of every category of diagnostic tool and by the paucity of reporting findings that would support meta-analysis across studies, including AUCs, false positive and negative rates, and the thresholds applied to scores from the diagnostic tools. Furthermore, limiting to studies reporting on a reference standard added focus to the review, but given the issues surrounding a clinical diagnosis of ADHD in adults also needs to acknowledge that there is no true and universally accepted gold standard in this research area.

Finally, several included studies reported multiple exclusions for eligible participants, which hinders the generalizability of the findings to patients seen in routine practice, in particular in primary care. Furthermore, some studies used sophisticated and resource-intense assessment methods, as well as advanced analytic procedures to optimize diagnostic performance. Hence, diagnostic performance may not translate from the favorable effects shown in the documented research to real world practice and likely represent a best-case scenario.

4.5 Next Steps

Despite the limitations of studies thus far, it seems clear from their findings that no single rating scale or neuropsychological test, and probably no single neuroimaging algorithm or biomarker, will provide the desired combination of high sensitivity and high specificity in diagnosing adults who have ADHD in real-world settings, where the clinical question is whether a given individual who is suspected of having ADHD actually has it. The relatively few studies that have directly compared the performance of diagnostic tools with one another provide some early indication that the combination of tools may yield may improve both sensitivity and specificity in diagnosing ADHD compared with the use of any single tool alone. Future studies should compare the performance of tools within and across categories, both singly and in combination. The methods for optimally combining measures across different tools should be made explicit and have a clear rationale. Algorithms for combining measures that are based on machine learning, neural networks, or other similar “black box” technologies should be made publicly available to facilitate validation, replication, and dissemination. Much more research is needed to determine how to combine data optimally across informants or tools.16, 33

Future studies should move past the use of neurotypical comparator groups, which have little or no real-world clinical relevance, and instead assess diagnostic performance only in clinical samples. Further, future studies should assess diagnostic performance in clinically important participant subgroups, including subgroups defined by age, sex, race, ethnicity, and the presence of disorders that commonly co-occur with ADHD, if only to be able to say with more confidence that there are no differences. We cannot assume that the absence of research equates to the absence of evidence and we had to note several times that the evidence was simply insufficient for more concrete evidence statements. Because the diagnosis of ADHD requires childhood onset, studies are needed to assess how best to assess and validate the presence of symptoms in childhood.168 It is often difficult to obtain childhood educational and medical records and adults’ recall of childhood symptoms is limited.16, 168, 169, 188-193 More research is also needed on measures to detect invalid responses in completing self-report ADHD rating scales and inadequate effort on neuropsychological tests.33

Future studies of diagnostic tools should report their findings in much more detail to support meta-analyses across studies. This would include reporting false positive and negative rates, the thresholds applied to scores from the diagnostic tools, and any data manipulation used to produce the finding. Studies should also report ROC analyses to support comparisons of test performance across studies that are independent of diagnostic thresholds. Studies should also make available their individual-level data in public repositories to support future efforts at replication, synthesis, and new discovery.

Although currently available “objective” measures of neurocognitive performance are not likely to be useful tools in diagnosing ADHD in adults, continued search for and development of better objective, performance-based measures is warranted. Candidate tools will need to overcome the limitations identified for prior continuous performance tests and other neuropsychological tests. New, better-performing tools will need to correlated better with ADHD symptom ratings, have better test-retest reliability, have fewer ceiling effects that likely contribute to false negative diagnoses, and have greater ecological validity – i.e., better simulate the effects of external and environmental distractions that disrupt attention in everyday life. 33, 38, 39, 173

Finally, studies are needed to assess the consequences of being correctly or incorrectly diagnosed as having ADHD and any unintended consequences and adverse effects of diagnostic tools.

References

1. Weiss G, Hechtman LT. Hyperactive Children Grown Up, Second Edition: ADHD in Children, Adolescents, and Adults: Guilford Publications; 1993.

2. Mannuzza S, Klein RG, Bessler A, et al. Adult psychiatric status of hyperactive boys grown up. Am J Psychiatry. 1998 Apr;155(4):493-8. doi: 10.1176/ajp.155.4.493. PMID: 9545994.

3. Biederman J, Mick E, Faraone SV. Age-dependent decline of symptoms of attention deficit hyperactivity disorder: impact of remission definition and symptom type. Am J Psychiatry. 2000 May;157(5):816-8. doi: 10.1176/appi.ajp.157.5.816. PMID: 10784477.

4. Wilens TE, Biederman J, Spencer TJ. Attention deficit/hyperactivity disorder across the lifespan. Annu Rev Med. 2002;53:113-31. doi: 10.1146/annurev.med.53.082901.103945. PMID: 11818466.

5. Mannuzza S, Klein RG, Bessler A, et al. Adult outcome of hyperactive boys. Educational achievement, occupational rank, and psychiatric status. Arch Gen Psychiatry. 1993 Jul;50(7):565-76. doi: 10.1001/archpsyc.1993.01820190067007. PMID: 8317950.

6. Center for Disease Control and Prevention. Data and Statistics About ADHD. <https://www.cdcgov/ncbddd/adhd/datahtml>. Accessed on June 10, 2024.

7. Caci HM, Morin AJ, Tran A. Prevalence and correlates of attention deficit hyperactivity disorder in adults from a French community sample. J Nerv Ment Dis. 2014 Apr;202(4):324-32. doi: 10.1097/nmd.0000000000000126. PMID: 24647218.

8. Das D, Cherbuin N, Butterworth P, et al. A population-based study of attention deficit/hyperactivity disorder symptoms and associated impairment in middle-aged adults. PLoS One. 2012;7(2):e31500. doi: 10.1371/journal.pone.0031500. PMID: 22347487.

9. Estevez N, Eich-Hochli D, Dey M, et al. Prevalence of and associated factors for adult attention deficit hyperactivity disorder in young Swiss men. PLoS One. 2014;9(2):e89298. doi: 10.1371/journal.pone.0089298. PMID: 24586672.

10. Moulin F, Chollet A, Ramos-Quiroga JA, et al. Prevalence and Psychosocial Correlates of ADHD Symptoms in Young Adulthood: A French Population-Based Study. J Atten Disord. 2018 Jan;22(2):167-81. doi: 10.1177/1087054717706758. PMID: 28490216.

11. Asherson P, Akehurst R, Kooij JJ, et al. Under diagnosis of adult ADHD: cultural influences and societal burden. J Atten Disord. 2012 Jul;16(5 Suppl):20s-38s. doi: 10.1177/1087054711435360. PMID: 22377849.

12. Cook J, Knight E, Hume I, et al. The self-esteem of adults diagnosed with attention-deficit/hyperactivity disorder (ADHD): a systematic review of the literature. Atten Defic Hyperact Disord. 2014 Dec;6(4):249-68. doi: 10.1007/s12402-014-0133-2. PMID: 24668198.

13. Faraone SV, Biederman J, Mick E. The age-dependent decline of attention deficit hyperactivity disorder: a meta-analysis of follow-up studies. Psychol Med. 2006 Feb;36(2):159-65. doi: 10.1017/S003329170500471X. PMID: 16420712.

14. Kooij SJ, Bejerot S, Blackwell A, et al. European consensus statement on diagnosis and treatment of adult ADHD: The European Network Adult ADHD. BMC Psychiatry. 2010 Sep 3;10:67. doi: 10.1186/1471-244X-10-67. PMID: 20815868.

15. 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.

16. Sibley MH. Empirically-informed guidelines for first-time adult ADHD diagnosis. J Clin Exp Neuropsychol. 2021 May;43(4):340-51. doi: 10.1080/13803395.2021.1923665. PMID: 33949916.

17. Benson K, Flory K, Humphreys KL, et al. Misuse of Stimulant Medication Among College Students: A Comprehensive Review and Meta-analysis. Clinical Child and Family Psychology Review. 2015 2015/03/01;18(1):50-76. doi: 10.1007/s10567-014-0177-z.

18. Agay N, Yechiam E, Carmel Z, et al. Methylphenidate enhances cognitive performance in adults with poor baseline capacities regardless of attention-deficit/hyperactivity disorder diagnosis. J Clin Psychopharmacol. 2014 Apr;34(2):261-5. doi: 10.1097/jcp.0000000000000076. PMID: 24525641.

19. Hester R, Nandam LS, O'Connell RG, et al. Neurochemical enhancement of conscious error awareness. J Neurosci. 2012 Feb 22;32(8):2619-27. doi: 10.1523/jneurosci.4052-11.2012. PMID: 22357846.

20. Rapoport JL, Buchsbaum MS, Weingartner H, et al. Dextroamphetamine. Its cognitive and behavioral effects in normal and hyperactive boys and normal men. Arch Gen Psychiatry. 1980 Aug;37(8):933-43. doi: 10.1001/archpsyc.1980.01780210091010. PMID: 7406657.

21. Rapoport JL, Buchsbaum MS, Zahn TP, et al. Dextroamphetamine: cognitive and behavioral effects in normal prepubertal boys. Science. 1978 Feb 3;199(4328):560-3. doi: 10.1126/science.341313. PMID: 341313.

22. Turner DC, Robbins TW, Clark L, et al. Cognitive enhancing effects of modafinil in healthy volunteers. Psychopharmacology (Berl). 2003 Jan;165(3):260-9. doi: 10.1007/s00213-002-1250-8. PMID: 12417966.

23. Taylor A, Deb S, Unwin G. Scales for the identification of adults with attention deficit hyperactivity disorder (ADHD): a systematic review. Res Dev Disabil. 2011 May-Jun;32(3):924-38. doi: 10.1016/j.ridd.2010.12.036. PMID: 21316190.

24. Peterson BS, Trampush J, Brown M, et al. Tools for the Diagnosis of ADHD in Children and Adolescents: A Systematic Review. Pediatrics. 2024 Apr 1;153(4). doi: 10.1542/peds.2024-065854. PMID: 38523599.

25. Plumber N, Majeed M, Ziff S, et al. Stimulant Usage by Medical Students for Cognitive Enhancement: A Systematic Review. Cureus. 2021 May 22;13(5):e15163. doi: 10.7759/cureus.15163. PMID: 34178492.

26. Sharif S, Guirguis A, Fergus S, et al. The Use and Impact of Cognitive Enhancers among University Students: A Systematic Review. Brain Sci. 2021 Mar 10;11(3). doi: 10.3390/brainsci11030355. PMID: 33802176.

27. Chandra S, Biederman J, Faraone SV. Assessing the Validity of the Age at Onset Criterion for Diagnosing ADHD in DSM-5. J Atten Disord. 2021 Jan;25(2):143-53. doi: 10.1177/1087054716629717. PMID: 26922806.

28. Caye A, Rocha TB, Anselmi L, et al. Attention-Deficit/Hyperactivity Disorder Trajectories From Childhood to Young Adulthood: Evidence From a Birth Cohort Supporting a Late-Onset Syndrome. JAMA Psychiatry. 2016 Jul 1;73(7):705-12. doi: 10.1001/jamapsychiatry.2016.0383. PMID: 27192050.

29. Agnew-Blais JC, Polanczyk GV, Danese A, et al. Evaluation of the Persistence, Remission, and Emergence of Attention-Deficit/Hyperactivity Disorder in Young Adulthood. JAMA Psychiatry. 2016 Jul 1;73(7):713-20. doi: 10.1001/jamapsychiatry.2016.0465. PMID: 27192174.

30. Asherson P, Buitelaar J, Faraone SV, et al. ADHD Management in Adolescents Transitioning to Adulthood: Challenges and Opportunities. Postgraduate Medicine. 2016;128(8):774-83.

31. Moffitt TE, Houts R, Asherson P, et al. Is Adult ADHD a Childhood-Onset Neurodevelopmental Disorder? Evidence From a Four-Decade Longitudinal Cohort Study. Am J Psychiatry. 2015 Oct;172(10):967-77. doi: 10.1176/appi.ajp.2015.14101266. PMID: 25998281.

32. Epstein JN, Kollins SH. Psychometric properties of an adult ADHD diagnostic interview. J Atten Disord. 2006 Feb;9(3):504-14. doi: 10.1177/1087054705283575. PMID: 16481667.

33. Marshall P, Hoelzle J, Nikolas M. Diagnosing Attention-Deficit/Hyperactivity Disorder (ADHD) in young adults: A qualitative review of the utility of assessment measures and recommendations for improving the diagnostic process. Clin Neuropsychol. 2021 Jan;35(1):165-98. doi: 10.1080/13854046.2019.1696409. PMID: 31791193.

34. Gorlin EI, Dalrymple K, Chelminski I, et al. Reliability and validity of a semi-structured DSM-based diagnostic interview module for the assessment of Attention Deficit Hyperactivity Disorder in adult psychiatric outpatients. Psychiatry Res. 2016 Aug 30;242:46-53. doi: 10.1016/j.psychres.2016.05.020. PMID: 27259136.

35. Wilens TE, Adler LA, Adams J, et al. Misuse and diversion of stimulants prescribed for ADHD: a systematic review of the literature. J Am Acad Child Adolesc Psychiatry. 2008 Jan;47(1):21-31. doi: 10.1097/chi.0b013e31815a56f1. PMID: 18174822.

36. Staley BS, Robinson LR, Claussen AH, et al. Attention-Deficit/Hyperactivity Disorder Diagnosis, Treatment, and Telehealth Use in Adults - National Center for Health Statistics Rapid Surveys System, United States, October-November 2023. MMWR Morb Mortal Wkly Rep. 2024 Oct 10;73(40):890-5. doi: 10.15585/mmwr.mm7340a1. PMID: 39388378.

37. Adler LA, Faraone SV, Spencer TJ, et al. The reliability and validity of self- and investigator ratings of ADHD in adults. J Atten Disord. 2008 May;11(6):711-9. doi: 10.1177/1087054707308503. PMID: 18025250.

38. Pagán AF, Huizar YP, Schmidt AT. Conner's Continuous Performance Test and Adult ADHD: A Systematic Literature Review. J Atten Disord. 2023 Feb;27(3):231-49. doi: 10.1177/10870547221142455. PMID: 36495125.

39. Varela JL, Magnante AT, Miskey HM, et al. A systematic review of the utility of continuous performance tests among adults with ADHD. Clin Neuropsychol. 2024 Feb 29:1-62. doi: 10.1080/13854046.2024.2315740. PMID: 38424025.

40. APSARD. U.S. Based Guidelines for Adults with ADHD. n.d. <https://apsard.org/us-guidelines-for-adults-with-adhd/>. Accessed on November 10, 2024.

41. Diagnosis of Attention-Deficit/Hyperactivity Disorder in Adults: A Systematic Review. Rockville, MD: Agency for Healthcare Research and Quality; February 2025. <https://effectivehealthcare.ahrq.gov/products/hyperactivity-disorder/protocol>. Accessed on March 7, 2025.

42. Methods Guide for Effectiveness and Comparative Effectiveness Reviews. Rockville, MD Effective Health Care Program, Agency for Healthcare Research and Quality. <https://effectivehealthcare.ahrq.gov/products/collections/cer-methods-guide>. Accessed on October 7, 2024.

43. Whiting PF, Rutjes AW, Westwood ME, et al. QUADAS-2: a revised tool for the quality assessment of diagnostic accuracy studies. Ann Intern Med. 2011 Oct 18;155(8):529-36. doi: 10.7326/0003-4819-155-8-201110180-00009. PMID: 22007046.

44. 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.

45. 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.

46. 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.

47. Amen DG, Hanks C, Prunella J. Preliminary evidence differentiating ADHD using brain SPECT imaging in older patients. J Psychoactive Drugs. 2008 Jun;40(2):139-46. doi: 10.1080/02791072.2008.10400623. PMID: 18720662.

48. 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.

49. 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.

50. 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.

51. 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.

52. 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.

53. 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.

54. Biederman J, Hammerness P, Sadeh B, et al. Diagnostic utility of brain activity flow patterns analysis in attention deficit hyperactivity disorder. Psychol Med. 2017 May;47(7):1259-70. doi: 10.1017/s0033291716003329. PMID: 28065167.

55. Brunkhorst-Kanaan N, Verdenhalven M, Kittel-Schneider S, et al. The Quantified Behavioral Test-A Confirmatory Test in the Diagnostic Process of Adult ADHD? Front Psychiatry. 2020;11:216. doi: 10.3389/fpsyt.2020.00216. PMID: 32265761.

56. Chaim-Avancini TM, Doshi J, Zanetti MV, et al. Neurobiological support to the diagnosis of ADHD in stimulant-naïve adults: pattern recognition analyses of MRI data. Acta Psychiatr Scand. 2017 Dec;136(6):623-36. doi: 10.1111/acps.12824. PMID: 29080396.

57. Chen T, Antoniou G, Adamou M, et al. Automatic diagnosis of attention deficit hyperactivity disorder using machine learning. Applied Artificial Intelligence. 2021;35(9):657-69. doi: 10.1080/08839514.2021.1933761.

58. Chiasson JP, Stavro K, Rizkallah É, et al. Questioning the specificity of ASRS-v1.1 to accurately detect ADHD in substance abusing populations. J Atten Disord. 2012 Nov;16(8):661-3. doi: 10.1177/1087054711425768. PMID: 22049481.

59. Cohen AL, Shapiro SK. Exploring the performance differences on the flicker task and the conners' continuous performance test in adults with ADHD. J Atten Disord. 2007 Jul;11(1):49-63. doi: 10.1177/1087054706292162. PMID: 17606772.

60. Cook CM, Bolinger E, Suhr J. Further Validation of the Conner's Adult Attention Deficit/Hyperactivity Rating Scale Infrequency Index (CII) for Detection of Non-Credible Report of Attention Deficit/Hyperactivity Disorder Symptoms. Arch Clin Neuropsychol. 2016 Jun;31(4):358-64. doi: 10.1093/arclin/acw015. PMID: 27193367.

61. Courrégé SC, Skeel RL, Feder AH, et al. The ADHD Symptom Infrequency Scale (ASIS): A novel measure designed to detect adult ADHD simulators. Psychol Assess. 2019 Jul;31(7):851-60. doi: 10.1037/pas0000706. PMID: 30802120.

62. Dakwar E, Mahony A, Pavlicova M, et al. The utility of attention-deficit/hyperactivity disorder screening instruments in individuals seeking treatment for substance use disorders. J Clin Psychiatry. 2012 Nov;73(11):e1372-8. doi: 10.4088/JCP.12m07895. PMID: 23218166.

63. De QUIROS GB, Kinsbourne M. Adult ADHD: Analysis of Self‐ratings on a Behavior Questionnaire. Annals of the New York Academy of Sciences. 2001;931(1):140-7.

64. Dunlop BW, Wu R, Helms K. Performance of the Adult ADHD Self-Report Scale-v1.1 in Adults with Major Depressive Disorder. Behav Sci (Basel). 2018 Mar 29;8(4). doi: 10.3390/bs8040037. PMID: 29596328.

65. Dvorsky MR, Langberg JM, Molitor SJ, et al. Clinical utility and predictive validity of parent and college student symptom ratings in predicting an ADHD diagnosis. Journal of Clinical Psychology. 2016;72(4):401-18.

66. Edebol H, Helldin L, Norlander T. Objective Measures of Behavior Manifestations in Adult ADHD and Differentiation from Participants with Bipolar II Disorder, Borderline Personality Disorder, Participants with Disconfirmed ADHD as Well as Normative Participants. Clin Pract Epidemiol Ment Health. 2012;8:134-43. doi: 10.2174/1745017901208010134. PMID: 23166565.

67. Edebol H, Helldin L, Norlander T. Measuring adult Attention Deficit Hyperactivity Disorder using the Quantified Behavior Test Plus. Psych J. 2013 Apr;2(1):48-62. doi: 10.1002/pchj.17. PMID: 24294490.

68. Elbaum T, Braw Y, Lev A, et al. Attention-Deficit/Hyperactivity Disorder (ADHD): Integrating the MOXO-dCPT with an Eye Tracker Enhances Diagnostic Precision. Sensors (Basel). 2020 Nov 9;20(21). doi: 10.3390/s20216386. PMID: 33182303.

69. Emser TS, Johnston BA, Steele JD, et al. Assessing ADHD symptoms in children and adults: evaluating the role of objective measures. Behav Brain Funct. 2018 May 18;14(1):11. doi: 10.1186/s12993-018-0143-x. PMID: 29776429.

70. Erhardt D, Epstein JN, Conners CK, et al. Self-ratings of ADHD symptoms in adults: II. Reliability, validity, and diagnostic sensitivity. Journal of Attention Disorders. 1999;3(3):153-8. doi: 10.1177/108705479900300304.

71. Faraone S, Biederman J, Spencer T. Diagnostic efficiency of symptom items for identifying adult ADHD. Journal of ADHD & Related Disorders. 2010;1:38-48.

72. Finley JA, Brooks JM, Nili AN, et al. Multivariate examination of embedded indicators of performance validity for ADHD evaluations: A targeted approach. Appl Neuropsychol Adult. 2023 Sep 13:1-14. doi: 10.1080/23279095.2023.2256440. PMID: 37703401.

73. Finley JA, Cerny BM, Brooks JM, et al. Cross-validating the Clinical Assessment of Attention Deficit-Adult symptom validity scales for assessment of attention deficit/hyperactivity disorder in adults. J Clin Exp Neuropsychol. 2024 Mar;46(2):111-23. doi: 10.1080/13803395.2023.2283940. PMID: 37994688.

74. Fuermaier ABM, Tucha O, Koerts J, et al. The development of an embedded figures test for the detection of feigned attention deficit hyperactivity disorder in adulthood. PLoS ONE. 2016;11(10). doi: 10.1371/journal.pone.0164297.

75. Galloway-Long H, Huang-Pollock C, Neely K. Ahead of the (ROC) Curve: A Statistical Approach to Utilizing Ex-Gaussian Parameters of Reaction Time in Diagnosing ADHD Across Three Developmental Periods. J Int Neuropsychol Soc. 2022 Sep;28(8):821-34. doi: 10.1017/s1355617721000990. PMID: 34488917.

76. Gift TE, Reimherr ML, Marchant BK, et al. Wender Utah Rating Scale: Psychometrics, clinical utility and implications regarding the elements of ADHD. J Psychiatr Res. 2021 Mar;135:181-8. doi: 10.1016/j.jpsychires.2021.01.013. PMID: 33493947.

77. Grogan K, Gormley CI, Rooney B, et al. Differential diagnosis and comorbidity of ADHD and anxiety in adults. Br J Clin Psychol. 2018 Mar;57(1):99-115. doi: 10.1111/bjc.12156. PMID: 28895146.

78. Groom MJ, Young Z, Hall CL, et al. The incremental validity of a computerised assessment added to clinical rating scales to differentiate adult ADHD from autism spectrum disorder. Psychiatry Res. 2016 Sep 30;243:168-73. doi: 10.1016/j.psychres.2016.06.042. PMID: 27400220.

79. Grünblatt E, Geissler J, Jacob CP, et al. Pilot study: potential transcription markers for adult attention-deficit hyperactivity disorder in whole blood. Atten Defic Hyperact Disord. 2012 Jun;4(2):77-84. doi: 10.1007/s12402-012-0074-6. PMID: 22562805.

80. Hadas I, Hadar A, Lazarovits A, et al. Right prefrontal activation predicts ADHD and its severity: A TMS-EEG study in young adults. Prog Neuropsychopharmacol Biol Psychiatry. 2021 Dec 20;111:110340. doi: 10.1016/j.pnpbp.2021.110340. PMID: 33957168.

81. Harp J, Jasinski L, Shandera-Ochsner A, et al. Detection of Malingered ADHD Using the MMPI2RF. Psychological Injury and Law. 2011 03/01;4:32-43. doi: 10.1007/s12207-011-9100-9.

82. Harrison AG, Armstrong IT. Development of a symptom validity index to assist in identifying ADHD symptom exaggeration or feigning. Clin Neuropsychol. 2016 Feb;30(2):265-83. doi: 10.1080/13854046.2016.1154188. PMID: 26954905.

83. Harrison AG, Armstrong IT. Differences in performance on the test of variables of attention between credible vs. noncredible individuals being screened for attention deficit hyperactivity disorder. Appl Neuropsychol Child. 2020 Oct-Dec;9(4):314-22. doi: 10.1080/21622965.2020.1750115. PMID: 32301339.

84. Harrison AG, Edwards MJ, Parker KC. Identifying students faking ADHD: Preliminary findings and strategies for detection. Arch Clin Neuropsychol. 2007 Jun;22(5):577-88. doi: 10.1016/j.acn.2007.03.008. PMID: 17507198.

85. Harrison AG, Harrison KA, Armstrong IT. Discriminating malingered attention Deficit Hyperactivity Disorder from genuine symptom reporting using novel Personality Assessment Inventory validity measures. Appl Neuropsychol Adult. 2022 Jan-Feb;29(1):10-22. doi: 10.1080/23279095.2019.1702043. PMID: 31852281.

86. Harrison AG, Nay S, Armstrong IT. Diagnostic Accuracy of the Conners' Adult ADHD Rating Scale in a Postsecondary Population. J Atten Disord. 2019 Dec;23(14):1829-37. doi: 10.1177/1087054715625299. PMID: 26794674.

87. Houston JP, Kroenke K, Faries DE, et al. A provisional screening instrument for four common mental disorders in adult primary care patients. Psychosomatics. 2011 Jan-Feb;52(1):48-55. doi: 10.1016/j.psym.2010.11.011. PMID: 21300195.

88. Jiménez EC, Avella-Garcia C, Kustow J, et al. Eye Vergence Responses During an Attention Task in Adults With ADHD and Clinical Controls. J Atten Disord. 2021 Jul;25(9):1302-10. doi: 10.1177/1087054719897806. PMID: 31959011.

89. Juselius Baghdassarian E, Nilsson Markhed M, Lindström E, et al. Auditory brainstem response (ABR) profiling tests as diagnostic support for schizophrenia and adult attention-deficit hyperactivity disorder (ADHD). Acta Neuropsychiatr. 2018 Jun;30(3):137-47. doi: 10.1017/neu.2017.24. PMID: 28803577.

90. Katz LJ, Wood DS, Goldstein G, et al. The utility of neuropsychological tests in evaluation of Attention-Deficit/ Hyperactivity Disorder (ADHD) versus depression in adults. Assessment. 1998 Mar;5(1):45-52. doi: 10.1177/107319119800500107. PMID: 9458341.

91. Kaur S, Singh S, Arun P, et al. Phase Space Reconstruction of EEG Signals for Classification of ADHD and Control Adults. Clin EEG Neurosci. 2020 Mar;51(2):102-13. doi: 10.1177/1550059419876525. PMID: 31533446.

92. Kessler RC, Adler L, Ames M, et al. The World Health Organization Adult ADHD Self-Report Scale (ASRS): a short screening scale for use in the general population. Psychol Med. 2005 Feb;35(2):245-56. doi: 10.1017/s0033291704002892. PMID: 15841682.

93. Kessler RC, Adler LA, Gruber MJ, et al. Validity of the World Health Organization Adult ADHD Self-Report Scale (ASRS) Screener in a representative sample of health plan members. Int J Methods Psychiatr Res. 2007;16(2):52-65. doi: 10.1002/mpr.208. PMID: 17623385.

94. Kessler RC, Green JG, Adler LA, et al. Structure and diagnosis of adult attention-deficit/hyperactivity disorder: analysis of expanded symptom criteria from the Adult ADHD Clinical Diagnostic Scale. Arch Gen Psychiatry. 2010 Nov;67(11):1168-78. doi: 10.1001/archgenpsychiatry.2010.146. PMID: 21041618.

95. Khan H, Rauch AA, Obolsky MA, et al. A comparison of embedded validity indicators from the Stroop Color and Word Test among adults referred for clinical evaluation of suspected or confirmed attention-deficit/hyperactivity disorder. Psychol Assess. 2022 Jul;34(7):697-703. doi: 10.1037/pas0001137. PMID: 35357873.

96. Kiiski H, Rueda-Delgado LM, Bennett M, et al. Functional EEG connectivity is a neuromarker for adult attention deficit hyperactivity disorder symptoms. Clin Neurophysiol. 2020 Jan;131(1):330-42. doi: 10.1016/j.clinph.2019.08.010. PMID: 31506235.

97. Kim S, Baek JH, Kwon YJ, et al. Machine-learning-based diagnosis of drug-naive adult patients with attention-deficit hyperactivity disorder using mismatch negativity. Transl Psychiatry. 2021 Sep 18;11(1):484. doi: 10.1038/s41398-021-01604-3. PMID: 34537812.

98. Kingston DA, Ahmed AG, Gray J, et al. The assessment and diagnosis of attention deficit hyperactivity disorder in adult forensic psychiatric outpatients. Journal of Psychopathology and Behavioral Assessment. 2013;35(3):293-300. doi: 10.1007/s10862-013-9346-5.

99. Kovner R, Budman C, Frank Y, et al. Neuropsychological testing in adult attention deficit hyperactivity disorder: a pilot study. Int J Neurosci. 1998 Dec;96(3-4):225-35. doi: 10.3109/00207459808986470. PMID: 10069622.

100. Kumar G, Faden J, Steer RA. Screening for attention-deficit/hyperactivity disorder in adult inpatients with psychiatric disorders. Psychol Rep. 2011 Jun;108(3):815-24. doi: 10.2466/03.05.09.13.15.Pr0.108.3.815-824. PMID: 21879629.

101. Kwan D, Davin N, Harrison AG, et al. Determining cutoff scores on the Conners' adult ADHD rating scales that can definitively rule out the presence of ADHD in a clinical sample. Appl Neuropsychol Adult. 2024 Apr 3:1-11. doi: 10.1080/23279095.2024.2336204. PMID: 38569190.

102. Lancaster A, Liljequist L. Cross-validation of PAI scales for the detection of suspected ADHD in adults. J Clin Psychol. 2018 Oct;74(10):1710-8. doi: 10.1002/jclp.22620. PMID: 29574728.

103. Lee Booksh R, Pella RD, Singh AN, et al. Ability of college students to simulate ADHD on objective measures of attention. J Atten Disord. 2010 Jan;13(4):325-38. doi: 10.1177/1087054708329927. PMID: 19439760.

104. Lev A, Braw Y, Elbaum T, et al. Eye Tracking During a Continuous Performance Test: Utility for Assessing ADHD Patients. J Atten Disord. 2022 Jan;26(2):245-55. doi: 10.1177/1087054720972786. PMID: 33238787.

105. Lewandowski LJ, Lovett BJ, Codding RS, et al. Symptoms of ADHD and academic concerns in college students with and without ADHD diagnoses. J Atten Disord. 2008 Sep;12(2):156-61. doi: 10.1177/1087054707310882. PMID: 18192625.

106. Liu YS, Cao B, Chokka PR. Screening for Adulthood ADHD and Comorbidities in a Tertiary Mental Health Center Using EarlyDetect: A Machine Learning-Based Pilot Study. J Atten Disord. 2023 Feb;27(3):324-31. doi: 10.1177/10870547221136228. PMID: 36367134.

107. Lovejoy DW, Ball JD, Keats M, et al. Neuropsychological performance of adults with attention deficit hyperactivity disorder (ADHD): diagnostic classification estimates for measures of frontal lobe/executive functioning. J Int Neuropsychol Soc. 1999 Mar;5(3):222-33. doi: 10.1017/s1355617799533055. PMID: 10217922.

108. Luty J, Rajagopal Arokiadass SM, Sarkhel A, et al. Validation of self-report instruments to assess attention deficit hyperactivity disorder symptoms in adults attending community drug and alcohol services. J Addict Med. 2009 Sep;3(3):151-4. doi: 10.1097/ADM.0b013e31819343d0. PMID: 21769011.

109. Marchant BK, Reimherr FW, Wender PH, et al. Psychometric properties of the Self-Report Wender-Reimherr Adult Attention Deficit Disorder Scale. Ann Clin Psychiatry. 2015 Nov;27(4):267-77; quiz 78-82. PMID: 26554368.

110. Marshall P, Schroeder R, O'Brien J, et al. Effectiveness of symptom validity measures in identifying cognitive and behavioral symptom exaggeration in adult attention deficit hyperactivity disorder. Clin Neuropsychol. 2010 Oct;24(7):1204-37. doi: 10.1080/13854046.2010.514290. PMID: 20845231.

111. McCann BS, Roy-Byrne P. Screening and diagnostic utility of self-report attention deficit hyperactivity disorder scales in adults. Compr Psychiatry. 2004 May-Jun;45(3):175-83. doi: 10.1016/j.comppsych.2004.02.006. PMID: 15124147.

112. Mehringer AM, Downey KK, Schuh LM, et al. The Assessment of Hyperactivity and Attention (AHA): development and preliminary validation of a brief self-assessment of adult ADHD. J Atten Disord. 2002 Mar;5(4):223-31. doi: 10.1177/108705470100500404. PMID: 11967478.

113. Morey LC. Examining a novel performance validity task for the detection of feigned attentional problems. Appl Neuropsychol Adult. 2019 May-Jun;26(3):255-67. doi: 10.1080/23279095.2017.1409749. PMID: 29251998.

114. Mostert JC, Onnink AMH, Klein M, et al. Cognitive heterogeneity in adult attention deficit/hyperactivity disorder: A systematic analysis of neuropsychological measurements. Eur Neuropsychopharmacol. 2015 Nov;25(11):2062-74. doi: 10.1016/j.euroneuro.2015.08.010. PMID: 26336867.

115. Mueller A, Candrian G, Grane VA, et al. Discriminating between ADHD adults and controls using independent ERP components and a support vector machine: a validation study. Nonlinear Biomed Phys. 2011 Jul 19;5:5. doi: 10.1186/1753-4631-5-5. PMID: 21771289.

116. Müller A, Vetsch S, Pershin I, et al. EEG/ERP-based biomarker/neuroalgorithms in adults with ADHD: Development, reliability, and application in clinical practice. World J Biol Psychiatry. 2020 Mar;21(3):172-82. doi: 10.1080/15622975.2019.1605198. PMID: 30990349.

117. Musso MW, Hill BD, Barker AA, et al. Utility of the Personality Assessment Inventory for Detecting Malingered ADHD in College Students. J Atten Disord. 2016 Sep;20(9):763-74. doi: 10.1177/1087054714548031. PMID: 25204276.

118. Nielsen NP, Wiig EH. AQT cognitive speed and processing efficiency differentiate adults with and without ADHD: a preliminary study. Int J Psychiatry Clin Pract. 2011 Sep;15(3):219-27. doi: 10.3109/13651501.2011.582538. PMID: 22121933.

119. Nikolas MA, Marshall P, Hoelzle JB. The role of neurocognitive tests in the assessment of adult attention-deficit/hyperactivity disorder. Psychological assessment. 2019;31(5):685.

120. Notzon DP, Pavlicova M, Glass A, et al. ADHD Is Highly Prevalent in Patients Seeking Treatment for Cannabis Use Disorders. J Atten Disord. 2020 Sep;24(11):1487-92. doi: 10.1177/1087054716640109. PMID: 27033880.

121. Palma-Álvarez RF, Barta C, Carpentier PJ, et al. Validity of the ADHD module of the Mini International Neuropsychiatric Interview PLUS for screening of adult ADHD in treatment seeking substance use disorder patients: ADHD screening with MINI-Plus. Span J Psychiatry Ment Health. 2023 Jan-Mar;16(1):11-5. doi: 10.1016/j.rpsm.2020.04.013. PMID: 32561156.

122. Palmer M, Fang Z, Hollocks MJ, et al. Screening for Attention Deficit Hyperactivity Disorder in Young Autistic Adults: The Diagnostic Accuracy of Three Commonly Used Questionnaires. J Autism Dev Disord. 2023 Oct 28. doi: 10.1007/s10803-023-06146-9. PMID: 37898580.

123. Pettersson R, Söderström S, Nilsson KW. Diagnosing ADHD in Adults: An Examination of the Discriminative Validity of Neuropsychological Tests and Diagnostic Assessment Instruments. J Atten Disord. 2018 Sep;22(11):1019-31. doi: 10.1177/1087054715618788. PMID: 26681530.

124. Phillips MS, Wisinger AM, Lapitan-Moore FT, et al. Cross-validation of multiple embedded performance validity indices in the Rey Auditory Verbal Learning Test and Brief Visuospatial Memory Test‑Revised in an adult attention deficit/hyperactivity disorder clinical sample. Psychological Injury and Law. 2023;16(1):27-35. doi: 10.1007/s12207-022-09443-3.

125. Poil SS, Bollmann S, Ghisleni C, et al. Age dependent electroencephalographic changes in attention-deficit/hyperactivity disorder (ADHD). Clin Neurophysiol. 2014 Aug;125(8):1626-38. doi: 10.1016/j.clinph.2013.12.118. PMID: 24582383.

126. Ponomarev VA, Mueller A, Candrian G, et al. Group Independent Component Analysis (gICA) and Current Source Density (CSD) in the study of EEG in ADHD adults. Clin Neurophysiol. 2014 Jan;125(1):83-97. doi: 10.1016/j.clinph.2013.06.015. PMID: 23871197.

127. Potts HE, Lewandowski LJ, Lovett BJ. Identifying Feigned ADHD in College Students: Comparing the Multidimensional ADHD Rating Scale to Established Validity Measures. J Atten Disord. 2022 Oct;26(12):1622-30. doi: 10.1177/10870547221092095. PMID: 35466735.

128. Quinn CA. Detection of malingering in assessment of adult ADHD. Arch Clin Neuropsychol. 2003 May;18(4):379-95. PMID: 14591453.

129. Ramachandran S, Holmes ER, Rosenthal M, et al. Development of the Subtle ADHD Malingering Screener. Assessment. 2019 Apr;26(3):524-34. doi: 10.1177/1073191118773881. PMID: 29749255.

130. Reimherr FW, Marchant BK, Gift TE, et al. Psychometric data and versions of the Wender Utah Rating Scale including the WURS-25 & WURS-45. Data Brief. 2021 Aug;37:107232. doi: 10.1016/j.dib.2021.107232. PMID: 34235235.

131. Reyes MM, Schneekloth TD, Hitschfeld MJ, et al. The Clinical Utility of ASRS-v1.1 for Identifying ADHD in Alcoholics Using PRISM as the Reference Standard. J Atten Disord. 2019 Aug;23(10):1119-25. doi: 10.1177/1087054716646450. PMID: 27138328.

132. Robeva R, Penberthy JK, Loboschefski T, et al. Combined psychophysiological assessment of ADHD: A pilot study of Bayesian probability approach illustrated by appraisal of ADHD in female college students. Applied Psychophysiology and Biofeedback. 2004;29:1-18.

133. Robinson A, Reed C, Davis K, et al. Settling the Score: Can CPT-3 Embedded Validity Indicators Distinguish Between Credible and Non-Credible Responders Referred for ADHD and/or SLD? J Atten Disord. 2023 Jan;27(1):80-8. doi: 10.1177/10870547221121781. PMID: 36113024.

134. Rogers R, Velsor SF, Donnelly JW, 2nd, et al. Embedded WAIS-IV Detection Strategies and Feigned Cognitive Impairment: An Investigation of Malingered ADHD. Assessment. 2021 Jan;28(1):44-56. doi: 10.1177/1073191120927788. PMID: 32495690.

135. Roy-Byrne P, Scheele L, Brinkley J, et al. Adult attention-deficit hyperactivity disorder: assessment guidelines based on clinical presentation to a specialty clinic. Compr Psychiatry. 1997 May-Jun;38(3):133-40. doi: 10.1016/s0010-440x(97)90065-1. PMID: 9154368.

136. Schneider H, Thornton JF, Freeman MA, et al. Conventional SPECT Versus 3D Thresholded SPECT Imaging in the Diagnosis of ADHD: A Retrospective Study. J Neuropsychiatry Clin Neurosci. 2014 Fall;26(4):335-43. doi: 10.1176/appi.neuropsych.12110280. PMID: 26037855.

137. Schreiber HE, Javorsky DJ, Robinson JE, et al. Rey-Osterrieth Complex Figure performance in adults with attention deficit hyperactivity disorder: a validation study of the Boston Qualitative Scoring System. Clin Neuropsychol. 1999 Nov;13(4):509-20. doi: 10.1076/1385-4046(199911)13:04;1-y;ft509. PMID: 10806464.

138. Selek S, Bulut M, Ocak AR, et al. Evaluation of total oxidative status in adult attention deficit hyperactivity disorder and its diagnostic implications. J Psychiatr Res. 2012 Apr;46(4):451-5. doi: 10.1016/j.jpsychires.2011.12.007. PMID: 22257388.

139. Shahaf G, Reches A, Pinchuk N, et al. Introducing a novel approach of network oriented analysis of ERPs, demonstrated on adult attention deficit hyperactivity disorder. Clin Neurophysiol. 2012 Aug;123(8):1568-80. doi: 10.1016/j.clinph.2011.12.010. PMID: 22261156.

140. Shepler DK, Callan PD. Differences in executive functioning between adults with ADHD and those diagnosed with other psychiatric diagnoses: Utility of the CTMT and the WAIS-IV. Appl Neuropsychol Adult. 2024 Sep-Oct;31(5):984-93. doi: 10.1080/23279095.2022.2102923. PMID: 35894662.

141. Singh P, White S, Saleem K, et al. Identifying ADHD in adults using the international personality disorder examination screening questionnaire. J Ment Health. 2015 Aug;24(4):236-41. doi: 10.3109/09638237.2015.1057331. PMID: 26445014.

142. Skirrow C, Asherson P. Emotional lability, comorbidity and impairment in adults with attention-deficit hyperactivity disorder. Journal of affective disorders. 2013;147(1-3):80-6.

143. Smith ST, Cox J, Mowle EN, et al. Intentional inattention: Detecting feigned attention-deficit/hyperactivity disorder on the Personality Assessment Inventory. Psychol Assess. 2017 Dec;29(12):1447-57. doi: 10.1037/pas0000435. PMID: 29227126.

144. Söderström S, Pettersson R, Nilsson KW. Quantitative and subjective behavioural aspects in the assessment of attention-deficit hyperactivity disorder (ADHD) in adults. Nord J Psychiatry. 2014 Jan;68(1):30-7. doi: 10.3109/08039488.2012.762940. PMID: 23527787.

145. Solanto MV, Etefia K, Marks DJ. The utility of self-report measures and the continuous performance test in the diagnosis of ADHD in adults. CNS Spectr. 2004 Sep;9(9):649-59. doi: 10.1017/s1092852900001929. PMID: 15337862.

146. Sollman MJ, Ranseen JD, Berry DT. Detection of feigned ADHD in college students. Psychol Assess. 2010 Jun;22(2):325-35. doi: 10.1037/a0018857. PMID: 20528060.

147. Spenceley LM, Wood WLM, Lovett BJ. Using the Woodcock-Johnson IV tests of cognitive abilities to detect feigned ADHD. Appl Neuropsychol Adult. 2022 May-Jun;29(3):324-32. doi: 10.1080/23279095.2020.1748631. PMID: 32320323.

148. Suhr J, Hammers D, Dobbins-Buckland K, et al. The relationship of malingering test failure to self-reported symptoms and neuropsychological findings in adults referred for ADHD evaluation. Arch Clin Neuropsychol. 2008 Sep;23(5):521-30. doi: 10.1016/j.acn.2008.05.003. PMID: 18562158.

149. Suhr JA, Buelow M, Riddle T. Development of an infrequency index for the CAARS. Journal of Psychoeducational Assessment. 2011;29(2):160-70. doi: 10.1177/0734282910380190.

150. Udal ABH, Stray LL, Pripp AH, et al. The Utility of Neuromuscular Assessment to Identify ADHD Among Patients with a Complex Symptom Picture. Journal of attention disorders. 2024;28(12):1577-88. doi: 10.1177/10870547241273102.

151. Unal M, O'Mahony E, Dunne C, et al. The clinical utility of three visual attention tests to distinguish adults with ADHD from normal controls. Riv Psichiatr. 2019 Sep-Oct;54(5):211-7. doi: 10.1708/3249.32185. PMID: 31657805.

152. Ustun B, Adler LA, Rudin C, et al. The World Health Organization Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5. JAMA Psychiatry. 2017 May 1;74(5):520-7. doi: 10.1001/jamapsychiatry.2017.0298. PMID: 28384801.

153. van de Glind G, van den Brink W, Koeter MW, et al. Validity of the Adult ADHD Self-Report Scale (ASRS) as a screener for adult ADHD in treatment seeking substance use disorder patients. Drug Alcohol Depend. 2013 Oct 1;132(3):587-96. doi: 10.1016/j.drugalcdep.2013.04.010. PMID: 23660242.

154. Van Voorhees EE, Hardy KK, Kollins SH. Reliability and validity of self- and other-ratings of symptoms of ADHD in adults. J Atten Disord. 2011 Apr;15(3):224-34. doi: 10.1177/1087054709356163. PMID: 20424007.

155. Vizgaitis AL, Bottini S, Polizzi CP, et al. Self-Reported Adult ADHD Symptoms: Evidence Supporting Cautious Use in an Assessment-Seeking Sample. J Atten Disord. 2023 Aug;27(10):1156-66. doi: 10.1177/10870547231172764. PMID: 37158158.

156. Walls BD, Wallace ER, Brothers SL, et al. Utility of the Conners' Adult ADHD Rating Scale validity scales in identifying simulated attention-deficit hyperactivity disorder and random responding. Psychol Assess. 2017 Dec;29(12):1437-46. doi: 10.1037/pas0000530. PMID: 29227125.

157. Wang X, Jiao Y, Tang T, et al. Altered regional homogeneity patterns in adults with attention-deficit hyperactivity disorder. Eur J Radiol. 2013 Sep;82(9):1552-7. doi: 10.1016/j.ejrad.2013.04.009. PMID: 23684384.

158. Wiig EH, Nielsen NP. A quick test of cognitive speed for comparing processing speed to differentiate adult psychiatric referrals with and without attention-deficit/hyperactivity disorders. Prim Care Companion CNS Disord. 2012;14(2). doi: 10.4088/PCC.11m01273. PMID: 22943032.

159. Williamson KD, Combs HL, Berry DT, et al. Discriminating among ADHD alone, ADHD with a comorbid psychological disorder, and feigned ADHD in a college sample. Clin Neuropsychol. 2014;28(7):1182-96. doi: 10.1080/13854046.2014.956674. PMID: 25225947.

160. Woods SP, Lovejoy DW, Stutts ML, et al. Comparative efficiency of a discrepancy analysis for the classification of Attention-Deficit/Hyperactivity Disorder in adults. Arch Clin Neuropsychol. 2002 May;17(4):351-69. PMID: 14589720.

161. Yao D, Guo X, Zhao Q, et al. Discriminating ADHD From Healthy Controls Using a Novel Feature Selection Method Based on Relative Importance and Ensemble Learning. Annu Int Conf IEEE Eng Med Biol Soc. 2018 Jul;2018:4632-5. doi: 10.1109/embc.2018.8513155. PMID: 30441383.

162. Young JC, Gross AM. Detection of response bias and noncredible performance in adult attention-deficit/hyperactivity disorder. Arch Clin Neuropsychol. 2011 Apr;26(3):165-75. doi: 10.1093/arclin/acr013. PMID: 21441258.

163. Young JL, Powell RN, Zabel C, et al. Development and validation of the ADHD Symptom and Side Effect Tracking - Baseline Scale (ASSET-BS): a novel short screening measure for ADHD in clinical populations. BMC Psychiatry. 2023 Nov 6;23(1):806. doi: 10.1186/s12888-023-05295-6. PMID: 37932675.

164. Young S, González RA, Mutch L, et al. Diagnostic accuracy of a brief screening tool for attention deficit hyperactivity disorder in UK prison inmates. Psychol Med. 2016 May;46(7):1449-58. doi: 10.1017/s0033291716000039. PMID: 26867860.

165. Hauk L. AAP releases guideline on diagnosis, evaluation, and treatment of ADHD. Am Fam Physician. 2013 Jan 1;87(1):61-2. PMID: 23317027.

166. Goodman DW, Surman CB, Scherer PB, et al. Assessment of physician practices in adult attention-deficit/hyperactivity disorder. Prim Care Companion CNS Disord. 2012;14(4). doi: 10.4088/PCC.11m01312. PMID: 23251858.

167. Adler L, Shaw D, Sitt D, et al. Issues in the diagnosis and treatment of adult ADHD by primary care physicians. Primary Psychiatry. 2009;16(5):57-63.

168. Harrison AG, Edwards MJ. The Ability of Self-Report Methods to Accurately Diagnose Attention Deficit Hyperactivity Disorder: A Systematic Review. J Atten Disord. 2023 Oct;27(12):1343-59. doi: 10.1177/10870547231177470. PMID: 37366274.

169. Weis R, Till CH, Erickson CP. ADHD assessment in college students: Psychologists’ adherence to DSM-5 criteria and multi-method/multi-informant assessment. Journal of Psychoeducational Assessment. 2019;37(2):209-25. doi: 10.1177/0734282917735152.

170. Joy JA, Julius RJ, Akter R, et al. Assessment of ADHD documentation from candidates requesting Americans With Disabilities Act (ADA) accommodations for the National Board of Osteopathic Medical Examiners COMLEX exam. J Atten Disord. 2010 Sep;14(2):104-8. doi: 10.1177/1087054710365056. PMID: 20424009.

171. Nelson JM, Whipple B, Lindstrom W, et al. How Is ADHD Assessed and Documented? Examination of Psychological Reports Submitted to Determine Eligibility for Postsecondary Disability. J Atten Disord. 2019 Dec;23(14):1780-91. doi: 10.1177/1087054714561860. PMID: 25534434.

172. Knutson KC, O'Malley M. Adult attention-deficit/hyperactivity disorder: a survey of diagnosis and treatment practices. J Am Acad Nurse Pract. 2010 Nov;22(11):593-601. doi: 10.1111/j.1745-7599.2010.00546.x. PMID: 21054633.

173. Fuermaier ABM, Fricke JA, de Vries SM, et al. Neuropsychological assessment of adults with ADHD: A Delphi consensus study. Appl Neuropsychol Adult. 2019 Jul-Aug;26(4):340-54. doi: 10.1080/23279095.2018.1429441. PMID: 29424567.

174. DuPaul GJ, Power TJ, Anastopoulos AD, et al. ADHD Rating Scale-5 for children and adolescents: Checklists, norms, and clinical interpretation. New York, NY, US: The Guilford Press; 2016.

175. Conners CK. Conners third edition (Conners 3). Los Angeles, CA: Western Psychological Services. 2008:203-2.

176. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med. 2001 Sep;16(9):606-13. doi: 10.1046/j.1525-1497.2001.016009606.x. PMID: 11556941.

177. Spitzer RL, Kroenke K, Williams JB, et al. A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med. 2006 May 22;166(10):1092-7. doi: 10.1001/archinte.166.10.1092. PMID: 16717171.

178. Wallace ER, Garcia-Willingham NE, Walls BD, et al. A meta-analysis of malingering detection measures for attention-deficit/hyperactivity disorder. Psychol Assess. 2019 Feb;31(2):265-70. doi: 10.1037/pas0000659. PMID: 30359048.

179. Tucha L, Fuermaier AB, Koerts J, et al. Detection of feigned attention deficit hyperactivity disorder. J Neural Transm (Vienna). 2015 Aug;122 Suppl 1:S123-34. doi: 10.1007/s00702-014-1274-3. PMID: 25096370.

180. Sagar S, Miller CJ, Erdodi LA. Detecting feigned attention-deficit/hyperactivity disorder (ADHD): Current methods and future directions. Psychological Injury and Law. 2017;10(2):105-13. doi: 10.1007/s12207-017-9286-6.

181. Weyandt LL, DuPaul GJ. College students with ADHD: Current issues and future directions: Springer; 2013.

182. Ramsay JR. Psychological assessment of adults with ADHD. Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment, 4th ed. New York, NY, US: The Guilford Press; 2015:475-500.

183. Bordoff B. The challenges and limitations of diagnosing and pharmacologically treating ADHD in university students. Psychological Injury and Law. 2017;10(2):114-20. doi: 10.1007/s12207-017-9288-4.

184. Barkley RA. Barkley deficits in executive functioning scale (BDEFS Scale). New York: Guilford Press; 2011.

185. Boone KB. The need for continuous and comprehensive sampling of effort/response bias during neuropsychological examinations. Clin Neuropsychol. 2009 May;23(4):729-41. doi: 10.1080/13854040802427803. PMID: 18949583.

186. Snyder SM. Systems and methods to identify a subgroup of ADHD at higher risk for complicating conditions. US Patent and Trademark Office. (U.S. PPA Number 61/237,911; August 27, 2009) (U.S. PA Number 12/870,328; August 28, 2010). 2009.

187. Snyder SM, Rugino TA, Hornig M, et al. Integration of an EEG biomarker with a clinician's ADHD evaluation. Brain Behav. 2015 Apr;5(4):e00330. doi: 10.1002/brb3.330. PMID: 25798338.

188. Ahmad SI, Owens EB, Hinshaw SP. Little evidence for late-onset ADHD in a longitudinal sample of women. J Consult Clin Psychol. 2019 Jan;87(1):112-7. doi: 10.1037/ccp0000353. PMID: 30570306.

189. Caye A, Sibley MH, Swanson JM, et al. Late-Onset ADHD: Understanding the Evidence and Building Theoretical Frameworks. Curr Psychiatry Rep. 2017 Nov 13;19(12):106. doi: 10.1007/s11920-017-0858-7. PMID: 29130145.

190. Sibley MH, Rohde LA, Swanson JM, et al. Late-Onset ADHD Reconsidered With Comprehensive Repeated Assessments Between Ages 10 and 25. Am J Psychiatry. 2018 Feb 1;175(2):140-9. doi: 10.1176/appi.ajp.2017.17030298. PMID: 29050505.

191. Breda V, Rohde LA, Menezes AMB, et al. Revisiting ADHD age-of-onset in adults: to what extent should we rely on the recall of childhood symptoms? Psychol Med. 2020 Apr;50(5):857-66. doi: 10.1017/s003329171900076x. PMID: 30968792.

192. Mannuzza S, Klein RG, Klein DF, et al. Accuracy of adult recall of childhood attention deficit hyperactivity disorder. Am J Psychiatry. 2002 Nov;159(11):1882-8. doi: 10.1176/appi.ajp.159.11.1882. PMID: 12411223.

193. Miller CJ, Newcorn JH, Halperin JM. Fading memories: retrospective recall inaccuracies in ADHD. J Atten Disord. 2010 Jul;14(1):7-14. doi: 10.1177/1087054709347189. PMID: 19794136.

Abbreviations and Acronyms

ABC Aberrant Behavior Checklist

ADHD Attention-Deficit/Hyperactivity Disorder

AHRQ Agency for Healthcare Research and Quality

AQ10 Autism Quotient - 10

BAARS-IV Barkley Adult ADHD Rating Scale-IV

DSM-5 Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

EEG Electroencephalogram

EPC Evidence-based Practice Center

FDA Food and Drug Administration

N/A Not available

SEADs Supplemental Evidence And Data for Systematic Reviews

SOE Strength of Evidence

TEP Technical Expert Panel

TOVA Test of Variables of Attention

Appendixes

Appendix A. Search Strategy

Appendix B. List of Included, Background, and Excluded Studies

Appendix C. Evidence Tables

Appendix D. Critical Appraisal and Applicability Tables

Appendix A. Search Strategy

**Date: October 14, 2024**

**PubMed**

|  |
| --- |
| "Attention Deficit Disorder with Hyperactivity"[Mesh] OR "attention deficit hyperactivity disorder"[tiab] OR "ADHD"[tiab] OR "attention deficit disorder"[tiab])  AND  Adult[MESH] OR Aged[MESH] OR Middle Aged[MESH] OR Young Adult[MESH] OR Adult[Title/Abstract] OR Adults[Title/Abstract]  AND  "Attention Deficit and Disruptive Behavior Disorders/diagnosis"[Majr] OR mass screening[mesh] OR questionnaires[mesh] OR Interviews as Topic[Mesh] OR Psychometrics[Mesh] OR Psychiatric Status Rating Scales[Mesh] OR diagnosis[mesh:noexp] OR "Diagnostic Techniques and Procedures"[Mesh] OR "Referral and Consultation"[Mesh] OR questionnaire[tiab] OR questionnaires[tiab] OR screening[tiab] OR screen[tiab] OR scale[tiab] OR instrument[tiab] OR instruments[tiab] OR interview[tiab] OR interviews[tiab] OR diagnosis[tiab] OR diagnostic[tiab] OR diagnosed[tiab] OR Measure [tiab] OR test[tiab] OR tests[tiab] OR testing[tiab] OR "Attention Deficit Disorder with Hyperactivity/diagnostic imaging"[Majr] OR ((("Adaptive Behavior Assessment System"[Title/Abstract] OR "ABAS-3"[Title/Abstract] OR "Advanced Clinical Solutions"[Title/Abstract] OR "Word Choice Test"[Title/Abstract] OR "Test of Premorbid Functioning"[Title/Abstract] OR "Social Cognition"[Title/Abstract] OR "Beck Anxiety Inventory"[Title/Abstract] OR "BAI"[Title/Abstract] OR "Beck Depression Inventory"[Title/Abstract] OR "BDI-2"[Title/Abstract] OR "Behavioral Assessment System for Children"[Title/Abstract] OR "Self-Report of Personality"[Title/Abstract] OR "BASC-3 SRP Adolescent"[Title/Abstract] OR "Behavioral Assessment System for Children"[Title/Abstract] OR "Parent Rating Scales"[Title/Abstract] OR "BASC-3 PRS Adolescent"[Title/Abstract] OR "BASC-3 SRP College"[Title/Abstract] OR "Teacher Rating Scales"[Title/Abstract] OR "BASC-3 TRS Adolescent"[Title/Abstract] OR "Brown Executive Function/Attention Scales"[Title/Abstract] OR "Brown EF/A Self"[Title/Abstract] OR "California Verbal Learning Test"[Title/Abstract] OR "CVLT-3"[Title/Abstract] OR "Standard Form California Verbal" "CVLT-3 Brief"[Title/Abstract] OR "California Verbal Learning Test"[Title/Abstract] OR "CVLT-C"[Title/Abstract] OR "Childhood Autism Rating Scale"[Title/Abstract] OR "CARS-2"[Title/Abstract] OR "Childhood Autism Rating Scale"[Title/Abstract] OR "High-Functioning Version"[Title/Abstract] OR "CARS-2 HF"[Title/Abstract] OR "Clinical Evaluation of Language Fundamentals"[Title/Abstract] OR "CELF-5"[Title/Abstract] OR "Comprehensive Executive Function Inventory"[Title/Abstract] OR "CEFI Adult Observer"[Title/Abstract] OR "Comprehensive Executive Function Inventory"[Title/Abstract] OR "CEFI Adult Self-Report"[Title/Abstract] OR "Conners’ Adult ADHD Diagnostic Interview for DSM-IV"[Title/Abstract] OR "CAADID Part 1"[Title/Abstract] OR "CAADID Part 2"[Title/Abstract] OR "CAARS–O:L"[Title/Abstract] OR "CAARS–S:L"[Title/Abstract] OR "CAARS-2 Observer"[Title/Abstract] OR "Conners’ Adult ADHD Rating Scales"[Title/Abstract] OR "CAARS-2 Self-Report"[Title/Abstract] OR "Delis-Kaplan Executive Function System"[Title/Abstract] OR "D-KEFS"[Title/Abstract] OR "Dot Counting Test"[Title/Abstract] OR "Grooved Pegboard Test Kaufman Test of Educational Achievement"[Title/Abstract] OR "KTEA-3"[Title/Abstract] OR "Neuropsychological Assessment Battery"[Title/Abstract] OR "Attention, Language, Memory, Spatial, and Executive Functions Modules"[Title/Abstract] OR "NIH Executive Abilities–Measures and Instruments for Neurobehavioral Evaluation and Re-search"[Title/Abstract] OR "NIH EXAMINER"[Title/Abstract] OR "Personality Assessment Inventory"[Title/Abstract] OR "PROMIS Sleep Assessments Pediatric Parent Proxy"[Title/Abstract] OR "Repeatable Battery for the Assessment of Neuropsychological Status"[Title/Abstract] OR "RBANS"[Title/Abstract] OR "Rey-Osterrieth Complex"[Title/Abstract] OR "Wechsler Abbreviated Scale of Intelligence"[Title/Abstract] OR "WASI-2"[Title/Abstract] OR "Wechsler Adult Intelligence Scale"[Title/Abstract] OR "WAIS-4"[Title/Abstract] OR "WAIS-IV"[Title/Abstract] OR "Wechsler Individual Achievement Test"[Title/Abstract] OR "WIAT-4"[Title/Abstract] OR "Wechsler Intelligence Scale "[Title/Abstract] OR "Wechsler Memory Scale"[Title/Abstract] OR "WMS-4"[Title/Abstract] OR "Wide Range Achievement Test"[Title/Abstract] OR "WRAT-5"[Title/Abstract] OR "Adult ADHD Rating Scale"[Title/Abstract] OR "ADHD-RS"[Title/Abstract] OR "Brown ADD scales"[Title/Abstract] OR "Continuous Performance Tests"[Title/Abstract] OR "Conners CPT"[Title/Abstract] OR "QB Test"[Title/Abstract] OR "TOVA"[Title/Abstract] OR "Wender Utah Adult ADHD Scale"[Title/Abstract]))  AND  "Sensitivity and Specificity"[Mesh] OR "Diagnostic Errors"[Mesh] OR sensitivity[tiab] OR specificity[tiab] OR (accura\*[tiab] AND (diagnos\*[tiab] OR classif\*[tiab])) OR "ROC curve"[tiab] OR "positive predictive value"[tiab] OR "negative predictive value"[tiab] OR "false positive"[tiab] OR "false negative"[tiab] OR "likelihood ratio"[tiab]  NOT |
| Editorial[ptyp] OR Letter[pt] OR Case Reports[pt] OR Comment[pt] address[pt] OR "autobiography"[pt] OR "bibliography"[pt] OR "biography"[pt] OR "case report"[tw] OR "case reports"[tw] OR "case series"[tw] OR "comment on"[All Fields] OR congress[pt] OR "dictionary"[pt] OR "directory"[pt] OR "festschrift"[pt] OR "historical article"[pt] OR lecture[pt] OR "legal case"[pt] OR "legislation"[pt] OR "news"[pt] OR "newspaper article"[pt] OR "patient education handout"[pt] OR "periodical index"[pt]  NOT |
| "animals"[mesh] NOT "humans"[mesh]) |

**EMBASE**

(((('adaptive behavior assessment system':ti OR 'abas-3':ti OR 'advanced clinical solutions':ti OR 'word choice test':ti OR 'test of premorbid functioning':ti OR 'social cognition':ti OR 'beck anxiety inventory':ti OR 'bai':ti OR 'beck depression inventory':ti OR 'bdi-2':ti OR 'self-report of personality':ti OR 'basc-3 srp adolescent':ti OR 'behavioral assessment system for children':ti OR 'parent rating scales':ti OR 'basc-3 prs adolescent':ti OR 'basc-3 srp college':ti OR 'teacher rating scales':ti OR 'basc-3 trs adolescent':ti OR 'brown executive function/attention scales':ti OR 'brown ef/a self':ti OR 'california verbal learning test':ti OR 'cvlt-3':ti OR 'standard form california verbal':ti) AND 'cvlt-3 brief':ti OR 'california verbal learning test':ti OR 'cvlt-c':ti OR 'cars-2':ti OR 'childhood autism rating scale':ti OR 'high-functioning version':ti OR 'cars-2 hf':ti OR 'clinical evaluation of language fundamentals':ti OR 'celf-5':ti OR 'cefi adult observer':ti OR 'comprehensive executive function inventory':ti OR 'cefi adult self-report':ti OR 'conners adult adhd diagnostic interview for dsm-iv':ti OR 'caadid part 1':ti OR 'caadid part 2':ti OR 'caars–o:l':ti OR 'caars–s:l':ti OR 'caars-2 observer':ti OR 'conners adult adhd rating scales':ti OR 'caars-2 self-report':ti OR 'delis-kaplan executive function system':ti OR 'd-kefs':ti OR 'dot counting test':ti OR 'grooved pegboard test kaufman test of educational achievement':ti OR 'ktea-3':ti OR 'nepsy-ii developmental neuropsychological battery':ti OR 'neuropsychological assessment battery':ti OR 'attention, language, memory, spatial,':ti) AND 'ex- ecutive functions modules':ti OR 'nih executive abilities–measures':ti) AND 'instruments for neurobehavioral evaluation':ti AND 're search':ti OR 'nih examiner':ti OR 'personality assessment inventory':ti OR 'promis sleep assessments pediatric parent proxy':ti OR 'repeatable battery for the assessment of neuropsychological status':ti OR 'rbans':ti OR 'rey-osterrieth complex':ti OR 'wechsler abbreviated scale of intelligence':ti OR 'wasi-2':ti OR 'wechsler adult intelligence scale':ti OR 'wais-4':ti OR 'wais-iv':ti OR 'wechsler individual achievement test':ti OR 'wiat-4':ti OR 'wechsler intelligence scale':ti OR OR 'wechsler memory scale':ti OR 'wms-4':ti OR 'wide range achievement test':ti OR 'wrat-5':ti OR 'adult adhd rating scale':ti OR 'adhd-rs':ti OR 'brown add scales':ti OR 'continuous performance tests':ti OR 'conners cpt':ti OR 'qb test':ti OR 'tova':ti OR 'wender utah adult adhd scale':ti OR 'diagnostic interview for adult adhd':ti

AND

"Attention Deficit Disorder with Hyperactivity" OR "attention deficit hyperactivity disorder" OR "ADHD" OR "attention deficit disorder")

OR

(#1 'attention deficit disorder with hyperactivity':ab,ti OR 'attention deficit hyperactivity disorder':ab,ti OR 'adhd':ab,ti OR 'attention deficit disorder':ab,ti 61194

#2 ((adult:ab,ti OR aged:ab,ti OR middle:ab,ti) AND aged:ab,ti OR young:ab,ti) AND adult:ab,ti OR adult:ab,ti OR adults:ab,ti 2231374

#3 ((('attention deficit and disruptive behavior disorders/diagnosis':ab,ti OR mass:ab,ti) AND screening:ab,ti OR questionnaires:ab,ti OR interviews:ab,ti) AND as:ab,ti AND topic:ab,ti OR psychometrics:ab,ti OR psychiatric:ab,ti) AND status:ab,ti AND rating:ab,ti AND scales:ab,ti OR 'diagnostic techniques and procedures':ab,ti OR 'referral and consultation':ab,ti OR questionnaire:ab,ti OR questionnaires:ab,ti OR screening:ab,ti OR screen:ab,ti OR scale:ab,ti OR instrument:ab,ti OR instruments:ab,ti OR interview:ab,ti OR interviews:ab,ti OR diagnosis:ab,ti OR diagnostic:ab,ti OR diagnosed:ab,ti OR measure:ab,ti OR test:ab,ti OR tests:ab,ti OR testing:ab,ti OR 'attention deficit disorder with hyperactivity/diagnostic imaging':ab,ti 11386521

#4 'sensitivity and specificity':ab,ti OR 'diagnostic errors':ab,ti OR sensitivity:ab,ti OR specificity:ab,ti OR (accura\*:ab,ti AND (diagnos\*:ab,ti OR classif\*:ab,ti)) OR 'roc curve':ab,ti OR 'positive predictive value':ab,ti OR 'negative predictive value':ab,ti OR 'false positive':ab,ti OR 'false negative':ab,ti OR 'likelihood ratio':ab,ti 2280552

#5 #1 AND #2 AND #3 AND #4 814

#6 #5 AND [humans]/lim 787

#7 #6 AND ([article]/lim OR [article in press]/lim) 509)

**APA PsycINFO**

(((title: ("Adaptive Behavior Assessment System") OR title: ("ABAS-3") OR title: ("Advanced Clinical Solutions") OR title: ("Word Choice Test") OR title: ("Test of Premorbid Functioning") OR title: ("Social Cognition") OR title: ("Beck Anxiety Inventory") OR title: ("BAI") OR title: ("Beck Depression Inventory") OR title: ("BDI-2") OR title: ("Behavioral Assessment System for Children") OR title: ("Self-Report of Personality") OR title: ("BASC-3 SRP Adolescent") OR title: ("Behavioral Assessment System for Children") OR title: ("Parent Rating Scales") OR title: ("BASC-3 PRS Adolescent") OR title: ("BASC-3 SRP College") OR title: ("Teacher Rating Scales") OR title: ("BASC-3 TRS Adolescent") OR title: ("Brown Executive Function/Attention Scales") OR title: ("Brown EF/A Self") OR title: ("California Verbal Learning Test") OR title: ("CVLT-3") OR title: ("Standard Form California Verbal" "CVLT-3 Brief") OR title: ("California Verbal Learning Test") OR title: ("CVLT-C") OR title: ("Childhood Autism Rating Scale") OR title: ("CARS-2") OR title: ("Childhood Autism Rating Scale") OR title: ("High-Functioning Version") OR title: ("CARS-2 HF") OR title: ("Clinical Evaluation of Language Fundamentals") OR title: ("CELF-5") OR title: ("Comprehensive Executive Function Inventory") OR title: ("CEFI Adult Observer") OR title: ("Comprehensive Executive Function Inventory") OR title: ("CEFI Adult Self-Report") OR title: ("Conners' Adult ADHD Diagnostic Interview for DSM-IV") OR title: ("CAADID Part 1") OR title: ("CAADID Part 2") OR title: ("CAARS–O:L") OR title: ("CAARS–S:L") OR title: ("CAARS-2 Observer") OR title: ("Conners' Adult ADHD Rating Scales") OR title: ("CAARS-2 Self-Report") OR title: ("Delis-Kaplan Executive Function System") OR title: ("D-KEFS") OR title: ("Dot Counting Test") OR title: ("Grooved Pegboard Test Kaufman Test of Educational Achievement") OR title: ("KTEA-3") OR title: ("NEPSY-II Developmental Neuropsychological Battery") OR title: ("Neuropsychological Assessment Battery") OR title: ("Attention, Language, Memory, Spatial, and Ex- ecutive Functions Modules") OR title: ("NIH Executive Abilities–Measures and Instruments for Neurobehavioral Evaluation and Re-search") OR title: ("NIH EXAMINER") OR title: ("Personality Assessment Inventory") OR title: ("PROMIS Sleep Assessments Pediatric Parent Proxy") OR title: ("Repeatable Battery for the Assessment of Neuropsychological Status") OR title: ("RBANS") OR title: ("Rey-Osterrieth Complex") OR title: ("Wechsler Abbreviated Scale of Intelligence") OR title: ("WASI-2") OR title: ("Wechsler Adult Intelligence Scale") OR title: ("WAIS-4") OR title: ("WAIS-IV") OR title: ("Wechsler Individual Achievement Test") OR title: ("WIAT-4") OR title: ("Wechsler Intelligence Scale ") OR title: ("Wechsler Memory Scale") OR title: ("WMS-4") OR title: ("Wide Range Achievement Test") OR title: ("WRAT-5") OR title: ("Adult ADHD Rating Scale") OR title: ("ADHD-RS") OR title: ("Brown ADD scales") OR title: ("Continuous Performance Tests") OR title: ("Conners CPT") OR title: ("QB Test") OR title: ("TOVA") OR title: ("Wender Utah Adult ADHD Scale") OR title: ("diagnostic interview for Adult ADHD")))

AND

((title: ("Attention Deficit Disorder with Hyperactivity") OR title: ("attention deficit hyperactivity disorder") OR title: ("ADHD") OR title: ("attention deficit disorder")) OR (abstract: ("Attention Deficit Disorder with Hyperactivity") OR abstract: ("attention deficit hyperactivity disorder") OR abstract: ("ADHD") OR abstract: ("attention deficit disorder"))))

OR

(((title: ("Attention Deficit Disorder with Hyperactivity") OR title: ("attention deficit hyperactivity disorder") OR title: ("ADHD") OR title: ("attention deficit disorder")) OR (abstract: ("Attention Deficit Disorder with Hyperactivity") OR abstract: ("attention deficit hyperactivity disorder") OR abstract: ("ADHD") OR abstract: ("attention deficit disorder"))) AND ((title: (Adult) OR title: (Aged) OR title: (Middle Aged) OR title: (Young Adult) OR title: (Adult) OR title: (Adults)) OR (abstract: (Adult) OR abstract: (Aged) OR abstract: (Middle Aged) OR abstract: (Young Adult) OR abstract: (Adult) OR abstract: (Adults))) AND ((title: ("Attention Deficit and Disruptive Behavior Disorders/diagnosis") OR title: (mass screening) OR title: (questionnaires) OR title: (Interviews as Topic) OR title: (Psychometrics) OR title: (Psychiatric Status Rating Scales) OR title: (diagnosis) OR title: ("Diagnostic Techniques and Procedures") OR title: ("Referral and Consultation") OR title: (questionnaire) OR title: (questionnaires) OR title: (screening) OR title: (screen) OR title: (scale) OR title: (instrument) OR title: (instruments) OR title: (interview) OR title: (interviews) OR title: (diagnosis) OR title: (diagnostic) OR title: (diagnosed) OR title: (Measure) OR title: (test) OR title: (tests) OR title: (testing) OR title: ("Attention Deficit Disorder with Hyperactivity/diagnostic imaging")) OR (abstract: ("Attention Deficit and Disruptive Behavior Disorders/diagnosis") OR abstract: (mass screening) OR abstract: (questionnaires) OR abstract: (Interviews as Topic) OR abstract: (Psychometrics) OR abstract: (Psychiatric Status Rating Scales) OR abstract: (diagnosis) OR abstract: ("Diagnostic Techniques and Procedures") OR abstract: ("Referral and Consultation") OR abstract: (questionnaire) OR abstract: (questionnaires) OR abstract: (screening) OR abstract: (screen) OR abstract: (scale) OR abstract: (instrument) OR abstract: (instruments) OR abstract: (interview) OR abstract: (interviews) OR abstract: (diagnosis) OR abstract: (diagnostic) OR abstract: (diagnosed) OR abstract: (Measure) OR abstract: (test) OR abstract: (tests) OR abstract: (testing) OR abstract: ("Attention Deficit Disorder with Hyperactivity/diagnostic imaging"))) AND ((title: ("Sensitivity and Specificity") OR title: ("Diagnostic Errors") OR title: (sensitivity) OR title: (specificity) OR (title: (accura\*) AND (title: (diagnos\*) OR title: (classif\*))) OR title: ("ROC curve") OR title: ("positive predictive value") OR title: ("negative predictive value") OR title: ("false positive") OR title: ("false negative") OR title: ("likelihood ratio")) OR (abstract: ("Sensitivity and Specificity") OR abstract: ("Diagnostic Errors") OR abstract: (sensitivity) OR abstract: (specificity) OR (abstract: (accura\*) AND (abstract: (diagnos\*) OR abstract: (classif\*))) OR abstract: ("ROC curve") OR abstract: ("positive predictive value") OR abstract: ("negative predictive value") OR abstract: ("false positive") OR abstract: ("false negative") OR abstract: ("likelihood ratio"))) AND Population Group: Human AND Publication Type: Peer Reviewed Journal)

**Cochrane Database of Systematic Reviews** (CDSR)

(#1 ("Adaptive Behavior Assessment System" OR "ABAS-3" OR "Advanced Clinical Solutions" OR "Word Choice Test" OR "Test of Premorbid Functioning" OR "Social Cognition" OR "Beck Anxiety Inventory" OR "BAI" OR "Beck Depression Inventory" OR "BDI-2" OR "Behavioral Assessment System for Children" OR "Self-Report of Personality" OR "BASC-3 SRP Adolescent" OR "Behavioral Assessment System for Children" OR "Parent Rating Scales" OR "BASC-3 PRS Adolescent" OR "BASC-3 SRP College" OR "Teacher Rating Scales" OR "BASC-3 TRS Adolescent" OR "Brown Executive Function/Attention Scales" OR "Brown EF/A Self" OR "California Verbal Learning Test" OR "CVLT-3" OR "Standard Form California Verbal" "CVLT-3 Brief" OR "California Verbal Learning Test" OR "CVLT-C" OR "Childhood Autism Rating Scale" OR "CARS-2" OR "Childhood Autism Rating Scale" OR "High-Functioning Version" OR "CARS-2 HF" OR "Clinical Evaluation of Language Fundamentals" OR "CELF-5" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Observer" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Self-Report" OR "Conners’ Adult ADHD Diagnostic Interview for DSM-IV" OR "CAADID Part 1" OR "CAADID Part 2" OR "CAARS–O:L" OR "CAARS–S:L" OR "CAARS-2 Observer" OR "Conners’ Adult ADHD Rating Scales" OR "CAARS-2 Self-Report" OR "Delis-Kaplan Executive Function System" OR "D-KEFS" OR "Dot Counting Test" OR "Grooved Pegboard Test Kaufman Test of Educational Achievement" OR "KTEA-3" OR "NEPSY-II Developmental Neuropsychological Battery" OR "Neuropsychological Assessment Battery" OR "Attention, Language, Memory, Spatial, and Ex- ecutive Functions Modules" OR "NIH Executive Abilities–Measures and Instruments for Neurobehavioral Evaluation and Re-search" OR "NIH EXAMINER" OR "Personality Assessment Inventory" OR "PROMIS Sleep Assessments Pediatric Parent Proxy" OR "Repeatable Battery for the Assessment of Neuropsychological Status" OR "RBANS" OR "Rey-Osterrieth Complex" OR "Wechsler Abbreviated Scale of Intelligence" OR "WASI-2" OR "Wechsler Adult Intelligence Scale" OR "WAIS-4" OR "WAIS-IV" OR "Wechsler Individual Achievement Test" OR "WIAT-4" OR "Wechsler Intelligence Scale" OR "Wechsler Memory Scale" OR "WMS-4" OR "Wide Range Achievement Test" OR "WRAT-5" OR "Adult ADHD Rating Scale" OR "ADHD-RS" OR "Brown ADD scales" OR "Continuous Performance Tests" OR "Conners CPT" OR "QB Test" OR "TOVA" OR "Wender Utah Adult ADHD Scale" OR "diagnostic interview for Adult ADHD"):ti,ab,kw (Word variations have been searched)

#2 ("Attention Deficit Disorder with Hyperactivity" OR "attention deficit hyperactivity disorder" OR "ADHD" OR "attention deficit disorder"):ti,ab,kw (Word variations have been searched)

#3 #1 AND #2 )

OR

(#1

MeSH descriptor: [Attention Deficit Disorder with Hyperactivity] explode all trees

#2

("attention deficit hyperactivity disorder" OR "ADHD" OR "attention deficit disorder"):ti,ab,kw

(Word variations have been searched)

#3

#1 OR #2

#4

MeSH descriptor: [Adult] explode all trees

#5

MeSH descriptor: [Aged] in all MeSH products

#6

MeSH descriptor: [Middle Aged] explode all trees

#7

(Young Adult OR Adult OR Adults):ti,ab,kw

(Word variations have been searched)

#8

#4 OR #5 OR #6 OR #7

#9

MeSH descriptor: [Mass Screening] explode all trees

#10

MeSH descriptor:[Surveys and Questionnaires] explode all trees

#11

MeSH descriptor: [Interviews as Topic] explode all trees

#12

MeSH descriptor: [Psychometrics] explode all trees

#13

MeSH descriptor: [Psychiatric Status Rating Scales] explode all trees

#14

MeSH descriptor: [Diagnosis] this term only

#15

MeSH descriptor: [Diagnostic Techniques and Procedures] explode all trees

#16

MeSH descriptor: [Referral and Consultation] explode all trees

#17

("Attention Deficit and Disruptive Behavior Disorders" AND diagnosis):ti,ab,kw

(Word variations have been searched)

#18

("Attention Deficit and Disruptive Behavior Disorders" AND "diagnostic imaging"):ti,ab,kw

(Word variations have been searched)

#19

(questionnaire OR questionnaires OR screening OR screen OR scale OR instrument OR instruments OR interview OR interviews OR diagnosis OR diagnostic OR diagnosed OR Measure OR test OR tests OR testing):ti,ab,kw

#20

#9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19

#21

("Sensitivity and Specificity" OR "Diagnostic Errors" OR sensitivity OR specificity OR (accura\* AND (diagnos\* OR classif\*)) OR "ROC curve" OR "positive predictive value" OR "negative predictive value" OR "false positive" OR "false negative" OR "likelihood ratio"):ti,ab,kw

#22

#3 AND #8 AND #20 AND #21)

**Campbell Collaboration**

("Adaptive Behavior Assessment System" OR "ABAS-3" OR "Advanced Clinical Solutions" OR "Word Choice Test" OR "Test of Premorbid Functioning" OR "Social Cognition" OR "Beck Anxiety Inventory" OR "BAI" OR "Beck Depression Inventory" OR "BDI-2" OR "Behavioral Assessment System for Children" OR "Self-Report of Personality" OR "BASC-3 SRP Adolescent" OR "Behavioral Assessment System for Children" OR "Parent Rating Scales" OR "BASC-3 PRS Adolescent" OR "BASC-3 SRP College" OR "Teacher Rating Scales" OR "BASC-3 TRS Adolescent" OR "Brown Executive Function/Attention Scales" OR "Brown EF/A Self" OR "California Verbal Learning Test" OR "CVLT-3" OR "Standard Form California Verbal" "CVLT-3 Brief" OR "California Verbal Learning Test" OR "CVLT-C" OR "Childhood Autism Rating Scale" OR "CARS-2" OR "Childhood Autism Rating Scale" OR

"High-Functioning Version" OR "CARS-2 HF" OR "Clinical Evaluation of Language Fundamentals" OR "CELF-5" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Observer" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Self-Report" OR "Conners’ Adult ADHD Diagnostic Interview for DSM-IV" OR "CAADID Part 1" OR "CAADID Part 2" OR "CAARS–O:L" OR "CAARS–S:L" OR "CAARS-2 Observer" OR "Conners’ Adult ADHD Rating Scales" OR "CAARS-2 Self-Report" OR "Delis-Kaplan Executive Function System" OR "D-KEFS" OR "Dot Counting Test" OR "Grooved Pegboard Test Kaufman Test of Educational Achievement" OR "KTEA-3" OR "NEPSY-II Developmental Neuropsychological Battery" OR "Neuropsychological Assessment Battery" OR "Attention, Language, Memory, Spatial, and Executive Functions Modules" OR "NIH Executive Abilities–Measures and Instruments for Neurobehavioral Evaluation and Re-search" OR "NIH EXAMINER" OR "Personality Assessment Inventory" OR "PROMIS Sleep Assessments Pediatric Parent Proxy" OR "Repeatable Battery for the Assessment of Neuropsychological Status" OR "RBANS" OR "Rey-Osterrieth Complex" OR "Wechsler Abbreviated Scale of Intelligence" OR "WASI-2" OR "Wechsler Adult Intelligence Scale" OR "WAIS-4" OR "WAIS-IV" OR "Wechsler Individual Achievement Test" OR "WIAT-4" OR "Wechsler Intelligence Scale" OR "Wechsler Memory Scale" OR "WMS-4" OR "Wide Range Achievement Test" OR "WRAT-5" OR "Adult ADHD Rating Scale" OR "ADHD-RS" OR "Brown ADD scales" OR "Continuous Performance Tests" OR "Conners CPT" OR "QB Test" OR "TOVA" OR "Wender Utah Adult ADHD Scale" OR "diagnostic interview for Adult ADHD")

OR

("Attention Deficit Disorder with Hyperactivity" OR "attention deficit hyperactivity disorder" OR "ADHD" OR "attention deficit disorder")

**PROSPERO** (https://www.crd.york.ac.uk/prospero/)

(#1 ("Adaptive Behavior Assessment System" OR "ABAS-3" OR "Advanced Clinical Solutions" OR "Word Choice Test" OR "Test of Premorbid Functioning" OR "Social Cognition" OR "Beck Anxiety Inventory" OR "BAI" OR "Beck Depression Inventory" OR "BDI-2" OR "Behavioral Assessment System for Children" OR "Self-Report of Personality" OR "BASC-3 SRP Adolescent" OR "Behavioral Assessment System for Children" OR "Parent Rating Scales" OR "BASC-3 PRS Adolescent" OR "BASC-3 SRP College" OR "Teacher Rating Scales" OR "BASC-3 TRS Adolescent" OR "Brown Executive Function/Attention Scales" OR "Brown EF/A Self" OR "California Verbal Learning Test" OR "CVLT-3" OR "Standard Form California Verbal" "CVLT-3 Brief" OR "California Verbal Learning Test" OR "CVLT-C" OR "Childhood Autism Rating Scale" OR "CARS-2" OR "Childhood Autism Rating Scale" OR "High-Functioning Version" OR "CARS-2 HF" OR "Clinical Evaluation of Language Fundamentals" OR "CELF-5" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Observer"):TI

#2 ("Comprehensive Executive Function Inventory" OR "CEFI Adult Self-Report" OR "Conners Adult ADHD Diagnostic Interview for DSM-IV" OR "CAADID Part 1" OR "CAADID Part 2" OR "CAARS?OL" OR "CAARS?SL" OR "CAARS-2 Observer" OR "Conners Adult ADHD Rating Scales" OR "CAARS-2 Self-Report" OR "Delis-Kaplan Executive Function System" OR "D-KEFS" OR "Dot Counting Test" OR "Grooved Pegboard Test Kaufman Test of Educational Achievement" OR "KTEA-3" OR "NEPSY-II Developmental Neuropsychological Battery" OR "Neuropsychological Assessment Battery" OR "Attention, Language, Memory, Spatial, and Ex- ecutive Functions Modules" OR "NIH Executive Abilities?Measures and Instruments for Neurobehavioral Evaluation and Re-search"):TI

#3 ("NIH EXAMINER" OR "Personality Assessment Inventory" OR "PROMIS Sleep Assessments Pediatric Parent Proxy" OR "Repeatable Battery for the Assessment of Neuropsychological Status" OR "RBANS" OR "Rey-Osterrieth Complex" OR "Wechsler Abbreviated Scale of Intelligence" OR "WASI-2" OR "Wechsler Adult Intelligence Scale" OR "WAIS-4" OR "WAIS-IV" OR "Wechsler Individual Achievement Test" OR "WIAT-4" OR "Wechsler Intelligence Scale" OR "Wechsler Memory Scale" OR "WMS-4" OR "Wide Range Achievement Test" OR "WRAT-5" OR "Adult ADHD Rating Scale" OR "ADHD-RS" OR "Brown ADD scales" OR "Continuous Performance Tests" OR "Conners CPT" OR "QB Test" OR "TOVA" OR "Wender Utah Adult ADHD Scale" OR "diagnostic interview for Adult ADHD"):TI

#4 #3 OR #2 OR #1

#5 (MeSH DESCRIPTOR Attention Deficit Disorder with Hyperactivity EXPLODE ALL TREES):TI

#6 MeSH DESCRIPTOR Attention Deficit Disorder with Hyperactivity EXPLODE ALL TREES

#7 ("Attention Deficit Disorder with Hyperactivity" OR "attention deficit hyperactivity disorder" OR "ADHD" OR "attention deficit disorder"):TI

#8 #7 OR #6

#9 #8 AND #4)

OR

#1 MeSH DESCRIPTOR Attention Deficit Disorder with Hyperactivity EXPLODE ALL TREES

#2 "attention deficit hyperactivity disorder" OR "ADHD" OR "attention deficit disorder"

#3 #2 OR #1

#4 MeSH DESCRIPTOR Aged, 80 and over EXPLODE ALL TREES

#5 MeSH DESCRIPTOR Adult EXPLODE ALL TREES

#6 MeSH DESCRIPTOR Middle Aged EXPLODE ALL TREES

#7 Young Adult OR Adult OR Adults

#8 #4 OR #5 OR #6 OR #7

#9 MeSH DESCRIPTOR Mass Screening EXPLODE ALL TREES

#10 "interviews as topics"

#11 psychometrics

#12 MeSH DESCRIPTOR Psychiatric Status Rating Scales EXPLODE ALL TREES

#13 MeSH DESCRIPTOR Diagnosis EXPLODE ALL TREES

#14 MeSH DESCRIPTOR diagnosis EXPLODE ALL TREES

#15 MeSH DESCRIPTOR diagnosis

#16 MeSH DESCRIPTOR Diagnostic Techniques and Procedures EXPLODE ALL TREES

#17 MeSH DESCRIPTOR Referral and Consultation EXPLODE ALL TREES

#18 attention deficit and disruptive behavior disorders

#19 "attention deficit and disruptive behavior disorders" AND diagnosis

#20 "attention deficit and disruptive behavior disorders" AND "diagnostic imaging"

#21 questionnaire OR questionnaires OR screening OR screen OR scale OR instrument OR instruments OR interview OR interviews OR diagnosis OR diagnostic OR diagnosed OR Measure OR test OR tests OR testing

#22 #9 OR #10 OR #11 OR #12 OR #15 OR #16 OR #17 OR #19 OR #20 OR #21

#23 "Sensitivity and Specificity" OR "Diagnostic Errors" OR sensitivity OR specificity OR (accura\* AND (diagnos\* OR classif\*)) OR "ROC curve" OR "positive predictive value" OR "negative predictive value" OR "false positive" OR "false negative" OR "likelihood ratio"

#24 #3 AND #8 AND #22 AND #23

**ECRI Guidelines Trust** https://guidelines.ecri.org/

('"Adaptive Behavior Assessment System" OR "ABAS-3" OR "Advanced Clinical Solutions" OR "Word Choice Test" OR "Test of Premorbid Functioning" OR "Social Cognition" OR "Beck Anxiety Inventory" OR "BAI" OR "Beck Depression Inventory" OR "BDI-2" OR "Behavioral Assessment System for Children" OR "Self-Report of Personality" OR "BASC-3 SRP Adolescent" OR "Behavioral Assessment System for Children" OR "Parent Rating Scales" OR "BASC-3 PRS Adolescent" OR "BASC-3 SRP College" OR "Teacher Rating Scales" OR "BASC-3 TRS Adolescent" OR "Brown Executive Function/Attention Scales" OR "Brown EF/A Self" OR "California Verbal Learning Test" OR "CVLT-3" OR "Standard Form California Verbal" "CVLT-3 Brief" OR "California Verbal Learning Test" OR "CVLT-C" OR "Childhood Autism Rating Scale" OR "CARS-2" OR "Childhood Autism Rating Scale" OR "High-Functioning Version" OR "CARS-2 HF" OR "Clinical Evaluation of Language Fundamentals" OR "CELF-5" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Observer" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Self-Report" OR "Conners’ Adult ADHD Diagnostic Interview for DSM-IV" OR "CAADID Part 1" OR "CAADID Part 2" OR "CAARS–O:L" OR "CAARS–S:L" OR "CAARS-2 Observer" OR "Conners’ Adult ADHD Rating Scales" OR "CAARS-2 Self-Report" OR "Delis-Kaplan Executive Function System" OR "D-KEFS" OR "Dot Counting Test" OR "Grooved Pegboard Test Kaufman Test of Educational Achievement" OR "KTEA-3" OR "NEPSY-II Developmental Neuropsychological Battery" OR "Neuropsychological Assessment Battery" OR "Attention, Language, Memory, Spatial, and Executive Functions Modules" OR "NIH Executive Abilities–Measures and Instruments for Neurobehavioral Evaluation and Re-search" OR "NIH EXAMINER" OR "Personality Assessment Inventory" OR "PROMIS Sleep Assessments Pediatric Parent Proxy" OR "Repeatable Battery for the Assessment of Neuropsychological Status" OR "RBANS" OR "Rey-Osterrieth Complex" OR "Wechsler Abbreviated Scale of Intelligence" OR "WASI-2" OR "Wechsler Adult Intelligence Scale" OR "WAIS-4" OR "WAIS-IV" OR "Wechsler Individual Achievement Test" OR "WIAT-4" OR "Wechsler Intelligence Scale" OR "Wechsler Memory Scale" OR "WMS-4" OR "Wide Range Achievement Test" OR "WRAT-5" OR "Adult ADHD Rating Scale" OR "ADHD-RS" OR "Brown ADD scales" OR "Continuous Performance Tests" OR "Conners CPT" OR "QB Test" OR "TOVA" OR "Wender Utah Adult ADHD Scale" OR "diagnostic interview for Adult ADHD"')

OR

("Attention Deficit Disorder with Hyperactivity" OR "attention deficit hyperactivity disorder" OR "ADHD" OR "attention deficit disorder"

FILTER: Patient Age

Adolescent (13 to 18 years), Adult (19 to 44 years), Middle Age(45 to 64 years), Aged(65 to 79 years), Aged (80 and over)

**Guidelines International Network Library** (G-I-N, https://guidelines.ebmportal.com/)

("Adaptive Behavior Assessment System" OR "ABAS-3" OR "Advanced Clinical Solutions" OR "Word Choice Test" OR "Test of Premorbid Functioning" OR "Social Cognition" OR "Beck Anxiety Inventory" OR "BAI" OR "Beck Depression Inventory" OR "BDI-2" OR "Behavioral Assessment System for Children" OR "Self-Report of Personality" OR "BASC-3 SRP Adolescent" OR "Behavioral Assessment System for Children" OR "Parent Rating Scales" OR "BASC-3 PRS Adolescent" OR "BASC-3 SRP College" OR "Teacher Rating Scales" OR "BASC-3 TRS Adolescent" OR "Brown Executive Function/Attention Scales" OR "Brown EF/A Self" OR "California Verbal Learning Test" OR "CVLT-3" OR "Standard Form California Verbal" "CVLT-3 Brief" OR "California Verbal Learning Test" OR "CVLT-C" OR "Childhood Autism Rating Scale" OR "CARS-2" OR "Childhood Autism Rating Scale" OR "High-Functioning Version" OR "CARS-2 HF" OR "Clinical Evaluation of Language Fundamentals" OR "CELF-5" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Observer" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Self-Report" OR "Conners’ Adult ADHD Diagnostic Interview for DSM-IV" OR "CAADID Part 1" OR "CAADID Part 2" OR "CAARS–O:L" OR "CAARS–S:L" OR "CAARS-2 Observer" OR "Conners’ Adult ADHD Rating Scales" OR "CAARS-2 Self-Report" OR "Delis-Kaplan Executive Function System" OR "D-KEFS" OR "Dot Counting Test" OR "Grooved Pegboard Test Kaufman Test of Educational Achievement" OR "KTEA-3" OR "NEPSY-II Developmental Neuropsychological Battery" OR "Neuropsychological Assessment Battery" OR "Attention, Language, Memory, Spatial, and Ex- ecutive Functions Modules" OR "NIH Executive Abilities–Measures and Instruments for Neurobehavioral Evaluation and Re-search" OR "NIH EXAMINER" OR "Personality Assessment Inventory" OR "PROMIS Sleep Assessments Pediatric Parent Proxy" OR "Repeatable Battery for the Assessment of Neuropsychological Status" OR "RBANS" OR "Rey-Osterrieth Complex" OR "Wechsler Abbreviated Scale of Intelligence" OR "WASI-2" OR "Wechsler Adult Intelligence Scale" OR "WAIS-4" OR "WAIS-IV" OR "Wechsler Individual Achievement Test" OR "WIAT-4" OR "Wechsler Intelligence Scale" OR "Wechsler Memory Scale" OR "WMS-4" OR "Wide Range Achievement Test" OR "WRAT-5" OR "Adult ADHD Rating Scale" OR "ADHD-RS" OR "Brown ADD scales" OR "Continuous Performance Tests" OR "Conners CPT" OR "QB Test" OR "TOVA" OR "Wender Utah Adult ADHD Scale" OR "diagnostic interview for Adult ADHD")

OR

("Attention Deficit Disorder with Hyperactivity" OR "attention deficit hyperactivity disorder" OR "ADHD" OR "attention deficit disorder")

**ClinicalKey**

("Adaptive Behavior Assessment System" OR "ABAS-3" OR "Advanced Clinical Solutions" OR "Word Choice Test" OR "Test of Premorbid Functioning" OR "Social Cognition" OR "Beck Anxiety Inventory" OR "BAI" OR "Beck Depression Inventory" OR "BDI-2" OR "Behavioral Assessment System for Children" OR "Self-Report of Personality" OR "BASC-3 SRP Adolescent" OR "Behavioral Assessment System for Children" OR "Parent Rating Scales" OR "BASC-3 PRS Adolescent" OR "BASC-3 SRP College" OR "Teacher Rating Scales" OR "BASC-3 TRS Adolescent" OR "Brown Executive Function/Attention Scales" OR "Brown EF/A Self" OR "California Verbal Learning Test" OR "CVLT-3" OR "Standard Form California Verbal" "CVLT-3 Brief" OR "California Verbal Learning Test" OR "CVLT-C" OR "Childhood Autism Rating Scale" OR "CARS-2" OR "Childhood Autism Rating Scale" OR "High-Functioning Version" OR "CARS-2 HF" OR "Clinical Evaluation of Language Fundamentals" OR "CELF-5" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Observer" OR "Comprehensive Executive Function Inventory" OR "CEFI Adult Self-Report" OR "Conners’ Adult ADHD Diagnostic Interview for DSM-IV" OR "CAADID Part 1" OR "CAADID Part 2" OR "CAARS–O:L" OR "CAARS–S:L" OR "CAARS-2 Observer" OR "Conners’ Adult ADHD Rating Scales" OR "CAARS-2 Self-Report" OR "Delis-Kaplan Executive Function System" OR "D-KEFS" OR "Dot Counting Test" OR "Grooved Pegboard Test Kaufman Test of Educational Achievement" OR "KTEA-3" OR "NEPSY-II Developmental Neuropsychological Battery" OR "Neuropsychological Assessment Battery" OR "Attention, Language, Memory, Spatial, and Executive Functions Modules" OR "NIH Executive Abilities–Measures and Instruments for Neurobehavioral Evaluation and Re-search" OR "NIH EXAMINER" OR "Personality Assessment Inventory" OR "PROMIS Sleep Assessments Pediatric Parent Proxy" OR "Repeatable Battery for the Assessment of Neuropsychological Status" OR "RBANS" OR "Rey-Osterrieth Complex" OR "Wechsler Abbreviated Scale of Intelligence" OR "WASI-2" OR "Wechsler Adult Intelligence Scale" OR "WAIS-4" OR "WAIS-IV" OR "Wechsler Individual Achievement Test" OR "WIAT-4" OR "Wechsler Intelligence Scale" OR "Wechsler Memory Scale" OR "WMS-4" OR "Wide Range Achievement Test" OR "WRAT-5" OR "Adult ADHD Rating Scale" OR "ADHD-RS" OR "Brown ADD scales" OR "Continuous Performance Tests" OR "Conners CPT" OR "QB Test" OR "TOVA" OR "Wender Utah Adult ADHD Scale" OR "diagnostic interview for Adult ADHD")

OR

("Attention Deficit Disorder with Hyperactivity" OR "attention deficit hyperactivity disorder" OR "ADHD" OR "attention deficit disorder"

FILTERS: Journal Articles, Guidelines)

Appendix B. List of Included, Background, and Excluded Publications

This appendix shows the list of included, background studies, and excluded studies with reasons for exclusion. Background papers provided more information on the topic or were retained for reference-mining. We recorded only one reason for exclusion per publications.

Included Publications

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, Hanks C, Prunella J. Preliminary evidence differentiating ADHD using brain SPECT imaging in older patients. J Psychoactive Drugs. 2008 Jun;40(2):139-46. doi: 10.1080/02791072.2008.10400623. PMID: 18720662.

5. 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. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8653781/pdf/fpsyt-12-725788.pdf

6. 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. https://www.embase.com/search/results?subaction=viewrecord&id=L2030847356&from=export

7. 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. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7735513/pdf/2011-2084-ijpr-13-02-78.pdf

8. 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. https://link.springer.com/article/10.1007/s11126-017-9553-4

9. 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. https://mdpi-res.com/d\_attachment/ijerph/ijerph-20-04070/article\_deploy/ijerph-20-04070.pdf?version=1677231890

10. 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.

11. Biederman J, Hammerness P, Sadeh B, et al. Diagnostic utility of brain activity flow patterns analysis in attention deficit hyperactivity disorder. Psychol Med. 2017 May;47(7):1259-70. doi: 10.1017/s0033291716003329. PMID: 28065167. https://www.cambridge.org/core/journals/psychological-medicine/article/abs/diagnostic-utility-of-brain-activity-flow-patterns-analysis-in-attention-deficit-hyperactivity-disorder/D50FB7D73029E6859363142E894C4B5E

12. Brunkhorst-Kanaan N, Verdenhalven M, Kittel-Schneider S, et al. The Quantified Behavioral Test-A Confirmatory Test in the Diagnostic Process of Adult ADHD? Front Psychiatry. 2020;11:216. doi: 10.3389/fpsyt.2020.00216. PMID: 32265761. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7100366/pdf/fpsyt-11-00216.pdf

13. Chaim-Avancini TM, Doshi J, Zanetti MV, et al. Neurobiological support to the diagnosis of ADHD in stimulant-naïve adults: pattern recognition analyses of MRI data. Acta Psychiatr Scand. 2017 Dec;136(6):623-36. doi: 10.1111/acps.12824. PMID: 29080396. https://onlinelibrary.wiley.com/doi/10.1111/acps.12824

14. Chen T, Antoniou G, Adamou M, et al. Automatic diagnosis of attention deficit hyperactivity disorder using machine learning. Applied Artificial Intelligence. 2021;35(9):657-69. doi: 10.1080/08839514.2021.1933761. https://www.tandfonline.com/doi/pdf/10.1080/08839514.2021.1933761

15. Chiasson JP, Stavro K, Rizkallah É, et al. Questioning the specificity of ASRS-v1.1 to accurately detect ADHD in substance abusing populations. J Atten Disord. 2012 Nov;16(8):661-3. doi: 10.1177/1087054711425768. PMID: 22049481.

16. Cohen AL, Shapiro SK. Exploring the performance differences on the flicker task and the conners' continuous performance test in adults with ADHD. J Atten Disord. 2007 Jul;11(1):49-63. doi: 10.1177/1087054706292162. PMID: 17606772.

17. Cook CM, Bolinger E, Suhr J. Further Validation of the Conner's Adult Attention Deficit/Hyperactivity Rating Scale Infrequency Index (CII) for Detection of Non-Credible Report of Attention Deficit/Hyperactivity Disorder Symptoms. Arch Clin Neuropsychol. 2016 Jun;31(4):358-64. doi: 10.1093/arclin/acw015. PMID: 27193367.

18. Courrégé SC, Skeel RL, Feder AH, et al. The ADHD Symptom Infrequency Scale (ASIS): A novel measure designed to detect adult ADHD simulators. Psychol Assess. 2019 Jul;31(7):851-60. doi: 10.1037/pas0000706. PMID: 30802120.

19. Dakwar E, Mahony A, Pavlicova M, et al. The utility of attention-deficit/hyperactivity disorder screening instruments in individuals seeking treatment for substance use disorders. J Clin Psychiatry. 2012 Nov;73(11):e1372-8. doi: 10.4088/JCP.12m07895. PMID: 23218166. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3627386/pdf/nihms455145.pdf

20. De QUIROS GB, Kinsbourne M. Adult ADHD: Analysis of Self‐ratings on a Behavior Questionnaire. Annals of the New York Academy of Sciences. 2001;931(1):140-7.

21. Dunlop BW, Wu R, Helms K. Performance of the Adult ADHD Self-Report Scale-v1.1 in Adults with Major Depressive Disorder. Behav Sci (Basel). 2018 Mar 29;8(4). doi: 10.3390/bs8040037. PMID: 29596328. https://mdpi-res.com/d\_attachment/behavsci/behavsci-08-00037/article\_deploy/behavsci-08-00037.pdf?version=1525345716

22. Dvorsky MR, Langberg JM, Molitor SJ, et al. Clinical utility and predictive validity of parent and college student symptom ratings in predicting an ADHD diagnosis. Journal of Clinical Psychology. 2016;72(4):401-18.

23. Edebol H, Helldin L, Norlander T. Objective Measures of Behavior Manifestations in Adult ADHD and Differentiation from Participants with Bipolar II Disorder, Borderline Personality Disorder, Participants with Disconfirmed ADHD as Well as Normative Participants. Clin Pract Epidemiol Ment Health. 2012;8:134-43. doi: 10.2174/1745017901208010134. PMID: 23166565. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3497060/pdf/CPEMH-8-134.pdf

24. Edebol H, Helldin L, Norlander T. Measuring adult Attention Deficit Hyperactivity Disorder using the Quantified Behavior Test Plus. Psych J. 2013 Apr;2(1):48-62. doi: 10.1002/pchj.17. PMID: 24294490. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3832237/pdf/pchj0002-0048.pdf

25. Elbaum T, Braw Y, Lev A, et al. Attention-Deficit/Hyperactivity Disorder (ADHD): Integrating the MOXO-dCPT with an Eye Tracker Enhances Diagnostic Precision. Sensors (Basel). 2020 Nov 9;20(21). doi: 10.3390/s20216386. PMID: 33182303. https://mdpi-res.com/d\_attachment/sensors/sensors-20-06386/article\_deploy/sensors-20-06386.pdf?version=1604921168

26. Emser TS, Johnston BA, Steele JD, et al. Assessing ADHD symptoms in children and adults: evaluating the role of objective measures. Behav Brain Funct. 2018 May 18;14(1):11. doi: 10.1186/s12993-018-0143-x. PMID: 29776429. https://behavioralandbrainfunctions.biomedcentral.com/counter/pdf/10.1186/s12993-018-0143-x.pdf

27. Erhardt D, Epstein JN, Conners CK, et al. Self-ratings of ADHD symptoms in adults: II. Reliability, validity, and diagnostic sensitivity. Journal of Attention Disorders. 1999;3(3):153-8. doi: 10.1177/108705479900300304.

28. Faraone S, Biederman J, Spencer T. Diagnostic efficiency of symptom items for identifying adult ADHD. Journal of ADHD & Related Disorders. 2010;1:38-48.

29. Finley JA, Brooks JM, Nili AN, et al. Multivariate examination of embedded indicators of performance validity for ADHD evaluations: A targeted approach. Appl Neuropsychol Adult. 2023 Sep 13:1-14. doi: 10.1080/23279095.2023.2256440. PMID: 37703401.

30. Finley JA, Cerny BM, Brooks JM, et al. Cross-validating the Clinical Assessment of Attention Deficit-Adult symptom validity scales for assessment of attention deficit/hyperactivity disorder in adults. J Clin Exp Neuropsychol. 2024 Mar;46(2):111-23. doi: 10.1080/13803395.2023.2283940. PMID: 37994688.

31. Fuermaier ABM, Tucha O, Koerts J, et al. The development of an embedded figures test for the detection of feigned attention deficit hyperactivity disorder in adulthood. PLoS ONE. 2016;11(10). doi: 10.1371/journal.pone.0164297. https://www.embase.com/search/results?subaction=viewrecord&id=L612656059&from=export

32. Galloway-Long H, Huang-Pollock C, Neely K. Ahead of the (ROC) Curve: A Statistical Approach to Utilizing Ex-Gaussian Parameters of Reaction Time in Diagnosing ADHD Across Three Developmental Periods. J Int Neuropsychol Soc. 2022 Sep;28(8):821-34. doi: 10.1017/s1355617721000990. PMID: 34488917. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9521363/pdf/nihms-1780514.pdf

33. Gift TE, Reimherr ML, Marchant BK, et al. Wender Utah Rating Scale: Psychometrics, clinical utility and implications regarding the elements of ADHD. J Psychiatr Res. 2021 Mar;135:181-8. doi: 10.1016/j.jpsychires.2021.01.013. PMID: 33493947.

34. Grogan K, Gormley CI, Rooney B, et al. Differential diagnosis and comorbidity of ADHD and anxiety in adults. Br J Clin Psychol. 2018 Mar;57(1):99-115. doi: 10.1111/bjc.12156. PMID: 28895146. https://bpspsychub.onlinelibrary.wiley.com/doi/10.1111/bjc.12156

35. Groom MJ, Young Z, Hall CL, et al. The incremental validity of a computerised assessment added to clinical rating scales to differentiate adult ADHD from autism spectrum disorder. Psychiatry Res. 2016 Sep 30;243:168-73. doi: 10.1016/j.psychres.2016.06.042. PMID: 27400220.

36. Grünblatt E, Geissler J, Jacob CP, et al. Pilot study: potential transcription markers for adult attention-deficit hyperactivity disorder in whole blood. Atten Defic Hyperact Disord. 2012 Jun;4(2):77-84. doi: 10.1007/s12402-012-0074-6. PMID: 22562805. https://core.ac.uk/download/11300165.pdf

37. Hadas I, Hadar A, Lazarovits A, et al. Right prefrontal activation predicts ADHD and its severity: A TMS-EEG study in young adults. Prog Neuropsychopharmacol Biol Psychiatry. 2021 Dec 20;111:110340. doi: 10.1016/j.pnpbp.2021.110340. PMID: 33957168.

38. Harp J, Jasinski L, Shandera-Ochsner A, et al. Detection of Malingered ADHD Using the MMPI2RF. Psychological Injury and Law. 2011 03/01;4:32-43. doi: 10.1007/s12207-011-9100-9. https://link.springer.com/content/pdf/10.1007/s12207-011-9100-9.pdf

39. Harrison AG, Armstrong IT. Development of a symptom validity index to assist in identifying ADHD symptom exaggeration or feigning. Clin Neuropsychol. 2016 Feb;30(2):265-83. doi: 10.1080/13854046.2016.1154188. PMID: 26954905.

40. Harrison AG, Armstrong IT. Differences in performance on the test of variables of attention between credible vs. noncredible individuals being screened for attention deficit hyperactivity disorder. Appl Neuropsychol Child. 2020 Oct-Dec;9(4):314-22. doi: 10.1080/21622965.2020.1750115. PMID: 32301339.

41. Harrison AG, Edwards MJ, Parker KC. Identifying students faking ADHD: Preliminary findings and strategies for detection. Arch Clin Neuropsychol. 2007 Jun;22(5):577-88. doi: 10.1016/j.acn.2007.03.008. PMID: 17507198. https://academic.oup.com/acn/article-abstract/22/5/577/2847?redirectedFrom=fulltext

42. Harrison AG, Harrison KA, Armstrong IT. Discriminating malingered attention Deficit Hyperactivity Disorder from genuine symptom reporting using novel Personality Assessment Inventory validity measures. Appl Neuropsychol Adult. 2022 Jan-Feb;29(1):10-22. doi: 10.1080/23279095.2019.1702043. PMID: 31852281.

43. Harrison AG, Nay S, Armstrong IT. Diagnostic Accuracy of the Conners' Adult ADHD Rating Scale in a Postsecondary Population. J Atten Disord. 2019 Dec;23(14):1829-37. doi: 10.1177/1087054715625299. PMID: 26794674.

44. Houston JP, Kroenke K, Faries DE, et al. A provisional screening instrument for four common mental disorders in adult primary care patients. Psychosomatics. 2011 Jan-Feb;52(1):48-55. doi: 10.1016/j.psym.2010.11.011. PMID: 21300195.

45. Jiménez EC, Avella-Garcia C, Kustow J, et al. Eye Vergence Responses During an Attention Task in Adults With ADHD and Clinical Controls. J Atten Disord. 2021 Jul;25(9):1302-10. doi: 10.1177/1087054719897806. PMID: 31959011.

46. Juselius Baghdassarian E, Nilsson Markhed M, Lindström E, et al. Auditory brainstem response (ABR) profiling tests as diagnostic support for schizophrenia and adult attention-deficit hyperactivity disorder (ADHD). Acta Neuropsychiatr. 2018 Jun;30(3):137-47. doi: 10.1017/neu.2017.24. PMID: 28803577. https://www.cambridge.org/core/journals/acta-neuropsychiatrica/article/abs/auditory-brainstem-response-abr-profiling-tests-as-diagnostic-support-for-schizophrenia-and-adult-attentiondeficit-hyperactivity-disorder-adhd/5B1F577C0F088CA82F8B87D85D06B9FA

47. Katz LJ, Wood DS, Goldstein G, et al. The utility of neuropsychological tests in evaluation of Attention-Deficit/ Hyperactivity Disorder (ADHD) versus depression in adults. Assessment. 1998 Mar;5(1):45-52. doi: 10.1177/107319119800500107. PMID: 9458341.

48. Kaur S, Singh S, Arun P, et al. Phase Space Reconstruction of EEG Signals for Classification of ADHD and Control Adults. Clin EEG Neurosci. 2020 Mar;51(2):102-13. doi: 10.1177/1550059419876525. PMID: 31533446.

49. Kessler RC, Adler L, Ames M, et al. The World Health Organization Adult ADHD Self-Report Scale (ASRS): a short screening scale for use in the general population. Psychol Med. 2005 Feb;35(2):245-56. doi: 10.1017/s0033291704002892. PMID: 15841682. https://www.cambridge.org/core/journals/psychological-medicine/article/abs/world-health-organization-adult-adhd-selfreport-scale-asrs-a-short-screening-scale-for-use-in-the-general-population/28DF9AC948CE49D49B42AE9DABA325C1

50. Kessler RC, Adler LA, Gruber MJ, et al. Validity of the World Health Organization Adult ADHD Self-Report Scale (ASRS) Screener in a representative sample of health plan members. Int J Methods Psychiatr Res. 2007;16(2):52-65. doi: 10.1002/mpr.208. PMID: 17623385. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2044504/pdf/MPR-16-52.pdf

51. Kessler RC, Green JG, Adler LA, et al. Structure and diagnosis of adult attention-deficit/hyperactivity disorder: analysis of expanded symptom criteria from the Adult ADHD Clinical Diagnostic Scale. Arch Gen Psychiatry. 2010 Nov;67(11):1168-78. doi: 10.1001/archgenpsychiatry.2010.146. PMID: 21041618. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3131739/pdf/nihms266485.pdf

52. Khan H, Rauch AA, Obolsky MA, et al. A comparison of embedded validity indicators from the Stroop Color and Word Test among adults referred for clinical evaluation of suspected or confirmed attention-deficit/hyperactivity disorder. Psychol Assess. 2022 Jul;34(7):697-703. doi: 10.1037/pas0001137. PMID: 35357873.

53. Kiiski H, Rueda-Delgado LM, Bennett M, et al. Functional EEG connectivity is a neuromarker for adult attention deficit hyperactivity disorder symptoms. Clin Neurophysiol. 2020 Jan;131(1):330-42. doi: 10.1016/j.clinph.2019.08.010. PMID: 31506235.

54. Kim S, Baek JH, Kwon YJ, et al. Machine-learning-based diagnosis of drug-naive adult patients with attention-deficit hyperactivity disorder using mismatch negativity. Transl Psychiatry. 2021 Sep 18;11(1):484. doi: 10.1038/s41398-021-01604-3. PMID: 34537812. https://www.nature.com/articles/s41398-021-01604-3.pdf

55. Kingston DA, Ahmed AG, Gray J, et al. The assessment and diagnosis of attention deficit hyperactivity disorder in adult forensic psychiatric outpatients. Journal of Psychopathology and Behavioral Assessment. 2013;35(3):293-300. doi: 10.1007/s10862-013-9346-5. https://www.embase.com/search/results?subaction=viewrecord&id=L52480928&from=export

56. Kovner R, Budman C, Frank Y, et al. Neuropsychological testing in adult attention deficit hyperactivity disorder: a pilot study. Int J Neurosci. 1998 Dec;96(3-4):225-35. doi: 10.3109/00207459808986470. PMID: 10069622.

57. Kumar G, Faden J, Steer RA. Screening for attention-deficit/hyperactivity disorder in adult inpatients with psychiatric disorders. Psychol Rep. 2011 Jun;108(3):815-24. doi: 10.2466/03.05.09.13.15.Pr0.108.3.815-824. PMID: 21879629.

58. Kwan D, Davin N, Harrison AG, et al. Determining cutoff scores on the Conners' adult ADHD rating scales that can definitively rule out the presence of ADHD in a clinical sample. Appl Neuropsychol Adult. 2024 Apr 3:1-11. doi: 10.1080/23279095.2024.2336204. PMID: 38569190.

59. Lancaster A, Liljequist L. Cross-validation of PAI scales for the detection of suspected ADHD in adults. J Clin Psychol. 2018 Oct;74(10):1710-8. doi: 10.1002/jclp.22620. PMID: 29574728. https://onlinelibrary.wiley.com/doi/10.1002/jclp.22620

60. Lee Booksh R, Pella RD, Singh AN, et al. Ability of college students to simulate ADHD on objective measures of attention. J Atten Disord. 2010 Jan;13(4):325-38. doi: 10.1177/1087054708329927. PMID: 19439760.

61. Lev A, Braw Y, Elbaum T, et al. Eye Tracking During a Continuous Performance Test: Utility for Assessing ADHD Patients. J Atten Disord. 2022 Jan;26(2):245-55. doi: 10.1177/1087054720972786. PMID: 33238787.

62. Lewandowski LJ, Lovett BJ, Codding RS, et al. Symptoms of ADHD and academic concerns in college students with and without ADHD diagnoses. J Atten Disord. 2008 Sep;12(2):156-61. doi: 10.1177/1087054707310882. PMID: 18192625.

63. Liu YS, Cao B, Chokka PR. Screening for Adulthood ADHD and Comorbidities in a Tertiary Mental Health Center Using EarlyDetect: A Machine Learning-Based Pilot Study. J Atten Disord. 2023 Feb;27(3):324-31. doi: 10.1177/10870547221136228. PMID: 36367134. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9850394/pdf/10.1177\_10870547221136228.pdf

64. Lovejoy DW, Ball JD, Keats M, et al. Neuropsychological performance of adults with attention deficit hyperactivity disorder (ADHD): diagnostic classification estimates for measures of frontal lobe/executive functioning. J Int Neuropsychol Soc. 1999 Mar;5(3):222-33. doi: 10.1017/s1355617799533055. PMID: 10217922. https://www.cambridge.org/core/journals/journal-of-the-international-neuropsychological-society/article/abs/neuropsychological-performance-of-adults-with-attention-deficit-hyperactivity-disorder-adhd-diagnostic-classification-estimates-for-measures-of-frontal-lobeexecutive-functioning/CDCA0AC838EAA441C3EAC3B37D0E0735

65. Luty J, Rajagopal Arokiadass SM, Sarkhel A, et al. Validation of self-report instruments to assess attention deficit hyperactivity disorder symptoms in adults attending community drug and alcohol services. J Addict Med. 2009 Sep;3(3):151-4. doi: 10.1097/ADM.0b013e31819343d0. PMID: 21769011.

66. Marchant BK, Reimherr FW, Wender PH, et al. Psychometric properties of the Self-Report Wender-Reimherr Adult Attention Deficit Disorder Scale. Ann Clin Psychiatry. 2015 Nov;27(4):267-77; quiz 78-82. PMID: 26554368.

67. Marshall P, Schroeder R, O'Brien J, et al. Effectiveness of symptom validity measures in identifying cognitive and behavioral symptom exaggeration in adult attention deficit hyperactivity disorder. Clin Neuropsychol. 2010 Oct;24(7):1204-37. doi: 10.1080/13854046.2010.514290. PMID: 20845231.

68. McCann BS, Roy-Byrne P. Screening and diagnostic utility of self-report attention deficit hyperactivity disorder scales in adults. Compr Psychiatry. 2004 May-Jun;45(3):175-83. doi: 10.1016/j.comppsych.2004.02.006. PMID: 15124147.

69. Mehringer AM, Downey KK, Schuh LM, et al. The Assessment of Hyperactivity and Attention (AHA): development and preliminary validation of a brief self-assessment of adult ADHD. J Atten Disord. 2002 Mar;5(4):223-31. doi: 10.1177/108705470100500404. PMID: 11967478.

70. Morey LC. Examining a novel performance validity task for the detection of feigned attentional problems. Appl Neuropsychol Adult. 2019 May-Jun;26(3):255-67. doi: 10.1080/23279095.2017.1409749. PMID: 29251998.

71. Mostert JC, Onnink AMH, Klein M, et al. Cognitive heterogeneity in adult attention deficit/hyperactivity disorder: A systematic analysis of neuropsychological measurements. Eur Neuropsychopharmacol. 2015 Nov;25(11):2062-74. doi: 10.1016/j.euroneuro.2015.08.010. PMID: 26336867. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4788979/pdf/nihms-720197.pdf

72. Mueller A, Candrian G, Grane VA, et al. Discriminating between ADHD adults and controls using independent ERP components and a support vector machine: a validation study. Nonlinear Biomed Phys. 2011 Jul 19;5:5. doi: 10.1186/1753-4631-5-5. PMID: 21771289. https://nonlinearbiomedphys.biomedcentral.com/counter/pdf/10.1186/1753-4631-5-5.pdf

73. Müller A, Vetsch S, Pershin I, et al. EEG/ERP-based biomarker/neuroalgorithms in adults with ADHD: Development, reliability, and application in clinical practice. World J Biol Psychiatry. 2020 Mar;21(3):172-82. doi: 10.1080/15622975.2019.1605198. PMID: 30990349.

74. Musso MW, Hill BD, Barker AA, et al. Utility of the Personality Assessment Inventory for Detecting Malingered ADHD in College Students. J Atten Disord. 2016 Sep;20(9):763-74. doi: 10.1177/1087054714548031. PMID: 25204276.

75. Nielsen NP, Wiig EH. AQT cognitive speed and processing efficiency differentiate adults with and without ADHD: a preliminary study. Int J Psychiatry Clin Pract. 2011 Sep;15(3):219-27. doi: 10.3109/13651501.2011.582538. PMID: 22121933.

76. Nikolas MA, Marshall P, Hoelzle JB. The role of neurocognitive tests in the assessment of adult attention-deficit/hyperactivity disorder. Psychological assessment. 2019;31(5):685.

77. Notzon DP, Pavlicova M, Glass A, et al. ADHD Is Highly Prevalent in Patients Seeking Treatment for Cannabis Use Disorders. J Atten Disord. 2020 Sep;24(11):1487-92. doi: 10.1177/1087054716640109. PMID: 27033880. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5568505/pdf/nihms893124.pdf

78. Palma-Álvarez RF, Barta C, Carpentier PJ, et al. Validity of the ADHD module of the Mini International Neuropsychiatric Interview PLUS for screening of adult ADHD in treatment seeking substance use disorder patients: ADHD screening with MINI-Plus. Span J Psychiatry Ment Health. 2023 Jan-Mar;16(1):11-5. doi: 10.1016/j.rpsm.2020.04.013. PMID: 32561156.

79. Palmer M, Fang Z, Hollocks MJ, et al. Screening for Attention Deficit Hyperactivity Disorder in Young Autistic Adults: The Diagnostic Accuracy of Three Commonly Used Questionnaires. J Autism Dev Disord. 2023 Oct 28. doi: 10.1007/s10803-023-06146-9. PMID: 37898580. https://link.springer.com/content/pdf/10.1007/s10803-023-06146-9.pdf

80. Pettersson R, Söderström S, Nilsson KW. Diagnosing ADHD in Adults: An Examination of the Discriminative Validity of Neuropsychological Tests and Diagnostic Assessment Instruments. J Atten Disord. 2018 Sep;22(11):1019-31. doi: 10.1177/1087054715618788. PMID: 26681530.

81. Phillips MS, Wisinger AM, Lapitan-Moore FT, et al. Cross-validation of multiple embedded performance validity indices in the Rey Auditory Verbal Learning Test and Brief Visuospatial Memory Test‑Revised in an adult attention deficit/hyperactivity disorder clinical sample. Psychological Injury and Law. 2023;16(1):27-35. doi: 10.1007/s12207-022-09443-3. https://link.springer.com/article/10.1007/s12207-022-09443-3

82. Poil SS, Bollmann S, Ghisleni C, et al. Age dependent electroencephalographic changes in attention-deficit/hyperactivity disorder (ADHD). Clin Neurophysiol. 2014 Aug;125(8):1626-38. doi: 10.1016/j.clinph.2013.12.118. PMID: 24582383.

83. Ponomarev VA, Mueller A, Candrian G, et al. Group Independent Component Analysis (gICA) and Current Source Density (CSD) in the study of EEG in ADHD adults. Clin Neurophysiol. 2014 Jan;125(1):83-97. doi: 10.1016/j.clinph.2013.06.015. PMID: 23871197.

84. Potts HE, Lewandowski LJ, Lovett BJ. Identifying Feigned ADHD in College Students: Comparing the Multidimensional ADHD Rating Scale to Established Validity Measures. J Atten Disord. 2022 Oct;26(12):1622-30. doi: 10.1177/10870547221092095. PMID: 35466735.

85. Quinn CA. Detection of malingering in assessment of adult ADHD. Arch Clin Neuropsychol. 2003 May;18(4):379-95. PMID: 14591453.

86. Ramachandran S, Holmes ER, Rosenthal M, et al. Development of the Subtle ADHD Malingering Screener. Assessment. 2019 Apr;26(3):524-34. doi: 10.1177/1073191118773881. PMID: 29749255.

87. Reimherr FW, Marchant BK, Gift TE, et al. Psychometric data and versions of the Wender Utah Rating Scale including the WURS-25 & WURS-45. Data Brief. 2021 Aug;37:107232. doi: 10.1016/j.dib.2021.107232. PMID: 34235235. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8246143/pdf/main.pdf

88. Reyes MM, Schneekloth TD, Hitschfeld MJ, et al. The Clinical Utility of ASRS-v1.1 for Identifying ADHD in Alcoholics Using PRISM as the Reference Standard. J Atten Disord. 2019 Aug;23(10):1119-25. doi: 10.1177/1087054716646450. PMID: 27138328.

89. Robeva R, Penberthy JK, Loboschefski T, et al. Combined psychophysiological assessment of ADHD: A pilot study of Bayesian probability approach illustrated by appraisal of ADHD in female college students. Applied Psychophysiology and Biofeedback. 2004;29:1-18.

90. Robinson A, Reed C, Davis K, et al. Settling the Score: Can CPT-3 Embedded Validity Indicators Distinguish Between Credible and Non-Credible Responders Referred for ADHD and/or SLD? J Atten Disord. 2023 Jan;27(1):80-8. doi: 10.1177/10870547221121781. PMID: 36113024.

91. Rogers R, Velsor SF, Donnelly JW, 2nd, et al. Embedded WAIS-IV Detection Strategies and Feigned Cognitive Impairment: An Investigation of Malingered ADHD. Assessment. 2021 Jan;28(1):44-56. doi: 10.1177/1073191120927788. PMID: 32495690.

92. Roy-Byrne P, Scheele L, Brinkley J, et al. Adult attention-deficit hyperactivity disorder: assessment guidelines based on clinical presentation to a specialty clinic. Compr Psychiatry. 1997 May-Jun;38(3):133-40. doi: 10.1016/s0010-440x(97)90065-1. PMID: 9154368.

93. Schneider H, Thornton JF, Freeman MA, et al. Conventional SPECT Versus 3D Thresholded SPECT Imaging in the Diagnosis of ADHD: A Retrospective Study. J Neuropsychiatry Clin Neurosci. 2014 Fall;26(4):335-43. doi: 10.1176/appi.neuropsych.12110280. PMID: 26037855.

94. Schreiber HE, Javorsky DJ, Robinson JE, et al. Rey-Osterrieth Complex Figure performance in adults with attention deficit hyperactivity disorder: a validation study of the Boston Qualitative Scoring System. Clin Neuropsychol. 1999 Nov;13(4):509-20. doi: 10.1076/1385-4046(199911)13:04;1-y;ft509. PMID: 10806464.

95. Selek S, Bulut M, Ocak AR, et al. Evaluation of total oxidative status in adult attention deficit hyperactivity disorder and its diagnostic implications. J Psychiatr Res. 2012 Apr;46(4):451-5. doi: 10.1016/j.jpsychires.2011.12.007. PMID: 22257388.

96. Shahaf G, Reches A, Pinchuk N, et al. Introducing a novel approach of network oriented analysis of ERPs, demonstrated on adult attention deficit hyperactivity disorder. Clin Neurophysiol. 2012 Aug;123(8):1568-80. doi: 10.1016/j.clinph.2011.12.010. PMID: 22261156.

97. Shepler DK, Callan PD. Differences in executive functioning between adults with ADHD and those diagnosed with other psychiatric diagnoses: Utility of the CTMT and the WAIS-IV. Appl Neuropsychol Adult. 2024 Sep-Oct;31(5):984-93. doi: 10.1080/23279095.2022.2102923. PMID: 35894662.

98. Singh P, White S, Saleem K, et al. Identifying ADHD in adults using the international personality disorder examination screening questionnaire. J Ment Health. 2015 Aug;24(4):236-41. doi: 10.3109/09638237.2015.1057331. PMID: 26445014.

99. Skirrow C, Asherson P. Emotional lability, comorbidity and impairment in adults with attention-deficit hyperactivity disorder. Journal of affective disorders. 2013;147(1-3):80-6. https://www.sciencedirect.com/science/article/abs/pii/S016503271200688X?via%3Dihub

100. Smith ST, Cox J, Mowle EN, et al. Intentional inattention: Detecting feigned attention-deficit/hyperactivity disorder on the Personality Assessment Inventory. Psychol Assess. 2017 Dec;29(12):1447-57. doi: 10.1037/pas0000435. PMID: 29227126.

101. Söderström S, Pettersson R, Nilsson KW. Quantitative and subjective behavioural aspects in the assessment of attention-deficit hyperactivity disorder (ADHD) in adults. Nord J Psychiatry. 2014 Jan;68(1):30-7. doi: 10.3109/08039488.2012.762940. PMID: 23527787.

102. Solanto MV, Etefia K, Marks DJ. The utility of self-report measures and the continuous performance test in the diagnosis of ADHD in adults. CNS Spectr. 2004 Sep;9(9):649-59. doi: 10.1017/s1092852900001929. PMID: 15337862. https://www.cambridge.org/core/journals/cns-spectrums/article/abs/utility-of-selfreport-measures-and-the-continuous-performance-test-in-the-diagnosis-of-adhd-in-adults/CC8BB59E83E5404C3DD2BA66D6EFF9A2

103. Sollman MJ, Ranseen JD, Berry DT. Detection of feigned ADHD in college students. Psychol Assess. 2010 Jun;22(2):325-35. doi: 10.1037/a0018857. PMID: 20528060.

104. Spenceley LM, Wood WLM, Lovett BJ. Using the Woodcock-Johnson IV tests of cognitive abilities to detect feigned ADHD. Appl Neuropsychol Adult. 2022 May-Jun;29(3):324-32. doi: 10.1080/23279095.2020.1748631. PMID: 32320323.

105. Suhr J, Hammers D, Dobbins-Buckland K, et al. The relationship of malingering test failure to self-reported symptoms and neuropsychological findings in adults referred for ADHD evaluation. Arch Clin Neuropsychol. 2008 Sep;23(5):521-30. doi: 10.1016/j.acn.2008.05.003. PMID: 18562158. https://watermark.silverchair.com/23-5-521.pdf?token=AQECAHi208BE49Ooan9kkhW\_Ercy7Dm3ZL\_9Cf3qfKAc485ysgAAA10wggNZBgkqhkiG9w0BBwagggNKMIIDRgIBADCCAz8GCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQM8-Tr8CrC8n8M5lj-AgEQgIIDEPBFG\_m1qzONPS4mO4YJz5JQBLTTaDLZqFeBeFPG\_BkijkHDOEWq1A\_Pp8rWUGNem9CS5D\_JHjMTR3APwSAf0uZwZTE0jmBQi7H6fzTfYPYN7ptq3nz4iK1NAQyP8en61s8pRtzUaRiggVJsG2urO2QBrdWREDbipTo62zMKftdOMCF4FX0C\_2OX6opKxS\_zp6-Wxb3kTmvoXp07qQkKuIYwRwF\_210y-lmXAgWC6TJaJJL3yVc3OrAmoCzidyAs3EVlmEam0UQiXm1qvU\_l6GqD1c7zxb2QtIZRywG\_5fTRrdQByVrdz5vXaBTHmaO1AEcg2glGfN1LRATGZHyH9lQAJHEhVNxH21nWAFKCAnlsxTkaxhIjgPNNjOwBSfu08LzV232aB3n16X4CEg53VXNpbYJZtUNVzvKcOJlBnw5BmUUE\_986JliazEdpoQwUNp9SwRpcQfIz8nsVRMYUpAzRgzzx1iQ0e6aIpPke\_XdxufPLMRbdMUO7MPBzONaPIjwfiUJ-Km0XCC6RInnRtPOX9eyCogoaDe\_51v-Ut347ZJrYNHBmzbW8Y2l2z1jUiUA\_\_a0cHq1VmcqezhX-SMLJU9u4BnOb8kONahKdiN8QK7jEqzjU-MG-lcYT8KO9s6ciTxml\_KuWiR9-nQw0uJKKpCXn2YQZMud4J730koTX3tfK5--YtHR30DUDnAfI7NLUjZSWbqGcpdBonaiNe9b3ELpWMsXH3wSLVtQdcMNQbHlK0a3nW9tYxD08Gm75zwfAtHkIl9vIGF8c49JIKFe1-7hrlimZtdywf5RDzkps9Z2q8jYBdfEkTRNh9NOBhgzWbzatBg\_RwKHA8M8sYSGB7GM4G2-ERVHC\_UIJqONG3g\_DSYO6wCvwM-MXCva805lqeYFcH31PPcArGxpZE0Y1sNyYl-3xoQOX-IbhX4F1VZJMZez6DNHlUDSfkRnV3BYpcoamBWs4TdxCJGbkfw8jV6ciR0zDDdzxUWE509zoGHWEYUn9glbRkyGyfhixTChEF29076ON\_22VVfqQMGA

106. Suhr JA, Buelow M, Riddle T. Development of an infrequency index for the CAARS. Journal of Psychoeducational Assessment. 2011;29(2):160-70. doi: 10.1177/0734282910380190.

107. Udal ABH, Stray LL, Pripp AH, et al. The Utility of Neuromuscular Assessment to Identify ADHD Among Patients with a Complex Symptom Picture. Journal of attention disorders. 2024;28(12):1577-88. doi: 10.1177/10870547241273102. https://www.embase.com/search/results?subaction=viewrecord&id=L645163091&from=export

108. Unal M, O'Mahony E, Dunne C, et al. The clinical utility of three visual attention tests to distinguish adults with ADHD from normal controls. Riv Psichiatr. 2019 Sep-Oct;54(5):211-7. doi: 10.1708/3249.32185. PMID: 31657805. https://www.rivistadipsichiatria.it/r.php?&v=3249&a=32185&l=338622&f=allegati/03249\_2019\_05/fulltext/04-Unal (211-217).pdf

109. Ustun B, Adler LA, Rudin C, et al. The World Health Organization Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5. JAMA Psychiatry. 2017 May 1;74(5):520-7. doi: 10.1001/jamapsychiatry.2017.0298. PMID: 28384801. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2616166

110. van de Glind G, van den Brink W, Koeter MW, et al. Validity of the Adult ADHD Self-Report Scale (ASRS) as a screener for adult ADHD in treatment seeking substance use disorder patients. Drug Alcohol Depend. 2013 Oct 1;132(3):587-96. doi: 10.1016/j.drugalcdep.2013.04.010. PMID: 23660242. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4083506/pdf/nihms598068.pdf

111. Van Voorhees EE, Hardy KK, Kollins SH. Reliability and validity of self- and other-ratings of symptoms of ADHD in adults. J Atten Disord. 2011 Apr;15(3):224-34. doi: 10.1177/1087054709356163. PMID: 20424007. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3556723/pdf/nihms432446.pdf

112. Vizgaitis AL, Bottini S, Polizzi CP, et al. Self-Reported Adult ADHD Symptoms: Evidence Supporting Cautious Use in an Assessment-Seeking Sample. J Atten Disord. 2023 Aug;27(10):1156-66. doi: 10.1177/10870547231172764. PMID: 37158158.

113. Walls BD, Wallace ER, Brothers SL, et al. Utility of the Conners' Adult ADHD Rating Scale validity scales in identifying simulated attention-deficit hyperactivity disorder and random responding. Psychol Assess. 2017 Dec;29(12):1437-46. doi: 10.1037/pas0000530. PMID: 29227125.

114. Wang X, Jiao Y, Tang T, et al. Altered regional homogeneity patterns in adults with attention-deficit hyperactivity disorder. Eur J Radiol. 2013 Sep;82(9):1552-7. doi: 10.1016/j.ejrad.2013.04.009. PMID: 23684384. https://www.ejradiology.com/article/S0720-048X(13)00204-0/abstract

115. Wiig EH, Nielsen NP. A quick test of cognitive speed for comparing processing speed to differentiate adult psychiatric referrals with and without attention-deficit/hyperactivity disorders. Prim Care Companion CNS Disord. 2012;14(2). doi: 10.4088/PCC.11m01273. PMID: 22943032.

116. Williamson KD, Combs HL, Berry DT, et al. Discriminating among ADHD alone, ADHD with a comorbid psychological disorder, and feigned ADHD in a college sample. Clin Neuropsychol. 2014;28(7):1182-96. doi: 10.1080/13854046.2014.956674. PMID: 25225947.

117. Woods SP, Lovejoy DW, Stutts ML, et al. Comparative efficiency of a discrepancy analysis for the classification of Attention-Deficit/Hyperactivity Disorder in adults. Arch Clin Neuropsychol. 2002 May;17(4):351-69. PMID: 14589720.

118. Yao D, Guo X, Zhao Q, et al. Discriminating ADHD From Healthy Controls Using a Novel Feature Selection Method Based on Relative Importance and Ensemble Learning. Annu Int Conf IEEE Eng Med Biol Soc. 2018 Jul;2018:4632-5. doi: 10.1109/embc.2018.8513155. PMID: 30441383. https://ieeexplore.ieee.org/document/8513155/

119. Young JC, Gross AM. Detection of response bias and noncredible performance in adult attention-deficit/hyperactivity disorder. Arch Clin Neuropsychol. 2011 Apr;26(3):165-75. doi: 10.1093/arclin/acr013. PMID: 21441258.

120. Young JL, Powell RN, Zabel C, et al. Development and validation of the ADHD Symptom and Side Effect Tracking - Baseline Scale (ASSET-BS): a novel short screening measure for ADHD in clinical populations. BMC Psychiatry. 2023 Nov 6;23(1):806. doi: 10.1186/s12888-023-05295-6. PMID: 37932675. https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/s12888-023-05295-6.pdf

121. Young S, González RA, Mutch L, et al. Diagnostic accuracy of a brief screening tool for attention deficit hyperactivity disorder in UK prison inmates. Psychol Med. 2016 May;46(7):1449-58. doi: 10.1017/s0033291716000039. PMID: 26867860. https://www.cambridge.org/core/journals/psychological-medicine/article/abs/diagnostic-accuracy-of-a-brief-screening-tool-for-attention-deficit-hyperactivity-disorder-in-uk-prison-inmates/88212D6658B833DE8E7FA85585EA4D8A

Flagged for Upcoming Topics

1. A Multicentre, Randomised, Double-Blind, Placebo-Controlled, Parallel Group, Dose-Response Study To Evaluate the Safety And Efficacy Of Prolonged Release OROS Methylphenidate Hydrochloride (18, 36 and 72 mg/Day), With Open-Label Extension, In Adults With Attention Deficit/Hyperactivity Disorder. 2005. https://clinicaltrials.gov/study/NCT00246220

2. A Randomized, Double-Blind Comparison of Placebo and Atomoxetine Hydrochloride Given Once a Day in Adults With Attention-Deficit/Hyperactivity Disorder: With a Secondary Examination of Impact of Treatment on Family Functioning. 2005. https://clinicaltrials.gov/study/NCT00190775

3. A Double-Blind Comparison of Galantamine HBr and Placebo in Adults With Attention Deficit Hyperactivity Disorder. 2005. https://clinicaltrials.gov/study/NCT00181675

4. Phase IV Placebo-Controlled Study of Atomoxetine Hydrochloride in the Treatment of Adults With ADHD and Comorbid Social Anxiety Disorder. 2005. https://clinicaltrials.gov/study/NCT00190879

5. Atomoxetine Treatment of Adults With ADHD and Comorbid Alcohol Abuse: A Randomized, Placebo-Controlled Trial. 2005. https://clinicaltrials.gov/study/NCT00190957

6. A Phase II, Randomized, Double-Blind, Multi-center, Placebo-controlled, Crossover Study of SPD465 in Adults With Attention-Deficit Hyperactivity Disorder (ADHD). 2005. https://clinicaltrials.gov/study/NCT00202605

7. Eight-Week, Double-Blind, 3-Arm Parallel, Placebo-Controlled, Randomized Efficacy And Safety Trial Of Atomoxetine, Atomoxetine Plus Buspirone, And Placebo In Adults With Attention Deficit Hyperactivity Disorder. 2005. https://clinicaltrials.gov/study/NCT00174226

8. An Open International Multicentre Long-Term Follow Up Study to Evaluate Safety of Prolonged Release OROS Methlyphenidate in Adults With Attention Deficit Hyperactivity Disorder. 2006. https://clinicaltrials.gov/study/NCT00307684

9. A Randomized, Double-Blind, Placebo-Controlled, Phase 2 Dose-Ranging Study of the Safety and Efficacy of ABT-089 in Adults With Attention-Deficit/Hyperactivity Disorder (ADHD). 2006. https://clinicaltrials.gov/study/NCT00391729

10. A 9-week, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Dose-Finding Study to Evaluate the Efficacy and Safety of Modafinil as Treatment for Adults With Attention Deficit/Hyperactivity Disorder. 2006. https://clinicaltrials.gov/study/NCT00315276

11. Virtual Reality a Novel Screening and Treatment Aid in Attention Deficit Disorder. 2006. https://clinicaltrials.gov/study/NCT00364702

12. A Phase IIIb Study to Evaluate the Efficacy and Time Course of Treatment With ADDERALL XR and STRATTERA Compared to Placebo on Simulated Driving Safety and Performance and Cognitive Functioning in Adults With Attention Deficit Hyperactivity Disorder (ADHD). 2007. https://clinicaltrials.gov/study/NCT00557960

13. A Double-Blind Study of Atomoxetine Hydrochloride Versus Placebo for the Treatment of ADHD in Young Adults With an Assessment of Associated Functional Outcomes. 2007. https://clinicaltrials.gov/study/NCT00510276

14. A Phase IIIb Study to Evaluate the Efficacy and Time Course of Treatment With SPD465 Compared to Placebo on Simulated Driving Safety and Performance in Adults With Attention-Deficit Hyperactivity Disorder (ADHD). 2007. https://clinicaltrials.gov/study/NCT00458445

15. A Within-Subject Cross-Over Comparison Between Immediate Release and Extended Release Adderall. 2007. https://clinicaltrials.gov/study/NCT00468143

16. A Phase IIa, Randomized, Double-Blind, Placebo-Controlled, Incomplete Block, Two-period, Crossover Clinical Trial to Study the Safety and Efficacy of MK0249, 10 mg, for Adult Patients, Ages 18 to 55, With Attention Deficit Hyperactivity Disorder (ADHD). 2007. https://clinicaltrials.gov/study/NCT00475735

17. A Phase Iia, Randomized, Double Blind, Placebo Controlled, Three-treatment, Two-period Crossover Study Of The Efficacy And Safety Of Two Doses Of Pf-03654746 In Adults With Attention Deficit Hyperactivity Disorder. 2007. https://clinicaltrials.gov/study/NCT00531752

18. Quality Assurance of Administering Methylphenidate in Adults With ADHD. 2008. https://clinicaltrials.gov/study/NCT00730249

19. Placebo-Controlled Multi-Centre Double-Blind Trial for Adults With Extended-Release Methylphenidate for ADHD. 2008. https://clinicaltrials.gov/study/NCT00619840

20. Maintenance of Response After Open-Label Treatment With Atomoxetine Hydrochloride in Adult Outpatients With Attention-Deficit/Hyperactivity Disorder (ADHD): A Placebo-Controlled, Randomized Withdrawal Study. 2008. https://clinicaltrials.gov/study/NCT00700427

21. A Phase IIIb Randomized, Double-Blind, Multicenter, Placebo-Controlled, Dose Optimization, Crossover, Safety and Efficacy Workplace Environment Study of Lisdexamfetamine Dimesylate (LDX) in Adults With Attention-Deficit Hyperactivity Disorder (ADHD). 2008. https://clinicaltrials.gov/study/NCT00697515

22. A Multicentre, Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Dose-Response Study to Evaluate Efficacy and Safety of Prolonged Release (PR) OROS Methylphenidate (54 and 72 mg/Day) in Adults With Attention Deficit/Hyperactivity Disorder. 2008. https://clinicaltrials.gov/study/NCT00714688

23. A Double Blind, Placebo Controlled, Randomized, Two Period 4-Arm Trial to Investigate the Dose-Related Efficacy and Safety of Org 26576 in Adults With Attention-Deficit/Hyperactivity Disorder (ADHD). 2008. https://clinicaltrials.gov/study/NCT00610441

24. A Placebo Controlled Double-Blind, Parallel Group, Individualizing Dosing Study Optimizing Treatment of Adults With Attention Deficit Hyperactivity Disorder to an Effective Response With OROS Methylphenidate. 2009. https://clinicaltrials.gov/study/NCT00937040

25. A Double-Blind Placebo-Controlled Asian Study of Atomoxetine Hydrochloride in the Treatment of Adult Patients With Attention-Deficit/Hyperactivity Disorder (ADHD). 2009. https://clinicaltrials.gov/study/NCT00962104

26. A Phase 4, Double-Blind, Multi-Center, Placebo-Controlled, Randomized Withdrawal, Safety and Efficacy Study of SPD489 in Adults Aged 18-55 With Attention-Deficit/Hyperactivity Disorder (ADHD). 2009. https://clinicaltrials.gov/study/NCT00877487

27. A Phase 2, Randomized, Double-Blind, Multi-Center, Placebo- and Active-Controlled, Crossover Study of SPD465 in Adults With Attention-Deficit Hyperactivity Disorder. 2009. https://clinicaltrials.gov/study/NCT00928148

28. A Phase I, Randomized, Double Blind, Three-Period Crossover, Estimation Study Using Lisdexamfetamine Dimesylate, Immediate Release Mixed Amphetamine Salts and Placebo to Evaluate the Utility of a Standardized Computer Battery of Tests in Adults With Attention-Deficit Hyperactivity Disorder (ADHD). 2009. https://clinicaltrials.gov/study/NCT01010750

29. A Phase IIa, Multi-center, Randomized, Double-blind, Placebo-controlled, Cross-Over Study to Assess the Efficacy, Safety ,Tolerability and Pharmacokinetics of Three Oral AZD1446 Dose Regimens and Placebo During 2 Weeks of Treatment in Adult Non-Users and Users of Nicotine Containing Products. 2009. https://clinicaltrials.gov/study/NCT01012375

30. A Randomized, Double-Blind, Placebo- and Active-Controlled, Parallel-Group, Multicenter Study of 3 Dosages of JNJ-31001074 in the Treatment of Adult Subjects With Attention-Deficit/Hyperactivity Disorder. 2009. https://clinicaltrials.gov/study/NCT00880217

31. ADHD Symptoms, Executive Functions and Quality of Life Following Three Months of Training. 2009. https://clinicaltrials.gov/study/NCT00843141

32. A Two-Period Trial (Open-Label and Randomized Placebo-Controlled Substitution) of Droxidopa Treatment in Adults With ADHD With Co-administration of Carbidopa. 2009. https://clinicaltrials.gov/study/NCT00983814

33. A 40-week, Randomized, Double-blind, Placebo-controlled, Multicenter Efficacy and Safety Study of Methylphenidate HCl Extended Release in the Treatment of Adult Patients With Childhood-onset ADHD. 2010. https://clinicaltrials.gov/study/NCT01259492

34. Does Pharmacological Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in Adults Enhance Parenting Performance? ; 2010. https://clinicaltrials.gov/study/NCT01127607

35. A Phase 4, Randomized, Double-Blind, Multicenter, Placebo-controlled, Parallel Group Study Evaluating the Safety and Efficacy of SPD489 on Executive Function (Self-Regulation) Behaviors in Adults With Attention-Deficit/Hyperactivity Disorder (ADHD) Reporting Clinically Significant Impairment of Real-World Executive Function Behavior. 2010. https://clinicaltrials.gov/study/NCT01101022

36. A Phase 2, Multicenter, Randomized, Double-blind, Placebo Controlled Study of the Safety and Efficacy of OPC-34712 as Adjunctive Therapy in the Treatment of Adult Attention Deficit/ Hyperactivity Disorder. 2010. https://clinicaltrials.gov/study/NCT01074294

37. Randomized, Double-blind, Placebo-controlled, Multi-center Study Designed to Evaluate the Efficacy, Safety and Tolerability of Metadoxine Extended Release in Adults With Attention Deficit Hyperactive Disorder. 2010. https://clinicaltrials.gov/study/NCT01243242

38. A Proof of Concept Randomised Controlled Trial to Examine the Potential Efficacy, Patient Acceptability and Feasibility of Cognitive-behavioural Therapy for Adults With Attention Deficit Hyperactivity Disorder (ADHD). 2010. https://clinicaltrials.gov/study/NCT01098058

39. A Double-blind, Placebo-controlled, Parallel-Group Study to Evaluate the Efficacy and Safety of JNS001 in Adults With Attention-Deficit/Hyperactivity Disorder at Doses of 18 mg, 36 mg, 54 mg, or 72 mg Per Day. 2011. https://clinicaltrials.gov/study/NCT01323192

40. A Double-Blind, Randomized, Placebo-Controlled, Multicenter, Fixed Dose Study to Assess Efficacy, Safety, and Tolerability of TC-5619 in Adults With Inattentive-Predominant Attention Deficit/Hyperactivity Disorder (ADHD). 2011. https://clinicaltrials.gov/study/NCT01472991

41. Efficacy Of Bupropion SR For Attention Deficit Hyperactivity Disorder (ADHD) In Adults With Recent Past or Current Substance Use Disorders. 2011. https://clinicaltrials.gov/study/NCT01270555

42. A Randomized, Double Blind, Parallel Group, Multicenter Efficacy and Safety Study of SEP-225289 Versus Placebo in Adults With Attention Deficit Hyperactivity Disorder (ADHD). 2012. https://clinicaltrials.gov/study/NCT01692782

43. Randomized, Double-blind, Single-center, Dose-finding Study Designed to Compare Two Doses of MG01CI (Metadoxine Extended Release) and Placebo in Adults With Predominantly Inattentive Attention Deficit Hyperactivity Disorder. 2012. https://clinicaltrials.gov/study/NCT01685281

44. Evening Use of Polarized Glasses Designed to Filter Out Blue Light in Attention Deficit Hyperactivity Disorder - Delayed Circadian Rhythm Disorder Patients. 2012. https://clinicaltrials.gov/study/NCT01557595

45. Psychological Treatment for Attention-Deficit/Hyperactivity Disorder (ADHD) - Pilot Evaluation of a New Treatment Manual Based on CBT and DBT. In: Region S, editor; 2012. https://clinicaltrials.gov/study/NCT01659164

46. The Relationship of Essential Fatty Acids to Cognitive, Electrophysiological and Behavioural Function in Adults With Attention Deficit Hyperactivity Disorder and Controls. 2013. https://clinicaltrials.gov/study/NCT01798381

47. Neurobiological Basis of Response to Vyvanse in Adults With ADHD: an fMRI Study of Brain Activation. 2013. https://clinicaltrials.gov/study/NCT01924429

48. A Placebo-Control Evaluation of Neurofeedback Efficacy in Adults With ADHD. 2013. https://clinicaltrials.gov/study/NCT01852357

49. A Randomized, Double Blind, Multicenter, Placebo Controlled, Parallel Group, Efficacy and Safety Study of 2 Doses of Dasotraline in Adults With Attention Deficit Hyperactivity Disorder (ADHD). 2014. https://clinicaltrials.gov/study/NCT02276209

50. A 6-week Randomized, Multicenter, Double-blind, Parallel, Fixed-dose Study of MG01CI (Metadoxine Immediate-release/Slow-release, Bilayer Caplet) 1400 mg Compared With Placebo in Adults With Attention Deficit/Hyperactivity Disorder (ADHD). 2014. https://clinicaltrials.gov/study/NCT02059642

51. Atomoxetine in Comorbid ADHD/PTSD: A Pilot, Placebo-Controlled Feasibility Study. 2014. https://clinicaltrials.gov/study/NCT02287038

52. A Double-blind, Randomized, Placebo-controlled Study of the Safety, Tolerability, Pharmacokinetics and Efficacy of Repeat Oral Doses of V81444 in Volunteers With Attention Deficit / Hyperactivity Disorder (ADHD). 2014. https://clinicaltrials.gov/study/NCT02253745

53. A Randomized Controlled Study of Cognitive Behavioral Therapy for Adults With Attention Deficit Disorder. 2014. https://clinicaltrials.gov/study/NCT02062411

54. Interventional, Randomised, Double-blind, Placebo-controlled, Fixed-dose Study of Vortioxetine in Adults With Attention Deficit Hyperactivity Disorder (ADHD). 2014. https://clinicaltrials.gov/study/NCT02327013

55. A Randomized, Sequential Parallel, Double-Blind, Placebo- Controlled Medical Food Study for the Safety and Efficacy of Vayarin® in Adults With Attention Deficit Hyperactivity Disorder (ADHD). 2014. https://clinicaltrials.gov/study/NCT02257216

56. 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. https://clinicaltrials.gov/study/NCT02477748

57. 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. https://clinicaltrials.gov/study/NCT02604407

58. A Phase 2b, Randomized, Double-Blind, Multicenter, Placebo-Controlled, Crossover, Safety and Efficacy Study of Centanafadine Sustained-Release (CTN SR) in Adults With Attention-Deficit Hyperactivity Disorder (ADHD). 2015. https://clinicaltrials.gov/study/NCT02547428

59. Treatments for Fathers With Attention Deficit/Hyperactivity Disorder (ADHD) and Their At-Risk Children (Fathers Too). 2016. https://clinicaltrials.gov/study/NCT02675400

60. Efficacy of Lisdexamfetamine Dimesylate for Promoting Occupational Success in Young Adults With Attention-deficit/Hyperactivity Disorder. 2017. https://clinicaltrials.gov/study/NCT03446885

61. Effects of Polyphenolic Extract From Pine Bark on the Inattention and Hyperactivity in Patients With Attention Deficit Hyperactivity Disorder Based on the Antioxidative Status. 2017. https://clinicaltrials.gov/study/NCT03368690

62. Randomized Clinical Trial With Adapted Skill Training Group From Dialectical Behavior Therapy as add-on Treatment for Adults With Attention Deficit/Hyperactive Using Medication. 2017. https://clinicaltrials.gov/study/NCT03326427

63. A Randomized, Double-blind, Sham-controlled Pilot Study to Evaluate the Treatment Efficacy of Magnetic EEG/ECG-Guided Resonance Therapy (MeRT) in College Students With Attention Deficit Hyperactivity Disorder. 2017. https://clinicaltrials.gov/study/NCT03066505

64. A Randomized, Double-Blind, Tw0-Period Crossover Study to Assess the Efficacy and Safety of the Ampakine® Compound, CX717, Versus Placebo in Adults With Attention-Deficit Hyperactive Disorder. 2017. https://clinicaltrials.gov/study/NCT03375021

65. Effectiveness of a Tailored Occupational Therapy Intervention for Women With Attention-Deficit/Hyperactivity Disorder (ADHD). 2017. https://clinicaltrials.gov/study/NCT03203928

66. A Phase 3, Randomized, Double-blind, Multicenter, Placebo-controlled, Parallel-group Trial Evaluating the Efficacy, Safety, and Tolerability of Centanafadine Sustained-release Tablets in Adults With Attention-deficit/Hyperactivity Disorder. 2018. https://clinicaltrials.gov/study/NCT03605680

67. A Multicenter, Fixed-Dose, Double-Blind, Randomized Study to Evaluate the Efficacy and Safety of AR19 (Amphetamine Sulfate) in Adult Subjects (Ages 18-55) With Attention Deficit Hyperactivity Disorder (ADHD). 2018. https://clinicaltrials.gov/study/NCT03659929

68. A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Adult Laboratory Classroom Study to Evaluate the Safety and Efficacy of PRC-063 Compared to Placebo in Adults With ADHD. 2018. https://clinicaltrials.gov/study/NCT03618030

69. ; 2018. https://clinicaltrials.gov/study/NCT03661788

70. A Pilot Study of Repetitive Transcranial Magnetic Stimulation for Adult ADHD. 2018. https://clinicaltrials.gov/study/NCT03663179

71. A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multicenter, Parallel-Group Flexible-Dose Study of the Efficacy and Safety of SPN-812 in Adults With Attention-Deficit/Hyperactivity Disorder (ADHD). 2019. https://clinicaltrials.gov/study/NCT04016779

72. Study of the Duration and Efficacy of MYDAYIS on Adult ADHD Symptoms and Executive Function Throughout the Day Into the Early Evening. 2019. https://clinicaltrials.gov/study/NCT03945175

73. Transcranial Direct Current Stimulation for the Treatment of Inattention Symptoms in Attention-deficit/Hyperactivity Disorder: a Randomized, Double-blind, Parallel, Controlled Clinical Trial (TUNED Trial). 2019. https://clinicaltrials.gov/study/NCT04003740

74. A Randomized, Single-dose, Four-sequence, Four-period, Crossover Study in Adult ADHD Subjects to Establish Safety, Tolerability, and Comparative Bioavailability of CTx-1301 (Dexmethylphenidate) to Focalin XR™ Under Fasted Conditions. 2019. https://clinicaltrials.gov/study/NCT04138498

75. Psychological Group Treatment in Adults With Attention Deficit Hyperactivity Disorder: Development of a Short Cognitive -Behavioral Program. 2020. https://clinicaltrials.gov/study/NCT04588181

76. Solriamfetol for ADHD in Adults: A Double-Blind Placebo Controlled Pilot Study. 2021. https://clinicaltrials.gov/study/NCT04839562

77. Aarhus Uo. Resilience for Young People With Attention Deficit Hyperactivity Disorder (ADHD) - a Randomized Controlled Trial of a Brief Intervention Program. In: Foundation T, editor; 2014. https://clinicaltrials.gov/study/NCT02220140

78. Adler L, Dietrich A, Reimherr FW, et al. Safety and tolerability of once versus twice daily atomoxetine in adults with ADHD. Ann Clin Psychiatry. 2006 Apr-Jun;18(2):107-13. doi: 10.1080/10401230600614603. PMID: 16754416.

79. Adler L, Tanaka Y, Williams D, et al. Executive function in adults with attention-deficit/hyperactivity disorder during treatment with atomoxetine in a randomized, placebo-controlled, withdrawal study. J Clin Psychopharmacol. 2014 Aug;34(4):461-6. doi: 10.1097/jcp.0000000000000138. PMID: 24977716.

80. Adler LA, Clemow DB, Williams DW, et al. Atomoxetine effects on executive function as measured by the BRIEF--a in young adults with ADHD: a randomized, double-blind, placebo-controlled study. PLoS One. 2014;9(8):e104175. doi: 10.1371/journal.pone.0104175. PMID: 25148243. https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0104175&type=printable

81. Adler LA, Dirks B, Deas P, et al. Self-Reported quality of life in adults with attention-deficit/hyperactivity disorder and executive function impairment treated with lisdexamfetamine dimesylate: a randomized, double-blind, multicenter, placebo-controlled, parallel-group study. BMC Psychiatry. 2013 Oct 9;13:253. doi: 10.1186/1471-244x-13-253. PMID: 24106804. https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/1471-244X-13-253.pdf

82. Adler LA, Dirks B, Deas PF, et al. Lisdexamfetamine dimesylate in adults with attention-deficit/ hyperactivity disorder who report clinically significant impairment in executive function: results from a randomized, double-blind, placebo-controlled study. J Clin Psychiatry. 2013 Jul;74(7):694-702. doi: 10.4088/JCP.12m08144. PMID: 23945447.

83. Adler LA, Goldman R, Hopkins SC, et al. Dasotraline in adults with attention deficit hyperactivity disorder: a placebo-controlled, fixed-dose trial. Int Clin Psychopharmacol. 2021 May 1;36(3):117-25. doi: 10.1097/yic.0000000000000333. PMID: 33724251. https://www.ncbi.nlm.nih.gov/pubmed/33724251

84. Adler LA, Goodman D, Weisler R, et al. Effect of lisdexamfetamine dimesylate on sleep in adults with attention-deficit/hyperactivity disorder. Behav Brain Funct. 2009 Aug 3;5:34. doi: 10.1186/1744-9081-5-34. PMID: 19650932. https://behavioralandbrainfunctions.biomedcentral.com/counter/pdf/10.1186/1744-9081-5-34.pdf

85. Adler LA, Goodman DW, Kollins SH, et al. Double-blind, placebo-controlled study of the efficacy and safety of lisdexamfetamine dimesylate in adults with attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2008 Sep;69(9):1364-73. doi: 10.4088/jcp.v69n0903. PMID: 19012818.

86. Adler LA, Gorny SW. Pilot Study of Droxidopa With Carbidopa in Adults With ADHD. J Atten Disord. 2019 Jan;23(2):189-98. doi: 10.1177/1087054715580393. PMID: 25907673. https://www.ncbi.nlm.nih.gov/pubmed/25907673

87. Adler LA, Leon TL, Sardoff TM, et al. A Placebo-Controlled Trial of Lisdexamfetamine in the Treatment of Comorbid Sluggish Cognitive Tempo and Adult ADHD. J Clin Psychiatry. 2021 Jun 29;82(4). doi: 10.4088/JCP.20m13687. PMID: 34232582.

88. Adler LA, Liebowitz M, Kronenberger W, et al. Atomoxetine treatment in adults with attention-deficit/hyperactivity disorder and comorbid social anxiety disorder. Depress Anxiety. 2009;26(3):212-21. doi: 10.1002/da.20549. PMID: 19194995.

89. Adler LA, Lynch LR, Shaw DM, et al. Medication adherence and symptom reduction in adults treated with mixed amphetamine salts in a randomized crossover study. Postgrad Med. 2011 Sep;123(5):71-9. doi: 10.3810/pgm.2011.09.2461. PMID: 21904088.

90. Adler LA, Orman C, Starr HL, et al. Long-term safety of OROS methylphenidate in adults with attention-deficit/hyperactivity disorder: an open-label, dose-titration, 1-year study. J Clin Psychopharmacol. 2011 Feb;31(1):108-14. doi: 10.1097/JCP.0b013e318203ea0a. PMID: 21192153.

91. Adler LA, Solanto M, Escobar R, et al. Executive Functioning Outcomes Over 6 Months of Atomoxetine for Adults With ADHD: Relationship to Maintenance of Response and Relapse Over the Subsequent 6 Months After Treatment. J Atten Disord. 2020 Feb;24(3):363-72. doi: 10.1177/1087054716664411. PMID: 27521574.

92. Adler LA, Spencer T, Brown TE, et al. Once-daily atomoxetine for adult attention-deficit/hyperactivity disorder: a 6-month, double-blind trial. J Clin Psychopharmacol. 2009 Feb;29(1):44-50. doi: 10.1097/JCP.0b013e318192e4a0. PMID: 19142107.

93. Adler LA, Spencer T, McGough JJ, et al. Long-term effectiveness and safety of dexmethylphenidate extended-release capsules in adult ADHD. J Atten Disord. 2009 Mar;12(5):449-59. doi: 10.1177/1087054708320397. PMID: 19218542.

94. Adler LA, Spencer TJ, Levine LR, et al. Functional outcomes in the treatment of adults with ADHD. J Atten Disord. 2008 May;11(6):720-7. doi: 10.1177/1087054707308490. PMID: 17968028.

95. Adler LA, Weisler RH, Goodman DW, et al. Short-term effects of lisdexamfetamine dimesylate on cardiovascular parameters in a 4-week clinical trial in adults with attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2009 Dec;70(12):1652-61. doi: 10.4088/JCP.09m05335pur. PMID: 20141706.

96. Adler LA, Zimmerman B, Starr HL, et al. Efficacy and safety of OROS methylphenidate in adults with attention-deficit/hyperactivity disorder: a randomized, placebo-controlled, double-blind, parallel group, dose-escalation study. J Clin Psychopharmacol. 2009 Jun;29(3):239-47. doi: 10.1097/JCP.0b013e3181a390ce. PMID: 19440077.

97. Altin M, Alev L, Durell TM, et al. Atomoxetine for the treatment of ADHD in young adults with an assessment of associated functional outcomes. Klinik Psikofarmakoloji Bulteni. 2011;21:S135-S6. https://www.embase.com/search/results?subaction=viewrecord&id=L70936474&from=export

98. Amiri S, Farhang S, Ghoreishizadeh MA, et al. Double-blind controlled trial of venlafaxine for treatment of adults with attention deficit/hyperactivity disorder. Hum Psychopharmacol. 2012 Jan;27(1):76-81. doi: 10.1002/hup.1274. PMID: 22252909. https://www.ncbi.nlm.nih.gov/pubmed/22252909

99. Anastopoulos AD, Langberg JM, Eddy LD, et al. A randomized controlled trial examining CBT for college students with ADHD. J Consult Clin Psychol. 2021 Jan;89(1):21-33. doi: 10.1037/ccp0000553. PMID: 33507774.

100. Apostol G, Abi-Saab W, Kratochvil CJ, et al. Efficacy and safety of the novel α₄β₂ neuronal nicotinic receptor partial agonist ABT-089 in adults with attention-deficit/hyperactivity disorder: a randomized, double-blind, placebo-controlled crossover study. Psychopharmacology (Berl). 2012 Feb;219(3):715-25. doi: 10.1007/s00213-011-2393-2. PMID: 21748252. https://www.ncbi.nlm.nih.gov/pubmed/21748252

101. Arnold VK, Feifel D, Earl CQ, et al. A 9-week, randomized, double-blind, placebo-controlled, parallel-group, dose-finding study to evaluate the efficacy and safety of modafinil as treatment for adults with ADHD. J Atten Disord. 2014 Feb;18(2):133-44. doi: 10.1177/1087054712441969. PMID: 22617860. https://www.ncbi.nlm.nih.gov/pubmed/22617860

102. Arteaga-Henríquez G, Ramos-Sayalero C, Ibañez-Jimenez P, et al. Corrigendum to “Efficacy of a synbiotic in the management of adults with Attention-Deficit and Hyperactivity Disorder and/or Borderline Personality Disorder and high levels of irritability: Results from a multicenter, randomized, placebo-controlled, “basket” trial” [Brain Behav. Immun. 120 (2024) 360–371]. Brain, Behavior, and Immunity. 2024;121:404-5. doi: 10.1016/j.bbi.2024.08.019. https://www.sciencedirect.com/science/article/pii/S0889159124005415?via%3Dihub

103. Asherson P, Johansson L, Holland R, et al. Efficacy and Mechanism Evaluation. OROS-methylphenidate to reduce ADHD symptoms in male prisoners aged 16–25 years: a RCT. Southampton (UK): National Institute for Health and Care Research

Copyright © 2022 Asherson et al. This work was produced by Asherson et al. under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaption in any medium and for any purpose provided that it is properly attributed. See: https://creativecommons.org/licenses/by/4.0/. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.; 2022. https://njl-admin.nihr.ac.uk/document/download/2039952

104. Asherson P, Johansson L, Holland R, et al. Randomised controlled trial of the short-term effects of OROS-methylphenidate on ADHD symptoms and behavioural outcomes in young male prisoners with attention-deficit/hyperactivity disorder (CIAO-II). Trials. 2019 Dec 2;20(1):663. doi: 10.1186/s13063-019-3705-9. PMID: 31791384. https://trialsjournal.biomedcentral.com/counter/pdf/10.1186/s13063-019-3705-9.pdf

105. Asherson PJ, Johansson L, Holland R, et al. Randomised controlled trial of the short-term effects of osmotic-release oral system methylphenidate on symptoms and behavioural outcomes in young male prisoners with attention deficit hyperactivity disorder: CIAO-II study. Br J Psychiatry. 2023 Jan;222(1):7-17. doi: 10.1192/bjp.2022.77. PMID: 35657651. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7613969/pdf/S0007125022000770a.pdf

106. Babcock T, Dirks B, Adeyi B, et al. Efficacy of lisdexamfetamine dimesylate in adults with attention-deficit/hyperactivity disorder previously treated with amphetamines: analyses from a randomized, double-blind, multicenter, placebo-controlled titration study. BMC Pharmacol Toxicol. 2012 Dec 19;13:18. doi: 10.1186/2050-6511-13-18. PMID: 23254273. https://bmcpharmacoltoxicol.biomedcentral.com/counter/pdf/10.1186/2050-6511-13-18.pdf

107. Babinski DE, Waxmonsky JG, Waschbusch DA, et al. Parent-Reported Improvements in Family Functioning in a Randomized Controlled Trial of Lisdexamfetamine for Treatment of Parental Attention-Deficit/Hyperactivity Disorder. J Child Adolesc Psychopharmacol. 2017 Apr;27(3):250-7. doi: 10.1089/cap.2016.0129. PMID: 27991835.

108. Bachmann K, Lam AP, Sörös P, et al. Effects of mindfulness and psychoeducation on working memory in adult ADHD: A randomised, controlled fMRI study. Behav Res Ther. 2018 Jul;106:47-56. doi: 10.1016/j.brat.2018.05.002. PMID: 29758392.

109. Bain E, Robieson W, Garimella T, et al. A randomized, double-blind, placebo-controlled Phase 2 study of α4β2 agonist ABT-894 in adults with ADHD. Biochemical Pharmacology. 2011;82(8):1043. doi: 10.1016/j.bcp.2011.07.053.

110. Bain EE, Apostol G, Sangal RB, et al. A randomized pilot study of the efficacy and safety of ABT-089, a novel α4β2 neuronal nicotinic receptor agonist, in adults with attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2012 Jun;73(6):783-9. doi: 10.4088/JCP.10m06719. PMID: 22795204. https://www.ncbi.nlm.nih.gov/pubmed/22795204

111. Bain EE, Robieson W, Pritchett Y, et al. A randomized, double-blind, placebo-controlled phase 2 study of α4β2 agonist ABT-894 in adults with ADHD. Neuropsychopharmacology. 2013 Feb;38(3):405-13. doi: 10.1038/npp.2012.194. PMID: 23032073. https://www.ncbi.nlm.nih.gov/pubmed/23032073

112. Barham H, Büyükgök D, Aksu S, et al. Evidence for modulation of planning and working memory capacities by transcranial direct current stimulation in a sample of adults with attention deficit hyperactivity disorder. Neurosci Lett. 2022 Nov 1;790:136883. doi: 10.1016/j.neulet.2022.136883. PMID: 36152744.

113. Barth B, Mayer-Carius K, Strehl U, et al. A randomized-controlled neurofeedback trial in adult attention-deficit/hyperactivity disorder. Sci Rep. 2021 Aug 19;11(1):16873. doi: 10.1038/s41598-021-95928-1. PMID: 34413344. https://www.nature.com/articles/s41598-021-95928-1.pdf

114. Basiri N, Hadianfard H. Adult ADHD Treatment Based on Combination of Dialectical Behavior Therapy (DBT) and Transcranial Direct Current Stimulation (tDCS) as Measured by Subjective and Objective Scales. J Atten Disord. 2023 Jan;27(1):57-66. doi: 10.1177/10870547221118527. PMID: 36047471.

115. Becke M, Tucha L, Weisbrod M, et al. "Non-credible symptom report in the clinical evaluation of adult ADHD: Development and initial validation of a new validity index embedded in the Conners’ adult ADHD rating scales": Correction. Journal of Neural Transmission. 2022;129(10):1315-9. doi: 10.1007/s00702-022-02533-1. https://pmc.ncbi.nlm.nih.gov/articles/PMC9468094/pdf/702\_2022\_Article\_2533.pdf

116. Biederman J, Fried R. The effects of lisdexamfetamine dimesylate on the driving performance of young adults with ADHD. European Neuropsychopharmacology. 2012;22:S436. https://www.embase.com/search/results?subaction=viewrecord&id=L70909714&from=export

117. Biederman J, Fried R, Hammerness P, et al. The effects of lisdexamfetamine dimesylate on the driving performance of young adults with ADHD: a randomized, double-blind, placebo-controlled study using a validated driving simulator paradigm. J Psychiatr Res. 2012 Apr;46(4):484-91. doi: 10.1016/j.jpsychires.2012.01.007. PMID: 22277301.

118. Biederman J, Fried R, Tarko L, et al. Memantine in the Treatment of Executive Function Deficits in Adults With ADHD. J Atten Disord. 2017 Feb;21(4):343-52. doi: 10.1177/1087054714538656. PMID: 24970718. https://www.ncbi.nlm.nih.gov/pubmed/24970718

119. Biederman J, Lindsten A, Sluth LB, et al. Vortioxetine for attention deficit hyperactivity disorder in adults: A randomized, double-blind, placebo-controlled, proof-of-concept study. J Psychopharmacol. 2019 Apr;33(4):511-21. doi: 10.1177/0269881119832538. PMID: 30843450. https://www.ncbi.nlm.nih.gov/pubmed/30843450

120. Biederman J, Mick E. A randomized, three phase 34 week double-blind long-term efficacy study of extended-release methylphenidate in adults with ADHD. European Neuropsychopharmacology. 2010;20:S329-S30. doi: 10.1016/S0924-977X(10)70450-8.

121. Biederman J, Mick E, Faraone S, et al. A double-blind comparison of galantamine hydrogen bromide and placebo in adults with attention-deficit/hyperactivity disorder: a pilot study. J Clin Psychopharmacol. 2006 Apr;26(2):163-6. doi: 10.1097/01.jcp.0000204139.20417.8a. PMID: 16633145. https://www.ncbi.nlm.nih.gov/pubmed/16633145

122. Biederman J, Mick E, Fried R, et al. Are stimulants effective in the treatment of executive function deficits? Results from a randomized double blind study of OROS-methylphenidate in adults with ADHD. Eur Neuropsychopharmacol. 2011 Jul;21(7):508-15. doi: 10.1016/j.euroneuro.2010.11.005. PMID: 21303732.

123. Biederman J, Mick E, Spencer T, et al. Is response to OROS‐methylphenidate treatment moderated by treatment with antidepressants or psychiatric comorbidity? A secondary analysis from a large randomized double blind study of adults with ADHD. CNS Neuroscience & Therapeutics. 2012;18(2):126-32. doi: 10.1111/j.1755-5949.2010.00233.x.

124. Biederman J, Mick E, Surman C, et al. A randomized, placebo-controlled trial of OROS methylphenidate in adults with attention-deficit/hyperactivity disorder. Biol Psychiatry. 2006 May 1;59(9):829-35. doi: 10.1016/j.biopsych.2005.09.011. PMID: 16373066. https://www.biologicalpsychiatryjournal.com/article/S0006-3223(05)01207-2/abstract

125. Biederman J, Mick E, Surman C, et al. "A randomized, placebo-controlled trial of OROS methylphenidate in adults with attention-deficit/hyperactivity disorder": Erratum. Biological Psychiatry. 2007;61(12):1402-. doi: 10.1016/j.biopsych.2007.05.009. https://www.biologicalpsychiatryjournal.com/article/S0006-3223(07)00474-X/pdf

126. Biederman J, Mick E, Surman C, et al. A randomized, 3-phase, 34-week, double-blind, long-term efficacy study of osmotic-release oral system-methylphenidate in adults with attention-deficit/hyperactivity disorder. J Clin Psychopharmacol. 2010 Oct;30(5):549-53. doi: 10.1097/JCP.0b013e3181ee84a7. PMID: 20814332.

127. Biederman J, Spencer TJ, Wilens TE, et al. Long-term safety and effectiveness of mixed amphetamine salts extended release in adults with ADHD. CNS Spectr. 2005 Dec;10(12 Suppl 20):16-25. doi: 10.1017/s1092852900002406. PMID: 16344837. https://www.cambridge.org/core/journals/cns-spectrums/article/abs/longterm-safety-and-effectiveness-of-mixed-amphetamine-salts-extended-release-in-adults-with-adhd/CE3E545879369A2CC4480856329D7A70

128. Biehl SC, Merz CJ, Dresler T, et al. Increase or Decrease of fMRI Activity in Adult Attention Deficit/ Hyperactivity Disorder: Does It Depend on Task Difficulty? Int J Neuropsychopharmacol. 2016 May 6;19(10). doi: 10.1093/ijnp/pyw049. PMID: 27207920.

129. Bilodeau M, Simon T, Beauchamp MH, et al. Duloxetine in adults with ADHD: a randomized, placebo-controlled pilot study. J Atten Disord. 2014 Feb;18(2):169-75. doi: 10.1177/1087054712443157. PMID: 22582349. https://www.ncbi.nlm.nih.gov/pubmed/22582349

130. Bleich-Cohen M, Gurevitch G, Carmi N, et al. A functional magnetic resonance imaging investigation of prefrontal cortex deep transcranial magnetic stimulation efficacy in adults with attention deficit/hyperactive disorder: A double blind, randomized clinical trial. Neuroimage Clin. 2021;30:102670. doi: 10.1016/j.nicl.2021.102670. PMID: 34215144. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8102620/pdf/main.pdf

131. Boonstra AM, Kooij JJ, Oosterlaan J, et al. Does methylphenidate improve inhibition and other cognitive abilities in adults with childhood-onset ADHD? J Clin Exp Neuropsychol. 2005 Apr;27(3):278-98. doi: 10.1080/13803390490515757. PMID: 15969353. https://core.ac.uk/download/pdf/15457335.pdf

132. Boonstra AM, Kooij JJS, Oosterlaan J, et al. Hyperactive night and day? Actigraphy studies in adult ADHD: A baseline comparison and the effect of methylphenidate. Sleep. 2007;30(4):433-42. doi: 10.1093/sleep/30.4.433.

133. Bouffard R, Hechtman L, Minde K, et al. The efficacy of 2 different dosages of methylphenidate in treating adults with attention-deficit hyperactivity disorder. Can J Psychiatry. 2003 Sep;48(8):546-54. doi: 10.1177/070674370304800806. PMID: 14574830.

134. Bouziane C, Filatova OG, Schrantee A, et al. White Matter by Diffusion MRI Following Methylphenidate Treatment: A Randomized Control Trial in Males with Attention-Deficit/Hyperactivity Disorder. Radiology. 2019 Oct;293(1):186-92. doi: 10.1148/radiol.2019182528. PMID: 31407970.

135. Bramham J, Young S, Bickerdike A, et al. Evaluation of group cognitive behavioral therapy for adults with ADHD. J Atten Disord. 2009 Mar;12(5):434-41. doi: 10.1177/1087054708314596. PMID: 18310557.

136. Brams M, Giblin J, Gasior M, et al. Effects of open-label lisdexamfetamine dimesylate on self-reported quality of life in adults with ADHD. Postgrad Med. 2011 May;123(3):99-108. doi: 10.3810/pgm.2011.05.2288. PMID: 21566420.

137. Brams M, Weisler R, Findling RL, et al. Maintenance of efficacy of lisdexamfetamine dimesylate in adults with attention-deficit/hyperactivity disorder: randomized withdrawal design. J Clin Psychiatry. 2012 Jul;73(7):977-83. doi: 10.4088/JCP.11m07430. PMID: 22780921.

138. Bray CL, Cahill KS, Oshier JT, et al. Methylphenidate does not improve cognitive function in healthy sleep-deprived young adults. J Investig Med. 2004 Apr;52(3):192-201. doi: 10.1136/jim-52-03-34. PMID: 15222409.

139. Bron TI, Bijlenga D, Boonstra AM, et al. OROS-methylphenidate efficacy on specific executive functioning deficits in adults with ADHD: a randomized, placebo-controlled cross-over study. Eur Neuropsychopharmacol. 2014 Apr;24(4):519-28. doi: 10.1016/j.euroneuro.2014.01.007. PMID: 24508533.

140. Brown TE, Brams M, Gasior M, et al. Clinical utility of ADHD symptom thresholds to assess normalization of executive function with lisdexamfetamine dimesylate treatment in adults. Curr Med Res Opin. 2011;27 Suppl 2:23-33. doi: 10.1185/03007995.2011.605441. PMID: 21973229.

141. Brown TE, Chen J, Robertson B. Relationships Between Executive Function Improvement and ADHD Symptom Improvement With Lisdexamfetamine Dimesylate in Adults With ADHD and Executive Function Deficits: A Post Hoc Analysis. Prim Care Companion CNS Disord. 2020 May 28;22(3). doi: 10.4088/PCC.19m02559. PMID: 32470230.

142. Brown TE, Chen J, Robertson B. Improved Executive Function in Adults Diagnosed With Attention-Deficit/ Hyperactivity Disorder as Measured by the Brown Attention-Deficit Disorder Scale Following Treatment With SHP465 Mixed Amphetamine Salts Extended-Release: Post Hoc Analyses From 2 Randomized, Placebo-Controlled Studies. J Atten Disord. 2022 Jan;26(2):256-66. doi: 10.1177/1087054720961819. PMID: 33150816. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8678658/pdf/10.1177\_1087054720961819.pdf

143. Brown TE, Holdnack J, Saylor K, et al. Effect of atomoxetine on executive function impairments in adults with ADHD. J Atten Disord. 2011 Feb;15(2):130-8. doi: 10.1177/1087054709356165. PMID: 20026871.

144. Buitelaar JK, Kooij JJ, Ramos-Quiroga JA, et al. Predictors of treatment outcome in adults with ADHD treated with OROS® methylphenidate. Prog Neuropsychopharmacol Biol Psychiatry. 2011 Mar 30;35(2):554-60. doi: 10.1016/j.pnpbp.2010.12.016. PMID: 21185347.

145. Buitelaar JK, Ramos-Quiroga JA, Casas M, et al. Safety and tolerability of flexible dosages of prolonged-release OROS methylphenidate in adults with attention-deficit/hyperactivity disorder. Neuropsychiatric disease and treatment. 2009:457-66.

146. Buitelaar JK, Trott GE, Hofecker M, et al. Long-term efficacy and safety outcomes with OROS-MPH in adults with ADHD. Int J Neuropsychopharmacol. 2012 Feb;15(1):1-13. doi: 10.1017/s1461145711001131. PMID: 21798108. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3243903/pdf/S1461145711001131a.pdf

147. Bush G, Spencer TJ, Holmes J, et al. Functional magnetic resonance imaging of methylphenidate and placebo in attention-deficit/hyperactivity disorder during the multi-source interference task. Arch Gen Psychiatry. 2008 Jan;65(1):102-14. doi: 10.1001/archgenpsychiatry.2007.16. PMID: 18180434. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/482553

148. Butterfield ME, Saal J, Young B, et al. Supplementary guanfacine hydrochloride as a treatment of attention deficit hyperactivity disorder in adults: A double blind, placebo-controlled study. Psychiatry Res. 2016 Feb 28;236:136-41. doi: 10.1016/j.psychres.2015.12.017. PMID: 26730446.

149. Camporeale A, Upadhyaya H, Ramos-Quiroga JA, et al. Safety and tolerability of atomoxetine hydrochloride in a long-term, placebo-controlled randomized withdrawal study in European and Non-European adults with attention-deficit/ hyperactivity disorder. European Journal of Psychiatry. 2013;27(3):206-24. doi: 10.4321/S0213-61632013000300005.

150. Carpentier PJ, de Jong CA, Dijkstra BA, et al. A controlled trial of methylphenidate in adults with attention deficit/hyperactivity disorder and substance use disorders. Addiction. 2005 Dec;100(12):1868-74. doi: 10.1111/j.1360-0443.2005.01272.x. PMID: 16367988.

151. Casas M, Rösler M, Sandra Kooij JJ, et al. Efficacy and safety of prolonged-release OROS methylphenidate in adults with attention deficit/hyperactivity disorder: a 13-week, randomized, double-blind, placebo-controlled, fixed-dose study. World J Biol Psychiatry. 2013 May;14(4):268-81. doi: 10.3109/15622975.2011.600333. PMID: 22106853.

152. Cataldo M, Donnelly G, Cutler AJ, et al. Analysis of Daily Sleep Diary Measures From Multilayer Extended-Release Methylphenidate (PRC-063) Studies in Children and Adults With ADHD. J Atten Disord. 2022 Dec;26(14):1870-81. doi: 10.1177/10870547221106238. PMID: 35786058. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9606001/pdf/10.1177\_10870547221106238.pdf

153. Centre hospitalier de l'Université de M. Pilot Study of the Efficacy of Duloxetine in Treating Adults With Attention Deficit Hyperactivity Disorder: a Randomized, Controlled Trial. In: Centre hospitalier de l'Université de M, editor; 2009. https://clinicaltrials.gov/study/NCT00940693

154. Centre MUHCRIotMUH. The Relative Efficacy of Aerobic Exercise in the Treatment of Adults With Attention Deficit Hyperactivity Disorder (ADHD) Versus Medication Only and the Combination of the Two: A Pilot Study. 2016. https://clinicaltrials.gov/study/NCT02788851

155. Cherkasova MV, French LR, Syer CA, et al. Efficacy of Cognitive Behavioral Therapy With and Without Medication for Adults With ADHD: A Randomized Clinical Trial. J Atten Disord. 2020 Apr;24(6):889-903. doi: 10.1177/1087054716671197. PMID: 28413900.

156. Childress A, Cutler AJ, Adler LA, et al. An Open-Label Extension Study Assessing the Long-Term Safety and Efficacy of Viloxazine Extended-Release Capsules in Adults with Attention-Deficit/Hyperactivity Disorder. CNS Drugs. 2024 Nov;38(11):891-907. doi: 10.1007/s40263-024-01120-0. PMID: 39373844. https://pmc.ncbi.nlm.nih.gov/articles/PMC11486793/pdf/40263\_2024\_Article\_1120.pdf

157. Childress A, Cutler AJ, Marraffino AH, et al. Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Adult Laboratory Classroom Study of the Efficacy and Safety of PRC-063 (Extended-Release Methylphenidate) for the Treatment of ADHD. J Atten Disord. 2022 Apr;26(6):857-69. doi: 10.1177/10870547211025610. PMID: 34189995. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8859679/pdf/10.1177\_10870547211025610.pdf

158. Childress AC, Uchida CL, Po MD, et al. A Post Hoc Comparison of Prior ADHD Medication Dose and Optimized Delayed-release and Extended-release Methylphenidate Dose in a Pivotal Phase III Trial. Clinical Therapeutics. 2020;42(12):2332-40. doi: 10.1016/j.clinthera.2020.10.004.

159. Chronis-Tuscano A. Sequencing treatments for mothers with attention-deficit/hyperactivity disorder and their young children: A SMART pilot. Journal of the American Academy of Child and Adolescent Psychiatry. 2016;55(10):S264. doi: 10.1016/j.jaac.2016.07.141.

160. Chronis-Tuscano A, Seymour KE, Stein MA, et al. Efficacy of osmotic-release oral system (OROS) methylphenidate for mothers with attention-deficit/hyperactivity disorder (ADHD): preliminary report of effects on ADHD symptoms and parenting. J Clin Psychiatry. 2008 Dec;69(12):1938-47. doi: 10.4088/jcp.v69n1213. PMID: 19192455.

161. Coghill D, Seth S. Effective management of attention-deficit/hyperactivity disorder (ADHD) through structured re-assessment: the Dundee ADHD Clinical Care Pathway. Child and adolescent psychiatry and mental health. 2015;9:1-14.

162. Coghill D, Sorooshian S, Caballero B. Safety outcomes from the clinical development programme for lisdexamfetamine dimesylate: A prodrug stimulant for the treatment of attention-deficit/hyperactivity disorder. European Child and Adolescent Psychiatry. 2013;22(2):S224. doi: 10.1007/s00787-013-0423-9.

163. Cole P, Weibel S, Nicastro R, et al. CBT/DBT skills training for adults with attention deficit hyperactivity disorder (ADHD). Psychiatr Danub. 2016 Sep;28(Suppl-1):103-7. PMID: 27663817.

164. Contini V, Victor MM, Bertuzzi GP, et al. No significant association between genetic variants in 7 candidate genes and response to methylphenidate treatment in adult patients with ADHD. Journal of clinical psychopharmacology. 2012;32(6):820-3.

165. Cook J, Lloyd-Jones M, Arunogiri S, et al. Managing attention deficit hyperactivity disorder in adults using illicit psychostimulants: A systematic review. Aust N Z J Psychiatry. 2017 Sep;51(9):876-85. doi: 10.1177/0004867417714878. PMID: 28639480.

166. Cooper RE, Williams E, Seegobin S, et al. Cannabinoids in attention-deficit/hyperactivity disorder: A randomised-controlled trial. European Neuropsychopharmacology. 2016;26:S130. https://www.embase.com/search/results?subaction=viewrecord&id=L614138176&from=export

167. Cooper RE, Williams E, Seegobin S, et al. Cannabinoids in attention-deficit/hyperactivity disorder: A randomised-controlled trial. Eur Neuropsychopharmacol. 2017 Aug;27(8):795-808. doi: 10.1016/j.euroneuro.2017.05.005. PMID: 28576350.

168. Corbisiero S, Bitto H, Newark P, et al. A Comparison of Cognitive-Behavioral Therapy and Pharmacotherapy vs. Pharmacotherapy Alone in Adults With Attention-Deficit/Hyperactivity Disorder (ADHD)-A Randomized Controlled Trial. Front Psychiatry. 2018;9:571. doi: 10.3389/fpsyt.2018.00571. PMID: 30505283. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6250816/pdf/fpsyt-09-00571.pdf

169. Corrales M, García-González S, Richarte V, et al. Long-term efficacy of a new 6-session cognitive behavioral therapy for adults with attention-deficit/hyperactivity disorder: A randomized, controlled clinical trial. Psychiatry Res. 2024 Jan;331:115642. doi: 10.1016/j.psychres.2023.115642. PMID: 38103281.

170. Cortese S. Pharmacologic treatment of attention deficit–hyperactivity disorder. New England Journal of Medicine. 2020;383(11):1050-6.

171. Cosmo C, Baptista A, De Araújo AN, et al. Transcranial direct current stimulation effects in inhibitory control in individuals with attention deficit/hyperactivity disorder. Neurology. 2017;88(16). https://www.embase.com/search/results?subaction=viewrecord&id=L616550486&from=export

172. Covey LS, Hu M-C, Green CA, et al. An exploration of site effects in a multisite trial of OROS-methylphenidate for smokers with attention deficit/hyperactivity disorder. The American Journal of Drug and Alcohol Abuse. 2011;37(5):392-9. doi: 10.3109/00952990.2011.596979. https://pmc.ncbi.nlm.nih.gov/articles/PMC3510007/pdf/nihms342989.pdf

173. Covey LS, Hu MC, Winhusen T, et al. OROS-methylphenidate or placebo for adult smokers with attention deficit hyperactivity disorder: racial/ethnic differences. Drug Alcohol Depend. 2010 Jul 1;110(1-2):156-9. doi: 10.1016/j.drugalcdep.2010.02.002. PMID: 20219292. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2913299/pdf/nihms218133.pdf

174. Cowley B, Holmström É, Juurmaa K, et al. Computer Enabled Neuroplasticity Treatment: A Clinical Trial of a Novel Design for Neurofeedback Therapy in Adult ADHD. Front Hum Neurosci. 2016;10:205. doi: 10.3389/fnhum.2016.00205. PMID: 27242472. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4860393/pdf/fnhum-10-00205.pdf

175. Cox DJ, Davis M, Mikami AY, et al. Long-acting methylphenidate reduces collision rates of young adult drivers with attention-deficit/hyperactivity disorder. J Clin Psychopharmacol. 2012 Apr;32(2):225-30. doi: 10.1097/JCP.0b013e3182496dc5. PMID: 22367664.

176. Cutler AJ, Childress AC, Pardo A, et al. Randomized, Double-Blind, Placebo-Controlled, Fixed-Dose Study to Evaluate the Efficacy and Safety of Amphetamine Extended-Release Tablets in Adults With Attention-Deficit/Hyperactivity Disorder. J Clin Psychiatry. 2022 Jul 20;83(5). doi: 10.4088/JCP.22m14438. PMID: 35857716. https://www.psychiatrist.com/read-pdf/41875/

177. Dentz A, Guay MC, Parent V, et al. Working Memory Training for Adults With ADHD. J Atten Disord. 2020 Apr;24(6):918-27. doi: 10.1177/1087054717723987. PMID: 28856932.

178. Department of Adhd NSP. Better Sleep in Psychiatric Care - ADHD. A Randomized Naturalistic Study of a Psychological Group Treatment for Sleep Problems in Psychiatric Patients With Attention Deficit Hyperactivity Disorder. In: Department of Adhd NSP, editor; 2017. https://clinicaltrials.gov/study/NCT03015636

179. Dittner AJ, Hodsoll J, Rimes KA, et al. Cognitive-behavioural therapy for adult attention-deficit hyperactivity disorder: a proof of concept randomised controlled trial. Acta Psychiatr Scand. 2018 Feb;137(2):125-37. doi: 10.1111/acps.12836. PMID: 29282731.

180. Doebler P, Holling H. Meta-analysis of Diagnostic Accuracy and ROC Curves with Covariate Adjusted Semiparametric Mixtures. Psychometrika. 2015 Dec;80(4):1084-104. doi: 10.1007/s11336-014-9430-0. PMID: 25361619. https://www.ncbi.nlm.nih.gov/pubmed/25361619

https://www.cambridge.org/core/journals/psychometrika/article/abs/metaanalysis-of-diagnostic-accuracy-and-roc-curves-with-covariate-adjusted-semiparametric-mixtures/D92A6D26CAAFD75BF0C298BDE1C7E8DC

181. Dorrego MF, Canevaro L, Kuzis G, et al. A randomized, double-blind, crossover study of methylphenidate and lithium in adults with attention-deficit/hyperactivity disorder: preliminary findings. J Neuropsychiatry Clin Neurosci. 2002 Summer;14(3):289-95. doi: 10.1176/jnp.14.3.289. PMID: 12154153.

182. Durell T, Adler L, Wilens T, et al. Atomoxetine treatment for ADHD: younger adults compared with older adults. J Atten Disord. 2010 Jan;13(4):401-6. doi: 10.1177/1087054709342203. PMID: 19706876.

183. Durell TM, Adler LA, Williams DW, et al. Atomoxetine treatment of attention-deficit/hyperactivity disorder in young adults with assessment of functional outcomes: a randomized, double-blind, placebo-controlled clinical trial. J Clin Psychopharmacol. 2013 Feb;33(1):45-54. doi: 10.1097/JCP.0b013e31827d8a23. PMID: 23277268.

184. Durell TM, Adler LA, Williams DW, et al. "Atomoxetine treatment of attention-deficit/hyperactivity disorder in young adults with assessment of functional outcomes. A randomized, double-blind, placebo-controlled clinical trial": Erratum. Journal of Clinical Psychopharmacology. 2014;34(4):542-. doi: 10.1097/JCP.0000000000000186.

185. Eddy LD, Anastopoulos AD, Dvorsky MR, et al. An RCT of a CBT Intervention for Emerging Adults with ADHD Attending College: Functional Outcomes. J Clin Child Adolesc Psychol. 2021 Nov-Dec;50(6):844-57. doi: 10.1080/15374416.2020.1867989. PMID: 33617367.

186. Edel MA, Hölter T, Wassink K, et al. A Comparison of Mindfulness-Based Group Training and Skills Group Training in Adults With ADHD. J Atten Disord. 2017 Apr;21(6):533-9. doi: 10.1177/1087054714551635. PMID: 25300813.

187. Ehave, Ontario Brain I. Cognitive Restructuring in ADHD: Functional Training. In: Ehave, Ontario Brain I, eds.; 2016. https://clinicaltrials.gov/study/NCT02827188

188. Eli Lilly and Company. Efficacy and Safety of Once-Daily Atomoxetine Hydrochloride in Adults With ADHD Over an Extended Period of Time (6 Months); With a Brief Evaluation of Executive Cognition. 2005. https://clinicaltrials.gov/study/NCT00190736

189. Emilsson B, Gudjonsson G, Sigurdsson JF, et al. Cognitive behaviour therapy in medication-treated adults with ADHD and persistent symptoms: a randomized controlled trial. BMC Psychiatry. 2011 Jul 25;11:116. doi: 10.1186/1471-244x-11-116. PMID: 21787431. https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/1471-244X-11-116.pdf

190. Ernst M, Liebenauer LL, Jons PH, et al. Selegiline in adults with attention deficit hyperactivity disorder: clinical efficacy and safety. Psychopharmacol Bull. 1996;32(3):327-34. PMID: 8961775.

191. Ernst M, Liebenauer LL, Tebeka D, et al. Selegiline in ADHD adults: plasma monoamines and monoamine metabolites. Neuropsychopharmacology. 1997 Apr;16(4):276-84. doi: 10.1016/s0893-133x(96)00243-6. PMID: 9094145. https://www.nature.com/articles/1380547.pdf

192. Eskilsson Stralin E, Thorell L, Bölte S, et al. Cognitive-behavioral group therapy for ADHD inattentive type: A pilot study of a new treatment protocol. ADHD Attention Deficit and Hyperactivity Disorders. 2019;11(1):S45. doi: 10.1007/s12402-019-00295-7.

193. Fallu A, Dabouz F, Furtado M, et al. A randomized, double-blind, cross-over, phase IV trial of oros-methylphenidate (CONCERTA(®)) and generic novo-methylphenidate ER-C (NOVO-generic). Ther Adv Psychopharmacol. 2016 Aug;6(4):237-51. doi: 10.1177/2045125316643674. PMID: 27536342. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4971598/pdf/10.1177\_2045125316643674.pdf

194. Fan LY, Chou TL, Gau SS. Neural correlates of atomoxetine improving inhibitory control and visual processing in Drug-naïve adults with attention-deficit/hyperactivity disorder. Hum Brain Mapp. 2017 Oct;38(10):4850-64. doi: 10.1002/hbm.23683. PMID: 28657141. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6867141/pdf/HBM-38-4850.pdf

195. Faraone SV, Childress A, Caras S, et al. A Randomized, Double-Blind, Placebo-Controlled Trial to Evaluate the Efficacy and Safety of AR19, a Manipulation-Resistant Formulation of Amphetamine Sulfate, in Adults With Attention-Deficit/Hyperactivity Disorder. J Clin Psychiatry. 2021 Aug 24;82(5). doi: 10.4088/JCP.21m13927. PMID: 34428356. https://www.ncbi.nlm.nih.gov/pubmed/34428356

196. Faraone SV, Gomeni R, Hull JT, et al. Predicting efficacy of viloxazine extended-release treatment in adults with ADHD using an early change in ADHD symptoms: Machine learning Post Hoc analysis of a phase 3 clinical trial. Psychiatry Res. 2022 Dec;318:114922. doi: 10.1016/j.psychres.2022.114922. PMID: 36375329.

197. Faraone SV, Spencer TJ, Kollins SH, et al. Dose response effects of lisdexamfetamine dimesylate treatment in adults with ADHD: an exploratory study. J Atten Disord. 2012 Feb;16(2):118-27. doi: 10.1177/1087054711403716. PMID: 21527575. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3355536/pdf/nihms374903.pdf

198. Fargason RE, Gamble K, Avis KT, et al. Ramelteon for Insomnia Related to Attention-Deficit/Hyperactivity Disorder (ADHD). Psychopharmacol Bull. 2011 May 15;44(2):32-53. PMID: 27738354. https://www.ncbi.nlm.nih.gov/pubmed/27738354

199. Faries DE, Yalcin I, Harder D, et al. Validation of the ADHD rating scale as a clirlician administered and scored instrument. Journal of attention disorders. 2001;5(2):107-15.

200. Flannery JE, Hinshaw SP, Kollins SH, et al. Secondary analyses of sex differences in attention improvements across three clinical trials of a digital therapeutic in children, adolescents, and adults with ADHD. BMC Public Health. 2024 Apr 29;24(1):1195. doi: 10.1186/s12889-024-18597-5. PMID: 38685016. https://bmcpublichealth.biomedcentral.com/counter/pdf/10.1186/s12889-024-18597-5.pdf

201. Fleming AP, McMahon RJ, Moran LR, et al. Pilot randomized controlled trial of dialectical behavior therapy group skills training for ADHD among college students. J Atten Disord. 2015 Mar;19(3):260-71. doi: 10.1177/1087054714535951. PMID: 24874347.

202. Fonds N. Investigating the Efficacy of Cognitive Behavioral Therapy in Patients With Substance Use Disorder and Comorbid ADHD. A Randomized Controlled Trial With Cognitive Behavioral Therapy. In: Fonds N, editor; 2011. https://clinicaltrials.gov/study/NCT01431235

203. Frick G, Yan B, Adler LA. Triple-Bead Mixed Amphetamine Salts (SHP465) in Adults With ADHD: Results of a Phase 3, Double-Blind, Randomized, Forced-Dose Trial. J Atten Disord. 2020 Feb;24(3):402-13. doi: 10.1177/1087054717696771. PMID: 28413925.

204. Fritz K, O'Connor PJ. Effects of a 6 Week Yoga Intervention on Executive Functioning in Women Screening Positive for Adult ADHD: A Pilot Study. Front Sports Act Living. 2022;4:746409. doi: 10.3389/fspor.2022.746409. PMID: 35280225. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8908201/pdf/fspor-04-746409.pdf

205. Fundação de Amparo à Pesquisa do Estado de São P. EVALUATION OF THE EFFECTS OF THE MINDFULNESS MEDITATION PRACTICES ON COGNITION OF ADULTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER. In: Fundação de Amparo à Pesquisa do Estado de São P, editor; 2012. https://clinicaltrials.gov/study/NCT01738334

206. Fundação de Amparo à Pesquisa do Estado de São P, University of Sao P. Melatonin as Adjuvant Treatment for ADHD in Adults. In: Fundação de Amparo à Pesquisa do Estado de São P, University of Sao P, eds.; 2017. https://clinicaltrials.gov/study/NCT03062839

207. German Research F. Genetic Modulation of Functional Brain Activity of Attention-deficit/Hyperactivity Disorder-related Working Memory Processes. In: German Research F, editor; 2011. https://clinicaltrials.gov/study/NCT01351272

208. German Research F. Efficacy of a Neurofeedback Treatment in Adults With ADHD: a Triple-blind Randomized Placebo-controlled Study. In: German Research F, editor; 2013. https://clinicaltrials.gov/study/NCT01883765

209. Geurts DEM, den Ouden HEM, Janssen L, et al. Aversive Pavlovian inhibition in adult attention-deficit/hyperactivity disorder and its restoration by mindfulness-based cognitive therapy. Front Behav Neurosci. 2022;16:938082. doi: 10.3389/fnbeh.2022.938082. PMID: 35957921. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9359138/pdf/fnbeh-16-938082.pdf

210. Geurts DEM, Schellekens MPJ, Janssen L, et al. Mechanisms of Change in Mindfulness-Based Cognitive Therapy in Adults With ADHD. J Atten Disord. 2021 Jul;25(9):1331-42. doi: 10.1177/1087054719896865. PMID: 31904295.

211. Ginsberg L, Katic A, Adeyi B, et al. Long-term treatment outcomes with lisdexamfetamine dimesylate for adults with attention-deficit/hyperactivity disorder stratified by baseline severity. Curr Med Res Opin. 2011 Jun;27(6):1097-107. doi: 10.1185/03007995.2011.567256. PMID: 21438796.

212. Ginsberg Y, Hirvikoski T, Grann M, et al. Long-term functional outcome in adult prison inmates with ADHD receiving OROS-methylphenidate. Eur Arch Psychiatry Clin Neurosci. 2012 Dec;262(8):705-24. doi: 10.1007/s00406-012-0317-8. PMID: 22526730. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3491195/pdf/406\_2012\_Article\_317.pdf

213. Ginsberg Y, Lindefors N. Methylphenidate treatment of adult male prison inmates with attention-deficit hyperactivity disorder: randomised double-blind placebo-controlled trial with open-label extension. Br J Psychiatry. 2012 Jan;200(1):68-73. doi: 10.1192/bjp.bp.111.092940. PMID: 22075648. https://www.cambridge.org/core/services/aop-cambridge-core/content/view/4F4658035F49C9B4D650CB92D4EE3F53/S0007125000257280a.pdf/div-class-title-methylphenidate-treatment-of-adult-male-prison-inmates-with-attention-deficit-hyperactivity-disorder-randomised-double-blind-placebo-controlled-trial-with-open-label-extension-div.pdf

214. Goodman D, Faraone SV, Adler LA, et al. Interpreting ADHD rating scale scores: linking ADHD rating scale scores and CGI levels in two randomized controlled trials of lisdexamfetamine dimesylate in ADHD. Primary Psychiatry. 2010;17(3):44.

215. Goodman DW, Starr HL, Ma YW, et al. Randomized, 6-Week, Placebo-Controlled Study of Treatment for Adult Attention-Deficit/Hyperactivity Disorder: Individualized Dosing of Osmotic-Release Oral System (OROS) Methylphenidate With a Goal of Symptom Remission. J Clin Psychiatry. 2017 Jan;78(1):105-14. doi: 10.4088/JCP.15m10348. PMID: 27487193. https://www.psychiatrist.com/read-pdf/9021/

216. Goto T, Hirata Y, Takita Y, et al. Efficacy and safety of atomoxetine hydrochloride in Asian adults with ADHD: A multinational 10-week randomized double-blind placebo-controlled Asian study. J Atten Disord. 2017 Jan;21(2):100-9. doi: 10.1177/1087054713510352. PMID: 24203774.

217. Grinblat N, Rosenblum S. Work-MAP Telehealth Metacognitive Work-Performance Intervention for Adults With ADHD: Randomized Controlled Trial. OTJR (Thorofare N J). 2023 Jul;43(3):435-45. doi: 10.1177/15394492231159902. PMID: 36971429. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10336612/pdf/10.1177\_15394492231159902.pdf

218. Groß V, Lücke C, Graf E, et al. Effectiveness of psychotherapy in adult ADHD: what do patients think? Results of the COMPAS study. Journal of attention disorders. 2019;23(9):1047-58.

219. Gu Y, Xu G, Zhu Y. A Randomized Controlled Trial of Mindfulness-Based Cognitive Therapy for College Students With ADHD. J Atten Disord. 2018 Feb;22(4):388-99. doi: 10.1177/1087054716686183. PMID: 28038496.

220. Gutman SA, Balasubramanian S, Herzog M, et al. Effectiveness of a Tailored Intervention for Women With Attention Deficit Hyperactivity Disorder (ADHD) and ADHD Symptoms: A Randomized Controlled Study. Am J Occup Ther. 2020 Jan/Feb;74(1):7401205010p1-p11. doi: 10.5014/ajot.2020.033316. PMID: 32078512. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7018471/pdf/7401205010p1.pdf

221. Halmøy A, Ring A, Ubostad B, et al. Effects of a dialectical behavioral therapy based group treatment for adults with ADHD: A controlled multicenter study. ADHD Attention Deficit and Hyperactivity Disorders. 2019;11(1):S47. doi: 10.1007/s12402-019-00295-7.

222. Halmøy A, Ring AE, Gjestad R, et al. Dialectical behavioral therapy-based group treatment versus treatment as usual for adults with attention-deficit hyperactivity disorder: a multicenter randomized controlled trial. BMC Psychiatry. 2022 Nov 28;22(1):738. doi: 10.1186/s12888-022-04356-6. PMID: 36443712. https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/s12888-022-04356-6.pdf

223. Hamedi M, Mohammdi M, Ghaleiha A, et al. Bupropion in adults with Attention-Deficit/Hyperactivity Disorder: a randomized, double-blind study. Acta Med Iran. 2014;52(9):675-80. PMID: 25325205. https://www.ncbi.nlm.nih.gov/pubmed/25325205

224. Han B, Jones CM, Volkow ND, et al. Prescription Stimulant Use, Misuse, and Use Disorder Among US Adults Aged 18 to 64 Years. JAMA Psychiatry. 2025 Mar 19. doi: 10.1001/jamapsychiatry.2025.0054. PMID: 40105821. https://www.ncbi.nlm.nih.gov/pubmed/40105821

https://watermark.silverchair.com/jamapsychiatry\_han\_2025\_oi\_250004\_1741623712.33599.pdf?token=AQECAHi208BE49Ooan9kkhW\_Ercy7Dm3ZL\_9Cf3qfKAc485ysgAAA0MwggM\_BgkqhkiG9w0BBwagggMwMIIDLAIBADCCAyUGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMG3\_RKsTDIRlgJF1CAgEQgIIC9ksQXw1lx5pOYQzK8NOQEo-zyFhDwzlX4KMBxGL28RpiIjFXHILzb56oXUvKghjPcRnWhNuENP40EKPHFlG2uBIufy2FllTuBfhl64CDL4B2XgFefgDmDTSRQVNDPHpfkbXnRqr0\_FnAZZy3jVh8vdIqsULdnXlA7eo15rK1qd7zqsbXCQYxqoWJZXXtsGbdNNaZpRzsVmVtNC4K0x3zyEtK0sSACvdjotxS6swBDJayiYQuWK05BJruVgdNa5B17L10SZtQ0wi\_b04e376NyBx2GH7xkRGzycdtiVMBREMldedvT7obVEggcbfKGZIZZ0jXAcck7DJf\_cuE1QGmTKJs4SZnhg\_eg-pIqaTkRwC7uONznv80tdTW2CXn7y\_cm9zbwbHV4Ozp1FQDJ80yIx4AJUtkwfjwwi99\_mSt1XIsP\_kGUF5NuKCXId1pQR7LCeX3bx2EpFFFLfHTHFoPfIydetqc6qvQTl4hJMWtaOPqqq-tqxTYy54ZHk5DYbiMqLXAfEHbIodKdKeWtHOXrgKPD2Y-ZfD-oZigIi6pdnDZ2qJW4can2h2IoClvXgzqqXRnTJ6wWW4RuqC29k9uYLpHR\_iFjoiKtIwYGpLFAUVs9pk9e4kqG9czKONq3GNr\_jboXMbQmPEy7ANbgAOe5C0KSlulRAv59TwkcmKoOX7dFUL3Lbw66cmFewuaBGET73ZoGewBJJEflsvbajn-XoaMQ1yfg9Lg6NnTlC5I18JPUbDE8xoLYlTsjOAl7e8tulG-SYnT9zmlNzmMPFY\_hs\_7ttEjSMdrJfiYus3UyWLeLgn3vMSXUdFN-9MUbIZ7mXkAygKUw-nkjWzW4ituMyg9AjvbvfvtwAb0vUfhdxt-ko7SRWUbMkzm4rjpn1nTVI6UkWOYA28vYzJ3qtBPo67yiuwmrxfeZRb0vqdf8lLHJvvMvZKuEf6xnGbiVnYlzO0KcblcTbKiZyu26s3tsKlwUDMJ64RgDakZUNF6ioQKeo5wRpdB

225. Hanssen KT, Brevik EJ, Småstuen MC, et al. Improvement of anxiety in ADHD following goal-focused cognitive remediation: a randomized controlled trial. Front Psychol. 2023;14:1212502. doi: 10.3389/fpsyg.2023.1212502. PMID: 38046113. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10690829/pdf/fpsyg-14-1212502.pdf

226. Hashemian F, Mohammadian S, Riahi F, et al. A comparison of the effects of reboxetine and placebo on reaction time in adults with Attention Deficit-Hyperactivity Disorder (ADHD). Daru. 2011;19(3):231-5. PMID: 22615662. https://www.ncbi.nlm.nih.gov/pubmed/22615662

227. Haukeland University H, Oslo University H, The Hospital of V. Effects of Structured Skills Training Group in Treatment of ADHD in Adults: a Controlled Multicentre Study. In: Haukeland University H, Oslo University H, The Hospital of V, eds.; 2016. https://clinicaltrials.gov/study/NCT02685254

228. Hautmann C, Döpfner M, Katzmann J, et al. Sequential treatment of ADHD in mother and child (AIMAC study): importance of the treatment phases for intervention success in a randomized trial. BMC Psychiatry. 2018 Dec 13;18(1):388. doi: 10.1186/s12888-018-1963-9. PMID: 30545333. https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/s12888-018-1963-9.pdf

229. Hechtman L. Efficacy of Cognitive Behavioral Therapy in Treatment of Adults With Attention Deficit Hyperactivity Disorder. 2014. https://clinicaltrials.gov/study/NCT02210728

230. Heffner JL, Lewis DF, Winhusen TM. Osmotic release oral system methylphenidate prevents weight gain during a smoking-cessation attempt in adults with ADHD. Nicotine Tob Res. 2013 Feb;15(2):583-7. doi: 10.1093/ntr/nts152. PMID: 22955246. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3545716/pdf/nts152.pdf

231. Heidelberg U. Driving Ability in Adults With ADHD Before and After 10-weeks of Treatment With 40-80mg Atomoxetine vs. Untreated Adults With ADHD. In: Heidelberg U, editor; 2009. https://clinicaltrials.gov/study/NCT00938743

232. Helse Nord-Trøndelag HF. Psychoeducational Groups for Adults With Attention-Deficit Hyperactivity/Impulsivity Disorder (ADHD): a Randomized Waitlist-controlled Multicenter Pilot Trial. In: Helse Nord-Trøndelag HF, editor; 2017. https://clinicaltrials.gov/study/NCT03337425

233. Hepark S, Janssen L, de Vries A, et al. The Efficacy of Adapted MBCT on Core Symptoms and Executive Functioning in Adults With ADHD: A Preliminary Randomized Controlled Trial. J Atten Disord. 2019 Feb;23(4):351-62. doi: 10.1177/1087054715613587. PMID: 26588940.

234. Herring WJ, Wilens TE, Adler LA, et al. Randomized controlled study of the histamine H3 inverse agonist MK-0249 in adult attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2012 Jul;73(7):e891-8. doi: 10.4088/JCP.11m07178. PMID: 22901359. https://www.ncbi.nlm.nih.gov/pubmed/22901359

235. Hesslinger B, Tebartz van Elst L, Nyberg E, et al. Psychotherapy of attention deficit hyperactivity disorder in adults--a pilot study using a structured skills training program. Eur Arch Psychiatry Clin Neurosci. 2002 Aug;252(4):177-84. doi: 10.1007/s00406-002-0379-0. PMID: 12242579. https://link.springer.com/article/10.1007/s00406-002-0379-0

236. Hiltunen S, Virta M, Salakari A, et al. Better long-term outcome for hypnotherapy than for CBT in adults with ADHD: Results of a six-month follow-up. Contemporary Hypnosis & Integrative Therapy. 2014;30(3):118-34.

237. Hirata Y, Goto T, Takita Y, et al. Efficacy and safety of atomoxetine in Asian adults with ADHD: A multinational 10-week randomized, double-blind placebo-controlled Asian study. International Journal of Neuropsychopharmacology. 2012;15:221-2. doi: 10.1017/S1461145712000508.

238. Hirata Y, Goto T, Takita Y, et al. Long-term safety and tolerability of atomoxetine in Japanese adults with attention deficit hyperactivity disorder. Asia Pac Psychiatry. 2014 Sep;6(3):292-301. doi: 10.1111/appy.12119. PMID: 24376099.

239. Hirvikoski T, Lindström T, Carlsson J, et al. Psychoeducational groups for adults with ADHD and their significant others (PEGASUS): A pragmatic multicenter and randomized controlled trial. Eur Psychiatry. 2017 Jul;44:141-52. doi: 10.1016/j.eurpsy.2017.04.005. PMID: 28641216. https://www.cambridge.org/core/services/aop-cambridge-core/content/view/7499896E20CF58984C603053A386A71B/S0924933800069893a.pdf/div-class-title-psychoeducational-groups-for-adults-with-adhd-and-their-significant-others-pegasus-a-pragmatic-multicenter-and-randomized-controlled-trial-div.pdf

240. Hirvikoski T, Lindström T, Carlsson J, et al. PEGASUS psychoeducational groups for adults with ADHD and their significant others/family members. ADHD Attention Deficit and Hyperactivity Disorders. 2019;11(1):S47. doi: 10.1007/s12402-019-00295-7.

241. Hirvikoski T, Waaler E, Alfredsson J, et al. Reduced ADHD symptoms in adults with ADHD after structured skills training group: results from a randomized controlled trial. Behav Res Ther. 2011 Mar;49(3):175-85. doi: 10.1016/j.brat.2011.01.001. PMID: 21295767.

242. Hodgkins P, Sasané R, Christensen L, et al. Treatment outcomes with methylphenidate formulations among patients with ADHD: retrospective claims analysis of a managed care population. Current medical research and opinion. 2011;27(sup2):53-62.

243. Hoxhaj E, Sadohara C, Borel P, et al. Mindfulness vs psychoeducation in adult ADHD: a randomized controlled trial. Eur Arch Psychiatry Clin Neurosci. 2018 Jun;268(4):321-35. doi: 10.1007/s00406-018-0868-4. PMID: 29356899. https://link.springer.com/article/10.1007/s00406-018-0868-4

244. Huang F, Tang YL, Zhao M, et al. Cognitive-Behavioral Therapy for Adult ADHD: A Randomized Clinical Trial in China. J Atten Disord. 2019 Jul;23(9):1035-46. doi: 10.1177/1087054717725874. PMID: 28866911.

245. Huss M, Ginsberg Y, Arngrim T, et al. Added benefits of long-term treatment of methylphenidate modified-release long-acting formulation in adults with ADHD. European Neuropsychopharmacology. 2014;24:S210. https://www.embase.com/search/results?subaction=viewrecord&id=L71640948&from=export

246. Huss M, Ginsberg Y, Arngrim T, et al. Efficacy and safety of methylphenidate modified release long-acting after reinstatement of therapy in placebo treated patients. European Neuropsychopharmacology. 2014;24:S209-S10. https://www.embase.com/search/results?subaction=viewrecord&id=L71640947&from=export

247. Huss M, Ginsberg Y, Arngrim T, et al. Adult ADHD treated with methylphenidate modified-release (MPH-LA) maintained functional improvement over a period of 1 year. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S50. doi: 10.1007/s12402-015-0169-y.

248. Huss M, Ginsberg Y, Arngrim T, et al. Long-term safety of methylphenidate modified-release in adult ADHD upon continuous exposure up to 66 weeks. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S50-S1. doi: 10.1007/s12402-015-0169-y.

249. Huss M, Ginsberg Y, Philipsen A, et al. 40-Week, randomized, double-blind, placebo-controlled, multicenter, efficacy and safety study of methylphenidate hydrochloride modified release (MPH-LA) in adults with attention deficit hyperactivity disorder (ADHD). European Psychiatry. 2013;28. https://www.embase.com/search/results?subaction=viewrecord&id=L71172097&from=export

250. Huss M, Ginsberg Y, Tvedten T, et al. Methylphenidate hydrochloride modified release led to a beneficial impact on family-, work-and social life in adult ADHD patients. European Neuropsychopharmacology. 2013;23:S601-S2. doi: 10.1016/S0924-977X(13)70957-X.

251. Huss M, Ginsberg Y, Tvedten T, et al. Methylphenidate hydrochloride modified-release in adults with attention deficit hyperactivity disorder: a randomized double-blind placebo-controlled trial. Adv Ther. 2014 Jan;31(1):44-65. doi: 10.1007/s12325-013-0085-5. PMID: 24371021. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905180/pdf/12325\_2013\_Article\_85.pdf

252. In de Braek DMJM, Dijkstra JB, Ponds RW, et al. Goal Management Training in Adults With ADHD: An Intervention Study. Journal of Attention Disorders. 2017;21(13):1130-7. doi: 10.1177/1087054712468052.

253. Institute of Education S. Improving the Educational and Social-Emotional Functioning of College Students With ADHD. In: Institute of Education S, editor; 2019. https://clinicaltrials.gov/study/NCT04186312

254. ISRCTN16827947. A Study of Concerta XL on reducing ADHD symptoms and behavioural problems in adult offenders with ADHD. 2016. https://www.isrctn.com/ISRCTN16827947

255. Iwanami A, Saito K, Fujiwara M, et al. Efficacy and Safety of Guanfacine Extended-Release in the Treatment of Attention-Deficit/Hyperactivity Disorder in Adults: Results of a Randomized, Double-Blind, Placebo-Controlled Study. J Clin Psychiatry. 2020 Apr 14;81(3). doi: 10.4088/JCP.19m12979. PMID: 32297719. https://www.psychiatrist.com/read-pdf/7891/

256. Jain U, Hechtman L, Weiss M, et al. Efficacy of a novel biphasic controlled-release methylphenidate formula in adults with attention-deficit/hyperactivity disorder: results of a double-blind, placebo-controlled crossover study. J Clin Psychiatry. 2007 Feb;68(2):268-77. doi: 10.4088/jcp.v68n0213. PMID: 17335326.

257. Jans T, Graf E, Jacob C, et al. A randomized controlled multicentre trial on the treatment for ADHD in mothers and children: enrolment and basic characteristics of the study sample. Atten Defic Hyperact Disord. 2013 Mar;5(1):29-40. doi: 10.1007/s12402-012-0092-4. PMID: 23070786. https://link.springer.com/article/10.1007/s12402-012-0092-4

258. Janssen L, Kan CC, Carpentier PJ, et al. Mindfulness based cognitive therapy versus treatment as usual in adults with attention deficit hyperactivity disorder (ADHD). BMC Psychiatry. 2015 Sep 15;15:216. doi: 10.1186/s12888-015-0591-x. PMID: 26373634. https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/s12888-015-0591-x.pdf

259. Janssen L, Kan CC, Carpentier PJ, et al. Mindfulness based cognitive therapy versus treatment as usual in adults with attention deficit hyperactivity disorder (ADHD). BMC Psychiatry. 2015;15(1). doi: 10.1186/s12888-015-0591-x.

260. Janssen L, Kan CC, Carpentier PJ, et al. Mindfulness-Based Cognitive Therapy v. treatment as usual in adults with ADHD: a multicentre, single-blind, randomised controlled trial - ERRATUM. Psychol Med. 2018 Aug;48(11):1920. doi: 10.1017/s0033291718000776. PMID: 29655378. https://www.cambridge.org/core/services/aop-cambridge-core/content/view/494F8580E65B223512F7E60605DDAC57/S0033291718000776a.pdf/div-class-title-mindfulness-based-cognitive-therapy-span-class-italic-v-span-treatment-as-usual-in-adults-with-adhd-a-multicentre-single-blind-randomised-controlled-trial-erratum-div.pdf

261. Janssen L, Kan CC, Carpentier PJ, et al. Mindfulness-based cognitive therapy v. treatment as usual in adults with ADHD: a multicentre, single-blind, randomised controlled trial. Psychol Med. 2019 Jan;49(1):55-65. doi: 10.1017/s0033291718000429. PMID: 29486807. https://www.cambridge.org/core/journals/psychological-medicine/article/abs/mindfulnessbased-cognitive-therapy-v-treatment-as-usual-in-adults-with-adhd-a-multicentre-singleblind-randomised-controlled-trial/1343D997C71E59CF49F3D4A71DE066CE

262. JPRN-UMIN000002806. A Double-Blind Placebo-Controlled Asian Study of Atomoxetine Hydrochloride in the Treatment of Adult Patients with Attention-Deficit/Hyperactivity Disorder (ADHD). 2009. https://center6.umin.ac.jp/cgi-open-bin/ctr\_e/ctr\_view.cgi?recptno=R000003415

263. Jucaite A, Öhd J, Potter AS, et al. A randomized, double-blind, placebo-controlled crossover study of α4β 2\* nicotinic acetylcholine receptor agonist AZD1446 (TC-6683) in adults with attention-deficit/hyperactivity disorder. Psychopharmacology (Berl). 2014 Mar;231(6):1251-65. doi: 10.1007/s00213-013-3116-7. PMID: 23640072. https://www.ncbi.nlm.nih.gov/pubmed/23640072

264. Kaiser A, Bottelier MA, de Ruiter MB, et al. Effects of prolonged methylphenidate treatment on amygdala reactivity and connectivity: a randomized controlled trial in stimulant treatment-naive, male participants with ADHD. Psychoradiology. 2021 Sep;1(3):152-63. doi: 10.1093/psyrad/kkab013. PMID: 38665807. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10917223/pdf/kkab013.pdf

265. Kay GG, Michaels MA, Pakull B. Simulated driving changes in young adults with ADHD receiving mixed amphetamine salts extended release and atomoxetine. J Atten Disord. 2009 Jan;12(4):316-29. doi: 10.1177/1087054708322986. PMID: 18815438.

266. Kenter RMF, Gjestad R, Lundervold AJ, et al. A self-guided internet-delivered intervention for adults with ADHD: Results from a randomized controlled trial. Internet Interv. 2023 Apr;32:100614. doi: 10.1016/j.invent.2023.100614. PMID: 36969389. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10033990/pdf/main.pdf

267. Kenter RMF, Lundervold AJ, Nordgreen T. A self-guided Internet-delivered intervention for adults with ADHD: a protocol for a randomized controlled trial. Internet Interv. 2021 Dec;26:100485. doi: 10.1016/j.invent.2021.100485. PMID: 34877262. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8632851/pdf/main.pdf

268. Kis B, Lücke C, Abdel-Hamid M, et al. Safety Profile of Methylphenidate Under Long-Term Treatment in Adult ADHD Patients - Results of the COMPAS Study. Pharmacopsychiatry. 2020 Nov;53(6):263-71. doi: 10.1055/a-1207-9851. PMID: 33017854. https://www.thieme-connect.com/products/ejournals/abstract/10.1055/a-1207-9851

269. Kollins SH, English JS, Itchon-Ramos N, et al. A pilot study of lis-dexamfetamine dimesylate (LDX/SPD489) to facilitate smoking cessation in nicotine-dependent adults with ADHD. J Atten Disord. 2014 Feb;18(2):158-68. doi: 10.1177/1087054712440320. PMID: 22508760. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3421044/pdf/nihms374913.pdf

270. Kollins SH, Youcha S, Lasser R, et al. Lisdexamfetamine dimesylate for the treatment of attention deficit hyperactivity disorder in adults with a history of depression or history of substance use disorder. Innov Clin Neurosci. 2011 Feb;8(2):28-32. PMID: 21468295. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3071091/pdf/icns\_8\_2\_28.pdf

271. Kolodny T, Ashkenazi Y, Farhi M, et al. Computerized progressive attention training (CPAT) vs. active control in adults with ADHD. Journal of Cognitive Enhancement. 2017;1:526-38.

272. Konstenius M, Jayaram-Lindström N, Beck O, et al. Sustained release methylphenidate for the treatment of ADHD in amphetamine abusers: a pilot study. Drug Alcohol Depend. 2010 Apr 1;108(1-2):130-3. doi: 10.1016/j.drugalcdep.2009.11.006. PMID: 20015599.

273. Konstenius M, Jayaram-Lindström N, Guterstam J, et al. Methylphenidate for attention deficit hyperactivity disorder and drug relapse in criminal offenders with substance dependence: a 24-week randomized placebo-controlled trial. Addiction. 2014 Mar;109(3):440-9. doi: 10.1111/add.12369. PMID: 24118269. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226329/pdf/add0109-0440.pdf

274. Kooij JJ, Burger H, Boonstra AM, et al. Efficacy and safety of methylphenidate in 45 adults with attention-deficit/hyperactivity disorder. A randomized placebo-controlled double-blind cross-over trial. Psychol Med. 2004 Aug;34(6):973-82. doi: 10.1017/s0033291703001776. PMID: 15554568. https://www.cambridge.org/core/journals/psychological-medicine/article/abs/efficacy-and-safety-of-methylphenidate-in-45-adults-with-attentiondeficithyperactivity-disorder-a-randomized-placebocontrolled-doubleblind-crossover-trial/7F287B21E352C322B40E55FCE501A686

275. Kooij JJ, Rösler M, Philipsen A, et al. Predictors and impact of non-adherence in adults with attention-deficit/hyperactivity disorder receiving OROS methylphenidate: results from a randomized, placebo-controlled trial. BMC Psychiatry. 2013 Jan 24;13:36. doi: 10.1186/1471-244x-13-36. PMID: 23347693. https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/1471-244X-13-36.pdf

276. Kuperman S, Perry PJ, Gaffney GR, et al. Bupropion SR vs. methylphenidate vs. placebo for attention deficit hyperactivity disorder in adults. Ann Clin Psychiatry. 2001 Sep;13(3):129-34. doi: 10.1023/a:1012239823148. PMID: 11791949. https://www.ncbi.nlm.nih.gov/pubmed/11791949

277. Kyunghee U. Standardized Lycium Chinense Fruit Extract Enhances Attention and Cognitive Function in Healthy Young People: A Double-blind, Randomized, Placebo-Controlled, Crossover Trial. In: Kyunghee U, editor; 2018. https://clinicaltrials.gov/study/NCT03439111

278. LaCount PA, Hartung CM, Shelton CR, et al. Preliminary evaluation of a combined group and individual treatment for college students with attention-deficit/hyperactivity disorder. Cognitive and Behavioral Practice. 2015;22(2):152-60.

279. Lakhan SE, Kirchgessner A. Prescription stimulants in individuals with and without attention deficit hyperactivity disorder: misuse, cognitive impact, and adverse effects. Brain Behav. 2012 Sep;2(5):661-77. doi: 10.1002/brb3.78. PMID: 23139911. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3489818/pdf/brb30002-0661.pdf

280. Lam AP, Matthies S, Graf E, et al. Long-term effects of multimodal treatment on adult attention-deficit/hyperactivity disorder symptoms follow-up analysis of the compas Trial. JAMA Network Open. 2019;2(5). doi: 10.1001/jamanetworkopen.2019.4980.

281. Lee SI, Song DH, Shin DW, et al. Efficacy and safety of atomoxetine hydrochloride in Korean adults with attention-deficit hyperactivity disorder. Asia Pac Psychiatry. 2014 Dec;6(4):386-96. doi: 10.1111/appy.12160. PMID: 25345739.

282. Leffa DT, Grevet EH, Bau CHD, et al. Transcranial Direct Current Stimulation vs Sham for the Treatment of Inattention in Adults With Attention-Deficit/Hyperactivity Disorder: The TUNED Randomized Clinical Trial. JAMA Psychiatry. 2022 Sep 1;79(9):847-56. doi: 10.1001/jamapsychiatry.2022.2055. PMID: 35921102. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2794932

283. Lehigh U. Effects of Vyvanse on the Behavioral, Academic, and Psychosocial Functioning of College Students With ADHD. In: Lehigh U, editor; 2011. https://clinicaltrials.gov/study/NCT01342445

284. Leuchter AF, McGough JJ, Korb AS, et al. Neurophysiologic predictors of response to atomoxetine in young adults with attention deficit hyperactivity disorder: A pilot project. Journal of Psychiatric Research. 2014;54(1):11-8. doi: 10.1016/j.jpsychires.2014.03.009.

285. Levin ED, Conners CK, Silva D, et al. Effects of chronic nicotine and methylphenidate in adults with attention deficit/hyperactivity disorder. Exp Clin Psychopharmacol. 2001 Feb;9(1):83-90. doi: 10.1037/1064-1297.9.1.83. PMID: 11519638.

286. Levin FR, Evans SM, Brooks DJ, et al. Treatment of cocaine dependent treatment seekers with adult ADHD: double-blind comparison of methylphenidate and placebo. Drug Alcohol Depend. 2007 Feb 23;87(1):20-9. doi: 10.1016/j.drugalcdep.2006.07.004. PMID: 16930863.

287. Levin FR, Evans SM, Brooks DJ, et al. Treatment of methadone-maintained patients with adult ADHD: double-blind comparison of methylphenidate, bupropion and placebo. Drug Alcohol Depend. 2006 Feb 1;81(2):137-48. doi: 10.1016/j.drugalcdep.2005.06.012. PMID: 16102908.

288. Levin FR, Mariani JJ, Pavlicova M, et al. Extended-Release Mixed Amphetamine Salts for Comorbid Adult Attention-Deficit/Hyperactivity Disorder and Cannabis Use Disorder: A Pilot, Randomized Double-Blind, Placebo-Controlled Trial. J Atten Disord. 2024 Jul 25:10870547241264675. doi: 10.1177/10870547241264675. PMID: 39051597.

289. Levin FR, Mariani JJ, Specker S, et al. Extended-Release Mixed Amphetamine Salts vs Placebo for Comorbid Adult Attention-Deficit/Hyperactivity Disorder and Cocaine Use Disorder: A Randomized Clinical Trial. JAMA Psychiatry. 2015 Jun;72(6):593-602. doi: 10.1001/jamapsychiatry.2015.41. PMID: 25887096. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4456227/pdf/nihms-693415.pdf

290. Levy Schwartz M, Magzal F, Yehuda I, et al. Exploring the impact of probiotics on adult ADHD management through a double-blind RCT. Sci Rep. 2024 Nov 5;14(1):26830. doi: 10.1038/s41598-024-73874-y. PMID: 39500949. https://www.nature.com/articles/s41598-024-73874-y.pdf

291. Lin HY, Gau SS. Atomoxetine Treatment Strengthens an Anti-Correlated Relationship between Functional Brain Networks in Medication-Naïve Adults with Attention-Deficit Hyperactivity Disorder: A Randomized Double-Blind Placebo-Controlled Clinical Trial. Int J Neuropsychopharmacol. 2015 Sep 16;19(3):pyv094. doi: 10.1093/ijnp/pyv094. PMID: 26377368. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4815465/pdf/pyv094.pdf

292. Lindvall MA, Holmqvist KL, Svedell LA, et al. START – physical exercise and person-centred cognitive skills training as treatment for adult ADHD: protocol for a randomized controlled trial. BMC Psychiatry. 2023;23(1). doi: 10.1186/s12888-023-05181-1.

293. Liu ZX, Glizer D, Tannock R, et al. EEG alpha power during maintenance of information in working memory in adults with ADHD and its plasticity due to working memory training: A randomized controlled trial. Clin Neurophysiol. 2016 Feb;127(2):1307-20. doi: 10.1016/j.clinph.2015.10.032. PMID: 26541307. https://www.sciencedirect.com/science/article/abs/pii/S1388245715009888?via%3Dihub

294. Liu ZX, Lishak V, Tannock R, et al. Effects of working memory training on neural correlates of Go/Nogo response control in adults with ADHD: A randomized controlled trial. Neuropsychologia. 2017 Jan 27;95:54-72. doi: 10.1016/j.neuropsychologia.2016.11.023. PMID: 27939188.

295. López-Pinar C, Martínez-Sanchís S, Carbonell-Vayà E, et al. Formulation-based cognitive behavioral therapy compared to an active control and a waitlist in adult inmates with ADHD: study protocol for a randomized controlled trial. Trials. 2024 Sep 6;25(1):594. doi: 10.1186/s13063-024-08434-w. PMID: 39243058. https://trialsjournal.biomedcentral.com/counter/pdf/10.1186/s13063-024-08434-w.pdf

296. López-Pinar C, Rosen H, Selaskowski B, et al. Exploring the Relationship between Adherence to Therapy, Treatment Acceptability, and Clinical Outcomes in Adults with Attention-Deficit/Hyperactivity Disorder: Results from the COMPAS Multicenter Randomized Controlled Trial. Psychother Psychosom. 2024;93(1):46-64. doi: 10.1159/000532043. PMID: 38142690. https://karger.com/pps/article-abstract/93/1/46/880160/Exploring-the-Relationship-between-Adherence-to?redirectedFrom=fulltext

297. López-Pinar C, Selaskowski B, Braun N, et al. Exploring the efficacy of dialectical behaviour therapy and methylphenidate on emotional comorbid symptoms in adults with attention Deficit/Hyperactivity disorder: Results of the COMPAS multicentre randomised controlled trial. Psychiatry Res. 2023 Dec;330:115610. doi: 10.1016/j.psychres.2023.115610. PMID: 37992514.

298. Lücke C, Jenkner C, Graf E, et al. Long-term improvement of quality of life in adult ADHD—Results of the randomized multimodal COMPAS trial. International Journal of Mental Health. 2021;50(3):250-70. doi: 10.1080/00207411.2021.1910172.

299. Luo SX, Wall M, Covey L, et al. Exploring longitudinal course and treatment-baseline severity interactions in secondary outcomes of smoking cessation treatment in individuals with attention-deficit hyperactivity disorder. Am J Drug Alcohol Abuse. 2018;44(6):653-9. doi: 10.1080/00952990.2017.1416474. PMID: 29370538. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6060016/pdf/nihms946987.pdf

300. Lystad GO, Johannessen B. Acupuncture and Methylphenidate Drugs in Adults with Attention Deficit Hyperactivity Disorder: A Pilot Study of Self-Reported Symptoms. Complement Med Res. 2018;25(3):198-200. doi: 10.1159/000476064. PMID: 29169166. https://karger.com/cmr/article-abstract/25/3/198/68219/Acupuncture-and-Methylphenidate-Drugs-in-Adults?redirectedFrom=fulltext

301. Madaan V, Bhaskar S, Donnelly GAE, et al. A Randomized, Phase 3, Double-Blind, Crossover Comparison of Multilayer, Extended-Release Methylphenidate (PRC-063), and Lisdexamfetamine in the Driving Performance of Young Adults With ADHD. J Atten Disord. 2024 Apr;28(6):947-56. doi: 10.1177/10870547241226634. PMID: 38404033. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10981171/pdf/10.1177\_10870547241226634.pdf

302. Magnotti S, Beatty A, Bickford E, et al. Prescription Stimulant Misuse Among Nursing Students: A Systematic Review. J Addict Nurs. 2023 Jul-Sep 01;34(3):216-23. doi: 10.1097/jan.0000000000000539. PMID: 37669341. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10510837/pdf/jan-34-0216.pdf

303. Maier S, van Elst LT, Philipsen A, et al. Effects of 12-week methylphenidate treatment on neurometabolism in adult patients with adhd: The first double-blind placebo-controlled mr spectroscopy study. Journal of Clinical Medicine. 2020;9(8):1-14. doi: 10.3390/jcm9082601.

304. Manor I, Ben-Hayun R, Aharon-Peretz J, et al. A randomized, double-blind, placebo-controlled, multicenter study evaluating the efficacy, safety, and tolerability of extended-release metadoxine in adults with attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2012 Dec;73(12):1517-23. doi: 10.4088/JCP.12m07767. PMID: 23290324. https://www.ncbi.nlm.nih.gov/pubmed/23290324

305. Manor I, Newcorn JH, Faraone SV, et al. Efficacy of metadoxine extended release in patients with predominantly inattentive subtype attention-deficit/hyperactivity disorder. Postgrad Med. 2013 Jul;125(4):181-90. doi: 10.3810/pgm.2013.07.2689. PMID: 23933905.

306. Marchant BK, Reimherr FW, Halls C, et al. Long-term open-label response to atomoxetine in adult ADHD: influence of sex, emotional dysregulation, and double-blind response to atomoxetine. ADHD Attention Deficit and Hyperactivity Disorders. 2011;3:237-44. https://link.springer.com/article/10.1007/s12402-011-0054-2

307. Marchant BK, Reimherr FW, Robison RJ, et al. Methylphenidate transdermal system in adult ADHD and impact on emotional and oppositional symptoms. J Atten Disord. 2011 May;15(4):295-304. doi: 10.1177/1087054710365986. PMID: 20410322.

308. Martin PT, Corcoran M, Zhang P, et al. Randomized, double-blind, placebo-controlled, crossover study of the effects of lisdexamfetamine dimesylate and mixed amphetamine salts on cognition throughout the day in adults with attention-deficit/hyperactivity disorder. Clin Drug Investig. 2014 Feb;34(2):147-57. doi: 10.1007/s40261-013-0156-z. PMID: 24297663. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3899471/pdf/40261\_2013\_Article\_156.pdf

309. Matochik JA, Liebenauer LL, King AC, et al. Cerebral glucose metabolism in adults with attention deficit hyperactivity disorder after chronic stimulant treatment. The American journal of psychiatry. 1994;151(5):658-64.

310. Mattingly GW, Weisler RH, Young J, et al. Clinical response and symptomatic remission in short- and long-term trials of lisdexamfetamine dimesylate in adults with attention-deficit/hyperactivity disorder. BMC Psychiatry. 2013 Jan 29;13:39. doi: 10.1186/1471-244x-13-39. PMID: 23356790. https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/1471-244X-13-39.pdf

311. Mawjee K, Woltering S, Tannock R. Working Memory Training in Post-Secondary Students with ADHD: A Randomized Controlled Study. PLoS One. 2015;10(9):e0137173. doi: 10.1371/journal.pone.0137173. PMID: 26397109. https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0137173&type=printable

312. McCann BS, Scheele L, Ward N, et al. Discriminant validity of the Wender Utah Rating Scale for attention-deficit/hyperactivity disorder in adults. The Journal of neuropsychiatry and clinical neurosciences. 2000;12(2):240-5.

313. McNeil C, Specialty Pharmaceuticals aDoM-PPCI. A Double-Blind Comparison of Concerta and Placebo in Adults With Attention Deficit Hyperactivity Disorder. In: McNeil C, Specialty Pharmaceuticals aDoM-PPCI, eds.; 2005. https://clinicaltrials.gov/study/NCT00181571

314. McNeil C, Specialty Pharmaceuticals aDoM-PPCI. A Pilot Study of Concerta Treatment in Adults With Attention Deficit Hyperactivity Disorder Not Otherwise Specified. In: McNeil C, Specialty Pharmaceuticals aDoM-PPCI, eds.; 2005. https://clinicaltrials.gov/study/NCT00181740

315. McNeil C, Specialty Pharmaceuticals aDoM-PPCI. Naturalistic Substitution of Concerta in Adult Subject With ADHD Receiving Immediate Release Methylphenidate. In: McNeil C, Specialty Pharmaceuticals aDoM-PPCI, eds.; 2006. https://clinicaltrials.gov/study/NCT00302406

316. McNeil C, Specialty Pharmaceuticals aDoM-PPCI. Concerta in the Treatment of Adult ADHD and a Comparison of Four Adult ADHD Scales and Effects on Personality. In: McNeil C, Specialty Pharmaceuticals aDoM-PPCI, eds.; 2014. https://clinicaltrials.gov/study/NCT02215538

317. McNeil C, Specialty Pharmaceuticals aDoM-PPCI, Children's National Research I. Efficacy of Concerta in Treating ADHD in Mothers of Children With ADHD. In: McNeil C, Specialty Pharmaceuticals aDoM-PPCI, Children's National Research I, eds.; 2006. https://clinicaltrials.gov/study/NCT00318981

318. McNeil Consumer & Specialty Pharmaceuticals aDoM-P, Inc.;. A Placebo-Controlled, Double-Blind, Parallel-Group, Dose-Titration Study to Evaluate the Efficacy and Safety of CONCERTA (Methylphenidate HCl) Extended-release Tablets in Adults With Attention Deficit Hyperactivity Disorder at Doses of 36 mg, 54 mg, 72 mg, 90 mg, or 108 mg Per Day. 2006. https://clinicaltrials.gov/study/NCT00326391

319. McRae-Clark AL, Carter RE, Killeen TK, et al. A placebo-controlled trial of atomoxetine in marijuana-dependent individuals with attention deficit hyperactivity disorder. Am J Addict. 2010 Nov-Dec;19(6):481-9. doi: 10.1111/j.1521-0391.2010.00076.x. PMID: 20958842. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3019094/pdf/nihms228806.pdf

320. Medori R, Ramos-Quiroga JA, Casas M, et al. A randomized, placebo-controlled trial of three fixed dosages of prolonged-release OROS methylphenidate in adults with attention-deficit/hyperactivity disorder. Biol Psychiatry. 2008 May 15;63(10):981-9. doi: 10.1016/j.biopsych.2007.11.008. PMID: 18206857. https://www.biologicalpsychiatryjournal.com/article/S0006-3223(07)01102-X/abstract

321. Meinzer MC, Oddo LE, Vasko JM, et al. Motivational interviewing plus behavioral activation for alcohol misuse in college students with ADHD. Psychol Addict Behav. 2021 Nov;35(7):803-16. doi: 10.1037/adb0000663. PMID: 33600197. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8371056/pdf/nihms-1656703.pdf

322. Michelson D, Adler L, Spencer T, et al. Atomoxetine in adults with ADHD: two randomized, placebo-controlled studies. Biol Psychiatry. 2003 Jan 15;53(2):112-20. doi: 10.1016/s0006-3223(02)01671-2. PMID: 12547466. https://www.biologicalpsychiatryjournal.com/article/S0006-3223(02)01671-2/abstract

323. Ministry of H, Social Affairs S, Region S. A Single Centre, Randomised, Double-Blind, Placebo-Controlled, Parallel Group Study to Evaluate Efficacy of PR OROS Methylphenidate Followed by Open-Label Extension, in Swedish Male Prison Inmates With ADHD. In: Ministry of H, Social Affairs S, Region S, eds.; 2007. https://clinicaltrials.gov/study/NCT00482313

324. Mitchell JT, McIntyre EM, English JS, et al. A Pilot Trial of Mindfulness Meditation Training for ADHD in Adulthood: Impact on Core Symptoms, Executive Functioning, and Emotion Dysregulation. J Atten Disord. 2017 Nov;21(13):1105-20. doi: 10.1177/1087054713513328. PMID: 24305060. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4045650/pdf/nihms556138.pdf

325. Moëll B, Kollberg L, Nasri B, et al. Living smart - a randomized controlled trial of a guided online course teaching adults with adhd or sub-clinical adhd to use smartphones to structure their everyday life. Internet Interventions. 2015;2(1):24-31. doi: 10.1016/j.invent.2014.11.004.

326. Mohammadzadeh S, Ahangari TK, Yousefi F. The effect of memantine in adult patients with attention deficit hyperactivity disorder. Hum Psychopharmacol. 2019 Jan;34(1):e2687. doi: 10.1002/hup.2687. PMID: 30663824.

327. Moritz GR, Pizutti LT, Cancian ACM, et al. Feasibility trial of the dialectical behavior therapy skills training group as add-on treatment for adults with attention-deficit/hyperactivity disorder. J Clin Psychol. 2021 Mar;77(3):516-24. doi: 10.1002/jclp.23049. PMID: 32880953.

328. Nasri B, Cassel M, Enhärje J, et al. Internet delivered cognitive behavioral therapy for adults with ADHD - A randomized controlled trial. Internet Interv. 2023 Sep;33:100636. doi: 10.1016/j.invent.2023.100636. PMID: 37483263. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10359875/pdf/main.pdf

329. Nasser A, Gomeni R, Hull J, et al. Evaluating the Impact of Caffeine on the Incidence of Adverse Events During Treatment with Viloxazine Extended-Release (Qelbree®) in Adults with ADHD. CNS Spectrums. 2023;28(2):234-5. https://www.embase.com/search/results?subaction=viewrecord&id=L641378318&from=export

330. Nasser A, Hull JT, Chaturvedi SA, et al. A Phase III, Randomized, Double-Blind, Placebo-Controlled Trial Assessing the Efficacy and Safety of Viloxazine Extended-Release Capsules in Adults with Attention-Deficit/Hyperactivity Disorder. CNS Drugs. 2022 Aug;36(8):897-915. doi: 10.1007/s40263-022-00938-w. PMID: 35896943. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9328182/pdf/40263\_2022\_Article\_938.pdf

331. National Institute of Mental H. CBT for Residual ADHD Symptoms in Adults. In: National Institute of Mental H, editor; 2002. https://clinicaltrials.gov/study/NCT00050050

332. National Institute of Mental H. Efficacy of CBT for Residual ADHD in Adults. In: National Institute of Mental H, editor; 2005. https://clinicaltrials.gov/study/NCT00118911

333. National Institute of Mental H. Treatment of Meta-Cognitive Deficits in Adults With ADHD. In: National Institute of Mental H, editor; 2006. https://clinicaltrials.gov/study/NCT00278473

334. National Institute of Mental H. Further Studies of Attention Deficit Disorder - Residual Type. In: National Institute of Mental H, editor; 2008. https://clinicaltrials.gov/study/NCT00693212

335. National Institute of Mental H. A Double-Blind, Double-Dummy, Placebo-Controlled, Dose Ranging Study of 7.5, 15, and 30 mg of Sublingual Lobeline in Adult ADHD Patients. In: National Institute of Mental H, editor; 2008. https://clinicaltrials.gov/study/NCT00664703

336. National Institute on Drug A. Treatment of Adult ADHD in Methadone Patients. In: National Institute on Drug A, editor; 2003. https://clinicaltrials.gov/study/NCT00061087

337. National Institute on Drug A. Atomoxetine Treatment for Cocaine Abuse and Adult Attention-Deficit Hyperactivity Disorder (ADHD): A Preliminary Open Trial. In: National Institute on Drug A, editor; 2005. https://clinicaltrials.gov/study/NCT00218543

338. National Institute on Drug A. Methylphenidate Treatment for Cocaine Abuse and ADHD. In: National Institute on Drug A, editor; 2005. https://clinicaltrials.gov/study/NCT00136734

339. National Institute on Drug A. Atomoxetine Treatment for ADHD and Marijuana Dependence. In: National Institute on Drug A, editor; 2006. https://clinicaltrials.gov/study/NCT00360269

340. National Institute on Drug A. A Randomized, Double-Blind, Placebo-Controlled Study of Mixed Amphetamine Salts (Adderall-XR) for the Treatment of Adult Attention Deficit Hyperactivity Disorder (ADHD) and Cocaine Dependence. In: National Institute on Drug A, editor; 2007. https://clinicaltrials.gov/study/NCT00553319

341. National Institute on Drug A. Smoking/Nicotine Dependence in Attention Deficit Hyperactivity Disorder (ADHD). In: National Institute on Drug A, editor; 2014. https://clinicaltrials.gov/study/NCT02266784

342. National Institute on Drug A. Treatment of Cannabis Use Disorder Among Adults With Comorbid Attention-Deficit/Hyperactivity Disorder. In: National Institute on Drug A, editor; 2016. https://clinicaltrials.gov/study/NCT02803229

343. National Institute on Drug A, Ortho-McNeil Janssen Scientific Affairs LLC. A Pilot Study of Osmotic-Release Methylphenidate in Initiating and Maintaining Abstinence in Smokers With ADHD. In: National Institute on Drug A, Ortho-McNeil Janssen Scientific Affairs LLC, eds.; 2005. https://clinicaltrials.gov/study/NCT00253747

344. National Institutes of H, National Institute on Drug A. Efficacy of Atomoxetine for Attention Deficit Hyperactivity Disorder (ADHD) in Adolescents and Young Adults With Substance Use Disorders (SUD). In: National Institutes of H, National Institute on Drug A, eds.; 2010. https://clinicaltrials.gov/study/NCT01207622

345. New River Pharmaceuticals. A Phase III, Randomized, Double-Blind, Multi-Center, Placebo-Controlled, Parallel-Group, Forced Dose Titration, Safety and Efficacy Study of NRP104 in Adults With Attention-Deficit Hyperactivity Disorder (ADHD). 2006. https://clinicaltrials.gov/study/NCT00334880

346. Newcorn JH, Ivanov I, Krone B, et al. Neurobiological basis of reinforcement-based decision making in adults with ADHD treated with lisdexamfetamine dimesylate: Preliminary findings and implications for mechanisms influencing clinical improvement. J Psychiatr Res. 2024 Feb;170:19-26. doi: 10.1016/j.jpsychires.2023.11.037. PMID: 38101205.

347. Newhouse PA, Steiert JC, Prater JF, et al. A Phase IIa trial assessing the effects of AZD1446 on two cohorts of adult Attention Deficit Hyperactivity Disorder (ADHD) patients: Users and non-users of nicotine-containing products. Biochemical Pharmacology. 2011;82(8):1044. doi: 10.1016/j.bcp.2011.07.054.

348. Ni HC, Hwang Gu SL, Lin HY, et al. Atomoxetine could improve intra-individual variability in drug-naïve adults with attention-deficit/hyperactivity disorder comparably with methylphenidate: A head-to-head randomized clinical trial. J Psychopharmacol. 2016 May;30(5):459-67. doi: 10.1177/0269881116632377. PMID: 26905919.

349. Ni HC, Lin YJ, Gau SS, et al. An Open-Label, Randomized Trial of Methylphenidate and Atomoxetine Treatment in Adults With ADHD. J Atten Disord. 2017 Jan;21(1):27-39. doi: 10.1177/1087054713476549. PMID: 23475825.

350. Ni HC, Shang CY, Gau SS, et al. A head-to-head randomized clinical trial of methylphenidate and atomoxetine treatment for executive function in adults with attention-deficit hyperactivity disorder. Int J Neuropsychopharmacol. 2013 Oct;16(9):1959-73. doi: 10.1017/s1461145713000357. PMID: 23672818.

351. Notzon DP, Mariani JJ, Pavlicova M, et al. Mixed-amphetamine salts increase abstinence from marijuana in patients with co-occurring attention-deficit/hyperactivity disorder and cocaine dependence. Am J Addict. 2016 Dec;25(8):666-72. doi: 10.1111/ajad.12467. PMID: 28051838. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5435118/pdf/nihms855491.pdf

352. Nunes EV, Covey LS, Brigham G, et al. Treating nicotine dependence by targeting attention-deficit/ hyperactivity disorder (ADHD) with OROS methylphenidate: the role of baseline ADHD severity and treatment response. J Clin Psychiatry. 2013 Oct;74(10):983-90. doi: 10.4088/JCP.12m08155. PMID: 24229749. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3946795/pdf/nihms-556101.pdf

353. Olsen JL, Reimherr FW, Marchant BK, et al. The effect of personality disorder symptoms on response to treatment with methylphenidate transdermal system in adults with attention-deficit/hyperactivity disorder. Prim Care Companion CNS Disord. 2012;14(5). doi: 10.4088/PCC.12m01344. PMID: 23469326.

354. Ord AS, Miskey HM, Lad S, et al. Examining embedded validity indicators in Conners continuous performance test-3 (CPT-3). The Clinical Neuropsychologist. 2021;35(8):1426-41.

355. Ortho-McNeil Janssen Scientific Affairs LLC. Treatment of College Students With ADHD Using OROS Methylphenidate. In: Ortho-McNeil Janssen Scientific Affairs LLC, editor; 2009. https://clinicaltrials.gov/study/NCT00931398

356. Otsuka Pharmaceutical Development & Commercialization I. A Phase 3, Randomized, Double-blind, Multicenter, Placebo-controlled, Parallel-group Trial Evaluating the Efficacy, Safety, and Tolerability of Centanafadine Sustained-release Tablets in Adults With Attention-deficit/Hyperactivity Disorder. 2018. https://clinicaltrials.gov/study/NCT03605836

357. Pamlab I. L-methylfolate Supplementation to OROS-Methylphenidate Pharmacotherapy in ADHD Adults: A Double-Blind, Placebo-Controlled, Randomized Clinical Trial. In: Pamlab I, editor; 2013. https://clinicaltrials.gov/study/NCT01853280

358. Pan MR, Dong M, Zhang SY, et al. One-year follow-up of the effectiveness and mediators of cognitive behavioural therapy among adults with attention-deficit/hyperactivity disorder: secondary outcomes of a randomised controlled trial. BMC Psychiatry. 2024 Mar 16;24(1):207. doi: 10.1186/s12888-024-05673-8. PMID: 38491411. https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/s12888-024-05673-8.pdf

359. Pan MR, Huang F, Zhao MJ, et al. A comparison of efficacy between cognitive behavioral therapy (CBT) and CBT combined with medication in adults with attention-deficit/hyperactivity disorder (ADHD). Psychiatry Res. 2019 Sep;279:23-33. doi: 10.1016/j.psychres.2019.06.040. PMID: 31280035.

360. Pan MR, Zhang SY, Qiu SW, et al. Efficacy of cognitive behavioural therapy in medicated adults with attention-deficit/hyperactivity disorder in multiple dimensions: a randomised controlled trial. Eur Arch Psychiatry Clin Neurosci. 2022 Mar;272(2):235-55. doi: 10.1007/s00406-021-01236-0. PMID: 33615398. https://link.springer.com/article/10.1007/s00406-021-01236-0

361. Paterson R, Douglas C, Hallmayer J, et al. A randomised, double-blind, placebo-controlled trial of dexamphetamine in adults with attention deficit hyperactivity disorder. Aust N Z J Psychiatry. 1999 Aug;33(4):494-502. doi: 10.1080/j.1440-1614.1999.00590.x. PMID: 10483843.

362. Paz Y, Friedwald K, Levkovitz Y, et al. Randomised sham-controlled study of high-frequency bilateral deep transcranial magnetic stimulation (dTMS) to treat adult attention hyperactive disorder (ADHD): Negative results. World J Biol Psychiatry. 2018 Oct;19(7):561-6. doi: 10.1080/15622975.2017.1282170. PMID: 28090806.

363. Pazoki B, Zandi N, Assaf Z, et al. Efficacy and safety of saffron as adjunctive therapy in adults with attention-deficit/hyperactivity disorder: A randomized, double-blind, placebo-controlled clinical trial. Advances in Integrative Medicine. 2022;9(1):37-43. doi: 10.1016/j.aimed.2022.01.002.

364. Pettersson R, Söderström S, Edlund-Söderström K, et al. Internet-Based Cognitive Behavioral Therapy for Adults With ADHD in Outpatient Psychiatric Care. J Atten Disord. 2017 Apr;21(6):508-21. doi: 10.1177/1087054714539998. PMID: 24970720.

365. Philipsen A. Group therapy for adults with ADHD. European Psychiatry. 2009;24:S226. https://www.embase.com/search/results?subaction=viewrecord&id=L70256070&from=export

366. Philipsen A, Graf E, Jans T, et al. A randomized controlled multicenter trial on the multimodal treatment of adult attention-deficit hyperactivity disorder: enrollment and characteristics of the study sample. Atten Defic Hyperact Disord. 2014 Mar;6(1):35-47. doi: 10.1007/s12402-013-0120-z. PMID: 24132867. https://link.springer.com/article/10.1007/s12402-013-0120-z

367. Philipsen A, Graf E, van Elst LT, et al. Evaluation of the efficacy and effectiveness of a structured disorder tailored psychotherapy in ADHD in adults: Study protocol of a randomized controlled multicentre trial. ADHD Attention Deficit and Hyperactivity Disorders. 2010;2(4):203-12. doi: 10.1007/s12402-010-0046-7.

368. Philipsen A, Jans T, Graf E, et al. Effects of group psychotherapy, individual counseling, methylphenidate, and placebo in the treatment of adult attention-deficit/hyperactivity disorder: a randomized clinical trial. JAMA psychiatry. 2015;72(12):1199-210. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2467823

369. Philipsen A, Jans T, Graf E, et al. "Effects of group psychotherapy, individual counseling, methylphenidate, and placebo in the treatment of adult attention-deficit/hyperactivity disorder: A randomized clinical trial": Correction. JAMA Psychiatry. 2016;73(1):90-.

370. Potter AS, Dunbar G, Mazzulla E, et al. AZD3480, a novel nicotinic receptor agonist, for the treatment of attention-deficit/hyperactivity disorder in adults. Biol Psychiatry. 2014 Feb 1;75(3):207-14. doi: 10.1016/j.biopsych.2013.06.002. PMID: 23856296. https://www.ncbi.nlm.nih.gov/pubmed/23856296

371. Premier Research Group p. Amphetamine Extended-Release Tablets in the Treatment of Adults With ADHD. In: Premier Research Group p, editor; 2019. https://clinicaltrials.gov/study/NCT03834766

372. Purdue Pharma C. A Phase III, Randomized, Double-Blind, Placebo-Controlled, Parallel-Arm, Multi-Center Study Measuring the Efficacy and Safety of PRC-063 in Adult ADHD Patients. In: Purdue Pharma C, editor; 2014. https://clinicaltrials.gov/study/NCT02139124

373. Purdue Pharma C. A 14 Week, Randomized, Placebo-Controlled Cross-Over Study of Methylphenidate Hydrochloride Controlled Release Capsules in Adult ADHD With and Without Anxiety Disorder Comorbidity. In: Purdue Pharma C, editor; 2018. https://clinicaltrials.gov/study/NCT03785223

374. Purdue Pharma LP. A Randomized, Double-blind Study of the Time Course of Response of PRC-063 in Adults With ADHD in a Simulated Adult Workplace Environment. In: Purdue Pharma LP, editor; 2014. https://clinicaltrials.gov/study/NCT02225639

375. Ramos-Quiroga JA, Kooij S, Trott GE, et al. Predictors of treatment outcome with long-acting methylphenidate in attention deficit hyperactivity disorder in adults. European Neuropsychopharmacology. 2009;19:S352-S3. doi: 10.1016/S0924-977X(09)70535-8.

376. Region Örebro County. Support in Activity, Movement and Exercise-for Adults with ADHD. a Randomized Controlled Trial Intervention Study with 12 Weeks of Physical Training with and Without Cognitive Support. 2021. https://clinicaltrials.gov/study/NCT05049239

377. Region S. Psychological Treatment Through Internet and Smartphones for Adults With Attention Deficit Hyperactive Disorder (ADHD) - a Randomized Controlled Trial. In: Region S, editor; 2014. https://clinicaltrials.gov/study/NCT02041884

378. Reimherr FW, Gift TE, Steans TA, et al. The Use of Brexpiprazole Combined With a Stimulant in Adults With Treatment-Resistant Attention-Deficit/Hyperactivity Disorder. J Clin Psychopharmacol. 2022 Sep-Oct 01;42(5):445-53. doi: 10.1097/jcp.0000000000001592. PMID: 35977005.

379. Reimherr FW, Hedges DW, Strong RE, et al. Bupropion SR in adults with ADHD: a short-term, placebo-controlled trial. Neuropsychiatr Dis Treat. 2005 Sep;1(3):245-51. PMID: 18568102. https://www.ncbi.nlm.nih.gov/pubmed/18568102

380. Reimherr FW, Williams ED, Strong RE, et al. A double-blind, placebo-controlled, crossover study of osmotic release oral system methylphenidate in adults with ADHD with assessment of oppositional and emotional dimensions of the disorder. J Clin Psychiatry. 2007 Jan;68(1):93-101. doi: 10.4088/jcp.v68n0113. PMID: 17284136.

381. Retz W, Rösler M, Ose C, et al. Multiscale assessment of treatment efficacy in adults with ADHD: a randomized placebo-controlled, multi-centre study with extended-release methylphenidate. World J Biol Psychiatry. 2012 Jan;13(1):48-59. doi: 10.3109/15622975.2010.540257. PMID: 21155632. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3279134/pdf/swbp13-048.pdf

382. Riahi F, Tehrani-Doost M, Shahrivar Z, et al. Efficacy of reboxetine in adults with attention-deficit/hyperactivity disorder: a randomized, placebo-controlled clinical trial. Hum Psychopharmacol. 2010 Nov;25(7-8):570-6. doi: 10.1002/hup.1158. PMID: 21312292.

383. Rielly NE, Cunningham CE, Richards JE, et al. "Detecting attention deficit hyperactivity disorder in a communications clinic: Diagnostic utility of the Gordon Diagnostic System": Erratum. Journal of Clinical and Experimental Neuropsychology. 2000;22(3):435-. doi: 10.1076/1380-3395(200006)22:3;1-V;FT435.

384. Rivkin A, Alexander RC, Knighton J, et al. A randomized, double-blind, crossover comparison of MK-0929 and placebo in the treatment of adults with ADHD. J Atten Disord. 2012 Nov;16(8):664-74. doi: 10.1177/1087054711423633. PMID: 22090395.

385. Rodrigues da Silva PH, Luethi MS, Brunoni AR, et al. Baseline brain volume predicts home-based transcranial direct current stimulation effects on inattention in adults with attention-deficit/hyperactivity disorder. Journal of Psychiatric Research. 2024;177:403-11. doi: 10.1016/j.jpsychires.2024.07.042.

386. Rösler M, Fischer R, Ammer R, et al. A randomised, placebo-controlled, 24-week, study of low-dose extended-release methylphenidate in adults with attention-deficit/hyperactivity disorder. Eur Arch Psychiatry Clin Neurosci. 2009 Mar;259(2):120-9. doi: 10.1007/s00406-008-0845-4. PMID: 19165529. https://link.springer.com/article/10.1007/s00406-008-0845-4

387. Rösler M, Ginsberg Y, Arngrim T, et al. Correlation of symptomatic improvements with functional improvements and patient-reported outcomes in adults with attention-deficit/hyperactivity disorder treated with OROS methylphenidate. World J Biol Psychiatry. 2013 May;14(4):282-90. doi: 10.3109/15622975.2011.571283. PMID: 21517701.

388. Rösler M, Retz W, Fischer R, et al. Twenty-four-week treatment with extended release methylphenidate improves emotional symptoms in adult ADHD. World J Biol Psychiatry. 2010 Aug;11(5):709-18. doi: 10.3109/15622971003624197. PMID: 20353312.

389. Rostain AL. Lisdexamfetamine in the treatment of attention-deficit/hyperactivity disorder in adults. Curr Psychiatry Rep. 2009 Oct;11(5):341-2. doi: 10.1007/s11920-009-0064-3. PMID: 19785973. https://link.springer.com/article/10.1007/s11920-009-0064-3

390. Rucklidge JJ, Frampton CM, Gorman B, et al. Vitamin-mineral treatment of attention-deficit hyperactivity disorder in adults: double-blind randomised placebo-controlled trial. Br J Psychiatry. 2014;204:306-15. doi: 10.1192/bjp.bp.113.132126. PMID: 24482441. https://www.cambridge.org/core/services/aop-cambridge-core/content/view/6DECDD36BD673FB31C92C64BAA9BBA14/S0007125000276095a.pdf/div-class-title-vitamin-mineral-treatment-of-attention-deficit-hyperactivity-disorder-in-adults-double-blind-randomised-placebo-controlled-trial-div.pdf

391. Rucklidge JJ, Frampton CM, Gorman B, et al. Vitamin-Mineral Treatment of ADHD in Adults. J Atten Disord. 2017 Apr;21(6):522-32. doi: 10.1177/1087054714530557. PMID: 24804687.

392. Rucklidge JJ, Johnstone J, Gorman B, et al. Moderators of treatment response in adults with ADHD treated with a vitamin-mineral supplement. Prog Neuropsychopharmacol Biol Psychiatry. 2014 Apr 3;50:163-71. doi: 10.1016/j.pnpbp.2013.12.014. PMID: 24374068.

393. Safren SA, Otto MW, Sprich S, et al. Cognitive-behavioral therapy for ADHD in medication-treated adults with continued symptoms. Behav Res Ther. 2005 Jul;43(7):831-42. doi: 10.1016/j.brat.2004.07.001. PMID: 15896281.

394. Safren SA, Sprich S, Mimiaga MJ, et al. Cognitive behavioral therapy vs relaxation with educational support for medication-treated adults with ADHD and persistent symptoms: a randomized controlled trial. Jama. 2010 Aug 25;304(8):875-80. doi: 10.1001/jama.2010.1192. PMID: 20736471. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641654/pdf/nihms-462579.pdf

395. Salakari A, Virta M, Grönroos N, et al. Cognitive-behaviorally-oriented group rehabilitation of adults with ADHD: results of a 6-month follow-up. Journal of Attention Disorders. 2010;13(5):516-23.

396. Salmi J, Soveri A, Salmela V, et al. Working memory training restores aberrant brain activity in adult attention-deficit hyperactivity disorder. Hum Brain Mapp. 2020 Dec;41(17):4876-91. doi: 10.1002/hbm.25164. PMID: 32813290. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7643386/pdf/HBM-41-4876.pdf

397. Salomone S, Fleming GR, Shanahan JM, et al. The effects of a Self-Alert Training (SAT) program in adults with ADHD. Front Hum Neurosci. 2015;9:45. doi: 10.3389/fnhum.2015.00045. PMID: 25713523. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4322720/pdf/fnhum-09-00045.pdf

398. Schein J, Cloutier M, Gauthier-Loiselle M, et al. CO184 A Matching-Adjusted Indirect Comparison of Centanafadine Vs Lisdexamfetamine, Methylphenidate, and Atomoxetine in Adults With Attention-Deficit/Hyperactivity Disorder: Long-Term Safety and Efficacy Outcomes. 2024. p. S52.

399. Schoenberg PL, Hepark S, Kan CC, et al. Effects of mindfulness-based cognitive therapy on neurophysiological correlates of performance monitoring in adult attention-deficit/hyperactivity disorder. Clin Neurophysiol. 2014 Jul;125(7):1407-16. doi: 10.1016/j.clinph.2013.11.031. PMID: 24374088.

400. Schönenberg M, Wiedemann E, Schneidt A, et al. Neurofeedback, sham neurofeedback, and cognitive-behavioural group therapy in adults with attention-deficit hyperactivity disorder: a triple-blind, randomised, controlled trial. Lancet Psychiatry. 2017 Sep;4(9):673-84. doi: 10.1016/s2215-0366(17)30291-2. PMID: 28803030. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(17)30291-2/abstract

401. Schrantee A, Tamminga HG, Bouziane C, et al. Age-Dependent Effects of Methylphenidate on the Human Dopaminergic System in Young vs Adult Patients With Attention-Deficit/Hyperactivity Disorder: A Randomized Clinical Trial. JAMA Psychiatry. 2016 Sep 1;73(9):955-62. doi: 10.1001/jamapsychiatry.2016.1572. PMID: 27487479. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5267166/pdf/nihms841334.pdf

402. Schrantee A, Tamminga HGH, Bouziane C, et al. A randomized clinical trial on the age-dependent effects of methylphenidate on the human dopaminergic system. Biological Psychiatry. 2016;79(9):157S. doi: 10.1016/j.biopsych.2016.03.1054.

403. Schubiner H, Saules KK, Arfken CL, et al. Double-blind placebo-controlled trial of methylphenidate in the treatment of adult ADHD patients with comorbid cocaine dependence. Exp Clin Psychopharmacol. 2002 Aug;10(3):286-94. doi: 10.1037//1064-1297.10.3.286. PMID: 12233989.

404. Schulz KP, Krone B, Adler LA, et al. Lisdexamfetamine Targets Amygdala Mechanisms That Bias Cognitive Control in Attention-Deficit/Hyperactivity Disorder. Biol Psychiatry Cogn Neurosci Neuroimaging. 2018 Aug;3(8):686-93. doi: 10.1016/j.bpsc.2018.03.004. PMID: 29661516.

405. Selaskowski B, Reiland M, Schulze M, et al. Chatbot-supported psychoeducation in adult attention-deficit hyperactivity disorder: randomised controlled trial. BJPsych Open. 2023 Oct 13;9(6):e192. doi: 10.1192/bjo.2023.573. PMID: 37827996. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10594162/pdf/S2056472423005732a.pdf

406. Selaskowski B, Staerk C, Braun N, et al. Multimodal treatment efficacy differs in dependence of core symptom profiles in adult Attention-Deficit/Hyperactivity Disorder: An analysis of the randomized controlled COMPAS trial. J Psychiatr Res. 2022 Jul;151:225-34. doi: 10.1016/j.jpsychires.2022.03.049. PMID: 35500450.

407. Selaskowski B, Steffens M, Schulze M, et al. Smartphone-assisted psychoeducation in adult attention-deficit/hyperactivity disorder: A randomized controlled trial. Psychiatry Res. 2022 Nov;317:114802. doi: 10.1016/j.psychres.2022.114802. PMID: 36041353.

408. Shaikh A. Group therapy for improving self-esteem and social functioning of college students with ADHD. Journal of College Student Psychotherapy. 2018;32(3):220-41.

409. Shim SH, Woo YS, Kim JS, et al. Comparison between Atomoxetine and OROS Methylphenidate as an Adjunctive to SSRIs in Attention-deficit/Hyperactivity Disorder Adults with Comorbid Partially Responsive Major Depressive Disorder: A Head-to-head, 12-week, Randomized, Rater-blinded Clinical Trial. Clin Psychopharmacol Neurosci. 2022 Feb 28;20(1):143-53. doi: 10.9758/cpn.2022.20.1.143. PMID: 35078957. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8813317/pdf/cpn-20-1-143.pdf

410. Shire. A Phase III, Randomized, Double-blind, Multi-center, Placebo-controlled, Parallel-Group, Safety and Efficacy Study of SPD465 in Adults With Attention-Deficit Hyperactivity Disorder (ADHD). 2005. https://clinicaltrials.gov/study/NCT00152022

411. Shire. Methylphenidate Transdermal System (MTS) in the Treatment of Adult ADHD. In: Shire, editor; 2007. https://clinicaltrials.gov/study/NCT00506285

412. Shire. The Effects of Vyvanse on the Driving Performance of Young Adults With ADHD: A Randomized, Double-Blind, Placebo-Controlled Study. In: Shire, editor; 2008. https://clinicaltrials.gov/study/NCT00801229

413. Shire. Lis-dexamphetamine (LDX/SPD489)as a Treatment for Smoking Cessation in Nicotine Dependent Individuals With ADHD. In: Shire, editor; 2008. https://clinicaltrials.gov/study/NCT00736255

414. Shire. In: Shire, editor; 2010. https://clinicaltrials.gov/study/NCT01263548

415. Shire. Double-Blind, Randomized, Placebo-Controlled, Single- Center, Dose Optimization Study Evaluating Efficacy and Safety of Guanfacine Hydrochloride in Combination With Psychostimulants in Adults Aged 18-65 Years With a Diagnosis of ADHD. In: Shire, editor; 2013. https://clinicaltrials.gov/study/NCT02141113

416. Shire. Sequencing Treatments for Mothers With ADHD and Their At - Risk Children. In: Shire, editor; 2013. https://clinicaltrials.gov/study/NCT01816074

417. Shire. Lisdexamfetamine Dimesylate in the Treatment of Adult ADHD With Anxiety Disorder Comorbidity. In: Shire, editor; 2013. https://clinicaltrials.gov/study/NCT01863459

418. Shire. Efficacy of Lisdexamfetamine in Adults With Attention Deficit Hyperactivity Disorder (ADHD) and Sluggish Cognitive Tempo (SCT). In: Shire, editor; 2015. https://clinicaltrials.gov/study/NCT02635035

419. Skott E, Yang LL, Stiernborg M, et al. Effects of a synbiotic on symptoms, and daily functioning in attention deficit hyperactivity disorder - A double-blind randomized controlled trial. Brain Behav Immun. 2020 Oct;89:9-19. doi: 10.1016/j.bbi.2020.05.056. PMID: 32497779.

420. Sobanski E, Retz W, Fischer R, et al. Treatment adherence and persistence in adult ADHD: results from a twenty-four week controlled clinical trial with extended release methylphenidate. Eur Psychiatry. 2014 Jun;29(5):324-30. doi: 10.1016/j.eurpsy.2013.08.004. PMID: 24176644. https://www.cambridge.org/core/journals/european-psychiatry/article/abs/treatment-adherence-and-persistence-in-adult-adhd-results-from-a-twentyfour-week-controlled-clinical-trial-with-extended-release-methylphenidate/4B4176E672D9E123CC112DE68F57B514

421. Sobanski E, Sabljic D, Alm B, et al. A randomized, waiting list-controlled 12-week trial of atomoxetine in adults with ADHD. Pharmacopsychiatry. 2012 May;45(3):100-7. doi: 10.1055/s-0031-1291319. PMID: 22174029. https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0031-1291319

422. Sobanski E, Sabljic D, Alm B, et al. Driving performance in adults with ADHD: results from a randomized, waiting list controlled trial with atomoxetine. Eur Psychiatry. 2013 Aug;28(6):379-85. doi: 10.1016/j.eurpsy.2012.08.001. PMID: 23062837. https://www.cambridge.org/core/journals/european-psychiatry/article/abs/driving-performance-in-adults-with-adhd-results-from-a-randomized-waiting-list-controlled-trial-with-atomoxetine/6DB9CCF3C3F307BD7A2F48DA80D21C2E

423. Solanto MV, Marks DJ, Wasserstein J, et al. Efficacy of meta-cognitive therapy for adult ADHD. Am J Psychiatry. 2010 Aug;167(8):958-68. doi: 10.1176/appi.ajp.2009.09081123. PMID: 20231319. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3633586/pdf/nihms439495.pdf

424. Solanto MV, Surman CB, Alvir JMJ. The efficacy of cognitive–behavioral therapy for older adults with ADHD: a randomized controlled trial. ADHD Attention Deficit and Hyperactivity Disorders. 2018;10(3):223-35. doi: 10.1007/s12402-018-0253-1.

425. South L, Maudsley NHSFT. The Effects of Sativex on Neurocognitive and Behavioural Function in Adults With Attention-deficit/Hyperactivity Disorder; The EMA-C Study (Experimental Medicine in ADHD - Cannabinoids). In: South L, Maudsley NHSFT, eds.; 2014. https://clinicaltrials.gov/study/NCT02249299

426. Spencer T, Biederman J, Wilens T, et al. A large, double-blind, randomized clinical trial of methylphenidate in the treatment of adults with attention-deficit/hyperactivity disorder. Biol Psychiatry. 2005 Mar 1;57(5):456-63. doi: 10.1016/j.biopsych.2004.11.043. PMID: 15737659. https://www.biologicalpsychiatryjournal.com/article/S0006-3223(04)01286-7/abstract

427. Spencer T, Biederman J, Wilens T, et al. Efficacy of a mixed amphetamine salts compound in adults with attention-deficit/hyperactivity disorder. Arch Gen Psychiatry. 2001 Aug;58(8):775-82. doi: 10.1001/archpsyc.58.8.775. PMID: 11483144. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/205820

428. Spencer T, Biederman J, Wilens T, et al. Effectiveness and tolerability of tomoxetine in adults with attention deficit hyperactivity disorder. Am J Psychiatry. 1998 May;155(5):693-5. doi: 10.1176/ajp.155.5.693. PMID: 9585725.

429. Spencer T, Wilens T, Biederman J, et al. A double-blind, crossover comparison of methylphenidate and placebo in adults with childhood-onset attention-deficit hyperactivity disorder. Arch Gen Psychiatry. 1995 Jun;52(6):434-43. doi: 10.1001/archpsyc.1995.03950180020004. PMID: 7771913. https://jamanetwork.com/journals/jamapsychiatry/article-abstract/497097

430. Spencer TJ, Adler LA, McGough JJ, et al. Efficacy and safety of dexmethylphenidate extended-release capsules in adults with attention-deficit/hyperactivity disorder. Biol Psychiatry. 2007 Jun 15;61(12):1380-7. doi: 10.1016/j.biopsych.2006.07.032. PMID: 17137560. https://www.biologicalpsychiatryjournal.com/article/S0006-3223(06)00954-1/pdf

431. Spencer TJ, Adler LA, Weisler RH, et al. Triple-bead mixed amphetamine salts (SPD465), a novel, enhanced extended-release amphetamine formulation for the treatment of adults with ADHD: a randomized, double-blind, multicenter, placebo-controlled study. J Clin Psychiatry. 2008 Sep;69(9):1437-48. doi: 10.4088/jcp.v69n0911. PMID: 19012813.

432. Spencer TJ, Bhide P, Zhu J, et al. Opiate Antagonists Do Not Interfere With the Clinical Benefits of Stimulants in ADHD: A Double-Blind, Placebo-Controlled Trial of the Mixed Opioid Receptor Antagonist Naltrexone. J Clin Psychiatry. 2018 Jan/Feb;79(1). doi: 10.4088/JCP.16m11012. PMID: 28640990. https://www.ncbi.nlm.nih.gov/pubmed/28640990

433. Spencer TJ, Landgraf JM, Adler LA, et al. Attention-deficit/hyperactivity disorder-specific quality of life with triple-bead mixed amphetamine salts (SPD465) in adults: results of a randomized, double-blind, placebo-controlled study. J Clin Psychiatry. 2008 Nov;69(11):1766-75. doi: 10.4088/jcp.v69n1112. PMID: 19026251.

434. Spencer TJ, Mick E, Surman CB, et al. A randomized, single-blind, substitution study of OROS methylphenidate (Concerta) in ADHD adults receiving immediate release methylphenidate. J Atten Disord. 2011 May;15(4):286-94. doi: 10.1177/1087054710367880. PMID: 20495161.

435. St. Olavs H. The Effects of Peer Co-led Educational Group Intervention for Adults With Attention-Deficit Hyperactivity/Impulsivity Disorder. In: St. Olavs H, editor; 2018. https://clinicaltrials.gov/study/NCT03547843

436. Stern A, Malik E, Pollak Y, et al. The Efficacy of Computerized Cognitive Training in Adults With ADHD: A Randomized Controlled Trial. J Atten Disord. 2016 Dec;20(12):991-1003. doi: 10.1177/1087054714529815. PMID: 24756172.

437. Stevenson CS, Stevenson RJ, Whitmont S. A self-directed psychosocial intervention with minimal therapist contact for adults with attention deficit hyperactivity disorder. Clinical Psychology and Psychotherapy. 2003;10(2):93-101. doi: 10.1002/cpp.356.

438. Stevenson CS, Whitmont S, Bornholt L, et al. A cognitive remediation programme for adults with Attention Deficit Hyperactivity Disorder. Aust N Z J Psychiatry. 2002 Oct;36(5):610-6. doi: 10.1046/j.1440-1614.2002.01052.x. PMID: 12225443.

439. Suhr JA, Sullivan BK, Rodriguez JL. The relationship of noncredible performance to continuous performance test scores in adults referred for attention-deficit/hyperactivity disorder evaluation. Archives of Clinical Neuropsychology. 2011;26(1):1-7.

440. Surman C, Ceranoglu A, Vaudreuil C, et al. Does L-Methylfolate Supplement Methylphenidate Pharmacotherapy in Attention-Deficit/Hyperactivity Disorder?: Evidence of Lack of Benefit From a Double-Blind, Placebo-Controlled, Randomized Clinical Trial. J Clin Psychopharmacol. 2019 Jan/Feb;39(1):28-38. doi: 10.1097/jcp.0000000000000990. PMID: 30566416. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6750952/pdf/nihms-1048525.pdf

441. Surman CB, Roth T. Impact of stimulant pharmacotherapy on sleep quality: post hoc analyses of 2 large, double-blind, randomized, placebo-controlled trials. J Clin Psychiatry. 2011 Jul;72(7):903-8. doi: 10.4088/JCP.11m06838. PMID: 21824454.

442. Surman CBH, Robertson B, Chen J, et al. Post-Hoc Analyses of the Effects of Baseline Sleep Quality on SHP465 Mixed Amphetamine Salts Extended-Release Treatment Response in Adults with Attention-Deficit/Hyperactivity Disorder. CNS Drugs. 2019 Jul;33(7):695-706. doi: 10.1007/s40263-019-00645-z. PMID: 31228031. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6647413/pdf/40263\_2019\_Article\_645.pdf

443. Surman CBH, Walsh DM, Horick N, et al. Solriamfetol for Attention-Deficit/Hyperactivity Disorder in Adults: A Double-Blind Placebo-Controlled Pilot Study. J Clin Psychiatry. 2023 Oct 9;84(6). doi: 10.4088/JCP.23m14934. PMID: 37819836.

444. Sutherland SM, Adler LA, Chen C, et al. An 8-week, randomized controlled trial of atomoxetine, atomoxetine plus buspirone, or placebo in adults with ADHD. J Clin Psychiatry. 2012 Apr;73(4):445-50. doi: 10.4088/JCP.10m06788. PMID: 22313788.

445. Svedell LA, Holmqvist KL, Lindvall MA, et al. Feasibility and tolerability of moderate intensity regular physical exercise as treatment for core symptoms of attention deficit hyperactivity disorder: a randomized pilot study. Front Sports Act Living. 2023;5:1133256. doi: 10.3389/fspor.2023.1133256. PMID: 37255729. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10225649/pdf/fspor-05-1133256.pdf

446. Takahashi N, Koh T, Tominaga Y, et al. A randomized, double-blind, placebo-controlled, parallel-group study to evaluate the efficacy and safety of osmotic-controlled release oral delivery system methylphenidate HCl in adults with attention-deficit/hyperactivity disorder in Japan. World J Biol Psychiatry. 2014 Aug;15(6):488-98. doi: 10.3109/15622975.2013.868925. PMID: 24456065.

447. Takeda. Ramelteon for Treatment of Adult Patients With ADHD-Related Insomnia. In: Takeda, editor; 2008. https://clinicaltrials.gov/study/NCT00622427

448. Tamminga HGH, Reneman L, Schrantee A, et al. Do effects of methylphenidate on cognitive performance last beyond treatment? A randomized placebo-controlled trial in boys and men with ADHD. Eur Neuropsychopharmacol. 2021 May;46:1-13. doi: 10.1016/j.euroneuro.2021.02.002. PMID: 33735707.

449. Tanaka Y, Escobar R, Upadhyaya HP. Assessment of effects of atomoxetine in adult patients with ADHD: consistency among three geographic regions in a response maintenance study. Atten Defic Hyperact Disord. 2017 Jun;9(2):113-20. doi: 10.1007/s12402-016-0212-7. PMID: 28058589. https://link.springer.com/article/10.1007/s12402-016-0212-7

450. Targacept I. An Exploratory Trial of AZD3480 (TC-1734) for the Treatment of Adult Attention-Deficit/Hyperactivity Disorder (ADHD). In: Targacept I, editor; 2008. https://clinicaltrials.gov/study/NCT00683462

451. Taylor FB, Russo J. Efficacy of modafinil compared to dextroamphetamine for the treatment of attention deficit hyperactivity disorder in adults. J Child Adolesc Psychopharmacol. 2000 Winter;10(4):311-20. doi: 10.1089/cap.2000.10.311. PMID: 11191692. https://www.ncbi.nlm.nih.gov/pubmed/11191692

452. Taylor FB, Russo J. Comparing guanfacine and dextroamphetamine for the treatment of adult attention-deficit/hyperactivity disorder. J Clin Psychopharmacol. 2001 Apr;21(2):223-8. doi: 10.1097/00004714-200104000-00015. PMID: 11270920.

453. Tenenbaum S, Paull JC, Sparrow EP, et al. An experimental comparison of Pycnogenol and methylphenidate in adults with Attention-Deficit/Hyperactivity Disorder (ADHD). J Atten Disord. 2002 Sep;6(2):49-60. doi: 10.1177/108705470200600201. PMID: 12142861.

454. The American Professional Society of A, Related D. Memantine for Executive Dysfunction in Adults With ADHD: A Pilot Study. In: The American Professional Society of A, Related D, eds.; 2012. https://clinicaltrials.gov/study/NCT01533493

455. The Research Council of Norway. An Internet-delivered Intervention for Coping With ADHD in Adulthood - a Randomized Controlled Trial. 2021. https://clinicaltrials.gov/study/NCT04726813

456. Theravance Biopharma. A Phase 2 Multicenter, Randomized, Double-Blind, Parallel, Placebo-Controlled Proof-of-Concept Study of TD-9855 in Adults With Attention-Deficit/Hyperactivity Disorder (ADHD). 2011. https://clinicaltrials.gov/study/NCT01458340

457. Think Now Incorporated. Training Attentional Awareness and Control in Attention Deficit Hyperactivity Disorder (ADHD). In: National Institute of Mental H, editor; 2015. https://clinicaltrials.gov/study/NCT02489279

458. Thome J, Dittmann RW, Greenhill LL, et al. Predictors of relapse or maintenance of response in pediatric and adult patients with attention-deficit/hyperactivity disorder following discontinuation of long-term treatment with atomoxetine. Atten Defic Hyperact Disord. 2017 Dec;9(4):219-29. doi: 10.1007/s12402-017-0227-8. PMID: 28477289. https://link.springer.com/article/10.1007/s12402-017-0227-8

459. Ulusoy V, Bilican I, Gormez A. Effectiveness of an online dialectical behavior therapy skills training in adults with attention-deficit/hyperactivity disorder: A randomized controlled trial. Psychother Res. 2024 Feb 15:1-17. doi: 10.1080/10503307.2024.2311773. PMID: 38359387.

460. United States Department of D. Prevention of Stimulant-Induced Euphoria With an Opioid Receptor Antagonist. In: United States Department of D, editor; 2012. https://clinicaltrials.gov/study/NCT01673594

461. University of M. Behavioral Activation To Reduce Problem Alcohol Use In College Students With ADHD. In: University of M, editor; 2016. https://clinicaltrials.gov/study/NCT02829970

462. University of O. The Efficacy of Goal Focused, Non-Pharmacological Treatment for Persons With ADHD/ADD. A Randomized Controlled Trial. In: University of O, editor; 2020. https://clinicaltrials.gov/study/NCT04638283

463. Upadhyaya H, Adler LA, Casas M, et al. Baseline characteristics of European and non-European adult patients with attention deficit hyperactivity disorder participating in a placebo-controlled, randomized treatment study with atomoxetine. Child Adolesc Psychiatry Ment Health. 2013 May 6;7(1):14. doi: 10.1186/1753-2000-7-14. PMID: 23648011. https://www.ncbi.nlm.nih.gov/pubmed/23648011

https://capmh.biomedcentral.com/counter/pdf/10.1186/1753-2000-7-14.pdf

464. Upadhyaya H, Ramos-Quiroga JA, Adler LA, et al. Maintenance of response after open-label treatment with atomoxetine hydrochloride in international European and non-European adult outpatients with attention-deficit/hyperactivity disorder: A placebo-controlled, randomised withdrawal study. European Journal of Psychiatry. 2013;27(3):185-205. doi: 10.4321/S0213-61632013000300004.

465. Upadhyaya H, Ramos-Quiroga JA, Williams D, et al. Maintenance of response after open-label treatment with atomoxetine in adults with attention-deficit/hyperactivity disorder. European Neuropsychopharmacology. 2012;22:S427-S8. https://www.embase.com/search/results?subaction=viewrecord&id=L70909701&from=export

466. Upadhyaya H, Tanaka Y, Lipsius S, et al. Time-to-onset and -resolution of adverse events before/after atomoxetine discontinuation in adult patients with ADHD. Postgrad Med. 2015;127(7):677-85. doi: 10.1080/00325481.2015.1083394. PMID: 26329980.

467. van Andel E, Bijlenga D, Vogel SWN, et al. Effects of chronotherapy on circadian rhythm and ADHD symptoms in adults with attention-deficit/hyperactivity disorder and delayed sleep phase syndrome: a randomized clinical trial. Chronobiol Int. 2021 Feb;38(2):260-9. doi: 10.1080/07420528.2020.1835943. PMID: 33121289.

468. van Andel E, Bijlenga D, Vogel SWN, et al. Attention-Deficit/Hyperactivity Disorder and Delayed Sleep Phase Syndrome in Adults: A Randomized Clinical Trial on the Effects of Chronotherapy on Sleep. J Biol Rhythms. 2022 Dec;37(6):673-89. doi: 10.1177/07487304221124659. PMID: 36181304.

469. van Andel E, Vogel SWN, Bijlenga D, et al. Effects of Chronotherapeutic Interventions in Adults With ADHD and Delayed Sleep Phase Syndrome (DSPS) on Regulation of Appetite and Glucose Metabolism. J Atten Disord. 2024 Nov;28(13):1653-67. doi: 10.1177/10870547241285160. PMID: 39318134.

470. Van der Oord S, Boyer BE, Van Dyck L, et al. A Randomized Controlled Study of a Cognitive Behavioral Planning Intervention for College Students With ADHD: An Effectiveness Study in Student Counseling Services in Flanders. J Atten Disord. 2020 Apr;24(6):849-62. doi: 10.1177/1087054718787033. PMID: 29998770.

471. van Emmerik-van Oortmerssen K, Vedel E, Koeter MW, et al. Investigating the efficacy of integrated cognitive behavioral therapy for adult treatment seeking substance use disorder patients with comorbid ADHD: Study protocol of a randomized controlled trial. BMC Psychiatry. 2013;13. doi: 10.1186/1471-244X-13-132.

472. van Emmerik-van Oortmerssen K, Vedel E, Kramer FJ, et al. Integrated cognitive behavioral therapy for ADHD in adult substance use disorder patients: Results of a randomized clinical trial. Drug Alcohol Depend. 2019 Apr 1;197:28-36. doi: 10.1016/j.drugalcdep.2018.12.023. PMID: 30769263.

473. Verster JC, Bekker EM, Kooij JJS, et al. Methylphenidate significantly improves declarative memory functioning of adults with ADHD. Psychopharmacology. 2010;212(2):277-81. doi: 10.1007/s00213-010-1952-2.

474. Vidal R, Bosch R, Nogueira M, et al. Psychoeducation for adults with attention deficit hyperactivity disorder vs. cognitive behavioral group therapy: a randomized controlled pilot study. J Nerv Ment Dis. 2013 Oct;201(10):894-900. doi: 10.1097/NMD.0b013e3182a5c2c5. PMID: 24080677.

475. Virta M, Salakari A, Antila M, et al. Short cognitive behavioral therapy and cognitive training for adults with ADHD - a randomized controlled pilot study. Neuropsychiatr Dis Treat. 2010 Sep 7;6:443-53. doi: 10.2147/ndt.s11743. PMID: 20856608. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2938293/pdf/ndt-6-443.pdf

476. Virta M, Salakari A, Antila M, et al. Hypnotherapy for adults with attention deficit hyperactivity disorder: A randomized controlled study. Contemporary Hypnosis. 2010;27(1):5-18.

477. Walhovd KB, Amlien I, Schrantee A, et al. Methylphenidate Effects on Cortical Thickness in Children and Adults with Attention-Deficit/Hyperactivity Disorder: A Randomized Clinical Trial. AJNR Am J Neuroradiol. 2020 May;41(5):758-65. doi: 10.3174/ajnr.A6560. PMID: 32414901. https://www.ajnr.org/content/ajnr/41/5/758.full.pdf

478. Wang Z, Zuschlag ZD, Myers US, et al. Atomoxetine in comorbid ADHD/PTSD: A randomized, placebo controlled, pilot, and feasibility study. Depress Anxiety. 2022 Apr;39(4):286-95. doi: 10.1002/da.23248. PMID: 35312136.

479. Weisler R, Ginsberg L, Dirks B, et al. Treatment With Lisdexamfetamine Dimesylate Improves Self- and Informant-Rated Executive Function Behaviors and Clinician- and Informant-Rated ADHD Symptoms in Adults: Data From a Randomized, Double-Blind, Placebo-Controlled Study. J Atten Disord. 2017 Dec;21(14):1198-207. doi: 10.1177/1087054713518242. PMID: 24464328.

480. Weisler RH, Biederman J, Spencer TJ, et al. Mixed amphetamine salts extended-release in the treatment of adult ADHD: a randomized, controlled trial. CNS Spectr. 2006 Aug;11(8):625-39. doi: 10.1017/s1092852900013687. PMID: 16871129. https://www.cambridge.org/core/journals/cns-spectrums/article/abs/mixed-amphetamine-salts-extendedrelease-in-the-treatment-of-adult-adhd-a-randomized-controlled-trial/16E16E144FBCA1A21459F3EEFAE6D085

481. Weisler RH, Greenbaum M, Arnold V, et al. Efficacy and Safety of SHP465 Mixed Amphetamine Salts in the Treatment of Attention-Deficit/Hyperactivity Disorder in Adults: Results of a Randomized, Double-Blind, Placebo-Controlled, Forced-Dose Clinical Study. CNS Drugs. 2017 Aug;31(8):685-97. doi: 10.1007/s40263-017-0455-7. PMID: 28712074. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5533822/pdf/40263\_2017\_Article\_455.pdf

482. Weisler RH, Pandina GJ, Daly EJ, et al. Randomized clinical study of a histamine H3 receptor antagonist for the treatment of adults with attention-deficit hyperactivity disorder. CNS Drugs. 2012 May 1;26(5):421-34. doi: 10.2165/11631990-000000000-00000. PMID: 22519922. https://www.ncbi.nlm.nih.gov/pubmed/22519922

483. Weiss M, Hechtman L. A randomized double-blind trial of paroxetine and/or dextroamphetamine and problem-focused therapy for attention-deficit/hyperactivity disorder in adults. J Clin Psychiatry. 2006 Apr;67(4):611-9. PMID: 16669726.

484. Weiss M, Murray C, Wasdell M, et al. A randomized controlled trial of CBT therapy for adults with ADHD with and without medication. BMC Psychiatry. 2012 Apr 5;12:30. doi: 10.1186/1471-244x-12-30. PMID: 22480189. https://bmcpsychiatry.biomedcentral.com/counter/pdf/10.1186/1471-244X-12-30.pdf

485. Weiss MD, Childress AC, Donnelly GAE. Efficacy and Safety of PRC-063, Extended-Release Multilayer Methylphenidate in Adults with ADHD Including 6-Month Open-Label Extension. J Atten Disord. 2021 Aug;25(10):1417-28. doi: 10.1177/1087054719896853. PMID: 31916473. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8273537/pdf/10.1177\_1087054719896853.pdf

486. Weiss MD, Surman C, Khullar A, et al. Effect of a Multi-Layer, Extended-Release Methylphenidate Formulation (PRC-063) on Sleep in Adults with ADHD: A Randomized, Double-Blind, Forced-Dose, Placebo-Controlled Trial Followed by a 6-month Open-Label Extension. CNS Drugs. 2021 Jun;35(6):667-79. doi: 10.1007/s40263-021-00814-z. PMID: 34057707. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8219576/pdf/40263\_2021\_Article\_814.pdf

487. Wender PH, Reimherr FW, Marchant BK, et al. A one year trial of methylphenidate in the treatment of ADHD. J Atten Disord. 2011 Jan;15(1):36-45. doi: 10.1177/1087054709356188. PMID: 20071637.

488. Wender PH, Reimherr FW, Wood D, et al. A controlled study of methylphenidate in the treatment of attention deficit disorder, residual type, in adults. Am J Psychiatry. 1985 May;142(5):547-52. doi: 10.1176/ajp.142.5.547. PMID: 3885760.

489. Wietecha L, Young J, Ruff D, et al. Atomoxetine once daily for 24 weeks in adults with attention-deficit/hyperactivity disorder (ADHD): impact of treatment on family functioning. Clin Neuropharmacol. 2012 May-Jun;35(3):125-33. doi: 10.1097/WNF.0b013e3182560315. PMID: 22561876.

490. Wigal T, Brams M, Frick G, et al. A randomized, double-blind study of SHP465 mixed amphetamine salts extended-release in adults with ADHD using a simulated adult workplace design. Postgrad Med. 2018 Jun;130(5):481-93. doi: 10.1080/00325481.2018.1481712. PMID: 29809075.

491. Wigal T, Brams M, Gasior M, et al. Effect size of lisdexamfetamine dimesylate in adults with attention-deficit/hyperactivity disorder. Postgrad Med. 2011 Mar;123(2):169-76. doi: 10.3810/pgm.2011.03.2275. PMID: 21474905.

492. Wigal T, Brams M, Gasior M, et al. Randomized, double-blind, placebo-controlled, crossover study of the efficacy and safety of lisdexamfetamine dimesylate in adults with attention-deficit/hyperactivity disorder: novel findings using a simulated adult workplace environment design. Behav Brain Funct. 2010 Jun 24;6:34. doi: 10.1186/1744-9081-6-34. PMID: 20576091. https://behavioralandbrainfunctions.biomedcentral.com/counter/pdf/10.1186/1744-9081-6-34.pdf

493. Wigal T, Childress A, Frick G, et al. Effects of SHP465 mixed amphetamine salts in adults with ADHD in a simulated adult workplace environment. Postgrad Med. 2018 Jan;130(1):111-21. doi: 10.1080/00325481.2018.1389227. PMID: 29087231.

494. Wigal TL, Newcorn JH, Handal N, et al. A Double-Blind, Placebo-Controlled, Phase II Study to Determine the Efficacy, Safety, Tolerability and Pharmacokinetics of a Controlled Release (CR) Formulation of Mazindol in Adults with DSM-5 Attention-Deficit/Hyperactivity Disorder (ADHD). CNS Drugs. 2018 Mar;32(3):289-301. doi: 10.1007/s40263-018-0503-y. PMID: 29557078. https://www.ncbi.nlm.nih.gov/pubmed/29557078

495. Wiggins D, Singh K, Getz HG, et al. Effects of brief group intervention for adults with attention deficit/hyperactivity disorder. Journal of Mental Health Counseling. 1999;21(1):82-92.

496. Wilens TE, Adler LA, Weiss MD, et al. Atomoxetine treatment of adults with ADHD and comorbid alcohol use disorders. Drug Alcohol Depend. 2008 Jul 1;96(1-2):145-54. doi: 10.1016/j.drugalcdep.2008.02.009. PMID: 18403134.

497. Wilens TE, Biederman J, Prince J, et al. Six-week, double-blind, placebo-controlled study of desipramine for adult attention deficit hyperactivity disorder. Am J Psychiatry. 1996 Sep;153(9):1147-53. doi: 10.1176/ajp.153.9.1147. PMID: 8780417. https://www.ncbi.nlm.nih.gov/pubmed/8780417

498. Wilens TE, Biederman J, Spencer TJ, et al. A pilot controlled clinical trial of ABT-418, a cholinergic agonist, in the treatment of adults with attention deficit hyperactivity disorder. Am J Psychiatry. 1999 Dec;156(12):1931-7. doi: 10.1176/ajp.156.12.1931. PMID: 10588407. https://www.ncbi.nlm.nih.gov/pubmed/10588407

499. Wilens TE, Biederman J, Spencer TJ, et al. Controlled trial of high doses of pemoline for adults with attention-deficit/hyperactivity disorder. J Clin Psychopharmacol. 1999 Jun;19(3):257-64. doi: 10.1097/00004714-199906000-00009. PMID: 10350032. https://www.ncbi.nlm.nih.gov/pubmed/10350032

500. Wilens TE, Haight BR, Horrigan JP, et al. Bupropion XL in adults with attention-deficit/hyperactivity disorder: a randomized, placebo-controlled study. Biol Psychiatry. 2005 Apr 1;57(7):793-801. doi: 10.1016/j.biopsych.2005.01.027. PMID: 15820237. https://www.ncbi.nlm.nih.gov/pubmed/15820237

501. Wilens TE, Klint T, Adler L, et al. A randomized controlled trial of a novel mixed monoamine reuptake inhibitor in adults with ADHD. Behav Brain Funct. 2008 Jun 13;4:24. doi: 10.1186/1744-9081-4-24. PMID: 18554401. https://www.ncbi.nlm.nih.gov/pubmed/18554401

502. Wilens TE, Monuteaux MC, Snyder LE, et al. The clinical dilemma of using medications in substance-abusing adolescents and adults with attention-deficit/hyperactivity disorder: what does the literature tell us? J Child Adolesc Psychopharmacol. 2005 Oct;15(5):787-98. doi: 10.1089/cap.2005.15.787. PMID: 16262595.

503. Wilens TE, Spencer TJ, Biederman J, et al. A controlled clinical trial of bupropion for attention deficit hyperactivity disorder in adults. Am J Psychiatry. 2001 Feb;158(2):282-8. doi: 10.1176/appi.ajp.158.2.282. PMID: 11156812. https://www.ncbi.nlm.nih.gov/pubmed/11156812

504. Wilens TE, Verlinden MH, Adler LA, et al. ABT-089, a neuronal nicotinic receptor partial agonist, for the treatment of attention-deficit/hyperactivity disorder in adults: results of a pilot study. Biol Psychiatry. 2006 Jun 1;59(11):1065-70. doi: 10.1016/j.biopsych.2005.10.029. PMID: 16499880. https://www.ncbi.nlm.nih.gov/pubmed/16499880

505. Winhusen TM, Lewis DF, Riggs PD, et al. Subjective effects, misuse, and adverse effects of osmotic-release methylphenidate treatment in adolescent substance abusers with attention-deficit/hyperactivity disorder. J Child Adolesc Psychopharmacol. 2011 Oct;21(5):455-63. doi: 10.1089/cap.2011.0014. PMID: 22040190. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3243465/pdf/cap.2011.0014.pdf

506. Winhusen TM, Somoza EC, Brigham GS, et al. Impact of attention-deficit/hyperactivity disorder (ADHD) treatment on smoking cessation intervention in ADHD smokers: a randomized, double-blind, placebo-controlled trial. J Clin Psychiatry. 2010 Dec;71(12):1680-8. doi: 10.4088/JCP.09m05089gry. PMID: 20492837. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3151610/pdf/nihms312252.pdf

507. Wood DR, Reimherr FW, Wender PH. Treatment of attention deficit disorder with DL-phenylalanine. Psychiatry Res. 1985 Sep;16(1):21-6. doi: 10.1016/0165-1781(85)90024-1. PMID: 3903813. https://www.ncbi.nlm.nih.gov/pubmed/3903813

508. Xian Children's H, Shaanxi Hospital of Traditional Chinese M, Air Force Military Medical University C. Transcutaneous Electrical Acupoint Stimulation for Treating Attention Deficit Hyperactivity Disorder: A Prospective, Randomized, Controlled Trial. In: Xian Children's H, Shaanxi Hospital of Traditional Chinese M, Air Force Military Medical University C, eds.; 2019. https://clinicaltrials.gov/study/NCT03917953

509. Yang LL, Stiernborg M, Skott E, et al. Effects of a Synbiotic on Plasma Immune Activity Markers and Short-Chain Fatty Acids in Children and Adults with ADHD-A Randomized Controlled Trial. Nutrients. 2023 Mar 6;15(5). doi: 10.3390/nu15051293. PMID: 36904292. https://mdpi-res.com/d\_attachment/nutrients/nutrients-15-01293/article\_deploy/nutrients-15-01293-v2.pdf?version=1678254690

510. Young JL, Sarkis E, Qiao M, et al. Once-daily treatment with atomoxetine in adults with attention-deficit/hyperactivity disorder: a 24-week, randomized, double-blind, placebo-controlled trial. Clin Neuropharmacol. 2011 Mar-Apr;34(2):51-60. doi: 10.1097/WNF.0b013e31820c00eb. PMID: 21406998.

511. Young S, Emilsson B, Sigurdsson JF, et al. A randomized controlled trial reporting functional outcomes of cognitive-behavioural therapy in medication-treated adults with ADHD and comorbid psychopathology. Eur Arch Psychiatry Clin Neurosci. 2017 Apr;267(3):267-76. doi: 10.1007/s00406-016-0735-0. PMID: 27752827. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5357275/pdf/406\_2016\_Article\_735.pdf

512. Young S, Khondoker M, Emilsson B, et al. Cognitive-behavioural therapy in medication-treated adults with attention-deficit/hyperactivity disorder and co-morbid psychopathology: a randomized controlled trial using multi-level analysis. Psychol Med. 2015 Oct;45(13):2793-804. doi: 10.1017/s0033291715000756. PMID: 26022103. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4595859/pdf/S0033291715000756a.pdf

513. Zilverstand A, Sorger B, Slaats-Willemse D, et al. fMRI Neurofeedback Training for Increasing Anterior Cingulate Cortex Activation in Adult Attention Deficit Hyperactivity Disorder. An Exploratory Randomized, Single-Blinded Study. PLoS One. 2017;12(1):e0170795. doi: 10.1371/journal.pone.0170795. PMID: 28125735. https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0170795&type=printable

514. ZonMw: The Netherlands Organisation for Health R, Development. Mindfulness Training Versus Treatment as Usual in Adults With Attention Deficit Hyperactivity Disorder (ADHD). In: ZonMw: The Netherlands Organisation for Health R, Development, eds.; 2015. https://clinicaltrials.gov/study/NCT02463396

515. Zwart LM, Kallemeyn LM. Peer-Based Coaching for College Students with ADHD and Learning Disabilities. Journal of Postsecondary Education and Disability. 2001;15(1):1-15.

Background

1. Diagnosis and treatment of attention deficit hyperactivity disorder (ADHD). NIH Consens Statement. 1998 Nov 16-18;16(2):1-37. PMID: 10868163. *Background*

2. Dimensional approaches in diagnostic classification: Refining the research agenda for DSM-V. Arlington, VA, US: American Psychiatric Association; 2008. *Background*

3. Neurobiological Aspects of the Attention Deficit Hyperactivity Disorder: Contribution of the Transcranial Direct Current Stimulation in Control Inhibitory. 2013. *Background*

4. Rhodiola Rosea in Adults With Attention Deficit/Hyperactivity Disorder. 2016. *Background*

5. Effects of 800mg of Rhodiola Rosea in Attention in Adults With Attention-Deficit/Hyperactivity Disorder. 2016. *Background*

6. Transcranial Direct Current Stimulation (tDCS) as a Cognitive Functioning Enhancement Treatment for ADHD Patients Compared to Healthy Controls. 2020. *Background*

7. Could a Strength- Based Treatment Improve Self-management in Adults With Attention Deficit Hyperactivity Disorder. 2021. *Background*

8. Safety and Efficacy of Repeated Low Dose d-Lysergic Acid Diethylamide (LSD) D-tartrate (MM-120) as Treatment for ADHD in Adults: a Multi-center, Randomized, Double-blind, Placebo-controlled Phase 2a Proof of Concept Trial. 2021. *Background*

9. EEG-MRI Study of the Effect of Methylphenidate on Neural Mechanisms in Adult Patients With ADHD With or Without Mood Disorders: a Randomized Controlled Trial Versus Placebo. 2022. *Background*

10. Guided ADHD Therapy for Managing the Extent and Severity of Symptoms - A Randomized, Controlled, Parallel-group, Intervention Study to Assess an At-home, Game-based Digital Therapy for Treating Adult Patients With Attention-Deficit/Hyperactivity Disorder. 2022. *Background*

11. Developing and Evaluating a Metacognitive ADHD Telehealth Intervention for Work-performance Enhancement (Work-MATE) Amongst Adults With ADHD. 2022. *Background*

12. Clinical Trial to Evaluate the Safety and Efficacy of NRCT-101SR in Adult Attention Deficit Hyperactivity Disorder. 2023. *Background*

13. A Phase IV, Open-Label, Decentralized Clinical Trial to Evaluate the Efficacy and Safety of Qelbree® in Adults With Attention-Deficit/Hyperactivity Disorder and Mood Symptoms. 2023. *Background*

14. A Phase 3, Randomized, Double-blind, Placebo-controlled Trial of Solriamfetol in Adults. 2023. *Background*

15. Randomized Placebo-Controlled Trial of Methylphenidate for the Treatment of Post-Traumatic Stress Disorder With Associated Neurocognitive Complaints. 2023. *Background*

16. A Single Center, Flexible-Dose, 10-Week, Randomized, Double-Blinded, Placebo-Controlled, Clinical Trial To Study The Efficacy Of Dyanavel XR In Treating Co-Occurring Fatigue In Adults With Attention Deficit/Hyperactivity Disorder (ADHD). 2024. *Background*

17. An Open-Label Treatment With Randomization Observation, Investigator-Initiated Study, on the Duration and Efficacy of Jornay PM (Methylphenidate Hydrochloride Extended-Release Capsules) on Adult ADHD Symptoms and Executive Function and Emotional Regulation Throughout the Day Into Early Evening. 2024. *Background*

18. Abelson RP. A Variance Explanation Paradox: When a Little is a Lot. Psychological Bulletin. 1985;97:129-33. *Background*

19. Abvc BioPharma I. A Phase II Tolerability and Efficacy Study of PDC-1421 Treatment in Adult Patients With Attention-Deficit Hyperactivity Disorder (ADHD), Part II. In: Abvc BioPharma I, editor; 2022. *Background*

20. Achenbach TM, Rescorla LA. Manual for the ASEBA School-age Forms & Profiles: An Integrated System of Multi-informant Assessment: ASEBA; 2001. *Background*

21. Addrenex Pharmaceuticals I. Drug Approval Package: Kapvay. U.S. Food and Drug Administration; 2009. 2025. *Background*

22. Adler L, Shaw D, Sitt D, et al. Issues in the diagnosis and treatment of adult ADHD by primary care physicians. Primary Psychiatry. 2009;16(5):57-63. *Background*

23. Adler LA, Adams J, Madera-McDonough J, et al. Efficacy, Safety, and Tolerability of Centanafadine Sustained-Release Tablets in Adults With Attention-Deficit/Hyperactivity Disorder: Results of 2 Phase 3, Randomized, Double-blind, Multicenter, Placebo-Controlled Trials. J Clin Psychopharmacol. 2022 Sep-Oct 01;42(5):429-39. doi: 10.1097/jcp.0000000000001575. PMID: 35652746. *Background*

24. Adler LA, Farahbakhshian S, Romero B, et al. Healthcare provider perspectives on diagnosing and treating adults with attention-deficit/hyperactivity disorder. Postgrad Med. 2019 Sep;131(7):461-72. doi: 10.1080/00325481.2019.1647080. PMID: 31340712. *Background*

25. Adler LA, Faraone SV, Spencer TJ, et al. The reliability and validity of self- and investigator ratings of ADHD in adults. J Atten Disord. 2008 May;11(6):711-9. doi: 10.1177/1087054707308503. PMID: 18025250. *Background*

26. Adler LA, Robertson B, Chen J, et al. Post hoc Responder and Remission Analyses from Two Studies of SHP465 Mixed Amphetamine Salts Extended-Release Among Adults with Attention-Deficit/Hyperactivity Disorder. J Child Adolesc Psychopharmacol. 2020 Sep;30(7):427-38. doi: 10.1089/cap.2020.0012. PMID: 32423239. *Background*

27. Adler LA, Wilens T, Zhang S, et al. Atomoxetine treatment outcomes in adolescents and young adults with attention-deficit/hyperactivity disorder: results from a post hoc, pooled analysis. Clin Ther. 2012 Feb;34(2):363-73. doi: 10.1016/j.clinthera.2011.12.015. PMID: 22285724. *Background*

28. Agay N, Yechiam E, Carmel Z, et al. Methylphenidate enhances cognitive performance in adults with poor baseline capacities regardless of attention-deficit/hyperactivity disorder diagnosis. J Clin Psychopharmacol. 2014 Apr;34(2):261-5. doi: 10.1097/jcp.0000000000000076. PMID: 24525641. *Background*

29. Agnew-Blais JC, Polanczyk GV, Danese A, et al. Evaluation of the Persistence, Remission, and Emergence of Attention-Deficit/Hyperactivity Disorder in Young Adulthood. JAMA Psychiatry. 2016 Jul 1;73(7):713-20. doi: 10.1001/jamapsychiatry.2016.0465. PMID: 27192174. *Background*

30. Ahmad SI, Owens EB, Hinshaw SP. Little evidence for late-onset ADHD in a longitudinal sample of women. J Consult Clin Psychol. 2019 Jan;87(1):112-7. doi: 10.1037/ccp0000353. PMID: 30570306. *Background*

31. Alejandro P-S, Dr Inmaculada P-C, Dr Rocío N-J, et al. Video games for the treatment of attention-deficit/hyperactivity disorder: a systematic review. 2020. PMID: CRD42020156360. *Background*

32. Alexander LM, Salum GA, Swanson JM, et al. Measuring strengths and weaknesses in dimensional psychiatry. Journal of Child Psychology and Psychiatry. 2020;61(1):40-50. doi: 10.1111/jcpp.13104. PMID: 31423596. *Background*

33. Alice L, Luis F, Cinzia Del G, et al. Comparative cardiovascular side effects of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: a systematic review and network meta-analysis. 2021. PMID: CRD42021295352. *Background*

34. Alisha B, Michael K, Jeanette J, et al. White noise for ADHD: A systematic review and meta-analysis. 2023. PMID: CRD42023393992. *Background*

35. American Psychiatric Association. Attention-Deficit/Hyperactivity Disorder. Diagnostic and statistical manual of mental disorders. 5th ed.; 2013. *Background*

36. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed., text rev. ed; 2022. *Background*

37. Amsterdam University Medical Centers LAMC. What Are the Long-Term Effects of Cognitive-Behavioural Therapy on Quality of Life in Adult Patients With ADHD? In: Amsterdam University Medical Centers LAMC, editor; 2022. *Background*

38. Ana-María S-G, Lucia M, Samuele C, et al. Efficacy of pharmacological and non-pharmacological treatments on emotional dysregulation in individuals with ADHD: protocol for a systematic review and meta-analysis. 2023. PMID: CRD42023397256. *Background*

39. Andreia G, Carlos S, Filipa N, et al. “The Effectiveness of Gut Microbiota Modulation on ADHD in Adults: A Systematic Review”. 2024. PMID: CRD42024611600. *Background*

40. Ang A, Hillhouse M, Jenkins J, et al. Methylphenidate for methamphetamine use disorders in participants with and without ADHD. Drug and Alcohol Dependence. 2015;156:e7. doi: 10.1016/j.drugalcdep.2015.07.938. *Background*

41. APSARD. U.S. Based Guidelines for Adults with ADHD. n.d. https://apsard.org/us-guidelines-for-adults-with-adhd/. Accessed on November 10, 2024. *Background*

42. Arnold LE, Hodgkins P, Caci H, et al. Effect of treatment modality on long-term outcomes in attention-deficit/hyperactivity disorder: a systematic review. PLoS One. 2015;10(2):e0116407. doi: 10.1371/journal.pone.0116407. PMID: 25714373. *Background*

43. Asherson P, Akehurst R, Kooij JJ, et al. Under diagnosis of adult ADHD: cultural influences and societal burden. J Atten Disord. 2012 Jul;16(5 Suppl):20s-38s. doi: 10.1177/1087054711435360. PMID: 22377849. *Background*

44. Asherson P, Buitelaar J, Faraone SV, et al. ADHD Management in Adolescents Transitioning to Adulthood: Challenges and Opportunities. Postgraduate Medicine. 2016;128(8):774-83. *Background*

45. Asherson P, Bushe C, Saylor K, et al. Efficacy of atomoxetine in adults with attention deficit hyperactivity disorder: an integrated analysis of the complete database of multicenter placebo-controlled trials. J Psychopharmacol. 2014 Sep;28(9):837-46. doi: 10.1177/0269881114542453. PMID: 25035246. *Background*

46. Asherson P, Doyle A. SWAN rating scale, adapted for adults by Philip Asherson and Alysa Doyle for use in the UK Biobank social interactions and focus questionnaire. June 2023. *Background*

47. Asherson P, Manor I, Huss M. Attention-deficit/hyperactivity disorder in adults: update on clinical presentation and care. Neuropsychiatry. 2014;4(1):109. *Background*

48. Asherson P, Stes S, Nilsson Markhed M, et al. The effects of atomoxetine on emotional control in adults with ADHD: An integrated analysis of multicenter studies. Eur Psychiatry. 2015 Jun;30(4):511-20. doi: 10.1016/j.eurpsy.2014.12.002. PMID: 25649490. *Background*

49. Ayan D, Andy L, Michael M, et al. Pharmacological and Non-Pharmacological Interventions for Insomnia in ADHD: An Umbrella Review of Management Strategies Across the Lifespan. 2024. PMID: CRD42024585807. *Background*

50. Baader A, Kiani B, Brunkhorst-Kanaan N, et al. P.632 A within-sample comparison of two innovative neuropsychological tests for diagnosing ADHD. European Neuropsychopharmacology. 2020;40:S355-S6. doi: 10.1016/j.euroneuro.2020.09.460. *Background*

51. Bachmann K, Sörös P, Lam AP, et al. Differences in brain activation after mindfulness training in adults with ADHD: A fMRI study. ADHD Attention Deficit and Hyperactivity Disorders. 2017;9(1):S29. doi: 10.1007/s12402-017-0224-y. *Background*

52. Bangs ME, Wietecha LA, Wang S, et al. Meta-analysis of suicide-related behavior or ideation in child, adolescent, and adult patients treated with atomoxetine. J Child Adolesc Psychopharmacol. 2014 Oct;24(8):426-34. doi: 10.1089/cap.2014.0005. PMID: 25019647. *Background*

53. Barton J. Atomoxetine: a new pharmacotherapeutic approach in the management of attention deficit/hyperactivity disorder. Arch Dis Child. 2005 Feb;90 Suppl 1(Suppl 1):i26-9. doi: 10.1136/adc.2004.059386. PMID: 15665154. *Background*

54. Becker P, Rask M, Safipour J, et al. Selfcare Strategies Shown to Be Useful in Daily Life for Adults Diagnosed with Attention Deficit Hyperactivity Disorder - A Systematic Review. Issues Ment Health Nurs. 2023 Sep;44(9):825-33. doi: 10.1080/01612840.2023.2234477. PMID: 37669505. *Background*

55. Bellato A, Perrott NJ, Marzulli L, et al. Systematic Review and Meta-Analysis: Effects of Pharmacological Treatment for Attention-Deficit/Hyperactivity Disorder on Quality of Life. J Am Acad Child Adolesc Psychiatry. 2024 May 30. doi: 10.1016/j.jaac.2024.05.023. PMID: 38823477. *Background*

56. Bellino S, Mirra M, Brignolo E, et al. Pharmacological treatment of attention deficit hyperactivity disorder (ADHD): A systematic review of recent data. Current Psychopharmacology. 2014;3(2):93-107. *Background*

57. Benkert D, Krause KH, Wasem J, et al. Effectiveness of pharmaceutical therapy of ADHD (Attention-Deficit/Hyperactivity Disorder) in adults - health technology assessment. GMS Health Technol Assess. 2010 Sep 7;6:Doc13. doi: 10.3205/hta000091. PMID: 21289886. *Background*

58. Benson K, Flory K, Humphreys KL, et al. Misuse of Stimulant Medication Among College Students: A Comprehensive Review and Meta-analysis. Clinical Child and Family Psychology Review. 2015 2015/03/01;18(1):50-76. doi: 10.1007/s10567-014-0177-z. *Background*

59. Biederman J, Mick E, Faraone SV. Age-dependent decline of symptoms of attention deficit hyperactivity disorder: impact of remission definition and symptom type. Am J Psychiatry. 2000 May;157(5):816-8. doi: 10.1176/appi.ajp.157.5.816. PMID: 10784477. *Background*

60. Biederman J, Mick EO, Surman C, et al. Comparative acute efficacy and tolerability of OROS and immediate release formulations of methylphenidate in the treatment of adults with attention-deficit/hyperactivity disorder. BMC Psychiatry. 2007 Sep 14;7:49. doi: 10.1186/1471-244x-7-49. PMID: 17868455. *Background*

61. Biederman J, Spencer T, Wilens T. Evidence-based pharmacotherapy for attention-deficit hyperactivity disorder. Int J Neuropsychopharmacol. 2004 Mar;7(1):77-97. doi: 10.1017/s1461145703003973. PMID: 14733627. *Background*

62. Bieś R, Fojcik J, Warchala A, et al. The Risk of Methylphenidate Pharmacotherapy for Adults with ADHD. Pharmaceuticals (Basel). 2023 Sep 13;16(9). doi: 10.3390/ph16091292. PMID: 37765100. *Background*

63. Boesen K, Paludan-Müller AS, Gøtzsche PC, et al. Extended-release methylphenidate for attention deficit hyperactivity disorder (ADHD) in adults. Cochrane Database Syst Rev. 2022 Feb 24;2(2):Cd012857. doi: 10.1002/14651858.CD012857.pub2. PMID: 35201607. *Background*

64. Bolea-Alamañac B, Nutt DJ, Adamou M, et al. Evidence-based guidelines for the pharmacological management of attention deficit hyperactivity disorder: update on recommendations from the British Association for Psychopharmacology. J Psychopharmacol. 2014 Mar;28(3):179-203. doi: 10.1177/0269881113519509. PMID: 24526134. *Background*

65. Boone KB. The need for continuous and comprehensive sampling of effort/response bias during neuropsychological examinations. Clin Neuropsychol. 2009 May;23(4):729-41. doi: 10.1080/13854040802427803. PMID: 18949583. *Background*

66. Bordoff B. The challenges and limitations of diagnosing and pharmacologically treating ADHD in university students. Psychological Injury and Law. 2017;10(2):114-20. doi: 10.1007/s12207-017-9288-4. *Background*

67. Brams M, Moon E, Pucci M, et al. Duration of effect of oral long-acting stimulant medications for ADHD throughout the day. Curr Med Res Opin. 2010 Aug;26(8):1809-25. doi: 10.1185/03007995.2010.488553. PMID: 20491612. *Background*

68. Brauer H, Breitling-Ziegler C, Moliadze V, et al. Transcranial direct current stimulation in attention-deficit/hyperactivity disorder: A meta-analysis of clinical efficacy outcomes. Prog Brain Res. 2021;264:91-116. doi: 10.1016/bs.pbr.2021.01.013. PMID: 34167666. *Background*

69. Braulio MG-S, Alejandro P-S, Inmaculada P-C, et al. Video games for the treatment and assessment of attention-deficit/hyperactivity disorder: a systematic review. 2020. PMID: CRD42020166313. *Background*

70. Breda V, Rohde LA, Menezes AMB, et al. Revisiting ADHD age-of-onset in adults: to what extent should we rely on the recall of childhood symptoms? Psychol Med. 2020 Apr;50(5):857-66. doi: 10.1017/s003329171900076x. PMID: 30968792. *Background*

71. Brown M, O'Neill N, van Woerden H, et al. Gamification and Adherence to Web-Based Mental Health Interventions: A Systematic Review. JMIR Ment Health. 2016 Aug 24;3(3):e39. doi: 10.2196/mental.5710. PMID: 27558893. *Background*

72. Brown TE, Landgraf JM. Improvements in executive function correlate with enhanced performance and functioning and health-related quality of life: evidence from 2 large, double-blind, randomized, placebo-controlled trials in ADHD. Postgrad Med. 2010 Sep;122(5):42-51. doi: 10.3810/pgm.2010.09.2200. PMID: 20861587. *Background*

73. Buitelaar J, Asherson P, Soutullo C, et al. Differences in maintenance of response upon discontinuation across medication treatments in attention-deficit/hyperactivity disorder. Eur Neuropsychopharmacol. 2015 Oct;25(10):1611-21. doi: 10.1016/j.euroneuro.2015.06.003. PMID: 26169574. *Background*

74. Buitelaar J, Zilverstand A, Sorger B, et al. FMRI-based neurofeedback from the anterior cingulate cortex for adults with attention-deficit/hyperactivity disorder. A proof of concept study. European Child and Adolescent Psychiatry. 2015;24(1):S108. doi: 10.1007/s00787-015-0714-4. *Background*

75. Buoli M, Serati M, Cahn W. Alternative pharmacological strategies for adult ADHD treatment: a systematic review. Expert Rev Neurother. 2016;16(2):131-44. doi: 10.1586/14737175.2016.1135735. PMID: 26693882. *Background*

76. Bushe C, Day K, Reed V, et al. A network meta-analysis of atomoxetine and osmotic release oral system methylphenidate in the treatment of attention-deficit/hyperactivity disorder in adult patients. J Psychopharmacol. 2016 May;30(5):444-58. doi: 10.1177/0269881116636105. PMID: 27005307. *Background*

77. Byrne C, Guenter D. Treatments for ADHD in adults in jails, prisons and correctional settings: a scoping review of the literature. Health Justice. 2023 Sep 7;11(1):36. doi: 10.1186/s40352-023-00234-9. PMID: 37676388. *Background*

78. Caballero J, Nahata MC. Atomoxetine hydrochloride for the treatment of attention-deficit/hyperactivity disorder. Clin Ther. 2003 Dec;25(12):3065-83. doi: 10.1016/s0149-2918(03)90092-0. PMID: 14749146. *Background*

79. Caci HM, Morin AJ, Tran A. Prevalence and correlates of attention deficit hyperactivity disorder in adults from a French community sample. J Nerv Ment Dis. 2014 Apr;202(4):324-32. doi: 10.1097/nmd.0000000000000126. PMID: 24647218. *Background*

80. Cairncross M, Miller CJ. The effectiveness of mindfulness-based therapies for ADHD: A meta-analytic review. Journal of attention disorders. 2020;24(5):627-43. *Background*

81. Caisley H, Müller U. Adherence to medication in adults with attention deficit hyperactivity disorder and pro re nata dosing of psychostimulants: a systematic review. Eur Psychiatry. 2012 Jul;27(5):343-9. doi: 10.1016/j.eurpsy.2012.01.002. PMID: 22521805. *Background*

82. Callan PD, Swanberg S, Weber SK, et al. Diagnostic Utility of Conners Continuous Performance Test-3 for Attention Deficit/Hyperactivity Disorder: A Systematic Review. J Atten Disord. 2024 Apr;28(6):992-1007. doi: 10.1177/10870547231223727. PMID: 38317541. *Background*

83. Camporeale A, Beasley C, Tanaka Y, et al. Changes in blood pressure and heart rate associated with atomoxetine treatment in attention-deficit/hyperactivity disorder. European Neuropsychopharmacology. 2012;22:S429-S30. *Background*

84. Camporeale A, Porsdal V, De Bruyckere K, et al. Safety and tolerability of atomoxetine in treatment of attention deficit hyperactivity disorder in adult patients: an integrated analysis of 15 clinical trials. J Psychopharmacol. 2015 Jan;29(1):3-14. doi: 10.1177/0269881114560183. PMID: 25424623. *Background*

85. Cândido RCF, Menezes de Padua CA, Golder S, et al. Immediate-release methylphenidate for attention deficit hyperactivity disorder (ADHD) in adults. Cochrane Database Syst Rev. 2021 Jan 18;1(1):Cd013011. doi: 10.1002/14651858.CD013011.pub2. PMID: 33460048. *Background*

86. Carlos L-P, Benjamin S, Marcel S, et al. Improving Beyond Core Symptoms: Meta-Analysis of the Efficacy of Cognitive Behavioral Therapies for Adults With Attention Deficit/Hyperactivity Disorder on Functional Impairment and Quality Of Life. 2024. PMID: CRD42024590094. *Background*

87. Caroline SS, Sudhir PM, Mehta UM, et al. Assessing Adult ADHD: An Updated Review of Rating Scales for Adult Attention Deficit Hyperactivity Disorder (ADHD). J Atten Disord. 2024 May;28(7):1045-62. doi: 10.1177/10870547241226654. PMID: 38369740. *Background*

88. Carpentier PJ, Levin FR. Pharmacological Treatment of ADHD in Addicted Patients: What Does the Literature Tell Us? Harv Rev Psychiatry. 2017 Mar/Apr;25(2):50-64. doi: 10.1097/hrp.0000000000000122. PMID: 28272130. *Background*

89. Castells X, Blanco-Silvente L, Cunill R. Amphetamines for attention deficit hyperactivity disorder (ADHD) in adults. Cochrane Database Syst Rev. 2018 Aug 9;8(8):Cd007813. doi: 10.1002/14651858.CD007813.pub3. PMID: 30091808. *Background*

90. Castells X, Cunill R. Pharmacological treatment of ADHD: An evidence map using minerva database, a new tool for clinical psychopharmacology research. European Neuropsychopharmacology. 2019;29:S141-S2. doi: 10.1016/j.euroneuro.2018.11.256. *Background*

91. Castells X, Cunill R, Capellà D. Treatment discontinuation with methylphenidate in adults with attention deficit hyperactivity disorder: a meta-analysis of randomized clinical trials. Eur J Clin Pharmacol. 2013 Mar;69(3):347-56. doi: 10.1007/s00228-012-1390-7. PMID: 22983311. *Background*

92. Castells X, Ramos-Quiroga JA, Rigau D, et al. Efficacy of methylphenidate for adults with attention-deficit hyperactivity disorder: a meta-regression analysis. CNS Drugs. 2011 Feb;25(2):157-69. doi: 10.2165/11539440-000000000-00000. PMID: 21254791. *Background*

93. Castells X, Saez M, Barcheni M, et al. Placebo Response and Its Predictors in Attention Deficit Hyperactivity Disorder: A Meta-Analysis and Comparison of Meta-Regression and MetaForest. Int J Neuropsychopharmacol. 2022 Jan 12;25(1):26-35. doi: 10.1093/ijnp/pyab054. PMID: 34355753. *Background*

94. Caye A, Rocha TB, Anselmi L, et al. Attention-Deficit/Hyperactivity Disorder Trajectories From Childhood to Young Adulthood: Evidence From a Birth Cohort Supporting a Late-Onset Syndrome. JAMA Psychiatry. 2016 Jul 1;73(7):705-12. doi: 10.1001/jamapsychiatry.2016.0383. PMID: 27192050. *Background*

95. Caye A, Sibley MH, Swanson JM, et al. Late-Onset ADHD: Understanding the Evidence and Building Theoretical Frameworks. Curr Psychiatry Rep. 2017 Nov 13;19(12):106. doi: 10.1007/s11920-017-0858-7. PMID: 29130145. *Background*

96. Celltech Pharmaceuticals I. Drug Approval Package: Metadate CD. U.S. Food and Drug Administration; 2001. 2025. *Background*

97. Center for Disease Control and Prevention. Data and Statistics About ADHD. https://www.cdcgov/ncbddd/adhd/datahtml. Accessed on June 10, 2024. *Background*

98. Chandler ML. Psychotherapy for adult attention deficit/hyperactivity disorder: a comparison with cognitive behaviour therapy. J Psychiatr Ment Health Nurs. 2013 Nov;20(9):814-20. doi: 10.1111/jpm.12023. PMID: 23506050. *Background*

99. Chandra S, Biederman J, Faraone SV. Assessing the Validity of the Age at Onset Criterion for Diagnosing ADHD in DSM-5. J Atten Disord. 2021 Jan;25(2):143-53. doi: 10.1177/1087054716629717. PMID: 26922806. *Background*

100. Chang Z, Ghirardi L, Quinn PD, et al. Risks and Benefits of Attention-Deficit/Hyperactivity Disorder Medication on Behavioral and Neuropsychiatric Outcomes: A Qualitative Review of Pharmacoepidemiology Studies Using Linked Prescription Databases. Biol Psychiatry. 2019 Sep 1;86(5):335-43. doi: 10.1016/j.biopsych.2019.04.009. PMID: 31155139. *Background*

101. Charernboon L, Kosulwit W. Pharmacological Treatments for Attention-Deficit Hyperactivity Disorder (ADHD) in Adults: A Systematic Review and Meta-analysis. Revista de Psiquiatria Clinica. 2023;50(1):150-6. doi: 10.15761/0101-60830000000536. *Background*

102. Chen YH, Liang SC, Sun CK, et al. A meta-analysis on the therapeutic efficacy of repetitive transcranial magnetic stimulation for cognitive functions in attention-deficit/hyperactivity disorders. BMC Psychiatry. 2023 Oct 17;23(1):756. doi: 10.1186/s12888-023-05261-2. PMID: 37845676. *Background*

103. Chierrito de Oliveira D, Guerrero de Sousa P, Borges Dos Reis C, et al. Safety of Treatments for ADHD in Adults: Pairwise and Network Meta-Analyses. J Atten Disord. 2019 Jan;23(2):111-20. doi: 10.1177/1087054717696773. PMID: 28366111. *Background*

104. Children's National Research I, University of M, Seattle Children's H, et al. 2/2 Treating Mothers With ADHD and Their Young Children Via Telehealth: A Hybrid Type I Effectiveness-Implementation Trial. In: Children's National Research I, University of M, Seattle Children's H, National Institute of Mental H, eds.; 2020. *Background*

105. Christopher H-B, Maria Fiatarone S, Michael I, et al. Exercise and Physical Activity in adults with Attention Deficit Hyperactivity Disorder (ADHD): A systematic review. 2020. PMID: CRD42020215375. *Background*

106. Clemow DB, Bushe CJ. Atomoxetine in patients with ADHD: A clinical and pharmacological review of the onset, trajectory, duration of response and implications for patients. J Psychopharmacol. 2015 Dec;29(12):1221-30. doi: 10.1177/0269881115602489. PMID: 26349559. *Background*

107. Co. EL. Drug Approval Package: Strattera. U.S. Food and Drug Administration; 2002. 2025. *Background*

108. Coghill D. The impact of medications on quality of life in attention-deficit hyperactivity disorder: a systematic review. CNS Drugs. 2010 Oct;24(10):843-66. doi: 10.2165/11537450-000000000-00000. PMID: 20839896. *Background*

109. Coghill D, Banaschewski T, Zuddas A, et al. Long-acting methylphenidate formulations in the treatment of attention-deficit/hyperactivity disorder: a systematic review of head-to-head studies. BMC Psychiatry. 2013 Sep 27;13:237. doi: 10.1186/1471-244x-13-237. PMID: 24074240. *Background*

110. Coghill D, Seth S. Osmotic, controlled-release methylphenidate for the treatment of ADHD. Expert Opin Pharmacother. 2006 Oct;7(15):2119-38. doi: 10.1517/14656566.7.15.2119. PMID: 17020437. *Background*

111. Coghill DR, Banaschewski T, Soutullo C, et al. Systematic review of quality of life and functional outcomes in randomized placebo-controlled studies of medications for attention-deficit/hyperactivity disorder. Eur Child Adolesc Psychiatry. 2017 Nov;26(11):1283-307. doi: 10.1007/s00787-017-0986-y. PMID: 28429134. *Background*

112. Coghill DR, Caballero B, Sorooshian S, et al. A systematic review of the safety of lisdexamfetamine dimesylate. CNS Drugs. 2014 Jun;28(6):497-511. doi: 10.1007/s40263-014-0166-2. PMID: 24788672. *Background*

113. Conners CK. Chapter 6: Interpretation. Conners 3rd Edition: Manual. Canada: Multi-Health Systems, Inc.; 2008. *Background*

114. Conners CK. Chapter 10: Standardization. Conners 3rd Edition: Manual. Canada: Multi-Health Systems, Inc.; 2008. *Background*

115. Contini V, Rovaris DL, Victor MM, et al. Pharmacogenetics of response to methylphenidate in adult patients with Attention-Deficit/Hyperactivity Disorder (ADHD): a systematic review. Eur Neuropsychopharmacol. 2013 Jun;23(6):555-60. doi: 10.1016/j.euroneuro.2012.05.006. PMID: 22709890. *Background*

116. Cook J, Knight E, Hume I, et al. The self-esteem of adults diagnosed with attention-deficit/hyperactivity disorder (ADHD): a systematic review of the literature. Atten Defic Hyperact Disord. 2014 Dec;6(4):249-68. doi: 10.1007/s12402-014-0133-2. PMID: 24668198. *Background*

117. Cooper RE, Tye C, Kuntsi J, et al. Omega-3 polyunsaturated fatty acid supplementation and cognition: A systematic review and meta-analysis. J Psychopharmacol. 2015 Jul;29(7):753-63. doi: 10.1177/0269881115587958. PMID: 26040902. *Background*

118. Cooper RE, Williams E, Seegobin S, et al. The effects of combined delta-9-tetrahydrocannabinol and cannabidiol on neurocognitive and behavioural function in attention-deficit/hyperactivity disorder. European Neuropsychopharmacology. 2016;26:S74. doi: 10.1016/S0924-977X(16)70081-2. *Background*

119. Corman SL, Fedutes BA, Culley CM. Atomoxetine: the first nonstimulant for the management of attention-deficit/hyperactivity disorder. Am J Health Syst Pharm. 2004 Nov 15;61(22):2391-9. doi: 10.1093/ajhp/61.22.2391. PMID: 15581262. *Background*

120. Cornforth C, Sonuga-Barke E, Coghill D. Stimulant drug effects on attention deficit/hyperactivity disorder: a review of the effects of age and sex of patients. Curr Pharm Des. 2010;16(22):2424-33. doi: 10.2174/138161210791959827. PMID: 20513225. *Background*

121. Corporation A. Drug Approval Package: Concerta. U.S. Food and Drug Administration; 2000. 2025. *Background*

122. Corporation C. Drug Approval Package: Focalin. U.S. Food and Drug Administration; 2001. 2025. *Background*

123. Corporation NP. Drug Approval Package: Ritalin LA. U.S. Food and Drug Administration; 2002. 2025. *Background*

124. Corporation NP. Drug Approval Package: Focalin XR. U.S. Food and Drug Administration; 2005. 2025. *Background*

125. Correll CU, Starling BR, Huss M. Systematic review of transdermal treatment options in attention-deficit/hyperactivity disorder: implications for use in adult patients. CNS Spectr. 2021 Apr 12:1-13. doi: 10.1017/s1092852921000341. PMID: 33843531. *Background*

126. Cortese S, Adamo N, Del Giovane C, et al. Comparative efficacy and tolerability of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: a systematic review and network meta-analysis. Lancet Psychiatry. 2018 Sep;5(9):727-38. doi: 10.1016/s2215-0366(18)30269-4. PMID: 30097390. *Background*

127. Cortese S, Del Giovane C, Chamberlain S, et al. Pharmacological and non-pharmacological interventions for adults with ADHD: protocol for a systematic review and network meta-analysis. BMJ Open. 2022 Mar 11;12(3):e058102. doi: 10.1136/bmjopen-2021-058102. PMID: 35277411. *Background*

128. Cortese S, Newcorn JH, Coghill D. A practical, evidence-informed approach to managing stimulant-refractory attention deficit hyperactivity disorder (ADHD). CNS drugs. 2021;35(10):1035-51. *Background*

129. Cotton J, Baker ST. A data mining and item response mixture modeling method to retrospectively measure Diagnostic and Statistical Manual of Mental Disorders-5 attention deficit hyperactivity disorder in the 1970 British Cohort Study. Int J Methods Psychiatr Res. 2019 Mar;28(1):e1753. doi: 10.1002/mpr.1753. PMID: 30402897. *Background*

130. Coulter MK, Dean ME. Homeopathy for attention deficit/hyperactivity disorder or hyperkinetic disorder. Cochrane Database Syst Rev. 2007 Oct 17(4):Cd005648. doi: 10.1002/14651858.CD005648.pub2. PMID: 17943868. *Background*

131. Creedon T, Rousseau M, Schwartz D, et al. Trends in In-Person and Telehealth-Involved Controlled Medication Initiations Among Adults with Private Insurance (Data Brief) Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Washington, DC: November 2024. *Background*

132. Cunill R, Castells X, Tobias A, et al. Atomoxetine for attention deficit hyperactivity disorder in the adulthood: a meta-analysis and meta-regression. Pharmacoepidemiol Drug Saf. 2013 Sep;22(9):961-9. doi: 10.1002/pds.3473. PMID: 23813665. *Background*

133. Cunill R, Castells X, Tobias A, et al. Pharmacological treatment of attention deficit hyperactivity disorder with co-morbid drug dependence. Journal of psychopharmacology. 2015;29(1):15-23. *Background*

134. Cunill R, Castells X, Tobias A, et al. Efficacy, safety and variability in pharmacotherapy for adults with attention deficit hyperactivity disorder: a meta-analysis and meta-regression in over 9000 patients. Psychopharmacology (Berl). 2016 Jan;233(2):187-97. doi: 10.1007/s00213-015-4099-3. PMID: 26446868. *Background*

135. Currie J, Stabile M, Jones L. Do stimulant medications improve educational and behavioral outcomes for children with ADHD? J Health Econ. 2014 Sep;37:58-69. doi: 10.1016/j.jhealeco.2014.05.002. PMID: 24954077. *Background*

136. Cutler AJ, Childress AC, Pardo A, et al. Randomized, Double-Blind, Placebo-Controlled, Fixed-Dose Study to Evaluate the Efficacy and Safety of the Amphetamine Extended-Release Tablet in Adults with Attention-Deficit/ Hyperactivity Disorder. CNS Spectrums. 2022;27(2):242-3. doi: 10.1017/s1092852922000487. *Background*

137. Daniel L, Kevin P-B, Mustafa Reha D, et al. Non-invasive neuromodulation in adults and children with attention-deficit hyperactivity disorder: A systematic review. 2022. PMID: CRD42022384935. *Background*

138. Das D, Cherbuin N, Butterworth P, et al. A population-based study of attention deficit/hyperactivity disorder symptoms and associated impairment in middle-aged adults. PLoS One. 2012;7(2):e31500. doi: 10.1371/journal.pone.0031500. PMID: 22347487. *Background*

139. De Bruyckere K, Bushe C, Bartel C, et al. Relationships Between Functional Outcomes and Symptomatic Improvement in Atomoxetine-Treated Adult Patients with Attention-Deficit/Hyperactivity Disorder: Post Hoc Analysis of an Integrated Database. CNS Drugs. 2016 Jun;30(6):541-58. doi: 10.1007/s40263-016-0346-3. PMID: 27224994. *Background*

140. De Crescenzo F, Cortese S, Adamo N, et al. Pharmacological and non-pharmacological treatment of adults with ADHD: a meta-review. Evid Based Ment Health. 2017 Feb;20(1):4-11. doi: 10.1136/eb-2016-102415. PMID: 27993933. *Background*

141. Dekkers TJ, Groenman AP, Cuijpers P, et al. Commentary: Why treatment is the best choice for childhood mental disorders – a commentary on Roest et al. (2022). Journal of Child Psychology and Psychiatry. 2023;64(3):470-3. doi: https://doi.org/10.1111/jcpp.13715. *Background*

142. Den Heijer AE, Groen Y, Tucha L, et al. Sweat it out? The effects of physical exercise on cognition and behavior in children and adults with ADHD: a systematic literature review. J Neural Transm (Vienna). 2017 Feb;124(Suppl 1):3-26. doi: 10.1007/s00702-016-1593-7. PMID: 27400928. *Background*

143. Denise G, Melissa R. Effects of Mindfulness-Based Interventions for Adult ADHD with Ccomorbid Depression and Anxiety: A Systematic Review. 2023. PMID: CRD42023409513. *Background*

144. Deshpande S, Ostermeyer B, Lokhande A, et al. Managing adult attention-deficit/hyperactivity disorder: To treat or not to treat? Psychiatric Annals. 2017;47(6):315-21. doi: 10.3928/00485713-20170515-01. *Background*

145. Dijk HH, Wessels LM, Constanti M, et al. Cost-Effectiveness and Cost Utility of Treatment of Attention-Deficit/Hyperactivity Disorder: A Systematic Review. J Child Adolesc Psychopharmacol. 2021 Nov;31(9):578-96. doi: 10.1089/cap.2021.0068. PMID: 34705525. *Background*

146. DuPaul GJ, Weyandt LL, O'Dell SM, et al. College students with ADHD: current status and future directions. J Atten Disord. 2009 Nov;13(3):234-50. doi: 10.1177/1087054709340650. PMID: 19620623. *Background*

147. Dupont C. The effects of personalized EEG neuro feedback in college students with ADHD. NeuroRegulation. 2017;4(3-4):143. doi: 10.15540/nr.4.3-4.100. *Background*

148. Eaton C, Yong K, Walter V, et al. Stimulant and non-stimulant drug therapy for people with attention deficit hyperactivity disorder and epilepsy. Cochrane Database Syst Rev. 2022 Jul 13;7(7):Cd013136. doi: 10.1002/14651858.CD013136.pub2. PMID: 35844168. *Background*

149. Elbe P, Bäcklund C, Vega-Mendoza M, et al. Computerized cognitive interventions for adults with ADHD: A systematic review and meta-analysis. Neuropsychology. 2023 Jul;37(5):519-30. doi: 10.1037/neu0000890. PMID: 36892894. *Background*

150. Eleanor D, Clara K, Burcu Goz T. A systematic review of the use of meditation to manage Attention Deficit Hyperactivity Disorder. 2021. PMID: CRD42021292110. *Background*

151. Elia J, Ambrosini PJ, Rapoport JL. Treatment of attention-deficit–hyperactivity disorder. New England Journal of Medicine. 1999;340(10):780-8. *Background*

152. Elliott J, Johnston A, Husereau D, et al. Pharmacologic treatment of attention deficit hyperactivity disorder in adults: A systematic review and network meta-analysis. PLoS One. 2020;15(10):e0240584. doi: 10.1371/journal.pone.0240584. PMID: 33085721. *Background*

153. Enrico C, Alice C, Anna Maria A, et al. Clinical and biological predictors of treatment response in adult attention deficit hyperactivity disorder: a systematic review. 2022. PMID: CRD42022298758. *Background*

154. Epstein JN, Kollins SH. Psychometric properties of an adult ADHD diagnostic interview. J Atten Disord. 2006 Feb;9(3):504-14. doi: 10.1177/1087054705283575. PMID: 16481667. *Background*

155. Epstein T, Patsopoulos NA, Weiser M. Methylphenidate for adults with attention deficit-hyperactivity disorder, a systematic review. European Neuropsychopharmacology. 2009;19:S341. doi: 10.1016/S0924-977X(09)70515-2. *Background*

156. Epstein T, Patsopoulos NA, Weiser M. Immediate-release methylphenidate for attention deficit hyperactivity disorder (ADHD) in adults. Cochrane Database Syst Rev. 2014 Sep 18(9):Cd005041. doi: 10.1002/14651858.CD005041.pub2. PMID: 25230710. *Background*

157. Estevez N, Eich-Hochli D, Dey M, et al. Prevalence of and associated factors for adult attention deficit hyperactivity disorder in young Swiss men. PLoS One. 2014;9(2):e89298. doi: 10.1371/journal.pone.0089298. PMID: 24586672. *Background*

158. Eugene YHY. Meta-analysis of the effects of pharmacological treatment on executive functioning in patients with attention deficit/hyperactivity disorder (ADHD). 2017. PMID: CRD42017070366. *Background*

159. Fan HY, Sun CK, Cheng YS, et al. A pilot meta-analysis on self-reported efficacy of neurofeedback for adolescents and adults with ADHD. Sci Rep. 2022 Jun 15;12(1):9958. doi: 10.1038/s41598-022-14220-y. PMID: 35705685. *Background*

160. Fang S, Hui Z. Effects of non-invasive brain stimulation on emotion regulation in patients with attention deficit hyperactivity disorder: a systematic review. 2024. PMID: CRD42024569041. *Background*

161. Faraone SV. Stimulant therapy in the management of ADHD: mixed amphetamine salts (extended release). Expert Opin Pharmacother. 2007 Sep;8(13):2127-34. doi: 10.1517/14656566.8.13.2127. PMID: 17714065. *Background*

162. Faraone SV. Understanding the effect size of lisdexamfetamine dimesylate for treating ADHD in children and adults. J Atten Disord. 2012 Feb;16(2):128-37. doi: 10.1177/1087054710379738. PMID: 20837983. *Background*

163. Faraone SV. Application of the Sequential Parallel Comparison Design to Study a Medical Food for Treating ADHD in Adults. Journal of the American Academy of Child and Adolescent Psychiatry. 2018;57(10):S307. doi: 10.1016/j.jaac.2018.07.758. *Background*

164. Faraone SV, Biederman J, Mick E. The age-dependent decline of attention deficit hyperactivity disorder: a meta-analysis of follow-up studies. Psychol Med. 2006 Feb;36(2):159-65. doi: 10.1017/S003329170500471X. PMID: 16420712. *Background*

165. Faraone SV, Biederman J, Spencer T, et al. Efficacy of atomoxetine in adult attention-deficit/hyperactivity disorder: a drug-placebo response curve analysis. Behav Brain Funct. 2005 Oct 3;1:16. doi: 10.1186/1744-9081-1-16. PMID: 16202140. *Background*

166. Faraone SV, Biederman J, Spencer T, et al. Atomoxetine and stroop task performance in adult attention-deficit/hyperactivity disorder. J Child Adolesc Psychopharmacol. 2005 Aug;15(4):664-70. doi: 10.1089/cap.2005.15.664. PMID: 16190797. *Background*

167. Faraone SV, Glatt SJ. A comparison of the efficacy of medications for adult attention-deficit/hyperactivity disorder using meta-analysis of effect sizes. J Clin Psychiatry. 2010 Jun;71(6):754-63. doi: 10.4088/JCP.08m04902pur. PMID: 20051220. *Background*

168. Faraone SV, Spencer T, Aleardi M, et al. Meta-analysis of the efficacy of methylphenidate for treating adult attention-deficit/hyperactivity disorder. J Clin Psychopharmacol. 2004 Feb;24(1):24-9. doi: 10.1097/01.jcp.0000108984.11879.95. PMID: 14709943. *Background*

169. Farhat LC, Flores JM, Avila-Quintero VJ, et al. Treatment Outcomes With Licensed and Unlicensed Stimulant Doses for Adults With Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-Analysis. JAMA Psychiatry. 2024 Feb 1;81(2):157-66. doi: 10.1001/jamapsychiatry.2023.3985. PMID: 37878348. *Background*

170. Farhat LC, Lannes A, Del Giovane C, et al. Comparative cardiovascular safety of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: a systematic review and network meta-analysis. The Lancet Psychiatry. 2025;12(5):355-65. doi: 10.1016/S2215-0366(25)00062-8. *Background*

171. Francisco AP, Lethbridge G, Patterson B, et al. Cannabis use in Attention—Deficit/Hyperactivity Disorder (ADHD): A scoping review. Journal of Psychiatric Research. 2023;157:239-56. doi: 10.1016/j.jpsychires.2022.11.029. *Background*

172. Fredriksen M, Halmøy A, Faraone SV, et al. Long-term efficacy and safety of treatment with stimulants and atomoxetine in adult ADHD: a review of controlled and naturalistic studies. Eur Neuropsychopharmacol. 2013 Jun;23(6):508-27. doi: 10.1016/j.euroneuro.2012.07.016. PMID: 22917983. *Background*

173. Fridman M, Hodgkins PS, Kahle JS, et al. Predicted effect size of lisdexamfetamine treatment of attention deficit/hyperactivity disorder (ADHD) in European adults: Estimates based on indirect analysis using a systematic review and meta-regression analysis. Eur Psychiatry. 2015 Jun;30(4):521-7. doi: 10.1016/j.eurpsy.2015.01.001. PMID: 25725594. *Background*

174. Frodl T, Skokauskas N. Meta-analysis of structural MRI studies in children and adults with attention deficit hyperactivity disorder indicates treatment effects. Acta Psychiatr Scand. 2012 Feb;125(2):114-26. doi: 10.1111/j.1600-0447.2011.01786.x. PMID: 22118249. *Background*

175. Fuermaier ABM, Fricke JA, de Vries SM, et al. Neuropsychological assessment of adults with ADHD: A Delphi consensus study. Appl Neuropsychol Adult. 2019 Jul-Aug;26(4):340-54. doi: 10.1080/23279095.2018.1429441. PMID: 29424567. *Background*

176. Fullen T, Jones SL, Emerson LM, et al. Psychological Treatments in Adult ADHD: A Systematic Review. Journal of Psychopathology and Behavioral Assessment. 2020;42(3):500-18. doi: 10.1007/s10862-020-09794-8. *Background*

177. Funder DC, Ozer DJ. "Evaluating effect size in psychological research: Sense and nonsense": Corrigendum. Advances in Methods and Practices in Psychological Science. 2020;3(4):509-. doi: 10.1177/2515245920979282. *Background*

178. Gajria K, Lu M, Sikirica V, et al. Adherence, persistence, and medication discontinuation in patients with attention-deficit/hyperactivity disorder - a systematic literature review. Neuropsychiatr Dis Treat. 2014;10:1543-69. doi: 10.2147/ndt.S65721. PMID: 25187718. *Background*

179. Ganzenmüller JL, Ballmann C, von Nessen-Lapp RMW, et al. Screening tools for adult ADHD patients in primary care. Journal of Affective Disorders Reports. 2024 2024/07/01/;17:100800. doi: https://doi.org/10.1016/j.jadr.2024.100800. *Background*

180. Geraets CNW, Wallinius M, Sygel K. Use of Virtual Reality in Psychiatric Diagnostic Assessments: A Systematic Review. Front Psychiatry. 2022;13:828410. doi: 10.3389/fpsyt.2022.828410. PMID: 35295778. *Background*

181. Ghanizadeh A. A systematic review of reboxetine for treating patients with attention deficit hyperactivity disorder. Nord J Psychiatry. 2015 May;69(4):241-8. doi: 10.3109/08039488.2014.972975. PMID: 25415763. *Background*

182. Giblin J, Brams M, Gao J, et al. Effect of treatment with lisdexamfetamine dimesylate on self-reported quality of life in adults with attention-deficit/hyperactivity disorder. European Psychiatry. 2010;25. doi: 10.1016/S0924-9338(10)70938-X. *Background*

183. Ginsberg Y. Pharmacological treatment of offenders with ADHD. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S4. doi: 10.1007/s12402-015-0169-y. *Background*

184. Ginsberg Y, Hirvikoski T, Grann M, et al. Osmotic-release oral system methylphenidate (OROS-MPH) treatment of adult prison inmates with ADHD: A randomised controlled trial with open-label extension. European Psychiatry. 2013;28. *Background*

185. Gobbo MA, Louzã MR. Influence of stimulant and non-stimulant drug treatment on driving performance in patients with attention deficit hyperactivity disorder: a systematic review. Eur Neuropsychopharmacol. 2014 Sep;24(9):1425-43. doi: 10.1016/j.euroneuro.2014.06.006. PMID: 25044052. *Background*

186. Godfrey J. Safety of therapeutic methylphenidate in adults: a systematic review of the evidence. J Psychopharmacol. 2009 Mar;23(2):194-205. doi: 10.1177/0269881108089809. PMID: 18515459. *Background*

187. Goh Kah K, Chun-Yi L. The efficacy of cognitive behavioral-based therapy in adults with attention-deficit/hyperactivity disorder beyond core symptoms: A meta-analysis and meta-regression of randomized controlled trials. 2021. PMID: CRD42021273633. *Background*

188. Goodman David W, Mattingly G. Practice Guidelines Development: The APSARD United States Guidelines for the Diagnosis and Treatment of ADHD in Adults. Psychiatric Annals. 2023 2023/10/01;53(10):449-54. doi: 10.3928/00485713-20230911-05. *Background*

189. Goodman DW. Sustained treatment effect in attention-deficit/hyperactivity disorder: focus on long-term placebo-controlled randomized maintenance withdrawal and open-label studies. Ther Clin Risk Manag. 2013;9:121-30. doi: 10.2147/tcrm.S30762. PMID: 23576871. *Background*

190. Goodman DW, Surman CB, Scherer PB, et al. Assessment of physician practices in adult attention-deficit/hyperactivity disorder. Prim Care Companion CNS Disord. 2012;14(4). doi: 10.4088/PCC.11m01312. PMID: 23251858. *Background*

191. Gorlin EI, Dalrymple K, Chelminski I, et al. Reliability and validity of a semi-structured DSM-based diagnostic interview module for the assessment of Attention Deficit Hyperactivity Disorder in adult psychiatric outpatients. Psychiatry Res. 2016 Aug 30;242:46-53. doi: 10.1016/j.psychres.2016.05.020. PMID: 27259136. *Background*

192. Gow RV, Momenan R, Majchrzak-Hong S, et al. An fMRI study of reward related responses following 16 weeks of omega-3 supplementation in adults with ADHD: The Neuroimaging, Omega-3 and Reward in Adults with ADHD (NORAA) trial. Nutritional Neuroscience. 2018;21:S40. doi: 10.1080/1028415X.2018.1449784. *Background*

193. Grinblat N, Rosenblum S. Randomized controlled trail of work-map: telehealth metacognitive intervention for work performance enhancement of adults with attention-deficit/ hyperactivity disorder. European Psychiatry. 2024;67:S550. doi: 10.1192/j.eurpsy.2024.1142. *Background*

194. Guo C, Assumpcao L, Hu Z. Efficacy of Non-pharmacological Treatments on Emotional Symptoms of Children and Adults with Attention-Deficit/Hyperactivity Disorder: A Meta-Analysis. J Atten Disord. 2022 Feb;26(4):508-24. doi: 10.1177/10870547211001953. PMID: 33759605. *Background*

195. Hamatani S, Matsumoto K, Kunisato Y, et al. Dismantling cognitive-behavioural therapy components for attention-deficit hyperactivity disorder in adolescents and adults: protocol for a network meta-analysis. BMJ Open. 2023 Apr 19;13(4):e068547. doi: 10.1136/bmjopen-2022-068547. PMID: 37076162. *Background*

196. Hammerness PG, Karampahtsis C, Babalola R, et al. Attention-deficit/hyperactivity disorder treatment: what are the long-term cardiovascular risks? Expert Opin Drug Saf. 2015 Apr;14(4):543-51. doi: 10.1517/14740338.2015.1011620. PMID: 25648243. *Background*

197. Hammerness PG, Surman CB, Chilton A. Adult attention-deficit/hyperactivity disorder treatment and cardiovascular implications. Curr Psychiatry Rep. 2011 Oct;13(5):357-63. doi: 10.1007/s11920-011-0213-3. PMID: 21698412. *Background*

198. Harmelech T, Bleich-Cohen M, Zangen A, et al. Deep-TMS for ADHD: A randomized sham controlled fMRI study. Brain Stimulation. 2018;11(6):e15. doi: 10.1016/j.brs.2018.07.023. *Background*

199. Harpin V, Mazzone L, Raynaud JP, et al. Long-Term Outcomes of ADHD: A Systematic Review of Self-Esteem and Social Function. J Atten Disord. 2016 Apr;20(4):295-305. doi: 10.1177/1087054713486516. PMID: 23698916. *Background*

200. Harrison AG, Edwards MJ. The Ability of Self-Report Methods to Accurately Diagnose Attention Deficit Hyperactivity Disorder: A Systematic Review. J Atten Disord. 2023 Oct;27(12):1343-59. doi: 10.1177/10870547231177470. PMID: 37366274. *Background*

201. Hauk L. AAP releases guideline on diagnosis, evaluation, and treatment of ADHD. Am Fam Physician. 2013 Jan 1;87(1):61-2. PMID: 23317027. *Background*

202. Haukeland University H. A Pilot Study of a Blended Intervention Targeting Emotion Dysregulation in Adults With ADHD. In: Haukeland University H, editor; 2022. *Background*

203. Heather-Catherine M, Adam J, Heather C. A systematic review of the efficacy of dietary interventions in the management of attention-deficit hyperactivity disorder in adults. 2020. PMID: CRD42020167335. *Background*

204. Heirs M, Dean ME. Homeopathy for attention deficit/hyperactivity disorder or hyperkinetic disorder. Cochrane Database of Systematic Reviews. 2007(4). doi: 10.1002/14651858.CD005648.pub2. PMID: CD005648. *Background*

205. Helzer JE, Wittchen H-U, Krueger RF, et al. Dimensional Options for DSM-V: The Way Forward. In: Helzer JE, Kraemer HC, Krueger RF, Wittchen H-U, Sirovatka PJ, Regier DA, eds. Dimensional approaches in diagnostic classification: Refining the research agenda for DSM-V. Arlington, VA, US: American Psychiatric Association; 2008:116-27. *Background*

206. Herring WJ, Adler LA, Baranak CC, et al. Effects of the histamine inverse agonist MK-0249 in adult attention deficit disorder: A randomized, controlled, crossover study. Biological Psychiatry. 2010;67(9):217S. doi: 10.1016/j.biopsych.2010.03.009. *Background*

207. Hester R, Nandam LS, O'Connell RG, et al. Neurochemical enhancement of conscious error awareness. J Neurosci. 2012 Feb 22;32(8):2619-27. doi: 10.1523/jneurosci.4052-11.2012. PMID: 22357846. *Background*

208. Hirvikoski T, Alfredsson J, Morgensterns E. Structured skills training for adults with ADHD in an outpatient psychiatric context: An open feasibility trial. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S95. doi: 10.1007/s12402-015-0169-y. *Background*

209. Hodgkins P, Arnold LE, Shaw M, et al. A systematic review of global publication trends regarding long-term outcomes of ADHD. Front Psychiatry. 2011;2:84. doi: 10.3389/fpsyt.2011.00084. PMID: 22279437. *Background*

210. Hodgkins P, Shaw M, McCarthy S, et al. The pharmacology and clinical outcomes of amphetamines to treat ADHD: does composition matter? CNS Drugs. 2012 Mar 1;26(3):245-68. doi: 10.2165/11599630-000000000-00000. PMID: 22329564. *Background*

211. Hodgson K, Hutchinson AD, Denson L. Nonpharmacological treatments for ADHD: a meta-analytic review. Journal of attention disorders. 2014;18(4):275-82. *Background*

212. Hopkins SC, Sunkaraneni S, Skende E, et al. Pharmacokinetics and Exposure-Response Relationships of Dasotraline in the Treatment of Attention-Deficit/Hyperactivity Disorder in Adults. Clin Drug Investig. 2016 Feb;36(2):137-46. doi: 10.1007/s40261-015-0358-7. PMID: 26597180. *Background*

213. Hsu T, Cutler A, Childress A, et al. A pilot study of a novel monoamine triple reuptake inhibitor centanafadine SR (EB-1020 SR) in the treatment of ADHD in adults. Neuropsychopharmacology. 2014;39:S352. doi: 10.1038/npp.2014.281. *Background*

214. Huss M, Duhan P, Gandhi P, et al. Methylphenidate dose optimization for ADHD treatment: review of safety, efficacy, and clinical necessity. Neuropsychiatr Dis Treat. 2017;13:1741-51. doi: 10.2147/ndt.S130444. PMID: 28740389. *Background*

215. Huss M, Ginsberg Y, Tvedten T, et al. Methylphenidate hydrochloride modified release improved inattention and hyperactivity/impulsivity scores in adult ADHD patients. European Neuropsychopharmacology. 2013;23:S604-S5. doi: 10.1016/S0924-977X(13)70961-1. *Background*

216. Hutchison SL, Ghuman JK, Ghuman HS, et al. Efficacy of atomoxetine in the treatment of attention-deficit hyperactivity disorder in patients with common comorbidities in children, adolescents and adults: a review. Ther Adv Psychopharmacol. 2016 Oct;6(5):317-34. doi: 10.1177/2045125316647686. PMID: 27721971. *Background*

217. Inc. NRP. Drug Approval Package: Vyvanse Capsules. U.S. Food and Drug Administration; 2007. 2025. *Background*

218. Inc. P. Drug Approval Package: QuilliChew ER. U.S. Food and Drug Administration; 2015. 2025. *Background*

219. Inc. SPD. Drug Approval Package: Adderall. U.S. Food and Drug Administration; 2002. 2025. *Background*

220. Incorporated TN. A Randomized, Controlled, Parallel-Group, Intervention Study to Assess At-Home, Digital Therapy for Treating Adult Participants Ages 18-50 Years Old With Attention Deficit Hyperactivity Disorder (ADHD). In: University of California LA, University of California B, eds.; 2024. *Background*

221. Ironshore Pharmaceuticals & Development I. Drug Approval Package: Jornay PM. U.S. Food and Drug Administration; 2018. 2025. *Background*

222. Ivanov I, Newcorn JH, Krone B, et al. Neurobiological basis of reinforcement-based decision-making in adults with ADHD treated with lisdexamfetamine dimesylate. Journal of Attention Disorders. 2021;25(11):1632-3. doi: 10.1177/1087054720923061. *Background*

223. Iwanami A, Saito K, Fujiwara M, et al. Randomized, double-blind, placebo-controlled, phase 3 study of guanfacine extended release in adults with ADHD. ADHD Attention Deficit and Hyperactivity Disorders. 2019;11(1):S67. doi: 10.1007/s12402-019-00295-7. *Background*

224. Jadad AR, Booker L, Gauld M, et al. The treatment of attention-deficit hyperactivity disorder: an annotated bibliography and critical appraisal of published systematic reviews and metaanalyses. Can J Psychiatry. 1999 Dec;44(10):1025-35. doi: 10.1177/070674379904401009. PMID: 10637682. *Background*

225. Jadad AR, Boyle M, Cunningham C, et al. Treatment of attention-deficit/hyperactivity disorder. Evid Rep Technol Assess (Summ). 1999 Nov(11):i-viii, 1-341. PMID: 10790990. *Background*

226. Jaeschke RR, Sujkowska E, Sowa-Kućma M. Methylphenidate for attention-deficit/hyperactivity disorder in adults: a narrative review. Psychopharmacology (Berl). 2021 Oct;238(10):2667-91. doi: 10.1007/s00213-021-05946-0. PMID: 34436651. *Background*

227. Jain R, Katic A. Current and Investigational Medication Delivery Systems for Treating Attention-Deficit/Hyperactivity Disorder. Prim Care Companion CNS Disord. 2016 Aug 18;18(4). doi: 10.4088/PCC.16r01979. PMID: 27828696. *Background*

228. Jasmine C, Amanda L, Daksha T. Psychological interventions to improve mental health outcomes in people with ADHD: A systematic and narrative review. 2023. PMID: CRD42023487604. *Background*

229. Javier Flores C, Jesús Gutiérrez A. The effectiveness of dialectical behavioral therapy on ADHD-related symptoms and emotional dysregulation: a protocol for a systematic review. 2022. PMID: CRD42022370580. *Background*

230. Jensen CM, Amdisen BL, Jørgensen KJ, et al. Cognitive behavioural therapy for ADHD in adults: systematic review and meta-analyses. Atten Defic Hyperact Disord. 2016 Mar;8(1):3-11. doi: 10.1007/s12402-016-0188-3. PMID: 26801998. *Background*

231. Jensen P. Longer term effects of stimulant treatments for Attention-Deficit/Hyperactivity Disorder. Journal of attention disorders. 2002;6(1\_suppl):45-56. *Background*

232. Jernelöv S, Cassel M, Blom K, et al. Better sleep in psychiatric care - ADHD: a randomized controlled study of cognitive behavioral treatment for insomnia adapted for patients with ADHD. Sleep Medicine. 2024;115:164. doi: 10.1016/j.sleep.2023.11.469. *Background*

233. Jesse E, George W, Shannon K, et al. Pharmacologic treatment of Attention Deficit Hyperactivity Disorder (ADHD) in adults. 2015. PMID: CRD42015026049. *Background*

234. Jie L, Li C, Xin-yu H. The efficacy and safety of Noninvasive brain stimulation in patients with ADHD: meta-analysis. 2024. PMID: CRD42024612055. *Background*

235. Jin C, Schachar R. Methylphenidate treatment of attention-deficit/hyperactivity disorder secondary to traumatic brain injury: a critical appraisal of treatment studies. CNS Spectr. 2004 Mar;9(3):217-26. doi: 10.1017/s1092852900009019. PMID: 14999162. *Background*

236. Joao Braga S. Efficacy of methylphenidate in adults with attention-deficit/hyperactivity disorder: a systematic review and meta-analysis. 2018. PMID: CRD42018101959. *Background*

237. Johanna Louise G, Cora B, Regina Wehrstedt von N-L, et al. ADHD in adults - A review on screening-tools for adult ADHD patients in primary care. 2022. PMID: CRD42022374597. *Background*

238. Johnstone J, Rucklidge J, Frampton C, et al. Broad spectrum micronutrient supplementation for irritability, inattention and post-disaster stress. Advances in Integrative Medicine. 2019;6:S77. doi: 10.1016/j.aimed.2019.03.220. *Background*

239. Joy JA, Julius RJ, Akter R, et al. Assessment of ADHD documentation from candidates requesting Americans With Disabilities Act (ADA) accommodations for the National Board of Osteopathic Medical Examiners COMLEX exam. J Atten Disord. 2010 Sep;14(2):104-8. doi: 10.1177/1087054710365056. PMID: 20424009. *Background*

240. Junhua Z, Samuele C, Lixia Y, et al. Effects of neurofeedback and methylphenidate in ADHD: meta-analysis. 2018. PMID: CRD42018090256. *Background*

241. Kanodia J, Lo A, Baldwin RM, et al. Pharmacokinetics of Ampreloxetine, a Norepinephrine Reuptake Inhibitor, in Healthy Subjects and Adults with Attention-Deficit/Hyperactive Disorder or Fibromyalgia Pain. Clin Pharmacokinet. 2021 Jan;60(1):121-31. doi: 10.1007/s40262-020-00918-7. PMID: 32856281. *Background*

242. Karen K, Pernille K, Niels B, et al. Systematic review on the psychometric properties of the Attention Deficit/Hyperactivity Disorder-Rating Scale (ADHD-RS). 2023. PMID: CRD42023466144. *Background*

243. Khan A, Fahl Mar K, Brown WA. Does the increasing placebo response impact outcomes of adult and pediatric ADHD clinical trials? Data from the US Food and Drug Administration 2000–2009. Journal of Psychiatric Research. 2017;94:202-7. doi: 10.1016/j.jpsychires.2017.07.018. *Background*

244. Kirsty L, Almuth M, Harriet T. A systematic review of the existing interventions, documented in the literature, that aim to support adults with ADHD: contexts, mechanisms, outcomes, and effectiveness. 2018. PMID: CRD42018092237. *Background*

245. Kittel-Schneider S, Quednow BB, Leutritz AL, et al. Parental ADHD in pregnancy and the postpartum period – A systematic review. Neuroscience and Biobehavioral Reviews. 2021;124:63-77. doi: 10.1016/j.neubiorev.2021.01.002. *Background*

246. Knouse LE, Teller J, Brooks MA. Meta-analysis of cognitive-behavioral treatments for adult ADHD. J Consult Clin Psychol. 2017 Jul;85(7):737-50. doi: 10.1037/ccp0000216. PMID: 28504540. *Background*

247. Knouse LE, Teller J, Brooks MA. Meta-analysis of cognitive–behavioral treatments for adult ADHD. Journal of Consulting and Clinical Psychology. 2017;85(7):737-50. doi: 10.1037/ccp0000216. *Background*

248. Knutson KC, O'Malley M. Adult attention-deficit/hyperactivity disorder: a survey of diagnosis and treatment practices. J Am Acad Nurse Pract. 2010 Nov;22(11):593-601. doi: 10.1111/j.1745-7599.2010.00546.x. PMID: 21054633. *Background*

249. Knutson KC, O'Malley M. Adult attention-deficit/hyperactivity disorder: a survey of diagnosis and treatment practices. J Am Acad Nurse Pract. 2010 Nov;22(11):593-601. doi: 10.1111/j.1745-7599.2010.00546.x. PMID: 21054633. *Background*

250. Koblan K, Hopkins S, Sarma K, et al. Dasotraline as a novel DAT/NET inhibitor for the treatment of attention-deficit/hyperactivity disorder: A randomized, double-blind, placebo-controlled, proof-of-concept trial in adults. Neuropsychopharmacology. 2014;39:S347. doi: 10.1038/npp.2014.281. *Background*

251. Koesters M, Becker T, Kilian R, et al. Limits of meta-analysis: methylphenidate in the treatment of adult attention-deficit hyperactivity disorder. J Psychopharmacol. 2009 Sep;23(7):733-44. doi: 10.1177/0269881108092338. PMID: 18562416. *Background*

252. Kofler MJ, Rapport MD, Sarver DE, et al. Reaction time variability in ADHD: a meta-analytic review of 319 studies. Clin Psychol Rev. 2013 Aug;33(6):795-811. doi: 10.1016/j.cpr.2013.06.001. PMID: 23872284. *Background*

253. Kok FM, Groen Y, Fuermaier ABM, et al. The female side of pharmacotherapy for ADHD-A systematic literature review. PLoS One. 2020;15(9):e0239257. doi: 10.1371/journal.pone.0239257. PMID: 32946507. *Background*

254. Kolar D, Keller A, Golfinopoulos M, et al. Treatment of adults with attention-deficit/hyperactivity disorder. Neuropsychiatric disease and treatment. 2008;4(1):107-21. *Background*

255. Kong TUoH. A Randomized Controlled Trial of Digital Cognitive Behavioral Therapy for Insomnia (dCBTi) for Adults With Attention Deficit Hyperactivity Disorder (ADHD). 2021. *Background*

256. Konstenius M, Jayaram-Lindström N, Guterstam J, et al. Methylphenidate for adhd in adults with substance dependence: A 24-week randomized placebo-controlled trial. European Psychiatry. 2013;28. *Background*

257. Kooij J, Francken M, Bron T, et al. Diagnostic interview for ADHD in adults (DIVA). Hague: DIVA Foundation. 2010. *Background*

258. Kooij JJS, Bijlenga D, Salerno L, et al. Updated European Consensus Statement on diagnosis and treatment of adult ADHD. European Psychiatry. 2019;56(1):14-34. doi: 10.1016/j.eurpsy.2018.11.001. *Background*

259. Kooij SJ, Bejerot S, Blackwell A, et al. European consensus statement on diagnosis and treatment of adult ADHD: The European Network Adult ADHD. BMC Psychiatry. 2010 Sep 3;10:67. doi: 10.1186/1471-244X-10-67. PMID: 20815868. *Background*

260. Krisanaprakornkit T, Ngamjarus C, Witoonchart C, et al. Meditation therapies for attention-deficit/hyperactivity disorder (ADHD). Cochrane Database Syst Rev. 2010 Jun 16;2010(6):Cd006507. doi: 10.1002/14651858.CD006507.pub2. PMID: 20556767. *Background*

261. L.P. RP. Drug Approval Package: Aptensio XR. U.S. Food and Drug Administration; 2015. 2025. *Background*

262. Lasser R, Dirks B, Adeyi B, et al. Comparative efficacy and safety of lisdexamfetamine dimesylate and mixed amphetamine salts extended release in adults with attention-deficit/hyperactivity disorder. Primary Psychiatry. 2010;17(9):44-54. *Background*

263. Lau HM, Smit JH, Fleming TM, et al. Serious Games for Mental Health: Are They Accessible, Feasible, and Effective? A Systematic Review and Meta-analysis. Front Psychiatry. 2016;7:209. doi: 10.3389/fpsyt.2016.00209. PMID: 28149281. *Background*

264. Lauder K, McDowall A, Tenenbaum HR. A systematic review of interventions to support adults with ADHD at work-Implications from the paucity of context-specific research for theory and practice. Front Psychol. 2022;13:893469. doi: 10.3389/fpsyg.2022.893469. PMID: 36072032. *Background*

265. Laura R, Anna T. What is the experience of adults with ADHD of engaging in stimulant medication treatment? A systematic review and meta-ethnography. 2024. PMID: CRD42024560054. *Background*

266. Lee CSC, Ma MT, Ho HY, et al. The Effectiveness of Mindfulness-Based Intervention in Attention on Individuals with ADHD: A Systematic Review. Hong Kong J Occup Ther. 2017 Dec;30(1):33-41. doi: 10.1016/j.hkjot.2017.05.001. PMID: 30186078. *Background*

267. Lee CSC, Ma MT, Ho HY, et al. The effectiveness of mindfulness-based intervention in attention of individuals with ADHD: A systematic review. Hong Kong Journal of Occupational Therapy. 2017;30:33-41. doi: 10.1016/j.hkjot.2017.05.001. *Background*

268. Lee TY. Clinical observation on treatment of adult-attention deficit hyperactivity disorder by acupuncture refreshing brain method. Global Advances in Health and Medicine. 2018;7:108-9. doi: 10.1177/2164956118773837. *Background*

269. Leffa D, Schneider M, Ferraza C, et al. P73. Transcranial Direct Current Stimulation for the Treatment of Inattention in Adult Patients With ADHD: Results From the TUNED Trial. Biological Psychiatry. 2022;91(9):S116-S7. doi: 10.1016/j.biopsych.2022.02.307. *Background*

270. Lenzi F, Cortese S, Harris J, et al. Pharmacotherapy of emotional dysregulation in adults with ADHD: A systematic review and meta-analysis. Neurosci Biobehav Rev. 2018 Jan;84:359-67. doi: 10.1016/j.neubiorev.2017.08.010. PMID: 28837827. *Background*

271. Levin FR, Mariani JJ, Mahony A, et al. Mixed amphetamine salts-extended release for ADHD adults with cocaine use disorder. Drug and Alcohol Dependence. 2015;146:e175. doi: 10.1016/j.drugalcdep.2014.09.393. *Background*

272. Li Y, Zhang L. Efficacy of Cognitive Behavioral Therapy Combined with Pharmacotherapy Versus Pharmacotherapy Alone in Adult ADHD: A Systematic Review and Meta-Analysis. J Atten Disord. 2024 Feb;28(3):279-92. doi: 10.1177/10870547231214969. PMID: 38084075. *Background*

273. Liang EF, Lim SZ, Tam WW, et al. The Effect of Methylphenidate and Atomoxetine on Heart Rate and Systolic Blood Pressure in Young People and Adults with Attention-Deficit Hyperactivity Disorder (ADHD): Systematic Review, Meta-Analysis, and Meta-Regression. Int J Environ Res Public Health. 2018 Aug 20;15(8). doi: 10.3390/ijerph15081789. PMID: 30127314. *Background*

274. Linderkamp F, Lauth G. The efficacy of pharmacological versus psychotherapeutic therapies in adults with attention deficit/hyperactivity disorder (ADHD): an empirical meta-analysis. Verhaltenstherapie. 2011;21(4):229-38. *Background*

275. Lindsay SE, Gudelsky GA, Heaton PC. Use of modafinil for the treatment of attention deficit/hyperactivity disorder. Annals of Pharmacotherapy. 2006;40(10):1829-33. *Background*

276. Liu CI, Hua MH, Lu ML, et al. Effectiveness of cognitive behavioural-based interventions for adults with attention-deficit/hyperactivity disorder extends beyond core symptoms: A meta-analysis of randomized controlled trials. Psychol Psychother. 2023 Sep;96(3):543-59. doi: 10.1111/papt.12455. PMID: 36794797. *Background*

277. LLC S. Drug Approval Package: Methylin ER. U.S. Food and Drug Administration; 2000. 2025. *Background*

278. London AS, Monnat SM, Gutin I. Self-Reported ADHD Diagnosis Status Among Working-Age Adults in the United States: Evidence From the 2023 National Wellbeing Survey. J Atten Disord. 2025 Feb 18:1-12. doi: 10.1177/10870547251319861. PMID: 39963833. *Background*

279. López FA, Leroux JR. Long-acting stimulants for treatment of attention-deficit/hyperactivity disorder: a focus on extended-release formulations and the prodrug lisdexamfetamine dimesylate to address continuing clinical challenges. Atten Defic Hyperact Disord. 2013 Sep;5(3):249-65. doi: 10.1007/s12402-013-0106-x. PMID: 23564273. *Background*

280. Lopez PL, Torrente FM, Ciapponi A, et al. Cognitive-behavioural interventions for attention deficit hyperactivity disorder (ADHD) in adults. Cochrane Database Syst Rev. 2018 Mar 23;3(3):Cd010840. doi: 10.1002/14651858.CD010840.pub2. PMID: 29566425. *Background*

281. López-Pinar C, Martínez-Sanchís S, Carbonell-Vayá E, et al. Long-Term Efficacy of Psychosocial Treatments for Adults With Attention-Deficit/Hyperactivity Disorder: A Meta-Analytic Review. Front Psychol. 2018;9:638. doi: 10.3389/fpsyg.2018.00638. PMID: 29780342. *Background*

282. López-Pinar C, Martínez-Sanchís S, Carbonell-Vayá E, et al. Efficacy of Nonpharmacological Treatments on Comorbid Internalizing Symptoms of Adults With Attention-Deficit/Hyperactivity Disorder: A Meta-Analytic Review. J Atten Disord. 2020 Feb;24(3):456-78. doi: 10.1177/1087054719855685. PMID: 31189374. *Background*

283. Lovett BJ, Harrison AG. Assessing adult ADHD: New research and perspectives. J Clin Exp Neuropsychol. 2021 May;43(4):333-9. doi: 10.1080/13803395.2021.1950640. PMID: 34227454. *Background*

284. Lumos Labs I. An Adjunct Study to Assess Guided ADHD Therapy for Managing the Extent and Severity of Symptoms - A Prospective, Multicenter, Open Label, Single Arm, Intervention Study to Assess Efficacy and Safety of an At-home, Game-based Digital Therapy for Treating Clinical Symptoms of Adult Patients With Attention-Deficit/Hyperactivity Disorder (ADHD). 2023. *Background*

285. Maccabi Healthcare Services I. Assessing Cognitive Performance Among Adults With Attention Disorders Working on Treadmill. In: Maccabi Healthcare Services I, editor; 2022. *Background*

286. Maidment ID. Efficacy of stimulants in adult ADHD. Annals of Pharmacotherapy. 2003;37(12):1884-90. *Background*

287. Maidment ID. The use of antidepressants to treat attention deficit hyperactivity disorder in adults. Journal of psychopharmacology. 2003;17(3):332-6. *Background*

288. Maiti R, Mishra A, Jena M, et al. Efficacy and safety of dasotraline in attention-deficit hyperactivity disorder: A systematic review and meta-analysis. Indian J Psychiatry. 2024 Apr;66(4):326-35. doi: 10.4103/indianjpsychiatry.indianjpsychiatry\_3\_24. PMID: 38778858. *Background*

289. Maiti R, Mishra A, Jena M, et al. Efficacy and safety of dasotraline in attention‑deficit hyperactivity disorder: A systematic review and meta‑analysis. Indian Journal of Psychiatry. 2024;66(4):326-35. doi: 10.4103/indianjpsychiatry.indianjpsychiatry\_3\_24. *Background*

290. Malandrone F, Spadotto M, Boero M, et al. A pilot add-on Randomized-Controlled Trial evaluating the effect of binaural beats on study performance, mind-wandering, and core symptoms of adult ADHD patients. European Psychiatry. 2022;65:S274. doi: 10.1192/j.eurpsy.2022.701. *Background*

291. Mallinckrodt I. Drug Approval Package: Methylin Oral Solution. U.S. Food and Drug Administration; 2002. 2025. *Background*

292. Man KKC, Ip P, Chan EW, et al. Effectiveness of Pharmacological Treatment for Attention-Deficit/Hyperactivity Disorder on Physical Injuries: A Systematic Review and Meta-Analysis of Observational Studies. CNS Drugs. 2017 Dec;31(12):1043-55. doi: 10.1007/s40263-017-0485-1. PMID: 29255995. *Background*

293. Maneeton B, Maneeton N, Intaprasert S, et al. A systematic review of randomized controlled trials of bupropion versus methylphenidate in the treatment of ADHD. European Neuropsychopharmacology. 2014;24:S202-S3. *Background*

294. Maneeton N, Maneeton B, Intaprasert S, et al. A systematic review of randomized controlled trials of bupropion versus methylphenidate in the treatment of attention-deficit/hyperactivity disorder. Neuropsychiatr Dis Treat. 2014;10:1439-49. doi: 10.2147/ndt.S62714. PMID: 25120365. *Background*

295. Maneeton N, Maneeton B, Intaprasert S, et al. Asystematic review of randomized controlled trials of bupropion versus methylphenidate in the treatment of attention-deficit/hyperactivity disorder. Neuropsychiatric Disease and Treatment. 2014;10. *Background*

296. Maneeton N, Maneeton B, Srisurapanont M, et al. Bupropion for adults with attention-deficit hyperactivity disorder: meta-analysis of randomized, placebo-controlled trials. Psychiatry Clin Neurosci. 2011 Dec;65(7):611-7. doi: 10.1111/j.1440-1819.2011.02264.x. PMID: 22176279. *Background*

297. Maneeton N, Maneeton B, Suttajit S, et al. Exploratory meta-analysis on lisdexamfetamine versus placebo in adult ADHD. Drug Des Devel Ther. 2014;8:1685-93. doi: 10.2147/dddt.S68393. PMID: 25336914. *Background*

298. Maneeton N, Maneeton B, Suttajit S, et al. A systematic review of randomised controlled trials of lisdexamfetamine versus placebo in the treatment of adults with ADHD. European Neuropsychopharmacology. 2014;24:S208. *Background*

299. Mannuzza S, Klein RG, Bessler A, et al. Adult outcome of hyperactive boys. Educational achievement, occupational rank, and psychiatric status. Arch Gen Psychiatry. 1993 Jul;50(7):565-76. doi: 10.1001/archpsyc.1993.01820190067007. PMID: 8317950. *Background*

300. Mannuzza S, Klein RG, Bessler A, et al. Adult psychiatric status of hyperactive boys grown up. Am J Psychiatry. 1998 Apr;155(4):493-8. doi: 10.1176/ajp.155.4.493. PMID: 9545994. *Background*

301. Mannuzza S, Klein RG, Klein DF, et al. Accuracy of adult recall of childhood attention deficit hyperactivity disorder. Am J Psychiatry. 2002 Nov;159(11):1882-8. doi: 10.1176/appi.ajp.159.11.1882. PMID: 12411223. *Background*

302. Manor I, Ben-Hayun R, Aharon J, et al. Metadoxine: A novel non-stimulant extendedrelease drug for treating ADHD. European Neuropsychopharmacology. 2012;22:S144. *Background*

303. Mansour A, Donald L, Megan B, et al. The Effect of Psychostimulant Medications on Functional Balance Performance in Persons with Attention Deficit Hyperactivity Disorder: A Systematic Review. 2021. PMID: CRD42021276165. *Background*

304. Marfatia S, Shroff K, Munshi S, et al. Quality of life assessments in adults with attention deficit/hyperactivity disorder - A systematic review. Value in Health. 2011;14(7):A327-A8. doi: 10.1016/j.jval.2011.08.522. *Background*

305. Marina Gonzaga M, Amauri De Vargas J, Amanda Cyntia Lima Fonseca R. Transcranial Direct Current Stimulation versus Sham for Treatment of Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-Analysis. 2022. PMID: CRD42022362637. *Background*

306. Marina M-M, Marcos B-F, Hilario B-F. Effects of music on ADHD symptomatology and potential application of music in video games: A systematic review. 2021. PMID: CRD42021288226. *Background*

307. Markowitz JS, Patrick KS. Pharmacokinetic and pharmacodynamic drug interactions in the treatment of attention-deficit hyperactivity disorder. Clinical pharmacokinetics. 2001;40:753-72. *Background*

308. Marshall P, Hoelzle J, Nikolas M. Diagnosing Attention-Deficit/Hyperactivity Disorder (ADHD) in young adults: A qualitative review of the utility of assessment measures and recommendations for improving the diagnostic process. Clin Neuropsychol. 2021 Jan;35(1):165-98. doi: 10.1080/13854046.2019.1696409. PMID: 31791193. *Background*

309. Martinez-Raga J, Knecht C, Szerman N, et al. Risk of serious cardiovascular problems with medications for attention-deficit hyperactivity disorder. CNS Drugs. 2013 Jan;27(1):15-30. doi: 10.1007/s40263-012-0019-9. PMID: 23160939. *Background*

310. Matsui Y, Matsunaga S, Matsuda Y, et al. Azapirones for Attention Deficit Hyperactivity Disorder: A Systematic Review. Pharmacopsychiatry. 2016 May;49(3):97-106. doi: 10.1055/s-0042-102457. PMID: 27074948. *Background*

311. Matte B, Rohde LA, Turner JB, et al. Reliability and Validity of Proposed DSM-5 ADHD Symptoms in a Clinical Sample of Adults. J Neuropsychiatry Clin Neurosci. 2015 Summer;27(3):228-36. doi: 10.1176/appi.neuropsych.13060137. PMID: 26067434. *Background*

312. Matthys F, Stes S, van den Brink W, et al. Guideline for screening, diagnosis and treatment of ADHD in adults with substance use disorders. International Journal of Mental Health and Addiction. 2014;12(5):629-47. doi: 10.1007/s11469-014-9496-z. *Background*

313. Mattia M, Edoardo De M, Federico R, et al. Pharmacological treatments for ADHD comorbid with substance use disorder: a systematic review and network meta-analysis. 2024. PMID: CRD42024577835. *Background*

314. Matza LS, Stoeckl MN, Shorr JM, et al. Impact of atomoxetine on health-related quality of life and functional status in patients with ADHD. Expert Rev Pharmacoecon Outcomes Res. 2006 Aug;6(4):379-90. doi: 10.1586/14737167.6.4.379. PMID: 20528508. *Background*

315. Mayer K, Wyckoff SN, Strehl U. One size fits all? Slow cortical potentials neurofeedback: a review. J Atten Disord. 2013 Jul;17(5):393-409. doi: 10.1177/1087054712468053. PMID: 23264371. *Background*

316. McCleary R, Schuck S, Swanson JM. Ecological Correlates of ADHD. In press. *Background*

317. McDonagh MS, Peterson K, Thakurta S, et al. Drug Class Reviews. Drug Class Review: Pharmacologic Treatments for Attention Deficit Hyperactivity Disorder: Final Update 4 Report. Portland (OR): Oregon Health & Science University

Copyright © 2011 by Oregon Health & Science University.; 2011. *Background*

318. Melzer D, Tom BD, Brugha TS, et al. Common mental disorder symptom counts in populations: are there distinct case groups above epidemiological cut-offs? Psychol Med. 2002 Oct;32(7):1195-201. doi: 10.1017/s0033291702006049. PMID: 12420889. *Background*

319. Menna Ayman Abd E, Hazem EM, Rashad GM. The Therapeutic Effects of Probiotics on Attention Deficit Hyperactivity Disorder (ADHD) symptoms : A Comprehensive Systematic Review and Meta-Analysis of Randomized Controlled Trials. 2024. PMID: CRD42024509919. *Background*

320. Mészáros A, Czobor P, Bálint S, et al. Pharmacotherapy of adult attention deficit hyperactivity disorder (ADHD): a meta-analysis. Int J Neuropsychopharmacol. 2009 Sep;12(8):1137-47. doi: 10.1017/s1461145709990198. PMID: 19580697. *Background*

321. Miller CJ, Newcorn JH, Halperin JM. Fading memories: retrospective recall inaccuracies in ADHD. J Atten Disord. 2010 Jul;14(1):7-14. doi: 10.1177/1087054709347189. PMID: 19794136. *Background*

322. Mira S, Sylvia L, Ronan W, et al. Treating Executive Function Deficits in Individuals with Attention Deficit Hyperactivity Disorder: A Review of Pharmacological and Non-Pharmacological Interventions. 2022. PMID: CRD42022363558. *Background*

323. Moffitt TE, Houts R, Asherson P, et al. Is Adult ADHD a Childhood-Onset Neurodevelopmental Disorder? Evidence From a Four-Decade Longitudinal Cohort Study. Am J Psychiatry. 2015 Oct;172(10):967-77. doi: 10.1176/appi.ajp.2015.14101266. PMID: 25998281. *Background*

324. Mongia M, Hechtman L. Cognitive behavior therapy for adults with attention-deficit/hyperactivity disorder: a review of recent randomized controlled trials. Curr Psychiatry Rep. 2012 Oct;14(5):561-7. doi: 10.1007/s11920-012-0303-x. PMID: 22878974. *Background*

325. Moorthy G, Sallee F, Zemlan F, et al. Population pharmacokinetics of betahistine in patients with attention deficit hyperactivity disorder (ADHD). Clinical Pharmacology and Therapeutics. 2014;95:S80. doi: 10.1038/clpt.2013.249. *Background*

326. Moriyama TS, Polanczyk GV, Terzi FS, et al. Psychopharmacology and psychotherapy for the treatment of adults with ADHD-a systematic review of available meta-analyses. CNS Spectr. 2013 Dec;18(6):296-306. doi: 10.1017/s109285291300031x. PMID: 23739183. *Background*

327. Moukhtarian TR, Cooper RE, Vassos E, et al. Effects of stimulants and atomoxetine on emotional lability in adults: A systematic review and meta-analysis. Eur Psychiatry. 2017 Jul;44:198-207. doi: 10.1016/j.eurpsy.2017.05.021. PMID: 28646732. *Background*

328. Moulin F, Chollet A, Ramos-Quiroga JA, et al. Prevalence and Psychosocial Correlates of ADHD Symptoms in Young Adulthood: A French Population-Based Study. J Atten Disord. 2018 Jan;22(2):167-81. doi: 10.1177/1087054717706758. PMID: 28490216. *Background*

329. Mowlem FD, Skirrow C, Reid P, et al. Validation of the Mind Excessively Wandering Scale and the Relationship of Mind Wandering to Impairment in Adult ADHD. J Atten Disord. 2019 Apr;23(6):624-34. doi: 10.1177/1087054716651927. PMID: 27255536. *Background*

330. Mucci F, Avella MT, Marazziti D. ADHD with Comorbid Bipolar Disorders: A Systematic Review of Neurobiological, Clinical and Pharmacological Aspects Across the Lifespan. Curr Med Chem. 2019;26(38):6942-69. doi: 10.2174/0929867326666190805153610. PMID: 31385763. *Background*

331. Naiwei F, Zhaohui Z, Wenrui D, et al. Systematic review and meta-analysis on the effectiveness of transcranial direct current stimulation (TDCS) for the treatment of attention deficit hyperactivity disorder (ADHD). 2018. PMID: CRD42018092725. *Background*

332. Najib J. The efficacy and safety profile of lisdexamfetamine dimesylate, a prodrug of d-amphetamine, for the treatment of attention-deficit/hyperactivity disorder in children and adults. Clin Ther. 2009 Jan;31(1):142-76. doi: 10.1016/j.clinthera.2009.01.015. PMID: 19243715. *Background*

333. Najib J, Wimer D, Zeng J, et al. Review of Lisdexamfetamine Dimesylate in Adults With Attention-Deficit/Hyperactivity Disorder. J Cent Nerv Syst Dis. 2017;9:1179573517728090. doi: 10.1177/1179573517728090. PMID: 28855799. *Background*

334. Nardia Z, David C, Leanne W. Recognising and managing ADHD in prisons: a rapid review. 2020. PMID: CRD42020148909. *Background*

335. Narrow W. Editorial: The Enigma of "Real World" Mental Health Care. J Am Acad Child Adolesc Psychiatry. 2022 Aug;61(8):980-1. doi: 10.1016/j.jaac.2022.04.003. PMID: 35452783. *Background*

336. National Institute for Health and Care Excellence: (NICE). Attention deficit hyperactivity disorder: diagnosis and management. NICE Guideline, no. 87. London; 2019. *Background*

337. National Institutes of H. Multimodal Brain Imaging of the Neural Effects of Methylphenidate in Patients With ADHD. In: National Institutes of H, editor; 2021. *Background*

338. Nelson JM, Lovett BJ. Assessing ADHD in college students: Integrating multiple evidence sources with symptom and performance validity data. Psychological Assessment. 2019;31(6):793. *Background*

339. Nelson JM, Whipple B, Lindstrom W, et al. How Is ADHD Assessed and Documented? Examination of Psychological Reports Submitted to Determine Eligibility for Postsecondary Disability. J Atten Disord. 2019 Dec;23(14):1780-91. doi: 10.1177/1087054714561860. PMID: 25534434. *Background*

340. Neos Therapeutics I. Drug Approval Package: Adzenys XR-ODT. U.S. Food and Drug Administration; 2016. 2025. *Background*

341. Neos Therapeutics I. Drug Approval Package: Cotempla XR-ODT. U.S. Food and Drug Administration; 2017. 2025. *Background*

342. NextWave Pharmaceuticals I. Drug Approval Package: Quillvant XR. U.S. Food and Drug Administration; 2012. 2025. *Background*

343. Nichols SL, Waschbusch DA. A review of the validity of laboratory cognitive tasks used to assess symptoms of ADHD. Child Psychiatry and Human Development. 2004;34:297-315. *Background*

344. Nigg JT, Bruton A, Kozlowski MB, et al. Systematic Review and Meta-Analysis: Do White Noise or Pink Noise Help With Task Performance in Youth With Attention-Deficit/Hyperactivity Disorder or With Elevated Attention Problems? J Am Acad Child Adolesc Psychiatry. 2024 Aug;63(8):778-88. doi: 10.1016/j.jaac.2023.12.014. PMID: 38428577. *Background*

345. Nimmo-Smith V, Merwood A, Hank D, et al. Non-pharmacological interventions for adult ADHD: a systematic review. Psychol Med. 2020 Mar;50(4):529-41. doi: 10.1017/s0033291720000069. PMID: 32036811. *Background*

346. NL-OMON46908. Phase shift in adult ADHD of sleep and apetite.; 2012. *Background*

347. Norio W, Kentaro I, Rei S. Efficacy and safety of polyphenol compound for Attention deficit hyperactivity disorder. 2020. PMID: CRD42020216813. *Background*

348. Noven Pharmaceuticals I. Drug Approval Package: Daytrana Transdermal System. U.S. Food and Drug Administration; 2006. 2025. *Background*

349. Noven Pharmaceuticals I. Drug Approval Package: Xelstrym. U.S. Food and Drug Administration; 2021. 2025. *Background*

350. Nuñez NA, Jezzini-Martinez S, Ho AMC, et al. Candidate gene polymorphisms and clinical implications of the use of psychostimulants in adults with mood or attentional deficit disorders: A systematic review. Biomarkers in Neuropsychiatry. 2024;10. doi: 10.1016/j.bionps.2024.100092. *Background*

351. Nutt DJ, Fone K, Asherson P, et al. Evidence-based guidelines for management of attention-deficit/hyperactivity disorder in adolescents in transition to adult services and in adults: recommendations from the British Association for Psychopharmacology. J Psychopharmacol. 2007 Jan;21(1):10-41. doi: 10.1177/0269881106073219. PMID: 17092962. *Background*

352. Oliva F, Malandrone F, di Girolamo G, et al. The efficacy of mindfulness-based interventions in attention-deficit/hyperactivity disorder beyond core symptoms: A systematic review, meta-analysis, and meta-regression. J Affect Disord. 2021 Sep 1;292:475-86. doi: 10.1016/j.jad.2021.05.068. PMID: 34146899. *Background*

353. Owens J. Relationships between an ADHD Diagnosis and Future School Behaviors among Children with Mild Behavioral Problems. Sociology of Education. 2020;93(3):191-214. doi: 10.1177/0038040720909296. *Background*

354. Owens J, Jackson H. Attention-deficit/hyperactivity disorder severity, diagnosis, & later academic achievement in a national sample. Soc Sci Res. 2017 Jan;61:251-65. doi: 10.1016/j.ssresearch.2016.06.018. PMID: 27886732. *Background*

355. Pagán AF, Huizar YP, Schmidt AT. Conner's Continuous Performance Test and Adult ADHD: A Systematic Literature Review. J Atten Disord. 2023 Feb;27(3):231-49. doi: 10.1177/10870547221142455. PMID: 36495125. *Background*

356. Paloyelis Y, Mehta MA, Kuntsi J, et al. Functional MRI in ADHD: A systematic literature review. Expert Review of Neurotherapeutics. 2007;7(10):1337-56. doi: 10.1586/14737175.7.10.1337. *Background*

357. Pandina G, Daly E, Gassmann-Mayer C, et al. Exploratory analyses of efficacy by sex and age of a histamine 3 (H3) receptor antagonist (JNJ) for the treatment of adults with attention-deficit hyperactivity disorder. Biological Psychiatry. 2012;71(8):62S. doi: 10.1016/j.biopsych.2012.02.012. *Background*

358. Păsărelu CR, Andersson G, Dobrean A. Attention-deficit/ hyperactivity disorder mobile apps: A systematic review. Int J Med Inform. 2020 Jun;138:104133. doi: 10.1016/j.ijmedinf.2020.104133. PMID: 32283479. *Background*

359. Paul S. Treatment of adult Attention Deficit Hyperactivity Disorder. 2011. PMID: CRD42011001635. *Background*

360. Paulo levi M, Gabriel Alberto Pinheiro Fernandes D, Isabel Bessa L, et al. Pharmacological approach to patients with Autism Spectrum Disorders and ADHD symptoms. 2023. PMID: CRD42023473679. *Background*

361. Paulo Sousa M, Frederica P, Leonardo Afonso dos S, et al. Non-invasive brain stimulation (NIBS) for Attention Deficit/Hyperactivity Disorder (ADHD): A systematic review and meta-analysis of clinical and cognitive outcomes. 2023. PMID: CRD42023402789. *Background*

362. Paz Y, Friedwald K, Levkovitz Y, et al. Deep rTMS for ADHD. Brain Stimulation. 2017;10(2):413. doi: 10.1016/j.brs.2017.01.224. *Background*

363. Pelham Jr WE, Wheeler T, Chronis A. Empirically supported psychosocial treatments for attention deficit hyperactivity disorder. Journal of clinical child psychology. 1998;27(2):190-205. *Background*

364. Penberthy JK, Cox D, Breton M, et al. Calibration of ADHD assessments across studies: a meta-analysis tool. Appl Psychophysiol Biofeedback. 2005 Mar;30(1):31-51. doi: 10.1007/s10484-005-2172-0. PMID: 15889584. *Background*

365. Pereira-Sanchez V, Franco AR, Vieira D, et al. Systematic Review: Medication Effects on Brain Intrinsic Functional Connectivity in Patients With Attention-Deficit/Hyperactivity Disorder. J Am Acad Child Adolesc Psychiatry. 2021 Feb;60(2):222-35. doi: 10.1016/j.jaac.2020.10.013. PMID: 33137412. *Background*

366. Pérez de los Cobos J, Siñol N, Pérez V, et al. Pharmacological and clinical dilemmas of prescribing in co-morbid adult attention-deficit/hyperactivity disorder and addiction. Br J Clin Pharmacol. 2014 Feb;77(2):337-56. doi: 10.1111/bcp.12045. PMID: 23216449. *Background*

367. Perugi G, Pallucchini A, Rizzato S, et al. Current and emerging pharmacotherapy for the treatment of adult attention deficit hyperactivity disorder (ADHD). Expert Opin Pharmacother. 2019 Aug;20(12):1457-70. doi: 10.1080/14656566.2019.1618270. PMID: 31112441. *Background*

368. Peterson BS, Trampush J, Brown M, et al. Tools for the Diagnosis of ADHD in Children and Adolescents: A Systematic Review. Pediatrics. 2024 Apr 1;153(4). doi: 10.1542/peds.2024-065854. PMID: 38523599. *Background*

369. Peterson BS, Trampush J, Maglione M, et al. Treatments for ADHD in Children and Adolescents: A Systematic Review. Pediatrics. 2024 Apr 1;153(4). doi: 10.1542/peds.2024-065787. PMID: 38523592. *Background*

370. Peterson K, McDonagh MS, Fu R. Comparative benefits and harms of competing medications for adults with attention-deficit hyperactivity disorder: a systematic review and indirect comparison meta-analysis. Psychopharmacology (Berl). 2008 Mar;197(1):1-11. doi: 10.1007/s00213-007-0996-4. PMID: 18026719. *Background*

371. Pharma T. Drug Approval Package: Dyanavel XR Suspension. U.S. Food and Drug Administration; 2015. 2025. *Background*

372. Philipsen A, Colla M, Jacob C, et al. Efficacy of psychotherapy in the treatment of adult ADHD-a randomized controlled multicentre trial. Neuropsychiatrie de l'Enfance et de l'Adolescence. 2012;60(5):S50-S1. doi: 10.1016/j.neurenf.2012.05.193. *Background*

373. Philipsen A, Graf E, Tebartz Van Elst L, et al. First results of the compas group (comparison of methylphenidate and psychotherapy in adult adhd study). European Psychiatry. 2011;26. doi: 10.1016/S0924-9338(11)73599-4. *Background*

374. Philipsen A, Jans T, Matthies S, et al. Multimodal treatment of adult ADHD: A randomized controlled multicentre trial (COMPAS). ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S16. doi: 10.1007/s12402-015-0169-y. *Background*

375. Philipsen A, Sobanski E, Roesler M, et al. Effects of oros-mph on adult patients with adhd - Results of the german subpopulation of the european lamda trial (42603att3002/-3004). European Psychiatry. 2009;24:S1048. *Background*

376. Phillips M, Leese M, Abalos S, et al. Are There Race‐Based Differences in Neuropsychological Test Performance and Psychological Symptom Endorsement Among Adults Diagnosed With ADHD? Psychiatric Research and Clinical Practice. 2025 02/11:n/a-n/a. doi: 10.1176/appi.prcp.20240151. *Background*

377. Pievsky MA, McGrath RE. Neurocognitive effects of methylphenidate in adults with attention-deficit/hyperactivity disorder: A meta-analysis. Neurosci Biobehav Rev. 2018 Jul;90:447-55. doi: 10.1016/j.neubiorev.2018.05.012. PMID: 29751051. *Background*

378. Pliszka SR. Pharmacologic treatment of attention-deficit/hyperactivity disorder: efficacy, safety and mechanisms of action. Neuropsychology review. 2007;17:61-72. *Background*

379. Plumber N, Majeed M, Ziff S, et al. Stimulant Usage by Medical Students for Cognitive Enhancement: A Systematic Review. Cureus. 2021 May 22;13(5):e15163. doi: 10.7759/cureus.15163. PMID: 34178492. *Background*

380. Poissant H, Mendrek A, Talbot N, et al. Behavioral and Cognitive Impacts of Mindfulness-Based Interventions on Adults with Attention-Deficit Hyperactivity Disorder: A Systematic Review. Behav Neurol. 2019;2019:5682050. doi: 10.1155/2019/5682050. PMID: 31093302. *Background*

381. Polanczyk G, Faraone SV, Bau CH, et al. The impact of individual and methodological factors in the variability of response to methylphenidate in ADHD pharmacogenetic studies from four different continents. Am J Med Genet B Neuropsychiatr Genet. 2008 Dec 5;147b(8):1419-24. doi: 10.1002/ajmg.b.30855. PMID: 18802923. *Background*

382. Polzer J, Bangs ME, Zhang S, et al. Meta-analysis of aggression or hostility events in randomized, controlled clinical trials of atomoxetine for ADHD. Biol Psychiatry. 2007 Mar 1;61(5):713-9. doi: 10.1016/j.biopsych.2006.05.044. PMID: 16996485. *Background*

383. Post RE, Kurlansik SL. Diagnosis and management of attention-deficit/hyperactivity disorder in adults. American family physician. 2012;85(9):890-6. *Background*

384. Power HA, Shivak SM, Kim J, et al. A systematic review of attention-deficit/hyperactivity disorder in people living with cystic fibrosis. Pediatr Pulmonol. 2024 Apr;59(4):825-33. doi: 10.1002/ppul.26843. PMID: 38197494. *Background*

385. Radonjić NV, Bellato A, Khoury NM, et al. Nonstimulant Medications for Attention-Deficit/Hyperactivity Disorder (ADHD) in Adults: Systematic Review and Meta-analysis. CNS Drugs. 2023 May;37(5):381-97. doi: 10.1007/s40263-023-01005-8. PMID: 37166701. *Background*

386. Rafał B, Ewa M, Marek K. The risk of methylphenidate pharmacotherapy in adults with attention deficit hyperactivity disorder (ADHD) – a systematic review. 2023. PMID: CRD42023422072. *Background*

387. Rahman UTA. Efficacy of Online Mindfulness-Based Intervention on Emerging Malaysian Chinese Adults With Attention Deficit/Hyperactivity Disorder: A Randomized Controlled Trial. In: Universiti Putra M, editor; 2019. *Background*

388. Ramin Abdi D, Ali H, Mostafa Q, et al. The efficacy of serotonin-norepinephrine reuptake inhibitors (SNRIs) in treating attention-deficit hyperactivity disorder (ADHD): a systematic review and meta-analysis. 2023. PMID: CRD42023412366. *Background*

389. Ramin Abdi D, Anita Saleh M. An update systematic review and meta-analysis on the efficacy of tricyclic antidepressants (TCAs), modafinil, bupropion, buspirone, and ginkgo biloba extract in treating attention deficit hyperactivity disorder (ADHD). 2023. PMID: CRD42023447270. *Background*

390. Ramos-Quiroga JA, Montoya A, Kutzelnigg A, et al. Attention deficit hyperactivity disorder in the European adult population: prevalence, disease awareness, and treatment guidelines. Curr Med Res Opin. 2013 Sep;29(9):1093-104. doi: 10.1185/03007995.2013.812961. PMID: 23742051. *Background*

391. Ramsay JR. Psychological assessment of adults with ADHD. Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment. 4 ed.: The Guilford Press; 2015:475–500. *Background*

392. Rapoport JL, Buchsbaum MS, Weingartner H, et al. Dextroamphetamine. Its cognitive and behavioral effects in normal and hyperactive boys and normal men. Arch Gen Psychiatry. 1980 Aug;37(8):933-43. doi: 10.1001/archpsyc.1980.01780210091010. PMID: 7406657. *Background*

393. Rapoport JL, Buchsbaum MS, Zahn TP, et al. Dextroamphetamine: cognitive and behavioral effects in normal prepubertal boys. Science. 1978 Feb 3;199(4328):560-3. doi: 10.1126/science.341313. PMID: 341313. *Background*

394. Rashid MA, Lovick S, Llanwarne NR. Medication-taking experiences in attention deficit hyperactivity disorder: a systematic review. Fam Pract. 2018 Mar 27;35(2):142-50. doi: 10.1093/fampra/cmx088. PMID: 28973393. *Background*

395. Ravishankar V, Chowdappa SV, Benegal V, et al. The efficacy of atomoxetine in treating adult attention deficit hyperactivity disorder (ADHD): A meta-analysis of controlled trials. Asian J Psychiatr. 2016 Dec;24:53-8. doi: 10.1016/j.ajp.2016.08.017. PMID: 27931908. *Background*

396. Region VG. A Single-blind Randomised Controlled Trial of Group Cognitive Behavioural Therapy (CBT) Versus Activity Group Control Condition for Adults With Attention Deficit Hyperactivity Disorder (ADHD). 2024. *Background*

397. Reimherr FW, Marchant BK, Strong RE, et al. Emotional dysregulation in adult ADHD and response to atomoxetine. Biol Psychiatry. 2005 Jul 15;58(2):125-31. doi: 10.1016/j.biopsych.2005.04.040. PMID: 16038683. *Background*

398. Retz W, Retz-Junginger P, Thome J, et al. Pharmacological treatment of adult ADHD in Europe. World J Biol Psychiatry. 2011 Sep;12 Suppl 1:89-94. doi: 10.3109/15622975.2011.603229. PMID: 21906003. *Background*

399. Rho I. A Phase 3, Dose-Optimized, Randomized, Double-Blind, Placebo-Controlled, Single-Center, Parallel Efficacy and Safety Laboratory Classroom Study in Adults With Attention-Deficit/Hyperactivity Disorder (ADHD) Using CTx-1301 (Dexmethylphenidate). In: Rho I, editor; 2022. *Background*

400. Rhona G, Craig M. The Effectiveness of Mindfulness-Based Cognitive Therapy in Adults with Attention Deficit Hyperactivity Disorder. 2024. PMID: CRD42024597740. *Background*

401. Riccioni A, Radua J, Ashaye FO, et al. Systematic Review and Meta-Analysis: Reporting and Representation of Race/Ethnicity in 310 Randomized Controlled Trials of Attention-Deficit/Hyperactivity Disorder Medications. J Am Acad Child Adolesc Psychiatry. 2024 Jul;63(7):698-707. doi: 10.1016/j.jaac.2023.09.544. PMID: 37890665. *Background*

402. Rituparna M, Biswa Ranjan M, Monalisa J. Efficacy and safety of Dasotraline in Attention-Deficit Hyperactivity Disorder (ADHD): A systematic review and meta-analysis. 2022. PMID: CRD42022321979. *Background*

403. Roberts W, Milich R, Barkley RA. Primary symptoms, diagnostic criteria, subtyping, and prevalence of ADHD. Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment. 4 ed.: The Guilford Press; 2015:51–80. *Background*

404. Rodrigo-Yanguas M, González-Tardón C, Bella-Fernández M, et al. Serious Video Games: Angels or Demons in Patients With Attention-Deficit Hyperactivity Disorder? A Quasi-Systematic Review. Front Psychiatry. 2022;13:798480. doi: 10.3389/fpsyt.2022.798480. PMID: 35573357. *Background*

405. Roest AM, de Vries YA, Wienen AW, et al. Editorial Perspective: Are treatments for childhood mental disorders helpful in the long run? An overview of systematic reviews. Journal of Child Psychology and Psychiatry. 2023;64(3):464-9. doi: https://doi.org/10.1111/jcpp.13677. *Background*

406. Rösler M, Casas M, Konofal E, et al. Attention deficit hyperactivity disorder in adults. World J Biol Psychiatry. 2010 Aug;11(5):684-98. doi: 10.3109/15622975.2010.483249. PMID: 20521876. *Background*

407. Rösler M, Retz W, Stieglitz RD. Psychopathological rating scales as efficacy parameters in adult ADHD treatment investigations - benchmarking instruments for international multicentre trials. Pharmacopsychiatry. 2010 May;43(3):92-8. doi: 10.1055/s-0029-1242819. PMID: 20127615. *Background*

408. Rösler M, Retz W, Thome J, et al. Psychopathological rating scales for diagnostic use in adults with attention-deficit/hyperactivity disorder (ADHD). Eur Arch Psychiatry Clin Neurosci. 2006 Sep;256 Suppl 1:i3-11. doi: 10.1007/s00406-006-1001-7. PMID: 16977549. *Background*

409. Rosso G, Portaluppi C, Teobaldi E, et al. Assessing Adult ADHD Through Objective Neuropsychological Measures: A Critical Overview. J Atten Disord. 2023 May;27(7):786-94. doi: 10.1177/10870547231167564. PMID: 37039121. *Background*

410. Rostain AL. Attention-deficit/hyperactivity disorder in adults: evidence-based recommendations for management. Postgrad Med. 2008 Sep;120(3):27-38. doi: 10.3810/pgm.2008.09.1905. PMID: 18824823. *Background*

411. Rostain AL, Ramsay JR, Waite R. Culturally competent strategies for assessing and treating ADHD in African American adults. The Journal of Clinical Psychiatry. 2015;76(5):592-6. doi: 10.4088/JCP.13008co6c. *Background*

412. Rover C, Knapp G, Friede T. Hartung-Knapp-Sidik-Jonkman approach and its modification for random-effects meta-analysis with few studies. BMC Med Res Methodol. 2015 Nov 14;15:99. doi: 10.1186/s12874-015-0091-1. PMID: 26573817. *Background*

413. Rutledge-Jukes H, Jonnalagadda P, McIntosh AP, et al. Lisdexamfetamine's Efficacy in Treating Attention Deficit Hyperactivity Disorder (ADHD): A Meta-Analysis and Review. Cureus. 2024 Aug;16(8):e68324. doi: 10.7759/cureus.68324. PMID: 39350825. *Background*

414. SA CT. Drug Approval Package: Azstarys. U.S. Food and Drug Administration; 2021. 2025. *Background*

415. Sagar S, Miller CJ, Erdodi LA. Detecting feigned attention-deficit/hyperactivity disorder (ADHD): Current methods and future directions. Psychological Injury and Law. 2017;10(2):105-13. doi: 10.1007/s12207-017-9286-6. *Background*

416. Salehinejad MA, Nejati V, Mosayebi-Samani M, et al. Transcranial Direct Current Stimulation in ADHD: A Systematic Review of Efficacy, Safety, and Protocol-induced Electrical Field Modeling Results. Neurosci Bull. 2020 Oct;36(10):1191-212. doi: 10.1007/s12264-020-00501-x. PMID: 32418073. *Background*

417. samina s, Morteza G, Nima N. Effect of ADHD Medication on driving performance of Adults and adolescent: A systematic review. 2023. PMID: CRD42023464041. *Background*

418. Samuele C, Cinzia Del G, Samuel C, et al. Comparing pharmacological and non-pharmacological interventions for adults with Attention-Deficit/Hyperactivity Disorder (ADHD): systematic review and network meta-analysis. 2021. PMID: CRD42021265576. *Background*

419. Samuele C, Francesca L, Gabriele M. Pharmacotherapy of emotional dysregulation in adults with ADHD: protocol for a systematic review and meta-analysis. 2017. PMID: CRD42017068426. *Background*

420. Samuele C, Junhua Z, Amparo D-R. Meditation-based interventions for ADHD in children, adolescents, and adults: a systematic review and meta-analysis. 2018. PMID: CRD42018096156. *Background*

421. Santosh PJ, Sattar S, Canagaratnam M. Efficacy and tolerability of pharmacotherapies for attention-deficit hyperactivity disorder in adults. CNS drugs. 2011;25(9):737-63. *Background*

422. Schaeuble B, Orman C, Palumbo JM. Efficacy of prolonged-release methylphenidate in a randomized controlled trial in adults with ADHD: Secondary endpoints. European Neuropsychopharmacology. 2009;19:S679-S80. doi: 10.1016/S0924-977X(09)71098-3. *Background*

423. Schatz NK, Fabiano GA, Cunningham CE, et al. Systematic Review of Patients' and Parents' Preferences for ADHD Treatment Options and Processes of Care. Patient. 2015 Dec;8(6):483-97. doi: 10.1007/s40271-015-0112-5. PMID: 25644223. *Background*

424. Schein J, Cloutier M, Gauthier-Loiselle M, et al. Assessment of centanafadine in adults with attention-deficit/hyperactivity disorder: A matching-adjusted indirect comparison vs lisdexamfetamine dimesylate, atomoxetine hydrochloride, and viloxazine extended-release. J Manag Care Spec Pharm. 2024 Jun;30(6):528-40. doi: 10.18553/jmcp.2024.30.6.528. PMID: 38824626. *Background*

425. Schein J, Cloutier M, Gauthier-Loiselle M, et al. Assessment of centanafadine in adults with ADHD: a matching adjusted indirect comparison versus methylphenidate hydrochloride extended release (Concerta). Curr Med Res Opin. 2024 Aug;40(8):1397-406. doi: 10.1080/03007995.2024.2373883. PMID: 38958732. *Background*

426. Schein J, Cloutier M, Gauthier-Loiselle M, et al. A matching-adjusted indirect comparison of centanafadine versus lisdexamfetamine, methylphenidate and atomoxetine in adults with attention-deficit/hyperactivity disorder: long-term safety and efficacy. J Comp Eff Res. 2024 Aug 12:e240089. doi: 10.57264/cer-2024-0089. PMID: 39132746. *Background*

427. Schoenfelder EN, Faraone SV, Kollins SH. Stimulant treatment of ADHD and cigarette smoking: a meta-analysis. Pediatrics. 2014 Jun;133(6):1070-80. doi: 10.1542/peds.2014-0179. PMID: 24819571. *Background*

428. Schofield F, Isotalus H, Jones M, et al. Assistive technologies and their application to sleep problems in adult ADHD: a scoping review. Sleep Medicine. 2024;115:404. doi: 10.1016/j.sleep.2023.11.1086. *Background*

429. Scholz L, Werle J, Philipsen A, et al. Effects and feasibility of psychological interventions to reduce inattention symptoms in adults with ADHD: a systematic review. J Ment Health. 2023 Feb;32(1):307-20. doi: 10.1080/09638237.2020.1818189. PMID: 32954909. *Background*

430. Scottish Intercollegiate Guidelines Network (SIGN). Management of attention deficit and hyperkinetic disorders in children and young people. October 2009. https://antoniofasolino.weebly.com/uploads/2/6/2/6/2626820/sign1200\_-\_adhd.pdf. *Background*

431. Seixas M, Weiss M, Müller U. Systematic review of national and international guidelines on attention-deficit hyperactivity disorder. J Psychopharmacol. 2012 Jun;26(6):753-65. doi: 10.1177/0269881111412095. PMID: 21948938. *Background*

432. Sgro G, Coit M, Sullivan BD, et al. Barriers to Attention-Deficit/Hyperactivity Disorder Diagnosis in Adults The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health & Human Services. January 2025. *Background*

433. Shahar H, Alyagon U, Lazarovits A, et al. Right prefrontal deep TMS effects on attention symptoms: Behavioral outcomes and electrophysiological correlates. European Psychiatry. 2015;30:841. *Background*

434. Sharif S, Guirguis A, Fergus S, et al. The Use and Impact of Cognitive Enhancers among University Students: A Systematic Review. Brain Sci. 2021 Mar 10;11(3). doi: 10.3390/brainsci11030355. PMID: 33802176. *Background*

435. Shaw M, Hodgkins P, Caci H, et al. A systematic review and analysis of long-term outcomes in attention deficit hyperactivity disorder: effects of treatment and non-treatment. BMC Med. 2012 Sep 4;10:99. doi: 10.1186/1741-7015-10-99. PMID: 22947230. *Background*

436. Shire Development L. Drug Approval Package: Mydayis. U.S. Food and Drug Administration; 2017. 2025. *Background*

437. Shire Development L. Drug Approval Package: Vyvanse Chewable Tablets. U.S. Food and Drug Administration; 2017. 2025. *Background*

438. Shire Laboratories I. Drug Approval Package: Adderall XR. U.S. Food and Drug Administration; 2001. 2025. *Background*

439. Shire Pharmaceuticals I. Drug Approval Package: Intuniv. U.S. Food and Drug Administration; 2009. 2025. *Background*

440. Shou S, Xiu S, Li Y, et al. Efficacy of Online Intervention for ADHD: A Meta-Analysis and Systematic Review. Front Psychol. 2022;13:854810. doi: 10.3389/fpsyg.2022.854810. PMID: 35837629. *Background*

441. Sibley MH. Empirically-informed guidelines for first-time adult ADHD diagnosis. J Clin Exp Neuropsychol. 2021 May;43(4):340-51. doi: 10.1080/13803395.2021.1923665. PMID: 33949916. *Background*

442. Sibley MH, Arnold LE, Swanson JM, et al. Variable Patterns of Remission From ADHD in the Multimodal Treatment Study of ADHD. Am J Psychiatry. 2022 Feb;179(2):142-51. doi: 10.1176/appi.ajp.2021.21010032. PMID: 34384227. *Background*

443. Sibley MH, Arnold LE, Swanson JM, et al. The Importance of Scrutinizing Emergent ADHD Symptoms in Adults: Response to Chamberlain and Muller. Am J Psychiatry. 2018 May 1;175(5):480-1. doi: 10.1176/appi.ajp.2018.17121308r. PMID: 29712477. *Background*

444. Sibley MH, Mitchell JT, Becker SP. Method of adult diagnosis influences estimated persistence of childhood ADHD: a systematic review of longitudinal studies. Lancet Psychiatry. 2016 Dec;3(12):1157-65. doi: 10.1016/s2215-0366(16)30190-0. PMID: 27745869. *Background*

445. Sibley MH, Rohde LA, Swanson JM, et al. Late-Onset ADHD Reconsidered With Comprehensive Repeated Assessments Between Ages 10 and 25. Am J Psychiatry. 2018 Feb 1;175(2):140-9. doi: 10.1176/appi.ajp.2017.17030298. PMID: 29050505. *Background*

446. Silverstein MJ, Faraone SV, Alperin S, et al. Validation of the expanded versions of the adult ADHD self-report scale (ASRS) v1.1 symptom checklist and the adult ADHD investigator symptom rating scale (AISRS). Journal of the American Academy of Child and Adolescent Psychiatry. 2017;56(10):S275-S6. doi: 10.1016/j.jaac.2017.09.351. *Background*

447. Skliarova T, Pedersen H, Holsbrekken Å, et al. Psychoeducational group interventions for adults diagnosed with attention-deficit/ hyperactivity disorder: a scoping review of feasibility, acceptability, and outcome measures. BMC Psychiatry. 2024 Jun 20;24(1):463. doi: 10.1186/s12888-024-05908-8. PMID: 38902683. *Background*

448. Slobodin O. The Utility of the CPT in the Diagnosis of ADHD in Individuals with Substance Abuse: A Systematic Review. Eur Addict Res. 2020;26(4-5):283-94. doi: 10.1159/000508041. PMID: 32535592. *Background*

449. Snyder SM. Systems and methods to identify a subgroup of ADHD at higher risk for complicating conditions. US Patent and Trademark Office. (U.S. PPA Number 61/237,911; August 27, 2009) (U.S. PA Number 12/870,328; August 28, 2010). 2009. *Background*

450. Snyder SM, Rugino TA, Hornig M, et al. Integration of an EEG biomarker with a clinician's ADHD evaluation. Brain Behav. 2015 Apr;5(4):e00330. doi: 10.1002/brb3.330. PMID: 25798338. *Background*

451. Solanto M. Cognitive behaviour therapy interventions for adults with ADHD. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S112. doi: 10.1007/s12402-015-0169-y. *Background*

452. Solanto MV. 14.2 FEASIBILITY, ACCEPTABILITY, AND EFFECTIVENESS OF A NEW COGNITIVE-BEHAVIORAL INTERVENTION FOR COLLEGE STUDENTS WITH ADHD. Journal of the American Academy of Child and Adolescent Psychiatry. 2021;60(10):S279. doi: 10.1016/j.jaac.2021.07.631. *Background*

453. Sopko MA, Jr., Caberwal H, Chavez B. The safety and efficacy of methylphenidate and dexmethylphenidate in adults with attention deficit/hyperactivity disorder. J Cent Nerv Syst Dis. 2010;2:15-30. doi: 10.4137/jcnsd.s4178. PMID: 23861628. *Background*

454. Spencer TJ. Effect of an opioid receptor antagonist on stimulant treatment of adults with attention-deficit/ hyperactivity disorder. Journal of the American Academy of Child and Adolescent Psychiatry. 2016;55(10):S272. doi: 10.1016/j.jaac.2016.07.175. *Background*

455. Spencer TJ, Brown A, Seidman LJ, et al. Effect of psychostimulants on brain structure and function in ADHD: a qualitative literature review of magnetic resonance imaging-based neuroimaging studies. J Clin Psychiatry. 2013 Sep;74(9):902-17. doi: 10.4088/JCP.12r08287. PMID: 24107764. *Background*

456. Staley BS, Robinson LR, Claussen AH, et al. Attention-Deficit/Hyperactivity Disorder Diagnosis, Treatment, and Telehealth Use in Adults - National Center for Health Statistics Rapid Surveys System, United States, October-November 2023. MMWR Morb Mortal Wkly Rep. 2024 Oct 10;73(40):890-5. doi: 10.15585/mmwr.mm7340a1. PMID: 39388378. *Background*

457. Stamatis CA, Heusser AC, Simon TJ, et al. Real-time cognitive performance metrics derived from a digital therapeutic for inattention predict ADHD-related clinical outcomes: Replication across three independent trials of AKL-T01. Translational Psychiatry. 2024;14(1). doi: 10.1038/s41398-024-03045-0. *Background*

458. Stamatis CA, Mercaldi C, Kollins SH. A Single-Arm Pivotal Trial to Assess the Efficacy of Akl-T01, a Novel Digital Intervention for Attention, in Adults Diagnosed With ADHD. Journal of the American Academy of Child and Adolescent Psychiatry. 2023;62(10):S318. doi: 10.1016/j.jaac.2023.09.510. *Background*

459. Stiefel G, Besag FM. Cardiovascular effects of methylphenidate, amphetamines and atomoxetine in the treatment of attention-deficit hyperactivity disorder. Drug safety. 2010;33:821-42. *Background*

460. Strange BC. Once-daily treatment of ADHD with guanfacine: patient implications. Neuropsychiatric disease and treatment. 2008;4(3):499-506. *Background*

461. Stuhec M, Lukic P, Locatelli I. Comparative efficacy of lisdexamfetamine, mixed amphetamine salts and methylphenidate in treatment of attention deficit hyperactivity disorder in adults: A systematic review and meta-analysis. European Neuropsychopharmacology. 2016;26:S446. *Background*

462. Stuhec M, Lukić P, Locatelli I. Efficacy, Acceptability, and Tolerability of Lisdexamfetamine, Mixed Amphetamine Salts, Methylphenidate, and Modafinil in the Treatment of Attention-Deficit Hyperactivity Disorder in Adults: A Systematic Review and Meta-analysis. Ann Pharmacother. 2019 Feb;53(2):121-33. doi: 10.1177/1060028018795703. PMID: 30117329. *Background*

463. Suhr J, Wei C. Symptoms as an excuse: Attention deficit/hyperactivity disorder symptom reporting as an excuse for cognitive test performance in the context of evaluative threat. Journal of Social and Clinical Psychology. 2013;32(7):753-69. doi: 10.1521/jscp.2013.32.7.753. *Background*

464. Supernus Pharmaceuticals I. Drug Approval Package: Qelbree. U.S. Food and Drug Administration; 2021. 2025. *Background*

465. Surman CBH, Walsh DM. Do Treatments for Adult ADHD Improve Emotional Behavior? A Systematic Review and Analysis. J Atten Disord. 2022 Dec;26(14):1822-32. doi: 10.1177/10870547221110926. PMID: 35822610. *Background*

466. Surman CBH, Walsh DM. Understanding the Impact of Stimulants on Sleep in ADHD: Evidence from Systematic Assessment of Sleep in Adults. CNS Drugs. 2022 Mar;36(3):253-60. doi: 10.1007/s40263-022-00905-5. PMID: 35246824. *Background*

467. Surman CBH, Walsh DM. Do ADHD Treatments Improve Executive Behavior Beyond Core ADHD Symptoms in Adults? Evidence From Systematic Analysis of Clinical Trials. J Clin Pharmacol. 2023 Jun;63(6):640-53. doi: 10.1002/jcph.2209. PMID: 36731171. *Background*

468. Surman CBH, Walsh DM, Bond JB. Comparing Pharmacotherapies for ADHD in Adults: Evidence From Outcome-Focused Analysis of Food and Drug Administration Drug Label Registration Trials. J Atten Disord. 2024 Mar;28(5):800-9. doi: 10.1177/10870547231218041. PMID: 38229445. *Background*

469. Swanson JM. Symposium on Unsolved Mysteries in the Treatment of ADHD with Psychostimulants: Is There Any Clinical Evidence for the Occurrence of Long-Term Tolerance to Methylphenidate? 8th World Congress on ADHD; 2021 May 6-9. *Background*

470. Swanson JM. Comment after symposium on Unsolved Mysteries and Tolerance. 2021. *Background*

471. Swanson JM. Hot Topic: Special Issues on Pharmacological Treatment of ADHD-Acute and late tolerance: Are these real problems using stimulants? World Congress on ADHD; 2023 May 6-9; Amsterdom. *Background*

472. Swanson JM. Fluctuating ADHD Across the Course of the MTA. 2024 CHADD Research Symposium; 2024. *Background*

473. Swanson JM, Coghill D. Paradoxes and Fallacies that Apply to Diagnosis and Treatment of ADHD. 2025. *Background*

474. Tamminga HG, Reneman L, Huizenga HM, et al. Effects of methylphenidate on executive functioning in attention-deficit/hyperactivity disorder across the lifespan: a meta-regression analysis. Psychol Med. 2016 Jul;46(9):1791-807. doi: 10.1017/s0033291716000350. PMID: 27019103. *Background*

475. Tanaka Y, Upadhyaya H. Assessment of effects of atomoxetine in adult patients with ADHD: Consistency among 3 geographic regions in a response maintenance study. European Neuropsychopharmacology. 2013;23:S600. doi: 10.1016/S0924-977X(13)70955-6. *Background*

476. Tao C-M, Jasmine E, Zara H, et al. The effects of non-pharmacological interventions for ADHD on indices of autonomic functioning: systematic review and meta-analysis. 2022. PMID: CRD42022372965. *Background*

477. Tavares F, Viseu M, Barbosa Pinto M, et al. Management of Emotional Dysregulation in Adult ADHD. European Psychiatry. 2022;65:S720. doi: 10.1192/j.eurpsy.2022.1858. *Background*

478. Taylor A, Deb S, Unwin G. Scales for the identification of adults with attention deficit hyperactivity disorder (ADHD): a systematic review. Res Dev Disabil. 2011 May-Jun;32(3):924-38. doi: 10.1016/j.ridd.2010.12.036. PMID: 21316190. *Background*

479. Thomason C, Michelson D. Atomoxetine-treatment of attention deficit hyperactivity disorder: beyond stimulants. Drugs of Today. 2004;40(5). *Background*

480. Thomson A, Maltezos S, Paliokosta E, et al. Amfetamine for attention deficit hyperactivity disorder in people with intellectual disabilities. Cochrane Database Syst Rev. 2009 Jan 21;2009(1):Cd007009. doi: 10.1002/14651858.CD007009.pub2. PMID: 19160313. *Background*

481. Thomson A, Maltezos S, Paliokosta E, et al. Risperidone for attention-deficit hyperactivity disorder in people with intellectual disabilities. Cochrane Database Syst Rev. 2009 Apr 15;2009(2):Cd007011. doi: 10.1002/14651858.CD007011.pub2. PMID: 19370667. *Background*

482. Torgersen T, Gjervan B, Lensing MB, et al. Optimal management of ADHD in older adults. Neuropsychiatric disease and treatment. 2016:79-87. *Background*

483. Torres-Acosta N, O'Keefe JH, O'Keefe CL, et al. Cardiovascular Effects of ADHD Therapies: JACC Review Topic of the Week. J Am Coll Cardiol. 2020 Aug 18;76(7):858-66. doi: 10.1016/j.jacc.2020.05.081. PMID: 32792083. *Background*

484. Tourjman V, Louis-Nascan G, Ahmed G, et al. Psychosocial Interventions for Attention Deficit/Hyperactivity Disorder: A Systematic Review and Meta-Analysis by the CADDRA Guidelines Work GROUP. Brain Sci. 2022 Aug 1;12(8). doi: 10.3390/brainsci12081023. PMID: 36009086. *Background*

485. Trejo S, Vajsz K. Research Symposium II: Dimensional Assessment of ADHD in Adults/Adolescents. 2024. *Background*

486. Treuer T, Méndez L, Montgomery W, et al. Factors affecting treatment adherence to atomoxetine in ADHD: a systematic review. Neuropsychiatr Dis Treat. 2016;12:1061-83. doi: 10.2147/ndt.S97724. PMID: 27217754. *Background*

487. Tris Pharma I. Drug Approval Package: Dyanavel XR Tablet. U.S. Food and Drug Administration; 2021. 2025. *Background*

488. Tsujii N, Okada J, Usami M, et al. Effect ot Continuing and Discontinuing Medications on Quality of Life after Symptomatic Remission in Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-Analysis. Journal of Clinical Psychiatry. 2020;81(3):E1-E11. doi: 10.4088/JCP.19r13015. *Background*

489. Tsujii N, Okada T, Usami M, et al. Effect of Continuing and Discontinuing Medications on Quality of Life After Symptomatic Remission in Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-Analysis. J Clin Psychiatry. 2020 Mar 24;81(3). doi: 10.4088/JCP.19r13015. PMID: 32237294. *Background*

490. Tucha L, Fuermaier AB, Koerts J, et al. Detection of feigned attention deficit hyperactivity disorder. J Neural Transm (Vienna). 2015 Aug;122 Suppl 1:S123-34. doi: 10.1007/s00702-014-1274-3. PMID: 25096370. *Background*

491. Turner D. A review of the use of modafinil for attention-deficit hyperactivity disorder. Expert Rev Neurother. 2006 Apr;6(4):455-68. doi: 10.1586/14737175.6.4.455. PMID: 16623645. *Background*

492. Turner DC, Robbins TW, Clark L, et al. Cognitive enhancing effects of modafinil in healthy volunteers. Psychopharmacology (Berl). 2003 Jan;165(3):260-9. doi: 10.1007/s00213-002-1250-8. PMID: 12417966. *Background*

493. University at B. Adaptive Response to Intervention (RTI) for Students With ADHD. In: University at B, editor; 2018. *Background*

494. University of B. A Self-guided Internet-delivered Intervention for Adults With ADHD: Study Protocol for a Micro-randomized Trial Investigating the Use of Reminders. In: University of B, editor; 2020. *Background*

495. University of L, University of Geneva S, Netherlands Institute for the Study of C, et al. Benefits of In-prison OROS-methylphenidate Vs. Placebo Treatment in Detained People with Attention-deficit/hyperactivity Disorder: a Randomized Controlled Trial. In: University of L, University of Geneva S, Netherlands Institute for the Study of C, School of Health Sciences F, eds.; 2023. *Background*

496. University of Sao P. Evaluation of the Effectiveness of the FOCUS ADHD Mobile Health Platform in the Monitoring of Adults With Attention-Deficit/ Hyperactivity Disorder (ADHD). In: University of Sao P, editor; 2022. *Background*

497. Vall LD, Cirillo P, Surman C, et al. Transcranial Direct Current Stimulation to the Left Dorsolateral Prefrontal Cortex Improves Cognitive Control and its Physiological Biomarkers in Patients With Attention Deficit Hyperactivity Disorder. Biological Psychiatry. 2021;89(9):S77-S8. doi: 10.1016/j.biopsych.2021.02.207. *Background*

498. Van Ameringen M, Simpson W, Patterson B, et al. Lisdexamfetamine dimesylate in the treatment of adult ADHD with anxiety disorder and depression comorbidity: Results from a clinical trial. Neuropsychopharmacology. 2017;43:S342-S3. doi: 10.1038/npp.2017.265. *Background*

499. Van Ameringen M, Simpson W, Patterson B, et al. Lisdexamfetamine dimesylate in adult ADHD with anxiety disorder and depression comorbidity: A 17-week cross-over study. European Neuropsychopharmacology. 2019;29:S433. doi: 10.1016/j.euroneuro.2018.11.653. *Background*

500. Varela JL, Magnante AT, Miskey HM, et al. A systematic review of the utility of continuous performance tests among adults with ADHD. Clin Neuropsychol. 2024 Feb 29:1-62. doi: 10.1080/13854046.2024.2315740. PMID: 38424025. *Background*

501. Vedalaveni Chowdappa S, Ravishankar V, Muralidharan K, et al. The efficacy of atomoxetine in treating adult ADHD: A meta-analysis of placebo-controlled trials. International Journal of Neuropsychopharmacology. 2014;17:161. doi: 10.1017/S1461145714000741. *Background*

502. Veilahti AVP, Kovarskis L, Cowley BU. Neurofeedback Learning Is Skill Acquisition but Does Not Guarantee Treatment Benefit: Continuous-Time Analysis of Learning-Curves From a Clinical Trial for ADHD. Front Hum Neurosci. 2021;15:668780. doi: 10.3389/fnhum.2021.668780. PMID: 34276325. *Background*

503. Verbeeck W, Bekkering GE, Van den Noortgate W, et al. Bupropion for attention deficit hyperactivity disorder (ADHD) in adults. Cochrane Database Syst Rev. 2017 Oct 2;10(10):Cd009504. doi: 10.1002/14651858.CD009504.pub2. PMID: 28965364. *Background*

504. Verbeeck W, Tuinier S, Bekkering GE. Antidepressants in the treatment of adult attention-deficit hyperactivity disorder: a systematic review. Adv Ther. 2009 Feb;26(2):170-84. doi: 10.1007/s12325-009-0008-7. PMID: 19238340. *Background*

505. Veronesi GF, Gabellone A, Tomlinson A, et al. Treatments in the pipeline for attention-deficit/hyperactivity disorder (ADHD) in adults. Neurosci Biobehav Rev. 2024 Aug;163:105774. doi: 10.1016/j.neubiorev.2024.105774. PMID: 38914177. *Background*

506. Vidal R, Castells J, Richarte V, et al. Group cognitive-behavioural therapy for adolescents with Attention-Deficit/Hyperactivity Disorder: A randomized controlled trial. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S94. doi: 10.1007/s12402-015-0169-y. *Background*

507. Vidal-Estrada R, Bosch-Munso R, Nogueira-Morais M, et al. Psychological treatment of attention deficit hyperactivity disorder in adults: a systematic review. Actas Esp Psiquiatr. 2012 May-Jun;40(3):147-54. PMID: 22723133. *Background*

508. Villas-Boas CB, Chierrito D, Fernandez-Llimos F, et al. Pharmacological treatment of attention-deficit hyperactivity disorder comorbid with an anxiety disorder: a systematic review. Int Clin Psychopharmacol. 2019 Mar;34(2):57-64. doi: 10.1097/yic.0000000000000243. PMID: 30422834. *Background*

509. Wakelin C, Willemse M, Munnik E. A review of recent treatments for adults living with attention-deficit/hyperactivity disorder. South African Journal of Psychiatry. 2023;29. doi: 10.4102/sajpsychiatry.v29i0.2152. *Background*

510. Wallace ER, Garcia-Willingham NE, Walls BD, et al. A meta-analysis of malingering detection measures for attention-deficit/hyperactivity disorder. Psychol Assess. 2019 Feb;31(2):265-70. doi: 10.1037/pas0000659. PMID: 30359048. *Background*

511. Weis R, Till CH, Erickson CP. ADHD assessment in college students: Psychologists’ adherence to DSM-5 criteria and multi-method/multi-informant assessment. Journal of Psychoeducational Assessment. 2019;37(2):209-25. doi: 10.1177/0734282917735152. *Background*

512. Weisler RH. Review of long-acting stimulants in the treatment of attention deficit hyperactivity disorder. Expert Opinion on Pharmacotherapy. 2007;8(6):745-58. *Background*

513. Weisler RH, Adler LA, Kollins SH, et al. Analysis of individual items on the attention-deficit/hyperactivity disorder symptom rating scale in children and adults: the effects of age and sex in pivotal trials of lisdexamfetamine dimesylate. Neuropsychiatr Dis Treat. 2014;10:1-12. doi: 10.2147/ndt.S47087. PMID: 24363557. *Background*

514. Weiss G, Hechtman LT. Hyperactive Children Grown Up, Second Edition: ADHD in Children, Adolescents, and Adults: Guilford Publications; 1993. *Background*

515. Wernicke JF, Adler L, Spencer T, et al. Changes in symptoms and adverse events after discontinuation of atomoxetine in children and adults with attention deficit/hyperactivity disorder: a prospective, placebo-controlled assessment. J Clin Psychopharmacol. 2004 Feb;24(1):30-5. doi: 10.1097/01.jcp.0000104907.75206.c2. PMID: 14709944. *Background*

516. Westwood SJ, Radua J, Rubia K. Noninvasive brain stimulation in children and adults with attention-deficit/hyperactivity disorder: a systematic review and meta-analysis. J Psychiatry Neurosci. 2021 Jan 4;46(1):E14-e33. doi: 10.1503/jpn.190179. PMID: 33009906. *Background*

517. Wettstein R, Klabbers Y, Romijn E, et al. P.0632 The added value of cognitive behavioral therapy on quality of life in combination with pharmacotherapy in adults with ADHD. European Neuropsychopharmacology. 2021;53:S464-S5. doi: 10.1016/j.euroneuro.2021.10.597. *Background*

518. Weyandt LL, Oster DR, Marraccini ME, et al. Pharmacological interventions for adolescents and adults with ADHD: Stimulant and nonstimulant medications and misuse of prescription stimulants. Psychology Research and Behavior Management. 2014;7. *Background*

519. Wietecha LA, Clemow DB, Buchanan AS, et al. Atomoxetine Increased Effect over Time in Adults with Attention-Deficit/Hyperactivity Disorder Treated for up to 6 Months: Pooled Analysis of Two Double-Blind, Placebo-Controlled, Randomized Trials. CNS Neurosci Ther. 2016 Jul;22(7):546-57. doi: 10.1111/cns.12533. PMID: 26922462. *Background*

520. Wietecha LA, Clemow DB, Buchanan AS, et al. Atomoxetine increased effect over time in adults with attention‐deficit/hyperactivity disorder treated for up to 6 months: Pooled analysis of two double‐blind, placebo‐controlled, randomized trials. CNS Neuroscience & Therapeutics. 2016;22(7):546-57. doi: 10.1111/cns.12533. *Background*

521. Wietecha LA, Ruff DD, Allen AJ, et al. Atomoxetine tolerability in pediatric and adult patients receiving different dosing strategies. J Clin Psychiatry. 2013 Mar 29;74(12):1217-23. doi: 10.4088/JCP.12m07991. PMID: 24434090. *Background*

522. Wigal SB, Wigal T, Hobart M, et al. Safety and Efficacy of Centanafadine Sustained-Release in Adults With Attention-Deficit Hyperactivity Disorder: Results of Phase 2 Studies. Neuropsychiatr Dis Treat. 2020;16:1411-26. doi: 10.2147/ndt.S242084. PMID: 32606695. *Background*

523. Wigal T, Newcorn J, Handel N, et al. A phase ii study to determine the efficacy, safety, tolerability, and pharmacokinetics of a controlled release (CR) formulation of mazindol in adults with attention-deficit/hyperactivity disorder (ADHD). Journal of the American Academy of Child and Adolescent Psychiatry. 2017;56(10):S169-S70. doi: 10.1016/j.jaac.2017.09.066. *Background*

524. Wilens TE. Drug therapy for adults with attention-deficit hyperactivity disorder. Drugs. 2003;63(22):2395-411. doi: 10.2165/00003495-200363220-00002. PMID: 14609347. *Background*

525. Wilens TE, Adler LA, Adams J, et al. Misuse and diversion of stimulants prescribed for ADHD: a systematic review of the literature. J Am Acad Child Adolesc Psychiatry. 2008 Jan;47(1):21-31. doi: 10.1097/chi.0b013e31815a56f1. PMID: 18174822. *Background*

526. Wilens TE, Biederman J, Mick E, et al. A systematic assessment of tricyclic antidepressants in the treatment of adult attention-deficit hyperactivity disorder. The Journal of nervous and mental disease. 1995;183(1):48-9. *Background*

527. Wilens TE, Biederman J, Spencer TJ. Attention deficit/hyperactivity disorder across the lifespan. Annu Rev Med. 2002;53:113-31. doi: 10.1146/annurev.med.53.082901.103945. PMID: 11818466. *Background*

528. Wilens TE, Biederman J, Spencer TJ, et al. Pharmacotherapy of adult attention deficit/hyperactivity disorder: a review. J Clin Psychopharmacol. 1995 Aug;15(4):270-9. doi: 10.1097/00004714-199508000-00006. PMID: 7593710. *Background*

529. Wilens TE, Prince JB, Waxmonsky J, et al. Open trial of sustained release bupropion in adults with ADHD plus substance use disorders. American Journal on Addictions. 2010;19(4):373. doi: 10.1111/j.1521-0391.2010.00059.x. *Background*

530. Wilens TE, Spencer TJ, Biederman J. A review of the pharmacotherapy of adults with attention-deficit/hyperactivity disorder. J Atten Disord. 2002 Mar;5(4):189-202. doi: 10.1177/108705470100500401. PMID: 11967475. *Background*

531. Williams JM. Does neurofeedback help reduce Attention-Deficit hyperactivity disorder? Journal of Neurotherapy. 2010;14(4):261-79. doi: 10.1080/10874208.2010.523331. *Background*

532. Wilson AC. Cognitive Profile in Autism and ADHD: A Meta-Analysis of Performance on the WAIS-IV and WISC-V. Arch Clin Neuropsychol. 2024 May 21;39(4):498-515. doi: 10.1093/arclin/acad073. PMID: 37779387. *Background*

533. Wim V, Geertruida B, Wim Van den N. Bupropion for Attention Deficit Hyperactivity Disorder (ADHD) in adults [Cochrane protocol]. 2017. PMID: CRD42017082816. *Background*

534. Won-Seok C, Won-Myong B, Young Sup W, et al. The efficacy and safety of memantine in ADHD : systematic review and meta-analysis. 2023. PMID: CRD42023460516. *Background*

535. Wu EQ, Hodgkins P, Ben-Hamadi R, et al. Cost effectiveness of pharmacotherapies for attention-deficit hyperactivity disorder: a systematic literature review. CNS Drugs. 2012 Jul 1;26(7):581-600. doi: 10.2165/11633900-000000000-00000. PMID: 22712698. *Background*

536. Wynchank D, Bijlenga D, Beekman AT, et al. Adult Attention-Deficit/Hyperactivity Disorder (ADHD) and Insomnia: an Update of the Literature. Curr Psychiatry Rep. 2017 Oct 30;19(12):98. doi: 10.1007/s11920-017-0860-0. PMID: 29086065. *Background*

537. Xavier C, Ruth C, Dolors C. Pharmacological treatment of patients with attention deficit hyperactivity disorder (ADHD) and substance use disorder (SUD). 2012. PMID: CRD42012003414. *Background*

538. xinyue Y, Jing Y, Lin Z, et al. Short and Long-Term Effect of Non-pharmacotherapy for Adult with ADHD: A Systematic Review and Network Meta-Analysis. 2024. PMID: CRD42024432912. *Background*

539. Xue J, Zhang Y, Huang Y. A meta-analytic investigation of the impact of mindfulness-based interventions on ADHD symptoms. Medicine (Baltimore). 2019 Jun;98(23):e15957. doi: 10.1097/md.0000000000015957. PMID: 31169722. *Background*

540. Yan C, Jiawen Z, Yanrong W, et al. Effects of Transcranial Magnetic Stimulation (TMS) and Deep Transcranial Magnetic Stimulation (dTMS) on Attention in Adult Patients With Attention Deficit Hyperactivity Disoder: a systematic review. 2024. PMID: CRD42024607766. *Background*

541. Yang L, yuanchun r. A meta-analysis of the therapeutic effect of cognitive behavioral therapy on different symptoms of adult ADHD. 2024. PMID: CRD42024583562. *Background*

542. Young Z, Moghaddam N, Tickle A. The Efficacy of Cognitive Behavioral Therapy for Adults With ADHD: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. J Atten Disord. 2020 Apr;24(6):875-88. doi: 10.1177/1087054716664413. PMID: 27554190. *Background*

543. Yu S, Shen S, Tao M. Guanfacine for the Treatment of Attention-Deficit Hyperactivity Disorder: An Updated Systematic Review and Meta-Analysis. J Child Adolesc Psychopharmacol. 2023 Mar;33(2):40-50. doi: 10.1089/cap.2022.0038. PMID: 36944092. *Background*

544. Yu-Shian C, Hsin-Yi F, Cheuk-Kwan S. A pilot meta-analysis on self-reported efficacy of neurofeedback for adolescents and adults with ADHD. 2021. PMID: CRD42021275952. *Background*

545. Yunna K, Seung-Hun C, Ik-Hyun C. Effects of ginseng on attention-deficit hyperactivity disorder. 2023. PMID: CRD42023446324. *Background*

546. zeping Z, Weijing Z, Xiaolong C, et al. The effect of meditation-based mind-body therapies on symptoms and executive function in children and adults with Attention Deficit/Hyperactivity Disorder: A systematic review and meta-analysis. 2022. PMID: CRD42022353747. *Background*

547. Zhang J, Díaz-Román A, Cortese S. Meditation-based therapies for attention-deficit/hyperactivity disorder in children, adolescents and adults: a systematic review and meta-analysis. Evid Based Ment Health. 2018 Aug;21(3):87-94. doi: 10.1136/ebmental-2018-300015. PMID: 29991532. *Background*

548. Zhang L, Yao H, Li L, et al. Risk of Cardiovascular Diseases Associated With Medications Used in Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-analysis. JAMA Netw Open. 2022 Nov 1;5(11):e2243597. doi: 10.1001/jamanetworkopen.2022.43597. PMID: 36416824. *Background*

549. Zheng Z, Gu W-j. Is Dialectical Behavioral Therapy Effective in Treating Adult Attention Deficit/Hyperactivity Disorder? — A Meta Analytical Review of the Randomized Control Trials. 2024. PMID: CRD42024558569. *Background*

550. Zhu S, Wang T, Wang J, et al. Efficacy and Safety of PRC-063 for Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-analysis From Randomized Controlled Trials. J Atten Disord. 2023 Mar;27(5):470-87. doi: 10.1177/10870547231153941. PMID: 36794817. *Background*

Excluded Publications With Reasons for Exclusion

1. Diagnosis of attention deficit disorder in adult alcoholics: The case of DSM III—R. US: Haworth Press; 1990. p. 123-7. *Exclude-Comparator*

2. Predictive power of frontal lobe tests in the diagnosis of attention-deficit hyperactivity disorder. United Kingdom: Taylor & Francis; 1999. p. 12-21. *Exclude-Population*

3. Effectiveness of attention-deficit/hyperactivity treatment and diagnosis methods tested. Rep Med Guidel Outcomes Res. 2000 Feb 17;11(4):1-2, 5-7. PMID: 11768409. *Exclude-Design*

4. Methyphendidate in the Treatment of Cocaine Dependent Patients With Adult ADHD. In: Cincinnati M, editor; 2001. *Exclude-Duplicate*

5. Dexmethylphenidate--Novartis/Celgene. Focalin, D-MPH, D-methylphenidate hydrochloride, D-methylphenidate, dexmethylphenidate, dexmethylphenidate hydrochloride. Drugs R D. 2002;3(4):279-82. doi: 10.2165/00126839-200203040-00010. PMID: 12455205. *Exclude-Design*

6. Neuropsychological executive functions and DSM-IV ADHD subtypes. US: Lippincott Williams & Wilkins; 2002. p. 59-66. *Exclude-Population*

7. Messy purse girls: Adult females and ADHD. United Kingdom: Blackwell Publishing; 2002. p. 69-72. *Exclude-Intervention*

8. An 8-week, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Flexible-Dose Comparison of Extended-Release Bupropion Hydrochloride 300-450 mg/Day to Assess the Efficacy, Safety, and Effects on Health Outcomes in the Treatment of Adults With Attention-Deficit/Hyperactivity Disorder. 2002. *Exclude-Outcome*

9. An Open-label Study Evaluating the Safety and Effectiveness of OROS Methylphenidate Hydrochloride (CONCERTA) in Adults With Attention Deficit Hyperactivity Disorder. 2005. *Exclude-Comparator*

10. A Phase III, Multi-center, 12-month, Open-label Safety Study of SPD465 in Adults With Attention-Deficit Hyperactivity Disorder (ADHD). 2005. *Exclude-Comparator*

11. A Double-Blind Study of Functional Outcomes With Atomoxetine-Hydrochloride and Placebo in Adult Outpatients With DSM-IV Attention-Deficit/Hyperactivity Disorder. 2005. *Exclude-Outcome*

12. Long-Term, Open Label Safety Study of Atomoxetine Hydrochloride in Patients, 6 Years and Older With Attention-Deficit/Hyperactivity Disorder. 2005. *Exclude-Comparator*

13. A Randomized, Double-Blind, Placebo-Controlled Efficacy and Safety Comparison of Fixed-Dose Ranges of Atomoxetine Hydrochloride in Child Outpatients With Attention-Deficit/Hyperactivity Disorder. 2005. *Exclude-Population*

14. Treatment of Patients With Alcoholism and Attention Deficit Disorder. 2005. *Exclude-Outcome*

15. A Double Blind, Placebo-Controlled Crossover Study to Determine the Effects of Methylphenidate on Driving Ability in Adult Patients With Attention-Deficit Hyperactivity Disorder. 2005. *Exclude-Comparator*

16. Stimulants similarly effective for ADHD. Journal of Family Practice. 2005;54(9):750. *Exclude-Population*

17. An Open-Label, Dose-Titration, Long-Term Safety Study to Evaluate CONCERTA (Methylphenidate HCL) Extended-release Tablets at Doses of 36 mg, 54 mg, 72 mg, 90 mg, and 108 mg Per Day in Adults With Attention Deficit Hyperactivity Disorder. 2006. *Exclude-Comparator*

18. An Open-Label Pilot Study of Namenda (Memantine Hydrochloride) in Adult Subjects With Attention Deficit Hyperactivity Disorder (ADHD) and ADHD NOS. 2007. *Exclude-Design*

19. Psychometric Study of the Chinese Versions of the Swanson, Nolan, and Pelham, Version IV (SNAP-IV) Scale and Strengths Difficulties Questionnaire. 2007. *Exclude-Population*

20. A Multicenter Open Trial to Evaluate the Effectiveness and Quality of Life in Adults With Attention Deficit /Hyperactivity Disorder (ADHD) Treated With Long Acting Methylphenidate (CONCERTA). 2008. *Exclude-Comparator*

21. Comparison of Self and Clinician Administered Rating Scales in Patients With Attention Deficit Hyperactivity Disorder (ADHD). 2008. *Exclude-Population*

22. An Open Study of Atomoxetine (LY139603) in Adult Subjects With Attention-deficit/Hyperactivity Disorder. 2008. *Exclude-Design*

23. An Open Pilot Study of Varenicline (Chantix) in Adult Smokers With Attention Deficit Hyperactivity Disorder (ADHD): Effects on ADHD and Cigarette Smoking. 2009. *Exclude-Design*

24. Long-Term, Open-Label Safety and Efficacy Study of Atomoxetine Hydrochloride in Adult Patients With Attention-Deficit/Hyperactivity Disorder (ADHD). 2009. *Exclude-Design*

25. Study of Methylphenidate to Treat Gait Disorders And Attention Deficit In Parkinson's Disease: A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Multicentric Trial. 2009. *Exclude-Population*

26. Study of Memantine to Treat Gait Disorders And Attention Deficit In Parkinson's Disease: A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Monocentric Trial. 2009. *Exclude-Population*

27. Efficacy of Atomoxetine in Adults With ADHD and Substance Abuse Disorder Being Treated in a Residential Treatment Facility. In: Eli L, Company, eds.; 2009. *Exclude-Design*

28. Predictive validity of callous–unemotional traits measured in early adolescence with respect to multiple antisocial outcomes. US: American Psychological Association; 2010. p. 752-63. *Exclude-Intervention*

29. A Double-blind, Placebo-controlled, Randomized Study to Evaluate the Safety and Therapeutic Effects of Sapropterin Dihydrochloride on Neuropsychiatric Symptoms in Subjects With Phenylketonuria. 2010. *Exclude-Population*

30. A Phase I/IIa Randomized, Double-Blind, Multicenter, Placebo-Controlled, Parallel-Group Study of the Safety and Efficacy of Immediate-Release Viloxazine in Adults With Attention-Deficit/Hyperactivity Disorder (ADHD). 2010. *Exclude-Intervention*

31. The Effects of Methylphenidate on Sleep Patterns in Adults With ADHD: An Open Label Polysomnographic Study. 2010. *Exclude-Comparator*

32. A brief DSM-IV-referenced teacher rating scale for monitoring behavioral improvement in ADHD and co-occurring symptoms. US: Sage Publications; 2011. p. 235-45. *Exclude-Population*

33. A 6-month, Open-label Extension to a 40-week, Randomized, Double-blind, Placebo-controlled, Multicenter Efficacy and Safety Study of Methylphenidate Hydrochloride Extended Release in the Treatment of Adult Patients With Childhood-onset ADHD. 2011. *Exclude-Comparator*

34. An Open-Label, Dose-Titration, Long-Term Study to Evaluate the Safety of JNS001 in Adults With Attention-Deficit/Hyperactivity Disorder at Doses of 18 mg, 27 mg, 36 mg, 45 mg, 54 mg, 63 mg or 72 mg Per Day. 2011. *Exclude-Comparator*

35. A Phase 3, Open-label, Multicentre Study to Provide Access to Guanfacine Hydrochloride Extended-release for European Subjects With Attention-deficit/Hyperactivity Disorder (ADHD) Who Participated in Study SPD503-315 or SPD503-316. 2011. *Exclude-Population*

36. Omega-3 Fatty Acid Supplementation to ADHD Pharmacotherapy in ADHD Adults With DESR Traits: A Double-Blind, Placebo-Controlled, Randomized Clinical Trial. 2011. *Exclude-Outcome*

37. A Double-Blind Comparison of Naltrexone and Placebo in Adults With Attention Deficit Hyperactivity Disorder. 2012. *Exclude-Design*

38. Validation of a Clinical Interview for a Diagnosis of ADHD in Adults. Cross-validity of Screening Instruments ADHD in Adults. Estimation of Prevalence in France. 2012. *Exclude-Language*

39. An Open-Label Study of Naltrexone in Adults With Attention Deficit Hyperactivity Disorder. 2013. *Exclude-Comparator*

40. Control of Cognition: Naltrexone, Methylphenidate, and ADHD Study. 2013. *Exclude-Timing*

41. Predicting Treatment Response to Stimulants in Adult ADHD Using Functional Magnetic Resonance Imaging. 2013. *Exclude-Comparator*

42. An Exploratory, Single-Blind Pilot Trial of Flexible Doses of the Triple Reuptake Inhibitor EB-1020 SR in the Treatment of Adult Males With Attention-Deficit Hyperactivity Disorder. 2013. *Exclude-Design*

43. Tipepidine for ADHD. 2013. *Exclude-Population*

44. A Phase 3, 12-Month, Multicenter, Open-label, Flexibly-dosed, Safety Study of SEP 225289 in Adults With Attention Deficit Hyperactivity Disorder (ADHD). 2014. *Exclude-Comparator*

45. Open-Label Treatment Trial to Assess the Short-Term Tolerability, Safety, and Efficacy of Methylphenidate Hydrochloride Extended-Release Liquid Formulation in High-Functioning Autism Spectrum Disorder Adults With Attention-Deficit/Hyperactivity Disorder. 2014. *Exclude-Comparator*

46. Internet-based Support and Coaching for Adolescents and Young Adults With ADHD and Autism Spectrum Disorders - a Controlled Study. In: Södra Älvsborg H, Habilitation Services in Skaraborg S, eds.; 2014. *Exclude-Population*

47. Effects of Expectation, Medication and Placebo on Objective and Self-rated Performance During the Quantified Behavior Test in Patients With Untreated ADHD and Substance Use Disorder. 2015. *Exclude-Timing*

48. Motivated Behavior in Adults With and Without ADHD. 2015. *Exclude-Design*

49. "The impact of failing to identify suspect effort in patients undergoing adult attention-deficit/hyperactivity disorder (ADHD) assessment": Correction to Marshall et al. (2016). Psychol Assess. 2016 Oct;28(10):1289. doi: 10.1037/pas0000340. PMID: 27158888. *Exclude-Design*

50. Comparison of the Effects of Cognitive-Motor Rehabilitation, Stimulant Drugs, and Active Control on Executive Functions and Clinical Symptoms of Attention Deficit/ Hyperactivity Disorder. 2016. *Exclude-Population*

51. Effect of a Polyphenol-rich Plant Extract on Attention-Deficit Hyperactivity Disorder (ADHD): A Randomized, Double Blind, Placebo and Active Product Controlled Multicenter Trial. 2016. *Exclude-Population*

52. Group-based Cognitive-behavioral Therapy for Adults With Attention-deficit/Hyperactivity Disorder Inattentive-type: a Pilot Study. 2016. *Exclude-Comparator*

53. A Phase II Tolerability and Efficacy Study of PDC-1421 Treatment in Adult Patients With Attention-Deficit Hyperactivity Disorder (ADHD), Part I. 2016. *Exclude-Design*

54. LearningRx Cognitive Training for ADHD: A Multiple Baseline Study Across Cases. 2016. *Exclude-Population*

55. Meta-cognitive Functional Intervention for Adults (Cog-Fun - A) With Attention Deficit Hyperactivity Disorder (ADHD): A Pilot Efficacy Study. 2016. *Exclude-Design*

56. "Meta-analysis of cognitive-behavioral treatments for adult ADHD": Correction to Knouse, Teller, and Brooks (2017). J Consult Clin Psychol. 2017 Sep;85(9):882. doi: 10.1037/ccp0000240. PMID: 28857594. *Exclude-Design*

57. A Phase 2, Multicenter, Randomized, Double-blind, Active- and Placebo-controlled Trial of the Safety and Efficacy of OPC-64005 in the Treatment of Adult Attention-deficit/Hyperactivity Disorder. 2017. *Exclude-Intervention*

58. Can neuropsychological testing facilitate differential diagnosis between at-risk mental state (ARMS) for psychosis and adult attention-deficit/hyperactivity disorder (ADHD)? Netherlands: Elsevier Science; 2018. p. 38-44. *Exclude-Duplicate*

59. An Open-label, 52-Week, Multicenter Trial Evaluating the Long-term Safety and Tolerability of Centanafadine Sustained-Release Tablets in Adults With Attention-Deficit/Hyperactivity Disorder. 2018. *Exclude-Comparator*

60. Impact of Relationship of Epilepsy and Attention Deficit Hyperactive Disorder. 2018. *Exclude-Population*

61. Software Treatment for Actively Reducing Severity of ADHD as Adjunctive Treatment to Stimulant (STARS-ADHD Adjunctive). 2018. *Exclude-Population*

62. A Phase IV, Real World, Open-label, Multi-centre Study on the Use of FOQUEST® (Methylphenidate Hydrochloride Controlled-release Capsules) for the Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in Pediatric and Adult Patients. 2019. *Exclude-Population*

63. To Explore the Influence of Appetite Reduction and Medication Effect of Methylphenidate in Patients With Attention-deficit/Hyperactivity Disorder Through Pharmacogenetics. 2019. *Exclude-Population*

64. Real-world Evidence of Duration of Adhansia XR for Treatment of ADHD (RE-DAX): An Open-label Pragmatic Study to Assess the Real-world Effectiveness of Adhansia XR in Treatment of Adult and Adolescent Patients With ADHD in the United States. 2020. *Exclude-Population*

65. A Single Arm, Adaptive Design, Pivotal Trial to Assess the Efficacy of AKL-T01, a Novel Digital Intervention Designed to Improve Attention, in Adults Diagnosed With Attention Deficit Hyperactive Disorder. 2021. *Exclude-Outcome*

66. Ahead of the (ROC) curve: A statistical approach to utilizing ex-Gaussian parameters of reaction time in diagnosing ADHD across three developmental periods. United Kingdom: Cambridge University Press; 2022. p. 821-34. *Exclude-Duplicate*

67. Joint consideration of validity indicators embedded in Conners' Adult ADHD Rating Scales (CAARS). Germany: Springer; 2022. p. 172-88. *Exclude-Duplicate*

68. Retrospective diagnosis of childhood ADHD using the Wender Utah Rating Scale. France: Elsevier Masson SAS; 2023. p. 481-8. *Exclude-Population*

69. Aarts E, van Holstein M, Hoogman M, et al. Reward modulation of cognitive function in adult attention-deficit/hyperactivity disorder: a pilot study on the role of striatal dopamine. Behav Pharmacol. 2015 Feb;26(1-2):227-40. doi: 10.1097/fbp.0000000000000116. PMID: 25485641. *Exclude-Intervention*

70. Abbas R, Childress AC, Nagraj P, et al. Relative Bioavailability of Methylphenidate Extended-release Chewable Tablets Chewed Versus Swallowed Whole. Clin Ther. 2018 May;40(5):733-40. doi: 10.1016/j.clinthera.2018.03.016. PMID: 29703430. *Exclude-Population*

71. Abbas R, Palumbo D, Walters F, et al. Single-dose Pharmacokinetic Properties and Relative Bioavailability of a Novel Methylphenidate Extended-release Chewable Tablet Compared With Immediate-release Methylphenidate Chewable Tablet. Clin Ther. 2016 May;38(5):1151-7. doi: 10.1016/j.clinthera.2016.02.026. PMID: 27021606. *Exclude-Population*

72. Abbass K, Corbisiero S, Stieglitz RD. Development and psychometric properties of the ADHD-SCL-90-R screening scale for adult ADHD. J Clin Psychol. 2021 Jun;77(6):1428-42. doi: 10.1002/jclp.23088. PMID: 33188720. *Exclude-Language*

73. Abdelkarim A, Salama H, Abdel Latif S, et al. Prevalence and characteristics of adult attention-deficit hyperactivity disorder among substance use inpatients. European Psychiatry. 2013;28. *Exclude-Intervention*

74. Abdullah WNW, Yaacob MJ, Wei WK, et al. Validity and reliability of the translated malay version of the attention deficit hyperactivity disorder rating scale-IV (ADHD RS-IV). International Medical Journal. 2011;18(4):310-1. *Exclude-Intervention*

75. Abikoff H, Courtney M, Pelham WE, Jr., et al. Teachers' ratings of disruptive behaviors: the influence of halo effects. J Abnorm Child Psychol. 1993 Oct;21(5):519-33. doi: 10.1007/bf00916317. PMID: 8294651. *Exclude-Population*

76. Abramovitch A, Dar R, Mittelman A, et al. Comorbidity Between Attention Deficit/Hyperactivity Disorder and Obsessive-Compulsive Disorder Across the Lifespan: A Systematic and Critical Review. Harv Rev Psychiatry. 2015 Jul-Aug;23(4):245-62. doi: 10.1097/hrp.0000000000000050. PMID: 26052877. *Exclude-Intervention*

77. Adachi Y, Yoshikawa H, Yokoyama S, et al. Characteristics of university students supported by counseling services: Analysis of psychological tests and pulse rate variability. PLoS One. 2020;15(8):e0218357. doi: 10.1371/journal.pone.0218357. PMID: 32822354. *Exclude-Intervention*

78. Adam C, Döpfner M, Lehmkuhl G. [Drug therapy of hyperkinetic diseases in adults]. Fortschr Neurol Psychiatr. 1999 Aug;67(8):359-66. doi: 10.1055/s-2007-994986. PMID: 10478300. *Exclude-Language*

79. Adamaszek M, Khaw AV, Buck U, et al. Evidence of neurotoxicity of ecstasy: sustained effects on electroencephalographic activity in polydrug users. PLoS One. 2010 Nov 23;5(11):e14097. doi: 10.1371/journal.pone.0014097. PMID: 21124854. *Exclude-Intervention*

80. Adams Z, Adams T, Stauffacher K, et al. The Effects of Inattentiveness and Hyperactivity on Posttraumatic Stress Symptoms: Does a Diagnosis of Posttraumatic Stress Disorder Matter? J Atten Disord. 2020 Jul;24(9):1246-54. doi: 10.1177/1087054715580846. PMID: 25882836. *Exclude-Population*

81. Addicott MA, Pearson JM, Schechter JC, et al. Attention-deficit/hyperactivity disorder and the explore/exploit trade-off. Neuropsychopharmacology. 2021 Feb;46(3):614-21. doi: 10.1038/s41386-020-00881-8. PMID: 33040092. *Exclude-Intervention*

82. Addicott MA, Schechter JC, Sapyta JJ, et al. Methylphenidate increases willingness to perform effort in adults with ADHD. Pharmacol Biochem Behav. 2019 Aug;183:14-21. doi: 10.1016/j.pbb.2019.06.008. PMID: 31226260. *Exclude-Intervention*

83. Adler L, Dietrich A, Reimherr FW, et al. Safety and tolerability of once versus twice daily atomoxetine in adults with ADHD. Annals of Clinical Psychiatry. 2006;18(2):107-13. doi: 10.1080/10401230600614603. *Exclude-Duplicate*

84. Adler L, Wilens T, Zhang S, et al. Retrospective safety analysis of atomoxetine in adult ADHD patients with or without comorbid alcohol abuse and dependence. Am J Addict. 2009 Sep-Oct;18(5):393-401. doi: 10.3109/10550490903077663. PMID: 19874159. *Exclude-Intervention*

85. Adler L, Wu J, Madhoo M, et al. Post hoc analyses of the efficacy of lisdexamfetamine dimesylate in adults previously treated with attention deficit/hyperactivity disorder medication. European Psychiatry. 2015;30:566. *Exclude-Design*

86. Adler LA. Diagnosing and treating adult ADHD and comorbid conditions. J Clin Psychiatry. 2008 Nov 15;69(11):e31. doi: 10.4088/jcp.1108e31. PMID: 19200423. *Exclude-Design*

87. Adler LA, Alperin S, Leon T, et al. Clinical effects of lisdexamfetamine and mixed amphetamine salts immediate release in adult ADHD: results of a crossover design clinical trial. Postgrad Med. 2014 Sep;126(5):17-24. doi: 10.3810/pgm.2014.09.2796. PMID: 25295646. *Exclude-Design*

88. Adler LA, Alperin S, Leon T, et al. Pharmacokinetic and Pharmacodynamic Properties of Lisdexamfetamine in Adults with Attention-Deficit/Hyperactivity Disorder. J Child Adolesc Psychopharmacol. 2017 Mar;27(2):196-9. doi: 10.1089/cap.2016.0121. PMID: 27935735. *Exclude-Intervention*

89. Adler LA, Anbarasan D, Leon T, et al. Pilot Study of Prism EFP NeuroFeedback in Adult ADHD. J Atten Disord. 2024 Mar;28(5):905-12. doi: 10.1177/10870547231215283. PMID: 38152997. *Exclude-Intervention*

90. Adler LA, Anbarasan D, Sardoff T, et al. A Single-Blind, Placebo Controlled Trial of Triple Beaded Mixed Amphetamine Salts in DSM-5 Adults With ADHD Assessing Effects Throughout the Day. J Atten Disord. 2024 Mar;28(5):810-9. doi: 10.1177/10870547231222260. PMID: 38214178. *Exclude-Intervention*

91. Adler LA, Chua HC. Management of ADHD in adults. J Clin Psychiatry. 2002;63 Suppl 12:29-35. PMID: 12562059. *Exclude-Intervention*

92. Adler LA, Clemow DB, Williams DW, et al. Atomoxetine effects on executive function as measured by the BRIEF-A in young adults with ADHD: A randomized, double-blind, placebo-controlled study. PLoS ONE. 2014;9(8). doi: 10.1371/journal.pone.0104175. *Exclude-Duplicate*

93. Adler LA, Frick G, Yan B. A Long-Term, Open-Label, Safety Study of Triple-Bead Mixed Amphetamine Salts (SHP465) in Adults With ADHD. J Atten Disord. 2020 Feb;24(3):434-46. doi: 10.1177/1087054717696770. PMID: 28412886. *Exclude-Design*

94. Adler LA, Guida F, Irons S, et al. Screening and imputed prevalence of ADHD in adult patients with comorbid substance use disorder at a residential treatment facility. Postgrad Med. 2009 Sep;121(5):7-10. doi: 10.3810/pgm.2009.09.2047. PMID: 19820269. *Exclude-Comparator*

95. Adler LA, Kroon RA, Stein M, et al. A translational approach to evaluate the efficacy and safety of the novel AMPA receptor positive allosteric modulator org 26576 in adult attention-deficit/hyperactivity disorder. Biol Psychiatry. 2012 Dec 1;72(11):971-7. doi: 10.1016/j.biopsych.2012.05.012. PMID: 22771238. *Exclude-Intervention*

96. Adler LA, Liebowitz M, Kronenberger W, et al. Atomoxetine treatment in adults with attention‐deficit/hyperactivity disorder and comorbid social anxiety disorder. Depression and Anxiety. 2009;26(3):212-21. *Exclude-Duplicate*

97. Adler LA, Lynch LR, Shaw DM, et al. Effectiveness and Duration of Effect of Open-Label Lisdexamfetamine Dimesylate in Adults With ADHD. J Atten Disord. 2017 Jan;21(2):149-57. doi: 10.1177/1087054713485421. PMID: 23657761. *Exclude-Design*

98. Adler LA, Reingold LS, Morrill MS, et al. Combination pharmacotherapy for adult ADHD. Curr Psychiatry Rep. 2006 Oct;8(5):409-15. doi: 10.1007/s11920-006-0044-9. PMID: 16968624. *Exclude-Intervention*

99. Adler LA, Shaw DM, Spencer TJ, et al. Reliability and validity of the Time-Sensitive ADHD Symptom Scale in adults. Compr Psychiatry. 2011 Nov-Dec;52(6):769-73. doi: 10.1016/j.comppsych.2010.12.002. PMID: 21306705. *Exclude-Intervention*

100. Adler LA, Spencer T, Faraone SV, et al. Validity of pilot Adult ADHD Self- Report Scale (ASRS) to Rate Adult ADHD symptoms. Ann Clin Psychiatry. 2006 Jul-Sep;18(3):145-8. doi: 10.1080/10401230600801077. PMID: 16923651. *Exclude-Intervention*

101. Adler LA, Spencer T, Faraone SV, et al. Training raters to assess adult ADHD: reliability of ratings. J Atten Disord. 2005 Feb;8(3):121-6. doi: 10.1177/1087054705277168. PMID: 16009660. *Exclude-Intervention*

102. Adler LA, Spencer T, McGough JJ, et al. Long-term effectiveness and safety of dexmethylphenidate extended-release capsules in adult ADHD. Journal of Attention Disorders. 2009;12(5):449-59. doi: 10.1177/1087054708320397. *Exclude-Duplicate*

103. Adler LA, Spencer TJ, Milton DR, et al. Long-term, open-label study of the safety and efficacy of atomoxetine in adults with attention-deficit/hyperactivity disorder: an interim analysis. J Clin Psychiatry. 2005 Mar;66(3):294-9. doi: 10.4088/jcp.v66n0304. PMID: 15766294. *Exclude-Design*

104. Adler LA, Spencer TJ, Williams DW, et al. Long-term, open-label safety and efficacy of atomoxetine in adults with ADHD: final report of a 4-year study. J Atten Disord. 2008 Nov;12(3):248-53. doi: 10.1177/1087054708316250. PMID: 18448861. *Exclude-Comparator*

105. Adler LA, Sutton VK, Moore RJ, et al. Quality of life assessment in adult patients with attention-deficit/hyperactivity disorder treated with atomoxetine. J Clin Psychopharmacol. 2006 Dec;26(6):648-52. doi: 10.1097/01.jcp.0000239797.21826.70. PMID: 17110824. *Exclude-Design*

106. Advokat C, Lane SM, Luo C. College students with and without ADHD: Comparison of self-report of medication usage, study habits, and academic achievement. Journal of attention disorders. 2011;15(8):656-66. *Exclude-Intervention*

107. Advokat C, Martino L, Hill B, et al. Continuous Performance Test (CPT) of college students with ADHD, psychiatric disorders, cognitive deficits, or no diagnosis. Journal of attention Disorders. 2007;10(3):253-6. *Exclude-Outcome*

108. Advokat CD, Guidry D, Martino L. Licit and illicit use of medications for Attention-Deficit Hyperactivity Disorder in undergraduate college students. J Am Coll Health. 2008 May-Jun;56(6):601-6. doi: 10.3200/jach.56.6.601-606. PMID: 18477513. *Exclude-Intervention*

109. Agarwal R, Goldenberg M, Perry R, et al. The quality of life of adults with attention deficit hyperactivity disorder: a systematic review. Innov Clin Neurosci. 2012 May;9(5-6):10-21. PMID: 22808445. *Exclude-Intervention*

110. Agay N, Yechiam E, Carmel Z, et al. Non-specific effects of methylphenidate (Ritalin) on cognitive ability and decision-making of ADHD and healthy adults. Psychopharmacology (Berl). 2010 Jul;210(4):511-9. doi: 10.1007/s00213-010-1853-4. PMID: 20424828. *Exclude-Design*

111. Agoalikum E, Klugah-Brown B, Wu H, et al. Gender Differences in Dynamic Functional Network Connectivity in Pediatric and Adult Patients with Attention-Deficit/Hyperactivity Disorder. Brain Connect. 2023 May;13(4):226-36. doi: 10.1089/brain.2022.0069. PMID: 36719777. *Exclude-Population*

112. Agoalikum E, Klugah-Brown B, Yang H, et al. Differences in Disrupted Dynamic Functional Network Connectivity Among Children, Adolescents, and Adults With Attention Deficit/Hyperactivity Disorder: A Resting-State fMRI Study. Front Hum Neurosci. 2021;15:697696. doi: 10.3389/fnhum.2021.697696. PMID: 34675790. *Exclude-Population*

113. Aguglia E, Fusar-Poli L. Pharmacological treatment strategies for emotional lability in adults with attentiondeficit/hyperactivity disorder: Focus on the Conners’ Adult ADHD Rating Scales. Journal of Psychopathology. 2024;30(1):38-43. *Exclude-Design*

114. Aharonovich E, Garawi F, Bisaga A, et al. Concurrent cannabis use during treatment for comorbid ADHD and cocaine dependence: effects on outcome. Am J Drug Alcohol Abuse. 2006;32(4):629-35. doi: 10.1080/00952990600919005. PMID: 17127551. *Exclude-Intervention*

115. Ahlers J, Baumgartner C, Augsburger M, et al. Cannabis Use in Adults Who Screen Positive for Attention Deficit/Hyperactivity Disorder: CANreduce 2.0 Randomized Controlled Trial Subgroup Analysis. J Med Internet Res. 2022 Apr 20;24(4):e30138. doi: 10.2196/30138. PMID: 35442196. *Exclude-Comparator*

116. Ahmann PA, Theye FW, Berg R, et al. Placebo-controlled evaluation of amphetamine mixture—dextroamphetamine salts and amphetamine salts (Adderall): efficacy rate and side effects. Pediatrics. 2001;107(1):e10-e. *Exclude-Population*

117. Al-Wardat M, Etoom M, Almhdawi KA, et al. Prevalence of attention-deficit hyperactivity disorder in children, adolescents and adults in the Middle East and North Africa region: a systematic review and meta-analysis. BMJ Open. 2024 Jan 18;14(1):e078849. doi: 10.1136/bmjopen-2023-078849. PMID: 38238059. *Exclude-Intervention*

118. Alam N, Najam R. Buspirone attenuates methylphenidate-induced growth inhibition. Pak J Pharm Sci. 2017 Mar;30(2):369-74. PMID: 28649058. *Exclude-Population*

119. Alexander L, Liljequist L. Determining the Accuracy of Self-Report Versus Informant-Report Using the Conners' Adult ADHD Rating Scale. J Atten Disord. 2016 Apr;20(4):346-52. doi: 10.1177/1087054713478652. PMID: 23503811. *Exclude-Outcome*

120. Alexander SJ, Harrison AG. Cognitive responses to stress, depression, and anxiety and their relationship to ADHD symptoms in first year psychology students. J Atten Disord. 2013 Jan;17(1):29-37. doi: 10.1177/1087054711413071. PMID: 21825110. *Exclude-Intervention*

121. Allenby C, Falcone M, Bernardo L, et al. Transcranial direct current brain stimulation decreases impulsivity in ADHD. Brain Stimul. 2018 Sep-Oct;11(5):974-81. doi: 10.1016/j.brs.2018.04.016. PMID: 29885858. *Exclude-Intervention*

122. Almeida Montes LG, Friederichsen Alonso A, Olivia Hernández A, et al. [Construction, validity and reliability, of the screening scale "FASCT" for attention deficit hyperactivity disorder in adults (self-reported and observer versions)]. Actas Esp Psiquiatr. 2006 Jul-Aug;34(4):231-8. PMID: 16823683. *Exclude-Language*

123. Alotaibi MM, Motl RW, Stavrinos D, et al. Moderate-to-Vigorous Physical Activity and Response Inhibition Predict Balance in Adults with Attention Deficit/Hyperactivity Disorder. J Clin Med. 2024 Feb 8;13(4). doi: 10.3390/jcm13040968. PMID: 38398282. *Exclude-Intervention*

124. Alves CL, Martinelli T, Sallum LF, et al. Multiclass classification of Autism Spectrum Disorder, attention deficit hyperactivity disorder, and typically developed individuals using fMRI functional connectivity analysis. PLoS One. 2024;19(10):e0305630. doi: 10.1371/journal.pone.0305630. PMID: 39418298. *Exclude-Population*

125. Alyagon U, Shalev H, Lazarovich HSA, et al. Right prefrontal deep TMS effects on attention: Electrophysiological correlates. Brain Stimulation. 2015;8(2):413. *Exclude-Duplicate*

126. Amador-Campos JA, Gómez-Benito J, Ramos-Quiroga JA. The Conners’ Adult ADHD Rating Scales—short self-report and observer forms: Psychometric properties of the Catalan version. Journal of Attention Disorders. 2014;18(8):671-9. doi: 10.1177/1087054712446831. *Exclude-Intervention*

127. Amani Jabalkandi S, Raisi F, Shahrivar Z, et al. A study on sexual functioning in adults with attention-deficit/hyperactivity disorder. Perspect Psychiatr Care. 2020 Jul;56(3):642-8. doi: 10.1111/ppc.12480. PMID: 32043624. *Exclude-Intervention*

128. Amiri S, Ghoreishizadeh MA, Sadeghi-Bazargani H, et al. Prevalence of Adult Attention Deficit Hyperactivity Disorder (Adult ADHD): Tabriz. Iran J Psychiatry. 2014 Apr;9(2):83-8. PMID: 25632285. *Exclude-Intervention*

129. Anastopoulos AD, King KA. A Cognitive-Behavior Therapy and Mentoring Program for College Students With ADHD. Cognitive and Behavioral Practice. 2015;22(2):141-51. doi: 10.1016/j.cbpra.2014.01.002. *Exclude-Comparator*

130. Anderson CM, Lowen SB, Renshaw PF. Emotional task-dependent low-frequency fluctuations and methylphenidate: Wavelet scaling analysis of 1/f-type fluctuations in fMRI of the cerebellar vermis. J Neurosci Methods. 2006 Feb 15;151(1):52-61. doi: 10.1016/j.jneumeth.2005.09.020. PMID: 16427128. *Exclude-Comparator*

131. Andersson HW, Lauvsnes ADF, Nordfjærn T. Emerging Adults in Inpatient Substance Use Treatment: A Prospective Cohort Study of Patient Characteristics and Treatment Outcomes. Eur Addict Res. 2021;27(3):206-15. doi: 10.1159/000512156. PMID: 33279896. *Exclude-Intervention*

132. Andolsek K, Rosenberg MT, Abdolrasulnia M, et al. Complex cases in primary care: report of a CME-certified series addressing patients with multiple comorbidities. Int J Clin Pract. 2013 Sep;67(9):911-7. doi: 10.1111/ijcp.12175. PMID: 23952468. *Exclude-Intervention*

133. Anker E, Ogrim G, Heir T. Verbal working memory and processing speed: Correlations with the severity of attention deficit and emotional dysregulation in adult ADHD. J Neuropsychol. 2022 Mar;16(1):211-35. doi: 10.1111/jnp.12260. PMID: 34218514. *Exclude-Intervention*

134. Antel J, Albayrak Ö, Heusch G, et al. Assessment of potential cardiovascular risks of methylphenidate in comparison with sibutramine: do we need a SCOUT (trial)? Eur Arch Psychiatry Clin Neurosci. 2015 Apr;265(3):233-47. doi: 10.1007/s00406-014-0522-8. PMID: 25149468. *Exclude-Design*

135. Antshel KM, Biederman J, Spencer TJ, et al. The Neuropsychological Profile of Comorbid Post-Traumatic Stress Disorder in Adult ADHD. J Atten Disord. 2016 Dec;20(12):1047-55. doi: 10.1177/1087054714522512. PMID: 24567364. *Exclude-Intervention*

136. Antshel KM, Faraone SV, Maglione K, et al. Is adult attention deficit hyperactivity disorder a valid diagnosis in the presence of high IQ? Psychol Med. 2009 Aug;39(8):1325-35. doi: 10.1017/s0033291708004959. PMID: 19105857. *Exclude-Intervention*

137. Antshel KM, Park A, Maisto S, et al. Primary prevention of prescription stimulant misuse in first-year college students. J Am Coll Health. 2024 Jan 16:1-9. doi: 10.1080/07448481.2023.2299409. PMID: 38227922. *Exclude-Intervention*

138. Aoki Y, Tsuboi T, Takaesu Y, et al. Development and field testing of a decision aid to facilitate shared decision making for adults newly diagnosed with attention-deficit hyperactivity disorder. Health Expect. 2022 Feb;25(1):366-73. doi: 10.1111/hex.13393. PMID: 34856044. *Exclude-Intervention*

139. Applegate B, Lahey BB, Hart EL, et al. Validity of the age-of-onset criterion for ADHD: a report from the DSM-IV field trials. Journal of the American Academy of Child & Adolescent Psychiatry. 1997;36(9):1211-21. *Exclude-Population*

140. Aragonès E, Cañisá A, Caballero A, et al. [Screening for attention deficit hyperactivity disorder in adult patients in primary care]. Rev Neurol. 2013 May 1;56(9):449-55. PMID: 23629746. *Exclude-Language*

141. Aragonès E, Lluís Piñol J, Ramos-Quiroga JA, et al. [Prevalence in adults of attention deficit hyperactivity disorder using the medical records of primary care]. Rev Esp Salud Publica. 2010 Jul-Aug;84(4):417-22. PMID: 21141268. *Exclude-Language*

142. Arentsen TJ, Burley CT, Winiarski HR, et al. Clinical Validation of an ADHD Dissimulation Scale (Ds-ADHD) on the MMPI-2-RF. Journal of Psychopathology and Behavioral Assessment. 2024;46(1):158-69. doi: 10.1007/s10862-023-10110-3. *Exclude-Comparator*

143. Arican I, Bass N, Neelam K, et al. Prevalence of attention deficit hyperactivity disorder symptoms in patients with schizophrenia. Acta Psychiatr Scand. 2019 Jan;139(1):89-96. doi: 10.1111/acps.12948. PMID: 30105761. *Exclude-Population*

144. Armstrong IT, Munoz DP. Inhibitory control of eye movements during oculomotor countermanding in adults with attention-deficit hyperactivity disorder. Exp Brain Res. 2003 Oct;152(4):444-52. doi: 10.1007/s00221-003-1569-3. PMID: 12879174. *Exclude-Intervention*

145. Arnett A, Stein M. Refining treatment choices for ADHD. The Lancet Psychiatry. 2018;5(9):691-2. *Exclude-Design*

146. Arnold LE. Alternative treatments for adults with attention-deficit hyperactivity disorder (ADHD). Ann N Y Acad Sci. 2001 Jun;931:310-41. doi: 10.1111/j.1749-6632.2001.tb05788.x. PMID: 11462750. *Exclude-Intervention*

147. Arnold LE, Arns M, Conners K, et al. A Proposed Multisite Double-Blind Randomized Clinical Trial of Neurofeedback for ADHD: Need, Rationale, and Strategy. Journal of Attention Disorders. 2013;17(5):420-36. doi: 10.1177/1087054713482580. *Exclude-Population*

148. Arnold LE, Hodgkins P, Caci H, et al. Effect of treatment modality on long-term outcomes in attention-deficit/hyperactivity disorder: a systematic review. PloS one. 2015;10(2):e0116407. *Exclude-Duplicate*

149. Arnold LE, Roy A, Taylor E, et al. Predictive utility of childhood diagnosis of ICD-10 hyperkinetic disorder: adult outcomes in the MTA and effect of comorbidity. Eur Child Adolesc Psychiatry. 2019 Apr;28(4):557-70. doi: 10.1007/s00787-018-1222-0. PMID: 30232561. *Exclude-Population*

150. Arns M. Neurofeedback in ADHD: Meta-analysis, current state and future perspectives. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S10. doi: 10.1007/s12402-015-0169-y. *Exclude-Design*

151. Arns M, de Ridder S, Strehl U, et al. Efficacy of neurofeedback treatment in ADHD: the effects on inattention, impulsivity and hyperactivity: a meta-analysis. Clin EEG Neurosci. 2009 Jul;40(3):180-9. doi: 10.1177/155005940904000311. PMID: 19715181. *Exclude-Population*

152. Arns M, Drinkenburg W, Leon Kenemans J. The effects of QEEG-informed neurofeedback in ADHD: an open-label pilot study. Appl Psychophysiol Biofeedback. 2012 Sep;37(3):171-80. doi: 10.1007/s10484-012-9191-4. PMID: 22446998. *Exclude-Design*

153. Arns M, Heinrich H, Strehl U. Evaluation of neurofeedback in ADHD: the long and winding road. Biological psychology. 2014;95:108-15. *Exclude-Design*

154. Aron AR, Dowson JH, Sahakian BJ, et al. Methylphenidate improves response inhibition in adults with attention-deficit/hyperactivity disorder. Biol Psychiatry. 2003 Dec 15;54(12):1465-8. doi: 10.1016/s0006-3223(03)00609-7. PMID: 14675812. *Exclude-Timing*

155. Arshiani H, Artounian V, Motamed M, et al. Psychometric Properties of the Persian Version of Brown Attention Deficit Disorder Scale (BADDS). Iranian Journal of Psychiatry and Behavioral Sciences. 2022;16(3). doi: 10.5812/ijpbs-118912. *Exclude-Language*

156. Arteaga-Henríquez G, Ramos-Sayalero C, Ibañez-Jimenez P, et al. Efficacy of a synbiotic in the management of adults with Attention-Deficit and Hyperactivity Disorder and/or Borderline Personality Disorder and high levels of irritability: Results from a multicenter, randomized, placebo-controlled, "basket" trial. Brain Behav Immun. 2024 Aug;120:360-71. doi: 10.1016/j.bbi.2024.06.012. PMID: 38885746. *Exclude-Population*

157. Arteaga-Henríquez G, Rosales-Ortiz SK, Arias-Vásquez A, et al. Treating impulsivity with probiotics in adults (PROBIA): study protocol of a multicenter, double-blind, randomized, placebo-controlled trial. Trials. 2020 Feb 11;21(1):161. doi: 10.1186/s13063-019-4040-x. PMID: 32046750. *Exclude-Population*

158. Artigas MS, Sánchez-Mora C, Rovira P, et al. "Attention-deficit/hyperactivity disorder and lifetime cannabis use: Genetic overlap and causality": Correction. Molecular Psychiatry. 2021;26(7):3663-. doi: 10.1038/s41380-021-01049-6. *Exclude-Intervention*

159. Asbjørnsen AE, Jones L, Munkvold LH, et al. An examination of shared variance in self-report and objective measures of attention in the incarcerated adult population. J Atten Disord. 2010 Sep;14(2):182-93. doi: 10.1177/1087054709356395. PMID: 20065071. *Exclude-Population*

160. Ashdown-Franks G, Firth J, Carney R, et al. Exercise as Medicine for Mental and Substance Use Disorders: A Meta-review of the Benefits for Neuropsychiatric and Cognitive Outcomes. Sports Med. 2020 Jan;50(1):151-70. doi: 10.1007/s40279-019-01187-6. PMID: 31541410. *Exclude-Population*

161. Asherson P. Clinical assessment and treatment of attention deficit hyperactivity disorder in adults. Expert review of neurotherapeutics. 2005;5(4):525-39. *Exclude-Intervention*

162. Asherson P, Cooper R. Treatment of ADHD with cannabinoids. European Psychiatry. 2017;41:S55. doi: 10.1016/j.eurpsy.2017.01.031. *Exclude-Design*

163. Asherson P, Craddock B, Taylor E. Adult attention-deficit hyperactivity disorder: Recognition and treatment in general adult psychiatry. The British journal of psychiatry : the journal of mental science. 2007 02/01;190:4-5. doi: 10.1192/bjp.bp.106.026484. *Exclude-Intervention*

164. Ashton H, Gallagher P, Moore B. The adult psychiatrist's dilemma: psychostimulant use in attention deficit/hyperactivity disorder. Journal of Psychopharmacology. 2006;20(5):602-10. *Exclude-Intervention*

165. Asken BM, DeKosky ST, Clugston JR, et al. Diffusion tensor imaging (DTI) findings in adult civilian, military, and sport-related mild traumatic brain injury (mTBI): a systematic critical review. Brain Imaging Behav. 2018 Apr;12(2):585-612. doi: 10.1007/s11682-017-9708-9. PMID: 28337734. *Exclude-Population*

166. Aubele T, Kritzer MF. Gonadectomy and hormone replacement affects in vivo basal extracellular dopamine levels in the prefrontal cortex but not motor cortex of adult male rats. Cereb Cortex. 2011 Jan;21(1):222-32. doi: 10.1093/cercor/bhq083. PMID: 20466748. *Exclude-Population*

167. Auclair V, Harvey PO, Lepage M. [Cognitive Behavioral Therapy and the Treatment of ADHD in Adults]. Sante Ment Que. 2016 Spring;41(1):291-311. PMID: 27570962. *Exclude-Language*

168. Auiler JF, Liu K, Lynch JM, et al. Effect of food on early drug exposure from extended-release stimulants: results from the Concerta, Adderall XR Food Evaluation (CAFE) Study. Curr Med Res Opin. 2002;18(5):311-6. doi: 10.1185/030079902125000840. PMID: 12240794. *Exclude-Intervention*

169. Ausloos-Lozano JE, Bing-Canar H, Khan H, et al. Assessing performance validity during attention-deficit/hyperactivity disorder evaluations: Cross-validation of non-memory embedded validity indicators. Developmental neuropsychology. 2022;47(5):247-57. doi: 10.1080/87565641.2022.2096889. *Exclude-Intervention*

170. Awada M, Becerik-Gerber B, Lucas G, et al. Cognitive performance, creativity and stress levels of neurotypical young adults under different white noise levels. Sci Rep. 2022 Aug 26;12(1):14566. doi: 10.1038/s41598-022-18862-w. PMID: 36028546. *Exclude-Comparator*

171. Aycicegi A, Dinn WM, Harris CL. Assessing adult attention-deficit/hyperactivity disorder: a Turkish version of the current symptoms scale. Psychopathology. 2003 May-Jun;36(3):160-7. doi: 10.1159/000071261. PMID: 12845287. *Exclude-Design*

172. Aydemir E, Aydemir GA, Kalınlı M. Evaluation of ocular surface in children with attention deficit hyperactivity disorder with respect to methylphenidate treatment. Arquivos Brasileiros de Oftalmologia. 2024;87(2). doi: 10.5935/0004-2749.2021-0290. *Exclude-Population*

173. Ayesha J, Jumana A, Nicolaas P, et al. EEG Proxy markers of sensory sensitivities in ASD. 2021. PMID: CRD42021192625. *Exclude-Population*

174. Aymamí N, Jiménez-Murcia S, Granero R, et al. Clinical, Psychopathological, and Personality Characteristics Associated with ADHD among Individuals Seeking Treatment for Gambling Disorder. Biomed Res Int. 2015;2015:965303. doi: 10.1155/2015/965303. PMID: 26229967. *Exclude-Intervention*

175. Ayme-Dietrich E, Kaguelidou F, Bertschy G, et al. Use of methylphenidate and reporting of valvular heart disease: Global pharmacovigilance analysis in children and adults. Pharmacoepidemiol Drug Saf. 2024 Jun;33(6):e5814. doi: 10.1002/pds.5814. PMID: 38837561. *Exclude-Design*

176. Baader A, Kiani B, Brunkhorst-Kanaan N, et al. A Within-Sample Comparison of Two Innovative Neuropsychological Tests for Assessing ADHD. Brain Sci. 2020 Dec 31;11(1). doi: 10.3390/brainsci11010036. PMID: 33396421. *Exclude-Intervention*

177. Babajanyan D, Freame L, Steele R, et al. Understanding Attentional Functioning in Adult Attention Deficit Hyperactivity Disorder-Could This Improve Diagnostic Specificity? Int J Environ Res Public Health. 2023 Mar 14;20(6). doi: 10.3390/ijerph20065077. PMID: 36981985. *Exclude-Intervention*

178. Babajanyan D, Freame L, Steele R, et al. Understanding Attentional Functioning in Adult Attention Deficit Hyperactivity Disorder—Could This Improve Diagnostic Specificity? International Journal of Environmental Research and Public Health. 2023;20(6). doi: 10.3390/ijerph20065077. *Exclude-Intervention*

179. Babcock T, Ornstein CS. Comorbidity and its impact in adult patients with attention-deficit/hyperactivity disorder: a primary care perspective. Postgrad Med. 2009 May;121(3):73-82. doi: 10.3810/pgm.2009.05.2005. PMID: 19491543. *Exclude-Comparator*

180. Babinski DE, Waxmonsky JG, Pelham WE, Jr. Treating parents with attention-deficit/hyperactivity disorder: the effects of behavioral parent training and acute stimulant medication treatment on parent-child interactions. J Abnorm Child Psychol. 2014 Oct;42(7):1129-40. doi: 10.1007/s10802-014-9864-y. PMID: 24687848. *Exclude-Population*

181. Babinski DE, Waxmonsky JG, Waschbusch DA, et al. A pilot study of stimulant medication for adults with attention-deficit/hyperactivity disorder (ADHD) who are parents of adolescents with ADHD: the acute effects of stimulant medication on observed parent-adolescent interactions. J Child Adolesc Psychopharmacol. 2014 Dec;24(10):582-5. doi: 10.1089/cap.2014.0092. PMID: 25386742. *Exclude-Design*

182. Bachmann CS, Risnes K, Bjørngaard JH, et al. Association of Preterm Birth With Prescription of Psychotropic Drugs in Adolescence and Young Adulthood. JAMA Netw Open. 2021 Mar 1;4(3):e211420. doi: 10.1001/jamanetworkopen.2021.1420. PMID: 33710290. *Exclude-Intervention*

183. Baeyens D, Moniquet A, Danckaerts M, et al. [A comparative study of the structural stigmatisation of ADHD and autism spectrum disorder in Flemish newspapers]. Tijdschr Psychiatr. 2017;59(5):269-77. PMID: 28593620. *Exclude-Language*

184. Baggio S, Baudat S, Daeppen J-B, et al. Screening for alcohol use disorder among individuals with comorbid psychiatric disorders: Diagnostic accuracy in a sample of young Swiss men. Addictive Behaviors. 2020;106. doi: 10.1016/j.addbeh.2020.106354. *Exclude-Population*

185. Baggio S, Bayard S, Cabelguen C, et al. Diagnostic Accuracy of the French Version of the Adult Attention Deficit / Hyperactivity Disorder Self-Report Screening Scale for DSM-5 (ASRS-5). Journal of Psychopathology and Behavioral Assessment. 2021;43(2):367-75. doi: 10.1007/s10862-020-09822-7. *Exclude-Language*

186. Baggio S, Fructuoso A, Guimaraes M, et al. Prevalence of Attention Deficit Hyperactivity Disorder in Detention Settings: A Systematic Review and Meta-Analysis. Front Psychiatry. 2018;9:331. doi: 10.3389/fpsyt.2018.00331. PMID: 30116206. *Exclude-Intervention*

187. Baggio S, Hasler R, Deiber MP, et al. Associations of executive and functional outcomes with full-score intellectual quotient among ADHD adults. Psychiatry Res. 2020 Dec;294:113521. doi: 10.1016/j.psychres.2020.113521. PMID: 33161177. *Exclude-Intervention*

188. Baggio S, Hasler R, Giacomini V, et al. Does the continuous performance test predict ADHD symptoms severity and ADHD presentation in adults? Journal of Attention Disorders. 2020;24(6):840-8. *Exclude-Design*

189. Bahcelioglu M, Gozil R, Take G, et al. Dose-related immunohistochemical and ultrastructural changes after oral methylphenidate administration in cerebrum and cerebellum of the rat. World J Biol Psychiatry. 2009;10(4 Pt 2):531-43. doi: 10.1080/15622970903176683. PMID: 19707959. *Exclude-Population*

190. Bahn GH, Lee SM, Hong M, et al. Preliminary Study of ADHD Biomarkers in Adults with Focus on Serum Iron and Transcranial Sonography of the Substantia Nigra. Int J Environ Res Public Health. 2021 May 3;18(9). doi: 10.3390/ijerph18094875. PMID: 34063655. *Exclude-Outcome*

191. Bahn GH, Lee YS, Yoo HK, et al. Development of the Korean Practice Parameter for Adult Attention-Deficit/Hyperactivity Disorder. Soa Chongsonyon Chongsin Uihak. 2020 Jan 1;31(1):5-25. doi: 10.5765/jkacap.190030. PMID: 32612409. *Exclude-Intervention*

192. Bahn GH, Seo K. Combined Medication with Stimulants and Non-stimulants for Attention-deficit/hyperactivity Disorder. Clin Psychopharmacol Neurosci. 2021 Nov 30;19(4):705-11. doi: 10.9758/cpn.2021.19.4.705. PMID: 34690125. *Exclude-Design*

193. Bain EE, Apostol G, Sangal RB, et al. A randomized pilot study of the efficacy and safety of ABT-089, a novel α₄β₂ neuronal nicotinic receptor agonist, in adults with attention-deficit/hyperactivity disorder. The Journal of Clinical Psychiatry. 2012;73(6):783-9. doi: 10.4088/JCP.10m06719. *Exclude-Duplicate*

194. Baker AS, Freeman MP. Management of attention deficit hyperactivity disorder during pregnancy. Obstetrics and Gynecology Clinics. 2018;45(3):495-509. *Exclude-Intervention*

195. Ballmann C, Kölle MA, Bekavac-Günther I, et al. Evaluation of the German Version of the Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5 as a Screening Tool for Adult Attention-Deficit/Hyperactivity Disorder in Primary Care. Front Psychol. 2022;13:858147. doi: 10.3389/fpsyg.2022.858147. PMID: 35529560. *Exclude-Language*

196. Banaschewski T, Roessner V, Dittmann RW, et al. Non-stimulant medications in the treatment of ADHD. Eur Child Adolesc Psychiatry. 2004;13 Suppl 1:I102-16. doi: 10.1007/s00787-004-1010-x. PMID: 15322961. *Exclude-Design*

197. Bang Madsen K, Bliddal M, Skoglund CB, et al. Attention-Deficit Hyperactivity Disorder (ADHD) Medication Use Trajectories Among Women in the Perinatal Period. CNS Drugs. 2024 Apr;38(4):303-14. doi: 10.1007/s40263-024-01076-1. PMID: 38489019. *Exclude-Intervention*

198. Bangs ME, Jin L, Zhang S, et al. Hepatic events associated with atomoxetine treatment for attention-deficit hyperactivity disorder. Drug Saf. 2008;31(4):345-54. doi: 10.2165/00002018-200831040-00008. PMID: 18366245. *Exclude-Design*

199. Barbaresi WJ, Katusic SK, Colligan RC, et al. Long-term stimulant medication treatment of attention-deficit/hyperactivity disorder: results from a population-based study. Journal of Developmental & Behavioral Pediatrics. 2014;35(7):448-57. *Exclude-Intervention*

200. Barden EP, Polizzi CP, Vizgaitis AL, et al. Hyperactivity or mania: Examining the overlap of scales measuring attention-deficit/hyperactivity disorder and bipolar spectrum disorders in an assessment context. Practice Innovations. 2023;8(2):102-15. doi: 10.1037/pri0000202. *Exclude-Intervention*

201. Barker-Collo SL, Feigin VL, Lawes CM, et al. Reducing attention deficits after stroke using attention process training: a randomized controlled trial. Stroke. 2009 Oct;40(10):3293-8. doi: 10.1161/strokeaha.109.558239. PMID: 19628801. *Exclude-Population*

202. Barkley RA. The ecological validity of laboratory and analogue assessment methods of ADHD symptoms. Journal of abnormal child psychology. 1991;19:149-78. *Exclude-Population*

203. Barkley RA, Brown TE. Unrecognized attention-deficit/hyperactivity disorder in adults presenting with other psychiatric disorders. CNS Spectr. 2008 Nov;13(11):977-84. doi: 10.1017/s1092852900014036. PMID: 19037178. *Exclude-Intervention*

204. Barkley RA, Murphy KR, O'Connell T, et al. Effects of two doses of methylphenidate on simulator driving performance in adults with attention deficit hyperactivity disorder. J Safety Res. 2005;36(2):121-31. doi: 10.1016/j.jsr.2005.01.001. PMID: 15896352. *Exclude-Intervention*

205. Barner JC, Khoza S, Oladapo A. ADHD medication use, adherence, persistence and cost among Texas Medicaid children. Current medical research and opinion. 2011;27(sup2):13-22. *Exclude-Population*

206. Barnes GR, Cerrito PB, Levi I. An examination of the variability of understanding of language used in ADHD behavior rating scales. Ethical Human Sciences and Services. 2003;5(3):195-208. *Exclude-Intervention*

207. Barnhart WR, Buelow MT. Assessing impulsivity: Relationships between behavioral and self-report measures in individuals with and without self-reported ADHD. Personality and Individual Differences. 2017;106:41-5. doi: 10.1016/j.paid.2016.10.034. *Exclude-Intervention*

208. Barrilleaux K, Advokat C. Attribution and self-evaluation of continuous performance test task performance in medicated and unmedicated adults with ADHD. Journal of Attention Disorders. 2009;12(4):291-8. doi: 10.1177/1087054708314604. *Exclude-Intervention*

209. Barry RJ, Clarke AR, McCarthy R, et al. Event-related potentials in adults with Attention-Deficit/Hyperactivity Disorder: an investigation using an inter-modal auditory/visual oddball task. Int J Psychophysiol. 2009 Feb;71(2):124-31. doi: 10.1016/j.ijpsycho.2008.09.009. PMID: 19022305. *Exclude-Intervention*

210. Bean JL. Attentional contributions to social cognition and social behaviors: Implications for autism spectrum disorder and attention-deficit/hyperactivity disorder. US: ProQuest Information & Learning; 2024. *Exclude-Population*

211. Becke M, Fuermaier ABM, Buehren J, et al. Utility of the Structured Interview of Reported Symptoms (SIRS-2) in detecting feigned adult attention-deficit/hyperactivity disorder. J Clin Exp Neuropsychol. 2019 Oct;41(8):786-802. doi: 10.1080/13803395.2019.1621268. PMID: 31156034. *Exclude-Language*

212. Becke M, Tucha L, Weisbrod M, et al. Non-credible symptom report in the clinical evaluation of adult ADHD: development and initial validation of a new validity index embedded in the Conners' adult ADHD rating scales. J Neural Transm (Vienna). 2021 Jul;128(7):1045-63. doi: 10.1007/s00702-021-02318-y. PMID: 33651237. *Exclude-Language*

213. Becke M, Tucha L, Weisbrod M, et al. Correction to: Non-credible symptom report in the clinical evaluation of adult ADHD: development and initial validation of a new validity index embedded in the Conners' adult ADHD rating scales. J Neural Transm (Vienna). 2022 Oct;129(10):1315-9. doi: 10.1007/s00702-022-02533-1. PMID: 35974247. *Exclude-Design*

214. Becke M, Tucha L, Weisbrod M, et al. Joint consideration of validity indicators embedded in Conners' Adult ADHD Rating Scales (CAARS). Psychological Injury and Law. 2022;15(2):172-88. doi: 10.1007/s12207-022-09445-1. *Exclude-Language*

215. Becker SP, Langberg JM, Luebbe AM, et al. Sluggish cognitive tempo is associated with academic functioning and internalizing symptoms in college students with and without attention-deficit/hyperactivity disorder. J Clin Psychol. 2014 Apr;70(4):388-403. doi: 10.1002/jclp.22046. PMID: 24114716. *Exclude-Intervention*

216. Bédard AC, Trampush JW, Newcorn JH, et al. Perceptual and motor inhibition in adolescents/young adults with childhood-diagnosed ADHD. Neuropsychology. 2010 Jul;24(4):424-34. doi: 10.1037/a0018752. PMID: 20604617. *Exclude-Population*

217. Behdani F, Hebrani P, Naseraee A, et al. Does omega-3 supplement enhance the therapeutic results of methylphenidate in attention deficit hyperactivity disorder patients? Journal of Research in Medical Sciences. 2013;18(8):653-8. *Exclude-Population*

218. Bejerot S, Rydén EM, Arlinde CM. Two-year outcome of treatment with central stimulant medication in adult attention-deficit/hyperactivity disorder: a prospective study. The Journal of clinical psychiatry. 2010;71(12):13597. *Exclude-Design*

219. Belendiuk KA, Clarke TL, Chronis AM, et al. Assessing the concordance of measures used to diagnose adult ADHD. Journal of Attention Disorders. 2007;10(3):276-87. *Exclude-Population*

220. Bellak L, Black RB. Attention-deficit hyperactivity disorder in adults. Clin Ther. 1992 Mar-Apr;14(2):138-47. PMID: 1351794. *Exclude-Design*

221. Bemmouna D, Weibel S, Kosel M, et al. The utility of the autism-spectrum quotient to screen for autism spectrum disorder in adults with attention deficit/hyperactivity disorder. Psychiatry Res. 2022 Jun;312:114580. doi: 10.1016/j.psychres.2022.114580. PMID: 35523029. *Exclude-Intervention*

222. Ben-Ami IS, Ankory R, Kadar A, et al. The Effect of Previous Methylphenidate Use on Incidence of Stress Fractures in Military Recruits: A Retrospective Cohort. J Bone Joint Surg Am. 2018 Jun 6;100(11):930-5. doi: 10.2106/jbjs.17.01267. PMID: 29870443. *Exclude-Design*

223. Ben-Sheetrit J, Peskin M, Newcorn JH, et al. Characterizing the Placebo Response in Adults With ADHD. J Atten Disord. 2020 Feb;24(3):425-33. doi: 10.1177/1087054718780328. PMID: 29926752. *Exclude-Intervention*

224. Ben-Sheetrit J, Tasker H, Avnat L, et al. Possible Age-Related Progression of Attentional Impairment in ADHD and Its Attenuation by Past Diagnosis and Treatment. J Atten Disord. 2021 Jan;25(1):14-21. doi: 10.1177/1087054717743328. PMID: 29233062. *Exclude-Intervention*

225. Benkert D, Krause KH, Wasem J, et al. Effectiveness of pharmaceutical therapy of ADHD (attention-deficit/hyperactivity disorder) in adults-A health technology assessment. Value in Health. 2010;13(7):A458. *Exclude-Design*

226. Berberat J, Huggenberger R, Montali M, et al. Brain activation patterns in medicated versus medication-naïve adults with attention-deficit hyperactivity disorder during fMRI tasks of motor inhibition and cognitive switching. BMC Med Imaging. 2021 Mar 19;21(1):53. doi: 10.1186/s12880-021-00579-3. PMID: 33740903. *Exclude-Outcome*

227. Bergey M. "Pills Don't Teach Skills": ADHD Coaching, Identity Work, and the Push toward the Liminal Medicalization of ADHD. J Health Soc Behav. 2024 Jun;65(2):256-72. doi: 10.1177/00221465231220385. PMID: 38279814. *Exclude-Design*

228. Berry S, Belden H, Childress A. Single dose pharmacokinetics of NWP06, a novel extended release methylphenidate oral suspension for the treatment of ADHD. Annals of Neurology. 2011;70:S147-S8. doi: 10.1002/ana.22558. *Exclude-Timing*

229. Bhavya G, Justin Y, Haneen H. Systematic Review of Psychological Treatment of ADHD and Comorbid Substance Use Disorders. 2023. PMID: CRD42023439593. *Exclude-Intervention*

230. Bidwell LC, Balestrieri SG, Colby SM, et al. Abstinence-induced withdrawal severity among adolescent smokers with and without ADHD: disentangling effects of nicotine and smoking reinstatement. Psychopharmacology (Berl). 2018 Jan;235(1):169-78. doi: 10.1007/s00213-017-4753-z. PMID: 29018894. *Exclude-Population*

231. Bidwell LC, McClernon FJ, Kollins SH. Cognitive enhancers for the treatment of ADHD. Pharmacology Biochemistry and Behavior. 2011;99(2):262-74. *Exclude-Intervention*

232. Biederman J. Pharmacotherapy for attention-deficit/hyperactivity disorder (ADHD) decreases the risk for substance abuse: findings from a longitudinal follow-up of youths with and without ADHD. J Clin Psychiatry. 2003;64 Suppl 11:3-8. PMID: 14529323. *Exclude-Population*

233. Biederman J, DiSalvo M, Woodworth KY, et al. Toward operationalizing deficient emotional self-regulation in newly referred adults with ADHD: A receiver operator characteristic curve analysis. Eur Psychiatry. 2020 Feb 24;63(1):e21. doi: 10.1192/j.eurpsy.2019.11. PMID: 32093797. *Exclude-Intervention*

234. Biederman J, DiSalvo ML, Hutt Vater CR, et al. Toward Operationalizing Executive Function Deficits in Adults With ADHD Using the Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A). J Clin Psychiatry. 2022 Nov 21;84(1). doi: 10.4088/JCP.22m14530. PMID: 36416743. *Exclude-Comparator*

235. Biederman J, Faraone SV. The effects of attention-deficit/hyperactivity disorder on employment and household income. Medscape General Medicine. 2006;8(3):12. *Exclude-Intervention*

236. Biederman J, Faraone SV, Spencer TJ, et al. Functional impairments in adults with self-reports of diagnosed ADHD: A controlled study of 1001 adults in the community. Journal of Clinical Psychiatry. 2006;67(4):524-40. *Exclude-Intervention*

237. Biederman J, Fitzgerald M, Uchida M, et al. Towards operationalising internal distractibility (Mind Wandering) in adults with ADHD. Acta Neuropsychiatr. 2017 Dec;29(6):330-6. doi: 10.1017/neu.2016.70. PMID: 29151406. *Exclude-Intervention*

238. Biederman J, Fried R, Petty CR, et al. Examining the association between stimulant treatment and cognitive outcomes across the life cycle of adults with attention-deficit/hyperactivity disorder: a controlled cross-sectional study. J Nerv Ment Dis. 2012 Jan;200(1):69-75. doi: 10.1097/NMD.0b013e31823e55ef. PMID: 22210365. *Exclude-Design*

239. Biederman J, Lanier J, DiSalvo M, et al. Clinical correlates of mind wandering in adults with ADHD. J Psychiatr Res. 2019 Oct;117:15-23. doi: 10.1016/j.jpsychires.2019.06.012. PMID: 31272014. *Exclude-Intervention*

240. Biederman J, Lindsten A, Sluth LB, et al. Vortioxetine for attention deficit hyperactivity disorder in adults: A randomized, double-blind, placebo-controlled, proof-of-concept study. Journal of Psychopharmacology. 2019;33(4):511-21. doi: 10.1177/0269881119832538. *Exclude-Duplicate*

241. Biederman J, Mick E, Spencer T, et al. Is response to OROS-methylphenidate treatment moderated by treatment with antidepressants or psychiatric comorbidity? A secondary analysis from a large randomized double blind study of adults with ADHD. CNS Neurosci Ther. 2012 Feb;18(2):126-32. doi: 10.1111/j.1755-5949.2010.00233.x. PMID: 22070421. *Exclude-Intervention*

242. Biederman J, Mick E, Spencer T, et al. An open-label trial of OROS methylphenidate in adults with late-onset ADHD. CNS Spectr. 2006 May;11(5):390-6. doi: 10.1017/s1092852900014528. PMID: 16641844. *Exclude-Design*

243. Biederman J, Monuteaux MC, Spencer T, et al. Do stimulants protect against psychiatric disorders in youth with ADHD? A 10-year follow-up study. Pediatrics. 2009 Jul;124(1):71-8. doi: 10.1542/peds.2008-3347. PMID: 19564285. *Exclude-Population*

244. Biederman J, Petty CR, Clarke A, et al. Predictors of persistent ADHD: an 11-year follow-up study. J Psychiatr Res. 2011 Feb;45(2):150-5. doi: 10.1016/j.jpsychires.2010.06.009. PMID: 20656298. *Exclude-Intervention*

245. Biederman J, Petty CR, Fried R, et al. Stability of executive function deficits into young adult years: a prospective longitudinal follow-up study of grown up males with ADHD. Acta Psychiatr Scand. 2007 Aug;116(2):129-36. doi: 10.1111/j.1600-0447.2007.01008.x. PMID: 17650275. *Exclude-Population*

246. Biederman J, Seidman LJ, Petty CR, et al. Effects of stimulant medication on neuropsychological functioning in young adults with attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2008 Jul;69(7):1150-6. doi: 10.4088/jcp.v69n0715. PMID: 18517288. *Exclude-Population*

247. Biederman J, Wilens T, Mick E, et al. Psychoactive substance use disorders in adults with attention deficit hyperactivity disorder (ADHD): effects of ADHD and psychiatric comorbidity. American Journal of Psychiatry. 1995;152(11):1652-8. *Exclude-Intervention*

248. Bihlar Muld B, Jokinen J, Bölte S, et al. Long-term outcomes of pharmacologically treated versus non-treated adults with ADHD and substance use disorder: a naturalistic study. J Subst Abuse Treat. 2015 Apr;51:82-90. doi: 10.1016/j.jsat.2014.11.005. PMID: 25491733. *Exclude-Design*

249. Bihlar Muld B, Jokinen J, Bölte S, et al. Skills training groups for men with ADHD in compulsory care due to substance use disorder: a feasibility study. Atten Defic Hyperact Disord. 2016 Sep;8(3):159-72. doi: 10.1007/s12402-016-0195-4. PMID: 27059489. *Exclude-Design*

250. Bijlenga D, Jasperse M, Gehlhaar SK, et al. Objective QbTest and subjective evaluation of stimulant treatment in adult attention deficit-hyperactivity disorder. Eur Psychiatry. 2015 Jan;30(1):179-85. doi: 10.1016/j.eurpsy.2014.06.003. PMID: 25172155. *Exclude-Design*

251. Bijlenga D, Tjon-Ka-Jie JYM, Schuijers F, et al. Atypical sensory profiles as core features of adult ADHD, irrespective of autistic symptoms. Eur Psychiatry. 2017 Jun;43:51-7. doi: 10.1016/j.eurpsy.2017.02.481. PMID: 28371743. *Exclude-Intervention*

252. Bilgiç A, Bilgiç Ö, Hergüner S, et al. Autistic Trait, Empathy, and Attention-Deficit/Hyperactivity Symptoms in Women with Idiopathic Hirsutism. Int J Trichology. 2015 Jul-Sep;7(3):113-8. doi: 10.4103/0974-7753.167458. PMID: 26622154. *Exclude-Intervention*

253. Bilodeau M, Simon T, Beauchamp MH, et al. Duloxetine in adults with ADHD: A randomized, placebo-controlled pilot study. Journal of Attention Disorders. 2014;18(2):169-75. doi: 10.1177/1087054712443157. *Exclude-Duplicate*

254. Bitter I, Angyalosi A, Czobor P. Pharmacological treatment of adult ADHD. Curr Opin Psychiatry. 2012 Nov;25(6):529-34. doi: 10.1097/YCO.0b013e328356f87f. PMID: 22801362. *Exclude-Design*

255. Bitter I, Mohr P, Balogh L, et al. ADHD: a hidden comorbidity in adult psychiatric patients. Atten Defic Hyperact Disord. 2019 Mar;11(1):83-9. doi: 10.1007/s12402-019-00285-9. PMID: 30927233. *Exclude-Intervention*

256. Bitter I, Simon V, Bálint S, et al. How do different diagnostic criteria, age and gender affect the prevalence of attention deficit hyperactivity disorder in adults? An epidemiological study in a Hungarian community sample. Eur Arch Psychiatry Clin Neurosci. 2010 Jun;260(4):287-96. doi: 10.1007/s00406-009-0076-3. PMID: 19806424. *Exclude-Intervention*

257. Björk A, Rönngren Y, Hellzen O, et al. The importance of belonging to a context: a nurse-led lifestyle intervention for adult persons with ADHD. Issues in mental health nursing. 2020;42(3):216-26. *Exclude-Population*

258. Black DW, Shaw M, McCormick B, et al. Neuropsychological performance, impulsivity, ADHD symptoms, and novelty seeking in compulsive buying disorder. Psychiatry Res. 2012 Dec 30;200(2-3):581-7. doi: 10.1016/j.psychres.2012.06.003. PMID: 22766012. *Exclude-Population*

259. Bloch Y, Aviram S, Segev A, et al. Methylphenidate reduces state anxiety during a continuous performance test that distinguishes adult ADHD patients from controls. Journal of Attention Disorders. 2017;21(1):46-51. *Exclude-Intervention*

260. Bloch Y, Dor-Ziderman Y. Spectral analysis of magnetoencephalographic (MEG) correlates of, anxiety, and the effect of methylphenidate, a possible distinction between patients suffering from ADHD and controls. European Psychiatry. 2019;56:S564. doi: 10.1016/j.eurpsy.2019.01.001. *Exclude-Intervention*

261. Bloch Y, Harel EV, Aviram S, et al. Positive effects of repetitive transcranial magnetic stimulation on attention in ADHD Subjects: a randomized controlled pilot study. World J Biol Psychiatry. 2010 Aug;11(5):755-8. doi: 10.3109/15622975.2010.484466. PMID: 20521875. *Exclude-Timing*

262. Bloemers S, Mummert A, Gibson TB. PMH27 ADHD TREATMENT AND DIAGNOSIS AMONG TEENAGE AND COLLEGE-AGED WOMEN. Value in Health. 2020;23:S205. doi: 10.1016/j.jval.2020.04.647. *Exclude-Intervention*

263. Blomberg R, Signoret C, Danielsson H, et al. Aberrant resting-state connectivity of auditory, ventral attention/salience and default-mode networks in adults with attention deficit hyperactivity disorder. Front Neurosci. 2022;16. doi: 10.3389/fnins.2022.972730. PMID: 36148149. *Exclude-Intervention*

264. Blume F, Buhr L, Kühnhausen J, et al. Validation of the Self-Report Version of the German Strengths and Weaknesses of ADHD Symptoms and Normal Behavior Scale (SWAN-DE-SB). Assessment. 2024 Mar 24:10731911241236699. doi: 10.1177/10731911241236699. PMID: 38523357. *Exclude-Language*

265. Bodenburg S, Wendiggensen J, Kasten E. Scores in self-report questionnaires assessing adult ADHD can be influenced by negative response bias but are unrelated to performance on executive function and attention tests. Psychological Injury and Law. 2022;15(2):189-99. doi: 10.1007/s12207-022-09448-y. *Exclude-Intervention*

266. Boesen K, Gøtzsche PC. Quality of life of adult patients with attention- deficit/hyperactivity disorder taking methylphenidate. JAMA Psychiatry. 2016;73(5):533-4. doi: 10.1001/jamapsychiatry.2016.0049. *Exclude-Design*

267. Bolea-Alamanac BM, Green A, Verma G, et al. Methylphenidate use in pregnancy and lactation: a systematic review of evidence. Br J Clin Pharmacol. 2014 Jan;77(1):96-101. doi: 10.1111/bcp.12138. PMID: 23593966. *Exclude-Population*

268. Bolea-Alamanac BM, Green A, Verma G, et al. Methylphenidate use in pregnancy and lactation: A systematic review of evidence. British Journal of Clinical Pharmacology. 2014;77(1):96-101. doi: 10.1111/bcp.12138. *Exclude-Duplicate*

269. Bölte S, Mahdi S, Coghill D, et al. Standardised assessment of functioning in ADHD: consensus on the ICF Core Sets for ADHD. European child & adolescent psychiatry. 2018;27:1261-81. *Exclude-Intervention*

270. Bonvicini C, Cortese S, Maj C, et al. DRD4 48 bp multiallelic variants as age-population-specific biomarkers in attention-deficit/hyperactivity disorder. Translational Psychiatry. 2020;10(1). doi: 10.1038/s41398-020-0755-4. *Exclude-Population*

271. Bonvicini C, Faraone SV, Scassellati C. Attention-deficit hyperactivity disorder in adults: A systematic review and meta-analysis of genetic, pharmacogenetic and biochemical studies. Mol Psychiatry. 2016 Jul;21(7):872-84. doi: 10.1038/mp.2016.74. PMID: 27217152. *Exclude-Intervention*

272. Boonstra AM, Kooij JJS, Oosterlaan J, et al. Does methylphenidate improve inhibition and other cognitive abilities in adults with childhood-onset ADHD? Journal of Clinical and Experimental Neuropsychology. 2005;27(3):278-98. doi: 10.1080/13803390490515757. *Exclude-Duplicate*

273. Boonstra AM, Oosterlaan J, Sergeant JA, et al. Executive functioning in adult ADHD: a meta-analytic review. Psychol Med. 2005 Aug;35(8):1097-108. doi: 10.1017/s003329170500499x. PMID: 16116936. *Exclude-Intervention*

274. Bottelier MA, Schrantee A, Ferguson B, et al. Age-dependent effects of acute methylphenidate on amygdala reactivity in stimulant treatment-naive patients with Attention Deficit/Hyperactivity Disorder. Psychiatry Res Neuroimaging. 2017 Nov 30;269:36-42. doi: 10.1016/j.pscychresns.2017.09.009. PMID: 28938219. *Exclude-Timing*

275. Bottini S, Polizzi CP, Vizgaitis A, et al. When measures diverge: The intersection of psychometric instruments and clinical judgment in multimodal adult attention-deficit/hyperactivity disorder assessment. Professional Psychology: Research and Practice. 2019;50(6):353. *Exclude-Intervention*

276. Bowden SC, Gregg N, Bandalos D, et al. Latent mean and covariance differences with measurement equivalence in college students with developmental difficulties versus the Wechsler Adult Intelligence Scale-III/Wechsler Memory Scale-III normative sample. Educational and Psychological Measurement. 2008;68(4):621-42. doi: 10.1177/0013164407310126. *Exclude-Intervention*

277. Brain, Behavior Research F, National Center for C, et al. Vitamin D as a Therapeutic Adjunct in the Stimulant Treatment of ADHD: a Proof-of-concept Study of Stimulant-induced Dopamine Release Using [11C]-PHNO PET in Healthy Humans. In: Brain, Behavior Research F, National Center for C, Integrative H, eds.; 2017. *Exclude-Outcome*

278. Bramham J, Susan Y, Bickerdike A, et al. Evaluation of group cognitive behavioral therapy for adults with ADHD. Journal of Attention Disorders. 2009;12(5):434-41. doi: 10.1177/1087054708314596. *Exclude-Duplicate*

279. Brancati GE, De Dominicis F, Petrucci A, et al. Long-term treatment of adult ADHD in a naturalistic setting: Clinical predictors of attrition, medication choice, improvement, and response. World J Biol Psychiatry. 2023 Jun-Jul;24(6):523-38. doi: 10.1080/15622975.2023.2168750. PMID: 36637001. *Exclude-Design*

280. Brancati GE, De Rosa U, Acierno D, et al. Development of a self-report screening instrument for emotional dysregulation: the Reactivity, Intensity, Polarity and Stability questionnaire, screening version (RIPoSt-SV). J Affect Disord. 2024 Jun 15;355:406-14. doi: 10.1016/j.jad.2024.03.167. PMID: 38570039. *Exclude-Intervention*

281. Brandejsky L, Micoulaud Franchi JA, Lopez R, et al. [Noninvasive cerebral stimulation for treatment of ADHD: A review of the literature]. Encephale. 2017 Oct;43(5):457-63. doi: 10.1016/j.encep.2016.08.011. PMID: 27745724. *Exclude-Language*

282. Brandley ET, Holton KF. Breakfast Positively Impacts Cognitive Function in College Students With and Without ADHD. Am J Health Promot. 2020 Jul;34(6):668-71. doi: 10.1177/0890117120903235. PMID: 32013526. *Exclude-Intervention*

283. Braun CM, Delisle J, Suffren S, et al. Atypical left-right balance of visuomotor awareness in adult ADHD (combined type) on a test of executive function. Laterality. 2013;18(4):385-406. doi: 10.1080/1357650x.2012.695796. PMID: 22757589. *Exclude-Intervention*

284. Braun DL, Dulit RA, Adler DA, et al. Attention-deficit/hyperactivity disorder in adults: Clinical information for primary care physicians. Primary Psychiatry. 2004;11(9):56-65. *Exclude-Intervention*

285. Braverman ER, Chen AL, Chen TJ, et al. Test of variables of attention (TOVA) as a predictor of early attention complaints, an antecedent to dementia. Neuropsychiatr Dis Treat. 2010 Oct 15;6:681-90. doi: 10.2147/ndt.S12243. PMID: 21127685. *Exclude-Intervention*

286. Braverman ER, Chen AL-C, Chen TJH, et al. Test of variables of attention (TOVA) as a predictor of early attention complaints, an antecedent to dementia. Neuropsychiatric Disease and Treatment. 2010;6. *Exclude-Duplicate*

287. Braverman ER, Chen TJH, Prihoda TJ, et al. Plasma growth hormones, P300 event-related potential and test of variables of attention (TOVA) are important neuroendocrinological predictors of early cognitive decline in a clinical setting: Evidence supported by structural equation modeling (SEM) parameter estimates. Age. 2007;29(2-3):55-67. doi: 10.1007/s11357-007-9030-3. *Exclude-Intervention*

288. Braverman ER, Chen TJH, Schoolfield J, et al. Delayed P300 latency correlates with abnormal test of variables of attention (TOVA) in adults and predicts early cognitive decline in a clinical setting. Advances in Therapy. 2006;23(4):582-600. doi: 10.1007/BF02850047. *Exclude-Population*

289. Breda V, Rovaris DL, Vitola ES, et al. Does collateral retrospective information about childhood attention-deficit/hyperactivity disorder symptoms assist in the diagnosis of attention-deficit/hyperactivity disorder in adults? Findings from a large clinical sample. Aust N Z J Psychiatry. 2016 Jun;50(6):557-65. doi: 10.1177/0004867415609421. PMID: 26460329. *Exclude-Intervention*

290. Breitling C, Zaehle T, Dannhauer M, et al. Improving interference control in ADHD patients with transcranial direct current stimulation (tDCS). Frontiers in cellular neuroscience. 2016;10:72. *Exclude-Population*

291. Breslau J, Miller E, Joanie Chung WJ, et al. Childhood and adolescent onset psychiatric disorders, substance use, and failure to graduate high school on time. J Psychiatr Res. 2011 Mar;45(3):295-301. doi: 10.1016/j.jpsychires.2010.06.014. PMID: 20638079. *Exclude-Outcome*

292. Brevik EJ, Lundervold AJ, Haavik J, et al. Validity and accuracy of the Adult Attention-Deficit/Hyperactivity Disorder (ADHD) Self-Report Scale (ASRS) and the Wender Utah Rating Scale (WURS) symptom checklists in discriminating between adults with and without ADHD. Brain Behav. 2020 Jun;10(6):e01605. doi: 10.1002/brb3.1605. PMID: 32285644. *Exclude-Language*

293. Brevik EJ, Lundervold AJ, Halmøy A, et al. Prevalence and clinical correlates of insomnia in adults with attention‐deficit hyperactivity disorder. Acta Psychiatrica Scandinavica. 2017;136(2):220-7. doi: 10.1111/acps.12756. *Exclude-Intervention*

294. Bridgett DJ, Walker ME. Intellectual functioning in adults with ADHD: a meta-analytic examination of full scale IQ differences between adults with and without ADHD. Psychol Assess. 2006 Mar;18(1):1-14. doi: 10.1037/1040-3590.18.1.1. PMID: 16594807. *Exclude-Intervention*

295. Brikell I, Kuja-Halkola R, Larsson JO, et al. Relative Immaturity in Childhood and Attention-Deficit/Hyperactivity Disorder Symptoms From Childhood to Early Adulthood: Exploring Genetic and Environmental Overlap Across Development. J Am Acad Child Adolesc Psychiatry. 2016 Oct;55(10):886-95. doi: 10.1016/j.jaac.2016.06.014. PMID: 27663944. *Exclude-Population*

296. Brod M, Adler LA, Lipsius S, et al. Validation of the adult attention-deficit/hyperactivity disorder quality-of-life scale in European patients: comparison with patients from the USA. Atten Defic Hyperact Disord. 2015 Jun;7(2):141-50. doi: 10.1007/s12402-014-0160-z. PMID: 25563210. *Exclude-Outcome*

297. Brod M, Johnston J, Able S, et al. Validation of the adult attention-deficit/hyperactivity disorder quality-of-life Scale (AAQoL): a disease-specific quality-of-life measure. Qual Life Res. 2006 Feb;15(1):117-29. doi: 10.1007/s11136-005-8325-z. PMID: 16411036. *Exclude-Intervention*

298. Bron TI, Bijlenga D, Kasander MV, et al. Long-term relationship between methylphenidate and tobacco consumption and nicotine craving in adults with ADHD in a prospective cohort study. Eur Neuropsychopharmacol. 2013 Jun;23(6):542-54. doi: 10.1016/j.euroneuro.2012.06.004. PMID: 22809706. *Exclude-Intervention*

299. Bron TI, Bijlenga D, Verduijn J, et al. Prevalence of ADHD symptoms across clinical stages of major depressive disorder. J Affect Disord. 2016 Jun;197:29-35. doi: 10.1016/j.jad.2016.02.053. PMID: 26970265. *Exclude-Intervention*

300. Brown FC, Katz LJ, Roth RM, et al. The relationship of self-reported subclinical obsessive-compulsive symptoms and impulsivity among adults with AD/HD. Psychiatry Research. 2014;216(1):131-6. *Exclude-Intervention*

301. Brown M-G, Becker DA, Pollard JR, et al. The diagnosis and treatment of attention deficit hyperactivity disorder in patients with epilepsy. Current neurology and neuroscience reports. 2013;13:1-7. *Exclude-Design*

302. Brown TE, Brams M, Gao J, et al. Open-label administration of lisdexamfetamine dimesylate improves executive function impairments and symptoms of attention-deficit/hyperactivity disorder in adults. Postgrad Med. 2010 Sep;122(5):7-17. doi: 10.3810/pgm.2010.09.2196. PMID: 20861583. *Exclude-Design*

303. Brownlie EB, Lazare K, Beitchman J. Validating a self-report screen for ADHD in early adulthood using childhood parent and teacher ratings. J Atten Disord. 2012 Aug;16(6):467-77. doi: 10.1177/1087054711398902. PMID: 21903889. *Exclude-Comparator*

304. Bruce CR, Unsworth CA, Dillon MP, et al. Hazard perception skills of young drivers with Attention Deficit Hyperactivity Disorder (ADHD) can be improved with computer based driver training: An exploratory randomised controlled trial. Accid Anal Prev. 2017 Dec;109:70-7. doi: 10.1016/j.aap.2017.10.002. PMID: 29040873. *Exclude-Population*

305. Brunkhorst-Kanaan N, Verdenhalven M, Kittel-Schneider S, et al. The Quantified Behavioral Test—A Confirmatory Test in the Diagnostic Process of Adult ADHD? Frontiers in Psychiatry. 2020;11. doi: 10.3389/fpsyt.2020.00216. *Exclude-Duplicate*

306. Brus MJ, Solanto MV, Goldberg JF. Adult ADHD vs. bipolar disorder in the DSM-5 era: a challenging differentiation for clinicians. J Psychiatr Pract. 2014 Nov;20(6):428-37. doi: 10.1097/01.pra.0000456591.20622.9e. PMID: 25406047. *Exclude-Design*

307. Bruxel EM, Akutagava-Martins GC, Salatino-Oliveira A, et al. ADHD pharmacogenetics across the life cycle: New findings and perspectives. Am J Med Genet B Neuropsychiatr Genet. 2014 Jun;165b(4):263-82. doi: 10.1002/ajmg.b.32240. PMID: 24804845. *Exclude-Intervention*

308. Bucherbeam TR, Lovett BJ, Harrison AG. ADHD and Anxiety Symptoms: Does Construct or Assessment Type Matter More? J Atten Disord. 2024 May;28(7):1152-7. doi: 10.1177/10870547231220905. PMID: 38323532. *Exclude-Intervention*

309. Buchsbaum MS, Haier RJ, Sostek AJ, et al. Attention dysfunction and psychopathology in college men. Arch Gen Psychiatry. 1985 Apr;42(4):354-60. doi: 10.1001/archpsyc.1985.01790270044004. PMID: 3977552. *Exclude-Intervention*

310. Bueno VF, Kozasa EH, da Silva MA, et al. Mindfulness meditation improves mood, quality of life, and attention in adults with attention deficit hyperactivity disorder. BioMed Research International. 2015;2015(1):962857. *Exclude-Comparator*

311. Buitelaar JK, Casas M, Philipsen A, et al. Functional improvement and correlations with symptomatic improvement in adults with attention deficit hyperactivity disorder receiving long-acting methylphenidate. Psychol Med. 2012 Jan;42(1):195-204. doi: 10.1017/s0033291711000845. PMID: 21733214. *Exclude-Design*

312. Buitelaar JK, Kooij JJ. [Attention deficit hyperactivity disorder (ADHD): etiology, diagnosis and treatment]. Ned Tijdschr Geneeskd. 2000 Sep 2;144(36):1716-23. PMID: 10992893. *Exclude-Language*

313. Buitelaar JK, Michelson D, Danckaerts M, et al. A randomized, double-blind study of continuation treatment for attention-deficit/hyperactivity disorder after 1 year. Biological psychiatry. 2007;61(5):694-9. *Exclude-Population*

314. Buitelaar JK, Roesler M, Kooij S, et al. Relation between symptomatic and functional outcomes in adults with ADHD treated with OROS MPH - A partial correlation analysis. European Psychiatry. 2010;25. doi: 10.1016/S0924-9338(10)70979-2. *Exclude-Design*

315. Buitelaar JK, Sobanski E, Stieglitz RD, et al. Predictors of placebo response in adults with attention-deficit/hyperactivity disorder: data from 2 randomized trials of osmotic-release oral system methylphenidate. J Clin Psychiatry. 2012 Aug;73(8):1097-102. doi: 10.4088/JCP.11m07528. PMID: 22780962. *Exclude-Intervention*

316. Buitelaar JK, Trott G-E, Hofecker M, et al. Long-term efficacy and safety outcomes with OROS-MPH in adults with ADHD. International Journal of Neuropsychopharmacology. 2012;15(1):1-13. *Exclude-Duplicate*

317. Buitelaar NJL, Posthumus JA, Scholing A, et al. Impact of treatment of ADHD on intimate partner violence (ITAP), a study protocol. BMC Psychiatry. 2014;14. doi: 10.1186/s12888-014-0336-2. *Exclude-Comparator*

318. Bumb JM, Mier D, Noelte I, et al. Associations of pineal volume, chronotype and symptom severity in adults with attention deficit hyperactivity disorder and healthy controls. Eur Neuropsychopharmacol. 2016 Jul;26(7):1119-26. doi: 10.1016/j.euroneuro.2016.03.016. PMID: 27150337. *Exclude-Intervention*

319. Burgess GC, Depue BE, Ruzic L, et al. Attentional control activation relates to working memory in attention-deficit/hyperactivity disorder. Biol Psychiatry. 2010 Apr 1;67(7):632-40. doi: 10.1016/j.biopsych.2009.10.036. PMID: 20060961. *Exclude-Intervention*

320. Burton B, Grant M, Feigenbaum A, et al. A randomized, placebo-controlled, double-blind study of sapropterin to treat ADHD symptoms and executive function impairment in children and adults with sapropterin-responsive phenylketonuria. Mol Genet Metab. 2015 Mar;114(3):415-24. doi: 10.1016/j.ymgme.2014.11.011. PMID: 25533024. *Exclude-Population*

321. Bushe C, Day K, Reed V, et al. A network meta-analysis of atomoxetine and osmotic release oral system methylphenidate in the treatment of attention-deficit/hyperactivity disorder in adult patients. J Psychopharmacol. 2016 May;30(5):444-58. doi: 10.1177/0269881116636105. PMID: 27005307. *Exclude-Duplicate*

322. Bushe C, Sobanski E, Coghill D, et al. Predictors of response to atomoxetine for the treatment of adult patients with Attention-Deficit/Hyperactivity Disorder. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S49. doi: 10.1007/s12402-015-0169-y. *Exclude-Intervention*

323. Bushe C, Sobanski E, Coghill D, et al. Post Hoc Analysis of Potential Predictors of Response to Atomoxetine for the Treatment of Adults with Attention-Deficit/Hyperactivity Disorder using an Integrated Database. CNS Drugs. 2016 Apr;30(4):317-34. doi: 10.1007/s40263-016-0323-x. PMID: 27055440. *Exclude-Intervention*

324. Bussing R, Mason D, Garvan CW, et al. Willingness to use ADHD Self-Management: Mixed Methods Study of Perceptions by Adolescents and Parents. J Child Fam Stud. 2016 Feb 1;25(2):562-73. doi: 10.1007/s10826-015-0241-4. PMID: 26834448. *Exclude-Population*

325. Butnik SM. Neurofeedback in adolescents and adults with attention deficit hyperactivity disorder. J Clin Psychol. 2005 May;61(5):621-5. doi: 10.1002/jclp.20124. PMID: 15723361. *Exclude-Design*

326. Butzbach M, Fuermaier ABM, Aschenbrenner S, et al. Metacognition in adult ADHD: subjective and objective perspectives on self-awareness of cognitive functioning. J Neural Transm (Vienna). 2021 Jul;128(7):939-55. doi: 10.1007/s00702-020-02293-w. PMID: 33464422. *Exclude-Intervention*

327. Bymaster FP, Golembiowska K, Kowalska M, et al. Pharmacological characterization of the norepinephrine and dopamine reuptake inhibitor EB‐1020: Implications for treatment of attention‐deficit hyperactivity disorder. Synapse. 2012;66(6):522-32. *Exclude-Population*

328. Cachoeira CT, Leffa DT, Mittelstadt SD, et al. Positive effects of transcranial direct current stimulation in adult patients with attention-deficit/hyperactivity disorder - A pilot randomized controlled study. Psychiatry Res. 2017 Jan;247:28-32. doi: 10.1016/j.psychres.2016.11.009. PMID: 27863315. *Exclude-Timing*

329. Caci H, Asherson P, Donfrancesco R, et al. Daily life impairments associated with childhood/adolescent attention-deficit/hyperactivity disorder as recalled by adults: results from the European Lifetime Impairment Survey. CNS Spectr. 2015 Apr;20(2):112-21. doi: 10.1017/s1092852914000078. PMID: 24571924. *Exclude-Intervention*

330. Caci H, Didier C, Wynchank D. Validation and bifactor structure of the French Adult ADHD Symptoms Rating Scale v1.1 (ASRS). Encephale. 2024 Feb;50(1):68-74. doi: 10.1016/j.encep.2022.11.007. PMID: 36641267. *Exclude-Language*

331. Caci HM, Bouchez J, Baylé FJ. An aid for diagnosing attention-deficit/hyperactivity disorder at adulthood: psychometric properties of the French versions of two Wender Utah Rating Scales (WURS-25 and WURS-K). Comprehensive psychiatry. 2010;51(3):325-31. *Exclude-Intervention*

332. Caci HM, Morin AJ, Tran A. Teacher Ratings of the ADHD-RS IV in a Community Sample: Results From the ChiP-ARD Study. J Atten Disord. 2016 May;20(5):434-44. doi: 10.1177/1087054712473834. PMID: 23422236. *Exclude-Population*

333. Cairncross M, Milosevic A, Struble CA, et al. Clinical and Personality Characteristics of Problem and Pathological Gamblers With and Without Symptoms of Adult ADHD. J Nerv Ment Dis. 2019 Apr;207(4):246-54. doi: 10.1097/nmd.0000000000000959. PMID: 30882557. *Exclude-Population*

334. Callahan BL, Plamondon A. Examining the validity of the ADHD concept in adults and older adults. CNS Spectr. 2019 Oct;24(5):518-25. doi: 10.1017/s1092852918001190. PMID: 30295232. *Exclude-Intervention*

335. Callahan BL, Plamondon A, Gill S, et al. Contribution of vascular risk factors to the relationship between ADHD symptoms and cognition in adults and seniors. Sci Rep. 2021 Dec 20;11(1):24276. doi: 10.1038/s41598-021-03782-y. PMID: 34930996. *Exclude-Intervention*

336. Camacho-Conde JA, Climent G. Attentional profile of adolescents with ADHD in virtual-reality dual execution tasks: A pilot study. Applied Neuropsychology: Child. 2022;11(1):81-90. *Exclude-Population*

337. Cambron-Mellott MJ, Mikl J, Matos JE, et al. Adult Patient Preferences for Long-Acting ADHD Treatments: A Discrete Choice Experiment. Patient Prefer Adherence. 2021;15:1061-73. doi: 10.2147/ppa.S311836. PMID: 34054292. *Exclude-Intervention*

338. Cantilena L, Kahn R, Duncan CC, et al. Safety of atomoxetine in combination with intravenous cocaine in cocaine-experienced participants. J Addict Med. 2012 Dec;6(4):265-73. doi: 10.1097/ADM.0b013e31826b767f. PMID: 22987022. *Exclude-Population*

339. Canu WH, Carlson CL. Differences in heterosocial behavior and outcomes of ADHD-symptomatic subtypes in a college sample. J Atten Disord. 2003 Apr;6(3):123-33. doi: 10.1177/108705470300600304. PMID: 12821877. *Exclude-Intervention*

340. Canu WH, Hartung CM, Stevens AE, et al. Psychometric Properties of the Weiss Functional Impairment Rating Scale: Evidence for Utility in Research, Assessment, and Treatment of ADHD in Emerging Adults. J Atten Disord. 2020 Oct;24(12):1648-60. doi: 10.1177/1087054716661421. PMID: 27481918. *Exclude-Intervention*

341. Cao C, Fu H, Li G, et al. ADHD diagnosis guided by functional brain networks combined with domain knowledge. Comput Biol Med. 2024 Jul;177:108611. doi: 10.1016/j.compbiomed.2024.108611. PMID: 38788375. *Exclude-Population*

342. Capuzzi E, Caldiroli A, Auxilia AM, et al. Biological Predictors of Treatment Response in Adult Attention Deficit Hyperactivity Disorder (ADHD): A Systematic Review. J Pers Med. 2022 Oct 20;12(10). doi: 10.3390/jpm12101742. PMID: 36294881. *Exclude-Intervention*

343. Cardo E, Servera M, Bernad M, et al. Pharmacological treatment versus neurofeedback in typical symptomatology of attention deficit hyperactivity disorder. European Neuropsychopharmacology. 2013;23:S584. doi: 10.1016/S0924-977X(13)70930-1. *Exclude-Population*

344. Cardo Jalon E. Influence of different rating scale ADHD RS and SNAP IV based on DSM IV criteria in the prevalence of subtipe of ADHD. European Journal of Paediatric Neurology. 2011;15:S127. doi: 10.1016/S1090-3798(11)70444-5. *Exclude-Design*

345. Cardullo S, Gómez Pérez LJ, Cuppone D, et al. A Retrospective Comparative Study in Patients With Cocaine Use Disorder Comorbid With Attention Deficit Hyperactivity Disorder Undergoing an rTMS Protocol Treatment. Front Psychiatry. 2021;12:659527. doi: 10.3389/fpsyt.2021.659527. PMID: 33841218. *Exclude-Design*

346. Caresia L, Pugnetti L, Besana R, et al. EEG and clinical findings during pemoline treatment in children and adults with attention deficit disorder. An 8-week open trial. Neuropsychobiology. 1984;11(3):158-67. doi: 10.1159/000118070. PMID: 6472603. *Exclude-Outcome*

347. Carlson CL, Mann M. Sluggish cognitive tempo predicts a different pattern of impairment in the attention deficit hyperactivity disorder, predominantly inattentive type. J Clin Child Adolesc Psychol. 2002 Mar;31(1):123-9. doi: 10.1207/s15374424jccp3101\_14. PMID: 11845644. *Exclude-Population*

348. Carroll P, Hirvikoski T, Lindholm C, et al. Group-based emotion regulation skills training for adults with ADHD: A feasibility study in an outpatient psychiatric setting. Appl Neuropsychol Adult. 2023 Jan-Feb;30(1):71-82. doi: 10.1080/23279095.2021.1910512. PMID: 33905287. *Exclude-Design*

349. Carter SL. College students' acceptance of potential treatments for ADHD. Psychol Rep. 2005 Aug;97(1):258-64. doi: 10.2466/pr0.97.1.258-264. PMID: 16279332. *Exclude-Intervention*

350. Carvalho LR, Haas LM, Zeni G, et al. Evaluation of the effectiveness of the FOCUS ADHD App in monitoring adults with attention-deficit/hyperactivity disorder. Eur Psychiatry. 2023 Jun 21;66(1):e53. doi: 10.1192/j.eurpsy.2023.2422. PMID: 37341028. *Exclude-Intervention*

351. Casaseca-de-la-Higuera P, Martín-Martínez D, Alberola-López S, et al. Automatic diagnosis of ADHD based on multichannel nonlinear analysis of actimetry registries. Annu Int Conf IEEE Eng Med Biol Soc. 2012;2012:4204-7. doi: 10.1109/embc.2012.6346894. PMID: 23366855. *Exclude-Comparator*

352. Castaneda R, Sussman N, Levy R, et al. A Treatment Algorithm for Attention Deficit Hyperactivity Disorder in Cocaine-Dependent Adults: A One-Year Private Practice Study with Long-Acting Stimulants, Fluoxetine, and Bupropion. Subst Abus. 1999 Mar;20(1):59-71. doi: 10.1080/08897079909511394. PMID: 12511821. *Exclude-Design*

353. Castells X, Cunill R, Riera M, et al. Treatment discontinuation in clinical trials of methylphenidate and atomoxetine for adults with attention deficit/hyperactivity disorder: A systematic review and meta-analysis of clinical trials. Basic and Clinical Pharmacology and Toxicology. 2012;111:22. doi: 10.1111/bcpt.12014. *Exclude-Intervention*

354. Castells X, Ramos-Quiroga JA, Bosch R, et al. Amphetamines for Attention Deficit Hyperactivity Disorder (ADHD) in adults. Cochrane Database Syst Rev. 2011 Jun 15(6):Cd007813. doi: 10.1002/14651858.CD007813.pub2. PMID: 21678370. *Exclude-Design*

355. Caterino LC, Gómez-Benito J, Balluerka N, et al. Development and validation of a scale to assess the symptoms of attention-deficit/hyperactivity disorder in young adults. Psychological Assessment. 2009;21(2):152. *Exclude-Population*

356. Cavanagh R, Clifford JS, Gregory WL. The use of bromocriptine for the treatment of attention deficit disorder in two chemically dependent patients. J Psychoactive Drugs. 1989 Apr-Jun;21(2):217-20. doi: 10.1080/02791072.1989.10472161. PMID: 2668485. *Exclude-Design*

357. Caye A, Spadini AV, Karam RG, et al. Predictors of persistence of ADHD into adulthood: a systematic review of the literature and meta-analysis. Eur Child Adolesc Psychiatry. 2016 Nov;25(11):1151-9. doi: 10.1007/s00787-016-0831-8. PMID: 27021056. *Exclude-Intervention*

358. Caye A, Swanson JM, Coghill D, et al. Treatment strategies for ADHD: an evidence-based guide to select optimal treatment. Molecular psychiatry. 2019;24(3):390-408. *Exclude-Design*

359. Cazorla P, Kroon R, Shahid M, et al. A translational approach to evaluate the efficacy and safety of the novel AMPA receptor positive allosteric modulator org 26576 in adult attention-deficit/hyperactivity disorder. Neuropsychopharmacology. 2011;36:S230. doi: 10.1038/npp.2011.292. *Exclude-Design*

360. Çelik HEA, Küçükgöncü S, Erdoğan A, et al. Response Inhibition and Interference Control in Adult Attention Deficit Hyperactivity Disorder. Noro Psikiyatr Ars. 2023;60(1):3-8. doi: 10.29399/npa.28192. PMID: 36911564. *Exclude-Intervention*

361. Center T-ASM. The Additive Effect of Cognitive Behavioral Treatment - CBT to Conventional Weight Loss Intervention Program for Young Adults With Intellectual Disabilities. 2009. *Exclude-Population*

362. Chae PK. Correlation study between WISC-III scores and TOVA performance. Psychology in the Schools. 1999;36(3):179-85. doi: 10.1002/(SICI)1520-6807(199905)36:3<179::AID-PITS1>3.0.CO;2-W. *Exclude-Population*

363. Chamberlain SR, Cortese S, Grant JE. Screening for adult ADHD using brief rating tools: What can we conclude from a positive screen? Some caveats. Compr Psychiatry. 2021 Apr;106:152224. doi: 10.1016/j.comppsych.2021.152224. PMID: 33581449. *Exclude-Comparator*

364. Chamberlain SR, Del Campo N, Dowson J, et al. Atomoxetine improved response inhibition in adults with attention deficit/hyperactivity disorder. Biol Psychiatry. 2007 Nov 1;62(9):977-84. doi: 10.1016/j.biopsych.2007.03.003. PMID: 17644072. *Exclude-Timing*

365. Chamberlain SR, Hampshire A, Müller U, et al. Atomoxetine modulates right inferior frontal activation during inhibitory control: a pharmacological functional magnetic resonance imaging study. Biol Psychiatry. 2009 Apr 1;65(7):550-5. doi: 10.1016/j.biopsych.2008.10.014. PMID: 19026407. *Exclude-Population*

366. Chang Z, D’Onofrio BM, Quinn PD, et al. Medication for attention-deficit/hyperactivity disorder and risk for depression: a nationwide longitudinal cohort study. Biological psychiatry. 2016;80(12):916-22. *Exclude-Intervention*

367. Chang Z, Lichtenstein P, D’Onofrio BM, et al. Serious transport accidents in adults with attention-deficit/hyperactivity disorder and the effect of medication: a population-based study. JAMA psychiatry. 2014;71(3):319-25. *Exclude-Intervention*

368. Chao TC, Chou MC, Yang P, et al. Effects of interpolation methods in spatial normalization of diffusion tensor imaging data on group comparison of fractional anisotropy. Magn Reson Imaging. 2009 Jun;27(5):681-90. doi: 10.1016/j.mri.2008.09.004. PMID: 19027254. *Exclude-Intervention*

369. Chaplin S. Lisdexamfetamine for the management of ADHD in adults. Prescriber. 2015;26(21):12-4. doi: 10.1002/psb.1406. *Exclude-Intervention*

370. Chen J, Niemeier M. Altered perceptual pseudoneglect in ADHD: Evidence for a functional disconnection from early visual activation. Neuropsychologia. 2017 May;99:12-23. doi: 10.1016/j.neuropsychologia.2017.02.022. PMID: 28254649. *Exclude-Intervention*

371. Chen Q, Sjölander A, Runeson B, et al. Drug treatment for attention-deficit/hyperactivity disorder and suicidal behaviour: register based study. Bmj. 2014;348. *Exclude-Design*

372. Chen VC-H, Yang Y-H, Liao Y-T, et al. The association between methylphenidate treatment and the risk for fracture among young ADHD patients: A nationwide population-based study in Taiwan. PloS one. 2017;12(3):e0173762. *Exclude-Population*

373. Chen Y-L, Chen VC-H, Gossop M. Reliability and validity of the Chen ADHD Scale (C-ADHDS). Neuropsychiatric Disease and Treatment. 2021;17. doi: 10.2147/NDT.S292696. *Exclude-Population*

374. Cheng YS, Shyu YC, Lee SY, et al. Trend, characteristics, and pharmacotherapy of adults diagnosed with attention-deficit/hyperactivity disorder: a nationwide survey in Taiwan. Neuropsychiatr Dis Treat. 2017;13:643-51. doi: 10.2147/ndt.S126438. PMID: 28280346. *Exclude-Intervention*

375. Cherkasova MV, Faridi N, Casey KF, et al. Differential Associations between Cortical Thickness and Striatal Dopamine in Treatment-Naïve Adults with ADHD vs. Healthy Controls. Front Hum Neurosci. 2017;11:421. doi: 10.3389/fnhum.2017.00421. PMID: 28878639. *Exclude-Intervention*

376. Cherkasova MV, Faridi N, Casey KF, et al. Amphetamine-induced dopamine release in treatment-naïve adults with ADHD: A pet/[11c]raclopride study. Neuropsychopharmacology. 2010;35:S255. doi: 10.1038/npp.2010.217. *Exclude-Design*

377. Cherkasova MV, Faridi N, Casey KF, et al. Amphetamine-induced dopamine release and neurocognitive function in treatment-naive adults with ADHD. Neuropsychopharmacology. 2014 May;39(6):1498-507. doi: 10.1038/npp.2013.349. PMID: 24378745. *Exclude-Intervention*

378. Chermá MD, Josefsson M, Rydberg I, et al. Methylphenidate for Treating ADHD: A Naturalistic Clinical Study of Methylphenidate Blood Concentrations in Children and Adults With Optimized Dosage. Eur J Drug Metab Pharmacokinet. 2017 Apr;42(2):295-307. doi: 10.1007/s13318-016-0346-1. PMID: 27220743. *Exclude-Outcome*

379. Cheung T, Chau B, Fong KH, et al. Evaluating the efficacy and safety of transcranial pulse stimulation on adolescents with attention deficit hyperactivity disorder: Study protocol of a pilot randomized, double-blind, sham-controlled trial. Front Neurol. 2023;14:1076086. doi: 10.3389/fneur.2023.1076086. PMID: 37056363. *Exclude-Population*

380. Chhibber A, Watanabe AH, Chaisai C, et al. Global Economic Burden of Attention-Deficit/Hyperactivity Disorder: A Systematic Review. Pharmacoeconomics. 2021 Apr;39(4):399-420. doi: 10.1007/s40273-020-00998-0. PMID: 33554324. *Exclude-Intervention*

381. Chiang HL, Lin HY, Tseng WI, et al. Neural substrates underpinning intra-individual variability in children with ADHD: A voxel-based morphometry study. J Formos Med Assoc. 2022 Feb;121(2):546-56. doi: 10.1016/j.jfma.2021.06.003. PMID: 34210586. *Exclude-Population*

382. Chih-Sung L, Tien-Wei H. Viloxazine for Attention-Deficit Hyperactivity Disorder: A Systematic Review and Dose-Response Meta-analysis. 2024. PMID: CRD42024553701. *Exclude-Population*

383. Childress A, Mehrotra S, Gobburu J, et al. Single-Dose Pharmacokinetics of HLD200, a Delayed-Release and Extended-Release Methylphenidate Formulation, in Healthy Adults and in Adolescents and Children with Attention-Deficit/Hyperactivity Disorder. J Child Adolesc Psychopharmacol. 2018 Feb;28(1):10-8. doi: 10.1089/cap.2017.0044. PMID: 29039979. *Exclude-Timing*

384. Childress A, Sottile R, Khanbijian S. Viloxazine extended-release capsules for the treatment of attention-deficit/ hyperactivity disorder in adult patients. Expert Rev Neurother. 2023 Jul-Dec;23(11):945-53. doi: 10.1080/14737175.2023.2265068. PMID: 37846759. *Exclude-Design*

385. Childress AC. 12.1 What's New With Medication Treatment for ADHD? Journal of the American Academy of Child and Adolescent Psychiatry. 2023;62(10):S19. doi: 10.1016/j.jaac.2023.07.188. *Exclude-Design*

386. Chiu S, Campbell K. CADTH Rapid Response Reports. Clonidine for the Treatment of Psychiatric Conditions and Symptoms: A Review of Clinical Effectiveness, Safety, and Guidelines. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health

Copyright © 2018 Canadian Agency for Drugs and Technologies in Health.; 2018. *Exclude-Intervention*

387. Cho H, Lee K, Jeong YD, et al. Global burden of ADHD medication-associated cardiovascular disease, 1967-2023: A comparative analysis using the WHO pharmacovigilance database. Asian J Psychiatr. 2024 Nov;101:104209. doi: 10.1016/j.ajp.2024.104209. PMID: 39241651. *Exclude-Intervention*

388. Chrissy T, Ian M, Will F, et al. Do serious games have a role in the treatment of inattentiveness in children with ADHD? A systematic literature review. 2023. PMID: CRD42023404193. *Exclude-Population*

389. Christensen L, Sasane R, Hodgkins P, et al. Treatment patterns by race/ethnicity and income levels among attention-deficit hyperactivity disorder (ADHD) subjects treated with short-, intermediate-and long-acting stimulants. Value in Health. 2009;12(3):A189. doi: 10.1111/j.1524-4733.2009.00537-2.x. *Exclude-Population*

390. Christiansen H, Hirsch O, Philipsen A, et al. German validation of the conners adult ADHD rating scale-self-report: confirmation of factor structure in a large sample of participants with ADHD. J Atten Disord. 2013 Nov;17(8):690-8. doi: 10.1177/1087054711435680. PMID: 22441889. *Exclude-Outcome*

391. Christiansen H, Kis B, Hirsch O, et al. German validation of the Conners Adult ADHD Rating Scales (CAARS) II: reliability, validity, diagnostic sensitivity and specificity. Eur Psychiatry. 2012 Jul;27(5):321-8. doi: 10.1016/j.eurpsy.2010.12.010. PMID: 21392946. *Exclude-Language*

392. Christiansen H, Kis B, Hirsch O, et al. German validation of the Conners Adult ADHD Rating Scales-self-report (CAARS-S) I: factor structure and normative data. Eur Psychiatry. 2011 Mar;26(2):100-7. doi: 10.1016/j.eurpsy.2009.12.024. PMID: 20619613. *Exclude-Population*

393. Christman AK, Fermo JD, Markowitz JS. Atomoxetine, a novel treatment for attention-deficit-hyperactivity disorder. Pharmacotherapy. 2004 Aug;24(8):1020-36. doi: 10.1592/phco.24.11.1020.36146. PMID: 15338851. *Exclude-Design*

394. Chronis-Tuscano A, Wang CH, Strickland J, et al. Personalized Treatment of Mothers With ADHD and Their Young At-Risk Children: A SMART Pilot. J Clin Child Adolesc Psychol. 2016 Jul-Aug;45(4):510-21. doi: 10.1080/15374416.2015.1102069. PMID: 26799502. *Exclude-Design*

395. Chu KC, Huang YS, Tseng CF, et al. Reliability and validity of DS-ADHD: A decision support system on attention deficit hyperactivity disorders. Comput Methods Programs Biomed. 2017 Mar;140:241-8. doi: 10.1016/j.cmpb.2016.12.003. PMID: 28254080. *Exclude-Population*

396. Chung W, Jiang SF, Paksarian D, et al. Trends in the Prevalence and Incidence of Attention-Deficit/Hyperactivity Disorder Among Adults and Children of Different Racial and Ethnic Groups. JAMA Netw Open. 2019 Nov 1;2(11):e1914344. doi: 10.1001/jamanetworkopen.2019.14344. PMID: 31675080. *Exclude-Intervention*

397. Churchill SS, Leo MC, Brennan EM, et al. Longitudinal Impact of a Randomized Clinical Trial to Improve Family Function, Reduce Maternal Stress and Improve Child Outcomes in Families of Children with ADHD. Matern Child Health J. 2018 Aug;22(8):1172-82. doi: 10.1007/s10995-018-2502-5. PMID: 29476416. *Exclude-Population*

398. Chutko LS, Surushkina S, Iakovenko EA, et al. [Attention deficit syndrome in adults: clinical, psychophysiological features and treatment]. Zh Nevrol Psikhiatr Im S S Korsakova. 2013;113(8):38-41. PMID: 24077549. *Exclude-Language*

399. Cid F, Bernardo H, Mariane D. Long-term consequences of ADHD in adults: a systematic review. 2022. PMID: CRD42022384721. *Exclude-Intervention*

400. Cincinnati M. Methyphendidate in the Treatment of Cocaine Dependent Patients With Adult ADHD. In: Cincinnati M, editor; 2001. *Exclude-Design*

401. Cipriani A, Furukawa TA, Salanti G, et al. Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis. The Lancet. 2018;391(10128):1357-66. *Exclude-Population*

402. Clark C, Prior M, Kinsella GJ. Do executive function deficits differentiate between adolescents with ADHD and oppositional defiant/conduct disorder? A neuropsychological study using the Six Elements Test and Hayling Sentence Completion Test. Journal of Abnormal Child Psychology. 2000;28(5):403-14. doi: 10.1023/A:1005176320912. *Exclude-Population*

403. Clarke AR, Barry RJ, Dupuy FE, et al. Childhood EEG as a predictor of adult attention-deficit/hyperactivity disorder. Clin Neurophysiol. 2011 Jan;122(1):73-80. doi: 10.1016/j.clinph.2010.05.032. PMID: 20598939. *Exclude-Population*

404. Clausen SB, Read SC, Tulloch SJ. Single- and multiple-dose pharmacokinetics of an oral mixed amphetamine salts extended-release formulation in adults. CNS Spectr. 2005 Dec;10(12 Suppl 20):6-15. PMID: 16344836. *Exclude-Population*

405. Cleland C, Magura S, Foote J, et al. Factor structure of the Conners Adult ADHD Rating Scale (CAARS) for substance users. Addict Behav. 2006 Jul;31(7):1277-82. doi: 10.1016/j.addbeh.2005.08.014. PMID: 16169157. *Exclude-Intervention*

406. Clemow DB, Mason OW, Sarkis EH, et al. Atomoxetine monotherapy compared with combination therapy for the treatment of ADHD: a retrospective chart review study. Expert Rev Neurother. 2015;15(11):1353-66. doi: 10.1586/14737175.2015.1102060. PMID: 26488905. *Exclude-Population*

407. Cody JT, Valtier S, Nelson SL. Amphetamine excretion profile following multidose administration of mixed salt amphetamine preparation. J Anal Toxicol. 2004 Oct;28(7):563-74. doi: 10.1093/jat/28.7.563. PMID: 15516315. *Exclude-Intervention*

408. Coghill D. Why is phillip such a fidget and johnny an air head? recognising and managing ADHD in a mental health setting. Australian and New Zealand Journal of Psychiatry. 2021;55(SUPPL 1):8. doi: 10.1177/00048674211004750. *Exclude-Design*

409. Coghill D, Chan C, Ogden E, et al. EVIDENCE-BASED GUIDELINE FOR DIAGNOSIS, MANAGEMENT AND TREATMENT OF ATTENTION-DEFICIT HYPERACTIVITY DISORDER. Australian and New Zealand Journal of Psychiatry. 2022;56(SUPPL 1):65-6. doi: 10.1177/00048674221088686. *Exclude-Design*

410. Coghill DR, Banaschewski T, Lecendreux M, et al. Post hoc analyses of the impact of previous medication on the efficacy of lisdexamfetamine dimesylate in the treatment of attention-deficit/ hyperactivity disorder in a randomized, Controlled trial. Neuropsychiatric Disease and Treatment. 2014;10:2039-47. doi: 10.2147/NDT.S68273. *Exclude-Population*

411. Cohen AL, Jhung MA, Budnitz DS. Stimulant medications and attention deficit–hyperactivity disorder. New England Journal of Medicine. 2006;354(21):2294-5. *Exclude-Design*

412. Cohen E, Kalanthroff E. Visuospatial processing bias in ADHD: A potential artifact in the Wechsler Adult Intelligence Scale and the Rorschach Inkblots Test. Psychol Assess. 2019 May;31(5):699-706. doi: 10.1037/pas0000687. PMID: 30556717. *Exclude-Intervention*

413. Cohen-Yavin I, Yoran-Hegesh R, Strous RD, et al. Efficacy of reboxetine in the treatment of attention-deficit/hyperactivity disorder in boys with intolerance to methylphenidate: an open-label, 8-week, methylphenidate-controlled trial. Clin Neuropharmacol. 2009 Jul-Aug;32(4):179-82. doi: 10.1097/WNF.0b013e318183796d. PMID: 19644227. *Exclude-Population*

414. Collett BR, Ohan JL, Myers KM. Ten-year review of rating scales. V: scales assessing attention-deficit/hyperactivity disorder. Journal of the American Academy of Child & Adolescent Psychiatry. 2003;42(9):1015-37. *Exclude-Population*

415. Conners CK, Erhardt D, Epstein JN, et al. Self-ratings of ADHD symptoms in adults I: Factor structure and normative data. Journal of Attention Disorders. 1999;3(3):141-51. doi: 10.1177/108705479900300303. *Exclude-Population*

416. Conners CK, Levin ED, Sparrow E, et al. Nicotine and attention in adult attention deficit hyperactivity disorder (ADHD). Psychopharmacol Bull. 1996;32(1):67-73. PMID: 8927677. *Exclude-Intervention*

417. Constantino JN, Zhang Y, Holzhauer K, et al. Distribution and Within-Family Specificity of Quantitative Autistic Traits in Patients with Neurofibromatosis Type I. J Pediatr. 2015 Sep;167(3):621-6.e1. doi: 10.1016/j.jpeds.2015.04.075. PMID: 26051969. *Exclude-Intervention*

418. Converse AK, Ahlers EO, Travers BG, et al. Tai chi training reduces self-report of inattention in healthy young adults. Front Hum Neurosci. 2014;8:13. doi: 10.3389/fnhum.2014.00013. PMID: 24478679. *Exclude-Population*

419. Converse AK, Barrett BP, Chewning BA, et al. Tai Chi training for attention deficit hyperactivity disorder: A feasibility trial in college students. Complement Ther Med. 2020 Sep;53:102538. doi: 10.1016/j.ctim.2020.102538. PMID: 33066865. *Exclude-Outcome*

420. Conzelmann A, Woidich E, Mucha RF, et al. Methylphenidate and emotional-motivational processing in attention-deficit/hyperactivity disorder. J Neural Transm (Vienna). 2016 Aug;123(8):971-9. doi: 10.1007/s00702-016-1512-y. PMID: 26852138. *Exclude-Intervention*

421. Coogan AN, Schenk M, Palm D, et al. Impact of adult attention deficit hyperactivity disorder and medication status on sleep/wake behavior and molecular circadian rhythms. Neuropsychopharmacology. 2019 Jun;44(7):1198-206. doi: 10.1038/s41386-019-0327-6. PMID: 30758328. *Exclude-Design*

422. Cook C, Buelow MT, Lee E, et al. Malingered attention deficit/hyperactivity disorder on the Conners’ Adult ADHD Rating Scales: Do reasons for malingering matter? Journal of Psychoeducational Assessment. 2018;36(6):552-61. doi: 10.1177/0734282917696934. *Exclude-Intervention*

423. Cooper M, Hammerton G, Collishaw S, et al. Investigating late-onset ADHD: a population cohort investigation. J Child Psychol Psychiatry. 2018 Oct;59(10):1105-13. doi: 10.1111/jcpp.12911. PMID: 29683192. *Exclude-Intervention*

424. Corbisiero S, Bitto H, Newark P, et al. A comparison of cognitive-behavioral therapy and pharmacotherapy vs. pharmacotherapy alone in adults with attention-deficit/hyperactivity disorder (ADHD)—A randomized controlled trial. Frontiers in Psychiatry. 2018;9. doi: 10.3389/fpsyt.2018.00571. *Exclude-Duplicate*

425. Corbisiero S, Bitto H, Newark P, et al. A Comparison of Cognitive-Behavioral Therapy and Pharmacotherapy vs. Pharmacotherapy Alone in Adults With Attention-Deficit/Hyperactivity Disorder (ADHD)—A Randomized Controlled Trial. Frontiers in Psychiatry. 2018;9. doi: 10.3389/fpsyt.2018.00571. *Exclude-Duplicate*

426. Corbisiero S, Riecher-Rössler A, Buchli-Kammermann J, et al. Symptom overlap and screening for symptoms of attention-deficit/hyperactivity disorder and psychosis risk in help-seeking psychiatric patients. Frontiers in Psychiatry. 2017;8. doi: 10.3389/fpsyt.2017.00206. *Exclude-Duplicate*

427. Corbisiero S, Riecher-Rössler A, Buchli-Kammermann J, et al. Symptom Overlap and Screening for Symptoms of Attention-Deficit/Hyperactivity Disorder and Psychosis Risk in Help-Seeking Psychiatric Patients. Front Psychiatry. 2017;8:206. doi: 10.3389/fpsyt.2017.00206. PMID: 29163233. *Exclude-Comparator*

428. Corium I. An Open-Label Treatment, Investigator-Initiated Study, on the Duration and Efficacy of Azstarys (Serdexmethylphenidate and Dexmethylphenidate) on Adult ADHD Symptoms and Executive Function in Early Evening. In: Corium I, editor; 2023. *Exclude-Design*

429. Corkum P, Elik N, Blotnicky-Gallant PAC, et al. Web-Based Intervention for Teachers of Elementary Students With ADHD: Randomized Controlled Trial. J Atten Disord. 2019 Feb;23(3):257-69. doi: 10.1177/1087054715603198. PMID: 26362259. *Exclude-Population*

430. Correll CU, Starling BR, Huss M. Systematic review of transdermal treatment options in attention-deficit/hyperactivity disorder: Implications for use in adult patients. CNS Spectrums. 2022;27(4):437-49. doi: 10.1017/S1092852921000341. *Exclude-Duplicate*

431. Cortese S. 5.2 2024 Elaine Schlosser Lewis Award for Research on Attention-Deficit Disorder: Systematic Review and Meta-analysis: Clinical Utility of Continuous Performance Tests for Identification of Attention-Deficit/Hyperactivity Disorder. 2024. p. S139. *Exclude-Design*

432. Cortese S, Adamo N, Del Giovane C, et al. Comparative efficacy and tolerability of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: A systematic review and network meta-analysis. The Lancet Psychiatry. 2018;5(9):727-38. doi: 10.1016/S2215-0366(18)30269-4. *Exclude-Duplicate*

433. Cortese S, Adamo N, Mohr-Jensen C, et al. Comparative efficacy and tolerability of pharmacological interventions for attention-deficit/hyperactivity disorder in children, adolescents and adults: protocol for a systematic review and network meta-analysis. BMJ Open. 2017 Jan 10;7(1):e013967. doi: 10.1136/bmjopen-2016-013967. PMID: 28073796. *Exclude-Design*

434. Cortese S, Kelly C, Chabernaud C, et al. Toward systems neuroscience of ADHD: a meta-analysis of 55 fMRI studies. Am J Psychiatry. 2012 Oct;169(10):1038-55. doi: 10.1176/appi.ajp.2012.11101521. PMID: 22983386. *Exclude-Population*

435. Cortese S, Kelly C, Chabernaud C, et al. Toward systems neuroscience of ADHD: A meta-analysis of 55 fMRI sudies. American Journal of Psychiatry. 2012;169(10):1038-55. doi: 10.1176/appi.ajp.2012.11101521. *Exclude-Population*

436. Cortese S, Moreira-Maia CR, St Fleur D, et al. Association between ADHD and obesity: A systematic review and meta-analysis. American Journal of Psychiatry. 2016;173(1):34-43. doi: 10.1176/appi.ajp.2015.15020266. *Exclude-Intervention*

437. Cortese S, Tessari L. Attention-Deficit/Hyperactivity Disorder (ADHD) and Obesity: Update 2016. Curr Psychiatry Rep. 2017 Jan;19(1):4. doi: 10.1007/s11920-017-0754-1. PMID: 28102515. *Exclude-Intervention*

438. Cosmo C, Baptista AF, de Araújo AN, et al. A Randomized, Double-Blind, Sham-Controlled Trial of Transcranial Direct Current Stimulation in Attention-Deficit/Hyperactivity Disorder. PLoS One. 2015;10(8):e0135371. doi: 10.1371/journal.pone.0135371. PMID: 26267861. *Exclude-Timing*

439. Cosmo C, Baptista AF, De Araújo AN, et al. A randomized, double-blind, sham-controlled trial of transcranial direct current stimulation in attention-deficit/hyperactivity disorder. PLoS ONE. 2015;10(8). doi: 10.1371/journal.pone.0135371. *Exclude-Duplicate*

440. Cosmo C, Baptista AF, de Sena EP. Contribution of transcranial direct current stimulation on inhibitory control to assess the neurobiological aspects of attention deficit hyperactivity disorder: randomized controlled trial. JMIR Res Protoc. 2015 May 18;4(2):e56. doi: 10.2196/resprot.4138. PMID: 25986784. *Exclude-Outcome*

441. Coutlee CG, Politzer CS, Hoyle RH, et al. An Abbreviated Impulsiveness Scale constructed through confirmatory factor analysis of the Barratt Impulsiveness Scale Version 11. Archives of Scientific Psychology. 2014;2(1):1-12. doi: 10.1037/arc0000005. *Exclude-Intervention*

442. Covey LS, Hu M-C, Winhusen T, et al. OROS-methylphenidate or placebo for adult smokers with attention deficit hyperactivity disorder: Racial/ethnic differences. Drug and Alcohol Dependence. 2010;110(1-2):156-9. doi: 10.1016/j.drugalcdep.2010.02.002. *Exclude-Duplicate*

443. Cowart MD, Esbenshade TA, Browman KE, et al. Pharmacological properties and procognitive effects of ABT-288, a potent and selective histamine H3-receptor antagonist. Inflammation Research. 2010;59:S334. doi: 10.1007/s00011-010-0263-8. *Exclude-Population*

444. Cowles BJ. Lisdexamfetamine for treatment of attention-deficit/hyperactivity disorder. Ann Pharmacother. 2009 Apr;43(4):669-76. doi: 10.1345/aph.1L521. PMID: 19318601. *Exclude-Design*

445. Cowley BU, Juurmaa K, Palomäki J. Reduced Power in Fronto-Parietal Theta EEG Linked to Impaired Attention-Sampling in Adult ADHD. eNeuro. 2022 Jan-Feb;9(1). doi: 10.1523/eneuro.0028-21.2021. PMID: 34893505. *Exclude-Intervention*

446. Cox DJ, Merkel RL, Kovatchev B, et al. Effect of stimulant medication on driving performance of young adults with attention-deficit hyperactivity disorder: a preliminary double-blind placebo controlled trial. J Nerv Ment Dis. 2000 Apr;188(4):230-4. doi: 10.1097/00005053-200004000-00006. PMID: 10790000. *Exclude-Timing*

447. Cox DJ, Merkel RL, Moore M, et al. Relative benefits of stimulant therapy with OROS methylphenidate versus mixed amphetamine salts extended release in improving the driving performance of adolescent drivers with attention-deficit/hyperactivity disorder. Pediatrics. 2006 Sep;118(3):e704-10. doi: 10.1542/peds.2005-2947. PMID: 16950962. *Exclude-Population*

448. Cox DJ, Merkel RL, Penberthy JK, et al. Impact of methylphenidate delivery profiles on driving performance of adolescents with attention-deficit/hyperactivity disorder: a pilot study. J Am Acad Child Adolesc Psychiatry. 2004 Mar;43(3):269-75. doi: 10.1097/00004583-200403000-00007. PMID: 15076259. *Exclude-Population*

449. Culpepper L, Mattingly G. A practical guide to recognition and diagnosis of ADHD in adults in the primary care setting. Postgrad Med. 2008 Sep;120(3):16-26. doi: 10.3810/pgm.2008.09.1904. PMID: 18824822. *Exclude-Comparator*

450. Cunill R, Castells X, Capellà D. The effect of treatment duration on methylphenidate discontinuation in adults with ADHD: A meta-analysis. European Neuropsychopharmacology. 2013;23:S607. doi: 10.1016/S0924-977X(13)70965-9. *Exclude-Design*

451. Cunill R, Castells X, González-Pinto A, et al. Clinical practice guideline on pharmacological and psychological management of adult patients with attention deficit and hyperactivity disorder and comorbid substance use. Adicciones. 2022;34(2):168-78. doi: 10.20882/adicciones.1569. *Exclude-Language*

452. D'Agostino AR, Wesley MJ, Brown J, et al. Effects of multisensory stop signals on alcohol-induced disinhibition in adults with ADHD. Exp Clin Psychopharmacol. 2019 Jun;27(3):247-56. doi: 10.1037/pha0000251. PMID: 30628812. *Exclude-Intervention*

453. Daigre Blanco C, Ramos-Quiroga JA, Valero S, et al. Adult ADHD Self-Report Scale (ASRS-v1.1) symptom checklist in patients with substance use disorders. Actas Esp Psiquiatr. 2009 Nov-Dec;37(6):299-305. PMID: 20066581. *Exclude-Language*

454. Daigre C, Roncero C, Rodríguez-Cintas L, et al. Adult ADHD screening in alcohol-dependent patients using the Wender-Utah Rating Scale and the adult ADHD Self-Report Scale. J Atten Disord. 2015 Apr;19(4):328-34. doi: 10.1177/1087054714529819. PMID: 24743975. *Exclude-Language*

455. Dakwar-Kawar O, Mairon N, Hochman S, et al. Transcranial random noise stimulation combined with cognitive training for treating ADHD: a randomized, sham-controlled clinical trial. Transl Psychiatry. 2023 Aug 2;13(1):271. doi: 10.1038/s41398-023-02547-7. PMID: 37528107. *Exclude-Population*

456. Daley D, Sonuga-Barke EJ, Thompson M. Assessing expressed emotion in mothers of preschool AD/HD children: psychometric properties of a modified speech sample. Br J Clin Psychol. 2003 Mar;42(Pt 1):53-67. doi: 10.1348/014466503762842011. PMID: 12675979. *Exclude-Population*

457. Dalla Bella S, Foster NEV, Laflamme H, et al. Mobile version of the Battery for the Assessment of Auditory Sensorimotor and Timing Abilities (BAASTA): Implementation and adult norms. Behav Res Methods. 2024 Mar 8. doi: 10.3758/s13428-024-02363-x. PMID: 38459221. *Exclude-Intervention*

458. Dang LC, Samanez-Larkin GR, Young JS, et al. Caudate asymmetry is related to attentional impulsivity and an objective measure of ADHD-like attentional problems in healthy adults. Brain Struct Funct. 2016 Jan;221(1):277-86. doi: 10.1007/s00429-014-0906-6. PMID: 25269835. *Exclude-Intervention*

459. Danielson ML, Bohm MK, Newsome K, et al. Trends in Stimulant Prescription Fills Among Commercially Insured Children and Adults - United States, 2016-2021. MMWR Morb Mortal Wkly Rep. 2023 Mar 31;72(13):327-32. doi: 10.15585/mmwr.mm7213a1. PMID: 36995976. *Exclude-Population*

460. Das D, Vélez JI, Acosta MT, et al. Retrospective assessment of childhood ADHD symptoms for diagnosis in adults: validity of a short 8-item version of the Wender-Utah Rating Scale. Atten Defic Hyperact Disord. 2016 Dec;8(4):215-23. doi: 10.1007/s12402-016-0202-9. PMID: 27510231. *Exclude-Population*

461. Davids E, Gastpar M. [Atomoxetine for the treatment of attention-deficit/hyperactivity disorder]. Fortschr Neurol Psychiatr. 2004 Oct;72(10):586-91. doi: 10.1055/s-2004-830049. PMID: 15472782. *Exclude-Language*

462. Davids E, Kis B, Specka M, et al. A pilot clinical trial of oxcarbazepine in adults with attention-deficit hyperactivity disorder. Prog Neuropsychopharmacol Biol Psychiatry. 2006 Aug 30;30(6):1033-8. doi: 10.1016/j.pnpbp.2006.03.035. PMID: 16698160. *Exclude-Design*

463. Davids E, Krause DA, Specka M, et al. [Analysis of a special consultation for attention deficit/hyperactivity disorder in adults]. Gesundheitswesen. 2004 Jul;66(7):416-22. doi: 10.1055/s-2004-813327. PMID: 15314733. *Exclude-Language*

464. Davtian M, Reid RC, Fong TW. Investigating facets of personality in adult pathological gamblers with ADHD. Neuropsychiatry (London). 2012 Apr;2(2):163-74. doi: 10.2217/npy.12.11. PMID: 22815658. *Exclude-Outcome*

465. Dawson EL, Shear PK, Howe SR, et al. Impulsivity predicts time to reach euthymia in adults with bipolar disorder. Bipolar Disord. 2014 Dec;16(8):846-56. doi: 10.1111/bdi.12232. PMID: 25039396. *Exclude-Outcome*

466. De Bruyckere K, Bushe C, Bartel C, et al. Effects of atomoxetine on functional outcomes, and correlation with the core symptoms of Attention-Deficit/Hyperactivity Disorder in adult patients. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S49. doi: 10.1007/s12402-015-0169-y. *Exclude-Design*

467. de Graaf R, ten Have M, Tuithof M, et al. First-incidence of DSM-IV mood, anxiety and substance use disorders and its determinants: results from the Netherlands Mental Health Survey and Incidence Study-2. J Affect Disord. 2013 Jul;149(1-3):100-7. doi: 10.1016/j.jad.2013.01.009. PMID: 23399481. *Exclude-Intervention*

468. de Jong S, Newhouse SJ, Patel H, et al. Immune signatures and disorder-specific patterns in a cross-disorder gene expression analysis. Br J Psychiatry. 2016 Sep;209(3):202-8. doi: 10.1192/bjp.bp.115.175471. PMID: 27151072. *Exclude-Intervention*

469. de Lacy N, Ramshaw MJ. Selectively predicting the onset of ADHD, oppositional defiant disorder, and conduct disorder in early adolescence with high accuracy. Front Psychiatry. 2023;14:1280326. doi: 10.3389/fpsyt.2023.1280326. PMID: 38144472. *Exclude-Population*

470. de Oliveira DC, de Sousa PG, dos Reis CB, et al. Safety of treatments for ADHD in adults: Pairwise and network meta-analyses. Journal of Attention Disorders. 2019;23(2):111-20. doi: 10.1177/1087054717696773. *Exclude-Duplicate*

471. De Sousa A, Kalra G. Drug therapy of attention deficit hyperactivity disorder: current trends. Mens sana monographs. 2012;10(1):45. *Exclude-Design*

472. de Zeeuw P, Weusten J, van Dijk S, et al. Deficits in cognitive control, timing and reward sensitivity appear to be dissociable in ADHD. PLoS One. 2012;7(12):e51416. doi: 10.1371/journal.pone.0051416. PMID: 23236497. *Exclude-Intervention*

473. Deal LS, Sleeper-Triplett J, DiBenedetti DB, et al. Development and validation of the ADHD Benefits of Coaching Scale (ABCS). J Atten Disord. 2015 Mar;19(3):191-9. doi: 10.1177/1087054714558118. PMID: 25477019. *Exclude-Intervention*

474. Deepika, Sharma M, Arora S. Multimodality model investigating the impact of brain atlases, connectivity measures, and dimensionality reduction techniques on Attention Deficit Hyperactivity Disorder diagnosis using resting state functional connectivity. J Med Imaging (Bellingham). 2024 Nov;11(6):064502. doi: 10.1117/1.Jmi.11.6.064502. PMID: 39713730. *Exclude-Population*

475. Dehili VM, Prevatt F, Coffman TP. An Analysis of the Barkley Deficits in Executive Functioning Scale in a College Population: Does It Predict Symptoms of ADHD Better Than a Visual-Search Task? J Atten Disord. 2017 May;21(7):567-74. doi: 10.1177/1087054713498932. PMID: 24026813. *Exclude-Intervention*

476. Deiber MP, Ammann C, Hasler R, et al. Electrophysiological correlates of improved executive function following EEG neurofeedback in adult attention deficit hyperactivity disorder. Clin Neurophysiol. 2021 Aug;132(8):1937-46. doi: 10.1016/j.clinph.2021.05.017. PMID: 34153722. *Exclude-Comparator*

477. del Campo N, Fryer TD, Hong YT, et al. A positron emission tomography study of nigro-striatal dopaminergic mechanisms underlying attention: implications for ADHD and its treatment. Brain. 2013 Nov;136(Pt 11):3252-70. doi: 10.1093/brain/awt263. PMID: 24163364. *Exclude-Timing*

478. DeLong DM. The utility of the Personality Assessment Inventory as a screening tool for adult Attention Deficit/Hyperactivity Disorder. US: ProQuest Information & Learning; 2009. *Exclude-Design*

479. DeLuna-Castruita A, Lizarraga-Cortes V, Flores A, et al. ADHD Adults Show Lower Interindividual Similarity in Ex-Gaussian Reaction Time Vectors for Congruent Stimuli Compared to Control Peers. J Atten Disord. 2024 Feb;28(3):335-49. doi: 10.1177/10870547231214966. PMID: 38084076. *Exclude-Outcome*

480. Dennison CA, Legge SE, Bracher-Smith M, et al. Association of genetic liability for psychiatric disorders with accelerometer-assessed physical activity in the UK Biobank. PLoS One. 2021;16(3):e0249189. doi: 10.1371/journal.pone.0249189. PMID: 33770123. *Exclude-Intervention*

481. Dentz A, Guay M-C, Parent V, et al. Working memory training for adults with ADHD. Journal of Attention Disorders. 2020;24(6):918-27. doi: 10.1177/1087054717723987. *Exclude-Duplicate*

482. Depue BE, Burgess GC, Bidwell LC, et al. Behavioral performance predicts grey matter reductions in the right inferior frontal gyrus in young adults with combined type ADHD. Psychiatry Res. 2010 Jun 30;182(3):231-7. doi: 10.1016/j.pscychresns.2010.01.012. PMID: 20493669. *Exclude-Outcome*

483. Depue BE, Burgess GC, Willcutt EG, et al. Symptom-correlated brain regions in young adults with combined-type ADHD: their organization, variability, and relation to behavioral performance. Psychiatry Res. 2010 May 30;182(2):96-102. doi: 10.1016/j.pscychresns.2009.11.011. PMID: 20399622. *Exclude-Intervention*

484. Dey S, Rao AR, Shah M. Attributed graph distance measure for automatic detection of attention deficit hyperactive disordered subjects. Front Neural Circuits. 2014;8:64. doi: 10.3389/fncir.2014.00064. PMID: 24982615. *Exclude-Population*

485. Di Nuovo SF, Buono S. Psychiatric syndromes comorbid with mental retardation: differences in cognitive and adaptive skills. J Psychiatr Res. 2007 Nov;41(9):795-800. doi: 10.1016/j.jpsychires.2006.02.011. PMID: 16697412. *Exclude-Population*

486. Dias G, Mattos P, Coutinho G, et al. Agreement rates between parent and self-report on past ADHD symptoms in an adult clinical sample. J Atten Disord. 2008 Jul;12(1):70-5. doi: 10.1177/1087054707311221. PMID: 18192619. *Exclude-Intervention*

487. Dickinson K, Parmar P, Reyes AB, et al. Bariatric Surgery Is Highly Effective and Underutilized in Patients with ADHD: A 5-Year Retrospective Cohort Study. Obes Surg. 2024 Jun;34(6):2066-72. doi: 10.1007/s11695-024-07211-7. PMID: 38619772. *Exclude-Intervention*

488. Diller LH. The run on Ritalin: attention deficit disorder and stimulant treatment in the 1990s. Hastings center report. 1996;26(2):12-8. *Exclude-Intervention*

489. Dimitrov PD, Petrov P, Aleksandrov I, et al. Quantitative eeg comparative analysis between autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). Journal of IMAB - Annual Proceeding (Scientific Papers). 2017;23(1):1441-3. doi: 10.5272/jimab.2017231.1441. *Exclude-Population*

490. Dinu LM, Phattharakulnij N, Dommett EJ. Tryptophan modulation in individuals with attention deficit hyperactivity disorder: a systematic review. J Neural Transm (Vienna). 2022 Apr;129(4):361-77. doi: 10.1007/s00702-022-02478-5. PMID: 35286460. *Exclude-Intervention*

491. Dinu LM, Singh SN, Baker NS, et al. The effects of tryptophan loading on Attention Deficit Hyperactivity in adults: A remote double blind randomised controlled trial. PLoS One. 2023;18(11):e0294911. doi: 10.1371/journal.pone.0294911. PMID: 38033150. *Exclude-Timing*

492. Dinu LM, Singh SN, Baker NS, et al. The Effects of Different Exercise Approaches on Attention Deficit Hyperactivity Disorder in Adults: A Randomised Controlled Trial. Behav Sci (Basel). 2023 Feb 2;13(2). doi: 10.3390/bs13020129. PMID: 36829357. *Exclude-Timing*

493. Dittner AJ, Rimes KA, Russell AJ, et al. Protocol for a proof of concept randomized controlled trial of cognitive-behavioural therapy for adult ADHD as a supplement to treatment as usual, compared with treatment as usual alone. BMC Psychiatry. 2014 Sep 3;14:248. doi: 10.1186/s12888-014-0248-1. PMID: 25207986. *Exclude-Design*

494. Dobrosavljevic M, Solares C, Cortese S, et al. Prevalence of attention-deficit/hyperactivity disorder in older adults: A systematic review and meta-analysis. Neurosci Biobehav Rev. 2020 Nov;118:282-9. doi: 10.1016/j.neubiorev.2020.07.042. PMID: 32798966. *Exclude-Intervention*

495. Dodson WW. Pharmacotherapy of adult ADHD. J Clin Psychol. 2005 May;61(5):589-606. doi: 10.1002/jclp.20122. PMID: 15723384. *Exclude-Design*

496. Doehnert M, Brandeis D, Schneider G, et al. A neurophysiological marker of impaired preparation in an 11-year follow-up study of attention-deficit/hyperactivity disorder (ADHD). J Child Psychol Psychiatry. 2013 Mar;54(3):260-70. doi: 10.1111/j.1469-7610.2012.02572.x. PMID: 22788246. *Exclude-Population*

497. Doering S, Lichtenstein P, Gillberg C, et al. Anxiety at age 15 predicts psychiatric diagnoses and suicidal ideation in late adolescence and young adulthood: results from two longitudinal studies. BMC Psychiatry. 2019 Nov 14;19(1):363. doi: 10.1186/s12888-019-2349-3. PMID: 31727035. *Exclude-Population*

498. Dogan-Sander E, Strauß M. Case Report: Treatment of a Comorbid Attention Deficit Hyperactivity Disorder and Obsessive-Compulsive Disorder With Psychostimulants. Front Psychiatry. 2021;12:649833. doi: 10.3389/fpsyt.2021.649833. PMID: 34054609. *Exclude-Design*

499. Doi H, Kanai C, Ohta H. Transdiagnostic and sex differences in cognitive profiles of autism spectrum disorder and attention-deficit/hyperactivity disorder. Autism Res. 2022 Jun;15(6):1130-41. doi: 10.1002/aur.2712. PMID: 35347878. *Exclude-Intervention*

500. Dong H, Koerts J, Pijnenborg GHM, et al. Cognitive Underperformance in a Mixed Neuropsychiatric Sample at Diagnostic Evaluation of Adult ADHD. Journal of Clinical Medicine. 2023;12(21). doi: 10.3390/jcm12216926. *Exclude-Duplicate*

501. Dong H, Koerts J, Pijnenborg GHM, et al. Cognitive Underperformance in a Mixed Neuropsychiatric Sample at Diagnostic Evaluation of Adult ADHD. J Clin Med. 2023 Nov 4;12(21). doi: 10.3390/jcm12216926. PMID: 37959391. *Exclude-Comparator*

502. Dopheide JA, Pliszka SR. Attention-deficit-hyperactivity disorder: an update. Pharmacotherapy. 2009 Jun;29(6):656-79. doi: 10.1592/phco.29.6.656. PMID: 19476419. *Exclude-Design*

503. Dor-Ziderman Y, Zeev-Wolf M, Hirsch Klein E, et al. High-gamma oscillations as neurocorrelates of ADHD: A MEG crossover placebo-controlled study. J Psychiatr Res. 2021 May;137:186-93. doi: 10.1016/j.jpsychires.2021.02.050. PMID: 33684643. *Exclude-Intervention*

504. Dorrego MF, Canevaro L, Kuzis G, et al. A randomized, double-blind, crossover study of methylphenidate and lithium in adults with attention-deficit/hyperactivity disorder: preliminary findings. The Journal of neuropsychiatry and clinical neurosciences. 2002;14(3):289-95. *Exclude-Duplicate*

505. Dotare M, Bader M, Mesrobian SK, et al. Attention networks in ADHD adults after working memory training with a dual n-back task. Brain sciences. 2020;10(10):715. *Exclude-Comparator*

506. Dovis S, Van der Oord S, Huizenga HM, et al. Prevalence and diagnostic validity of motivational impairments and deficits in visuospatial short-term memory and working memory in ADHD subtypes. European Child & Adolescent Psychiatry. 2015;24(5):575-90. doi: 10.1007/s00787-014-0612-1. *Exclude-Duplicate*

507. Downey KK, Stelson FW, Pomerleau OF, et al. Adult attention deficit hyperactivity disorder: psychological test profiles in a clinical population. J Nerv Ment Dis. 1997 Jan;185(1):32-8. doi: 10.1097/00005053-199701000-00006. PMID: 9040531. *Exclude-Intervention*

508. Dowson JH, McLean A, Bazanis E, et al. The specificity of clinical characteristics in adults with attention-deficit/hyperactivity disorder: a comparison with patients with borderline personality disorder. Eur Psychiatry. 2004 Apr;19(2):72-8. doi: 10.1016/j.eurpsy.2003.07.010. PMID: 15051105. *Exclude-Intervention*

509. Doyle AE, Wilens TE, Kwon A, et al. Neuropsychological functioning in youth with bipolar disorder. Biol Psychiatry. 2005 Oct 1;58(7):540-8. doi: 10.1016/j.biopsych.2005.07.019. PMID: 16199011. *Exclude-Population*

510. Du Rietz E, James S-N, Banaschewski T, et al. Autonomic arousal profiles in adolescents and young adults with ADHD as a function of recording context. Psychiatry Research. 2019;275:212-20. doi: 10.1016/j.psychres.2019.03.039. *Exclude-Population*

511. Dubreuil-Vall L, Gomez-Bernal F, Villegas AC, et al. Transcranial Direct Current Stimulation to the Left Dorsolateral Prefrontal Cortex Improves Cognitive Control in Patients With Attention-Deficit/Hyperactivity Disorder: A Randomized Behavioral and Neurophysiological Study. Biol Psychiatry Cogn Neurosci Neuroimaging. 2021 Apr;6(4):439-48. doi: 10.1016/j.bpsc.2020.11.006. PMID: 33549516. *Exclude-Timing*

512. Dulcan M. Practice parameters for the assessment and treatment of children, adolescents, and adults with attention-deficit/hyperactivity disorder. Journal of the American Academy of Child & Adolescent Psychiatry. 1997;36(10):85S-121S. *Exclude-Intervention*

513. Dunbar C, Lee M, Maheshwari A. High yield of screening for ADHD in the epilepsy monitoring unit. Journal of Attention Disorders. 2021;25(8):1120-8. *Exclude-Outcome*

514. DuPaul GJ, Schaughency EA, Weyandt LL, et al. Self-report of ADHD symptoms in university students: cross-gender and cross-national prevalence. J Learn Disabil. 2001 Jul-Aug;34(4):370-9. doi: 10.1177/002221940103400412. PMID: 15503581. *Exclude-Intervention*

515. Dupaul GJ, Weyandt LL, Rossi JS, et al. Double-blind, placebo-controlled, crossover study of the efficacy and safety of lisdexamfetamine dimesylate in college students with ADHD. J Atten Disord. 2012 Apr;16(3):202-20. doi: 10.1177/1087054711427299. PMID: 22166471. *Exclude-Design*

516. Dykman KD, Dykman RA. Effect of nutritional supplements on attentional-deficit hyperactivity disorder. Integrative physiological and behavioral science : the official journal of the Pavlovian Society. 1998;33(1):49-60. doi: 10.1007/BF02688675. *Exclude-Population*

517. Dyresen A, Stubberud J, Fjermestad KW, et al. Executive control training for adolescents with ADHD: Study protocol for a randomised controlled trial. Contemp Clin Trials. 2024 Jan;136:107404. doi: 10.1016/j.cct.2023.107404. PMID: 38070766. *Exclude-Population*

518. Eberhard D, Gillberg C, Billstedt E. Cognitive functioning in adult psychiatric patients with and without attention-deficit/hyperactivity disorder. Brain Behav. 2024 Jul;14(7):e3626. doi: 10.1002/brb3.3626. PMID: 39054265. *Exclude-Intervention*

519. Eddy LD, Broman-Fulks JJ, Michael KD. Brief cognitive behavioral therapy for college students with ADHD: A case series report. Cognitive and behavioral practice. 2015;22(2):127-40. *Exclude-Design*

520. Edel M-A, Hölter T, Wassink K, et al. A comparison of mindfulness-based group training and skills group training in adults with ADHD: An open study. Journal of Attention Disorders. 2017;21(6):533-9. doi: 10.1177/1087054714551635. *Exclude-Duplicate*

521. Edel MA, Pfütze EM, Lieder A, et al. Self concept, action control and ADHD symptoms under methylphenidate treatment in adults with ADHD. Pharmacopsychiatry. 2009 May;42(3):109-13. doi: 10.1055/s-0028-1112130. PMID: 19452379. *Exclude-Design*

522. Edvinsson D, Ekselius L. Long-term tolerability and safety of pharmacological treatment of adult attention-deficit/hyperactivity disorder: a 6-year prospective naturalistic study. Journal of Clinical Psychopharmacology. 2018;38(4):370-5. *Exclude-Intervention*

523. Egeland J, Kovalik-Gran I. Validity of the factor structure of Conners' CPT. J Atten Disord. 2010 Jan;13(4):347-57. doi: 10.1177/1087054709332477. PMID: 19448149. *Exclude-Intervention*

524. Egeland J, Kovalik-Gran I. Measuring several aspects of attention in one test: the factor structure of conners's continuous performance test. J Atten Disord. 2010 Jan;13(4):339-46. doi: 10.1177/1087054708323019. PMID: 18728238. *Exclude-Intervention*

525. Eich D, Angst J, Frei A, et al. A new rating scale for adult ADHD based on the Symptom Checklist 90 (SCL-90-R). Eur Arch Psychiatry Clin Neurosci. 2012 Sep;262(6):519-28. doi: 10.1007/s00406-011-0288-1. PMID: 22212725. *Exclude-Language*

526. Eiland LS, Guest AL. Atomoxetine treatment of attention-deficit/hyperactivity disorder. Ann Pharmacother. 2004 Jan;38(1):86-90. doi: 10.1345/aph.1D144. PMID: 14742801. *Exclude-Design*

527. Ekinci O, Arman AR, Işik U, et al. EEG abnormalities and epilepsy in autistic spectrum disorders: clinical and familial correlates. Epilepsy Behav. 2010 Feb;17(2):178-82. doi: 10.1016/j.yebeh.2009.11.014. PMID: 20042370. *Exclude-Intervention*

528. El Archi S, Barrault S, Garcia M, et al. Adult ADHD Diagnosis, Symptoms of Impulsivity, and Emotional Dysregulation in a Clinical Sample of Outpatients Consulting for a Behavioral Addiction. J Atten Disord. 2023 May;27(7):731-42. doi: 10.1177/10870547231161336. PMID: 36945199. *Exclude-Design*

529. Eli L, Company. A Pilot Study of Strattera Treatment in Adults With Attention Deficit Hyperactivity Disorder Not Otherwise Specified. In: Eli L, Company, eds.; 2005. *Exclude-Design*

530. Eli L, Company. Atomoxetine for Attention Deficits in Adults With Mild HD: A Randomized, Placebo-Controlled Crossover Study. In: Eli L, Company, eds.; 2006. *Exclude-Population*

531. Elliott GR, Diner A, Sitbon E. An Objective Assessment of Effect of Stimulants on Attention in Individuals With ADHD. J Atten Disord. 2024 Feb;28(4):451-7. doi: 10.1177/10870547231215285. PMID: 38197370. *Exclude-Design*

532. Elliott H. Attention deficit hyperactivity disorder in adults: a guide for the primary care physician. South Med J. 2002 Jul;95(7):736-42. PMID: 12144080. *Exclude-Design*

533. ElMind AL. Diagnostic Utility of ADHD by Brain Activity Flow Patterns Analysis Using Evoked Response Potentials. In: ElMind AL, editor; 2010. *Exclude-Comparator*

534. Endres D, Perlov E, Maier S, et al. Normal Neurochemistry in the Prefrontal and Cerebellar Brain of Adults with Attention-Deficit Hyperactivity Disorder. Front Behav Neurosci. 2015;9:242. doi: 10.3389/fnbeh.2015.00242. PMID: 26441572. *Exclude-Outcome*

535. Endres D, Perlov E, Maier S, et al. Normal neurochemistry in the prefrontal and cerebellar brain of adults with attention-deficit hyperactivity disorder. Frontiers in Behavioral Neuroscience. 2015;9(September). doi: 10.3389/fnbeh.2015.00242. *Exclude-Duplicate*

536. Eng AG, Bansal PS, Goh PK, et al. Evidence-Based Assessment for Attention-Deficit/Hyperactivity Disorder. Assessment. 2024 Jan;31(1):42-52. doi: 10.1177/10731911221149957. PMID: 36633097. *Exclude-Design*

537. Engel-Yeger B. The development and validation of the "SENSE" - Sensory and Behavioral Modulation Questionnaire for adults. Res Dev Disabil. 2024 Apr;147:104715. doi: 10.1016/j.ridd.2024.104715. PMID: 38471295. *Exclude-Comparator*

538. Engelhardt PE, Veld SN, Nigg JT, et al. Are language production problems apparent in adults who no longer meet diagnostic criteria for attention-deficit/hyperactivity disorder? Cogn Neuropsychol. 2012;29(3):275-99. doi: 10.1080/02643294.2012.712957. PMID: 23005917. *Exclude-Population*

539. Epperson CN, Pittman B, Czarkowski KA, et al. Impact of atomoxetine on subjective attention and memory difficulties in perimenopausal and postmenopausal women. Menopause. 2011 May;18(5):542-8. doi: 10.1097/gme.0b013e3181fcafd6. PMID: 21293309. *Exclude-Population*

540. Epstein JN, Casey BJ, Tonev ST, et al. ADHD- and medication-related brain activation effects in concordantly affected parent-child dyads with ADHD. J Child Psychol Psychiatry. 2007 Sep;48(9):899-913. doi: 10.1111/j.1469-7610.2007.01761.x. PMID: 17714375. *Exclude-Outcome*

541. Epstein JN, Karalunas SL, Tamm L, et al. Examining reaction time variability on the stop-signal task in the ABCD study. J Int Neuropsychol Soc. 2023 Jun;29(5):492-502. doi: 10.1017/s1355617722000431. PMID: 36043323. *Exclude-Population*

542. Epstein JN, Weiss MD. Assessing treatment outcomes in attention-deficit/hyperactivity disorder: a narrative review. Prim Care Companion CNS Disord. 2012;14(6). doi: 10.4088/PCC.11r01336. PMID: 23585986. *Exclude-Design*

543. Epstein T, Patsopoulos NA, Weiser M. WITHDRAWN: Immediate-release methylphenidate for attention deficit hyperactivity disorder (ADHD) in adults. Cochrane Database Syst Rev. 2016 May 26(5):Cd005041. doi: 10.1002/14651858.CD005041.pub3. PMID: 27228176. *Exclude-Design*

544. Erdodi LA. Aggregating validity indicators embedded in Conners' CPT-II outperforms individual cutoffs at separating valid from invalid performance in adults with traumatic brain injury. Archives of clinical neuropsychology : the official journal of the National Academy of Neuropsychologists. 2014;29(5):456-66. doi: 10.1093/arclin/acu026. *Exclude-Intervention*

545. Erdodi LA, Lajiness-O'Neill R, Saules KK. Order of Conners' CPT-II administration within a cognitive test battery influences ADHD indices. J Atten Disord. 2010 Jul;14(1):43-51. doi: 10.1177/1087054709347199. PMID: 19833866. *Exclude-Design*

546. Erdoğan E, Hakan Delibas D, Kartı Ö. Assessment of Optical Coherence Tomography Findings in Adults with Attention Deficit Hyperactivity Disorder: A Case-Control Study. Psychiatry Clin Psychopharmacol. 2021 Dec;31(4):370-8. doi: 10.5152/pcp.2021.21183. PMID: 38765643. *Exclude-Intervention*

547. Eriksson JM, Andersen LM, Bejerot S. RAADS-14 Screen: validity of a screening tool for autism spectrum disorder in an adult psychiatric population. Mol Autism. 2013 Dec 9;4(1):49. doi: 10.1186/2040-2392-4-49. PMID: 24321513. *Exclude-Intervention*

548. Ermer J, Roesch B, Buckwalter M, et al. Pharmacokinetics of coadministration of guanfacine extended release and lisdexamfetamine dimesylate. Journal of Pharmacy Practice. 2011;24(2):256. doi: 10.1177/0897190011403437. *Exclude-Population*

549. Ermer JC, Pennick M, Frick G. Lisdexamfetamine Dimesylate: Prodrug Delivery, Amphetamine Exposure and Duration of Efficacy. Clinical Drug Investigation. 2016 2016/05/01;36(5):341-56. doi: 10.1007/s40261-015-0354-y. *Exclude-Design*

550. Ernst M, Zametkin AJ, Matochik JA, et al. Effects of intravenous dextroamphetamine on brain metabolism in adults with attention-deficit hyperactivity disorder (ADHD). Preliminary findings. Psychopharmacol Bull. 1994;30(2):219-25. PMID: 7831459. *Exclude-Design*

551. Estrada RV, Bosch R, Nogueira M, et al. Psychoeducation for adults with attention deficit hyperactivity disorder vs. cognitive behavioral group therapy: A randomized controlled pilot study. Journal of Nervous and Mental Disease. 2013;201(10):894-900. doi: 10.1097/NMD.0b013e3182a5c2c5. *Exclude-Duplicate*

552. Etter NM, Cadely FA, Peters MG, et al. Speech motor control and orofacial point pressure sensation in adults with ADHD. Neurosci Lett. 2021 Jan 23;744:135592. doi: 10.1016/j.neulet.2020.135592. PMID: 33359925. *Exclude-Design*

553. Ezard N, Dunlop A, Clifford B, et al. Study protocol: a dose-escalating, phase-2 study of oral lisdexamfetamine in adults with methamphetamine dependence. BMC Psychiatry. 2016 Dec 1;16(1):428. doi: 10.1186/s12888-016-1141-x. PMID: 27905916. *Exclude-Design*

554. Faber A, Keizer RJ, van den Berg PB, et al. Use of double-blind placebo-controlled N-of-1 trials among stimulant-treated youths in The Netherlands: a descriptive study. Eur J Clin Pharmacol. 2007 Jan;63(1):57-63. doi: 10.1007/s00228-006-0219-7. PMID: 17115147. *Exclude-Population*

555. Fadeuilhe Grau C, Palma-Álvarez RF, Nasillo V, et al. Criteria and concurrent validity of DIVA 2.0: A semi-structured diagnostic interview for adult ADHD. European Psychiatry. 2016;33:S630. doi: 10.1016/j.eurpsy.2016.01.2368. *Exclude-Design*

556. Faison SL, Fry N, Adewole T, et al. Pharmacokinetics of Coadministered Viloxazine Extended-Release (SPN-812) and Lisdexamfetamine in Healthy Adults. J Clin Psychopharmacol. 2021 Mar-Apr 01;41(2):155-62. doi: 10.1097/jcp.0000000000001361. PMID: 33587403. *Exclude-Population*

557. Fallgatter AJ, Barth B, Ehlis AC. NIRS neurofeedback in ADHD. European Child and Adolescent Psychiatry. 2015;24(1):S109. doi: 10.1007/s00787-015-0714-4. *Exclude-Design*

558. Fallu A, Richard C, Prinzo R, et al. Does OROS-methylphenidate improve core symptoms and deficits in executive function? Results of an open-label trial in adults with attention deficit hyperactivity disorder. Curr Med Res Opin. 2006 Dec;22(12):2557-66. doi: 10.1185/030079906x154132. PMID: 17166338. *Exclude-Design*

559. Fallu A, Richard C, Prinzo R, et al. Does OROS\*-methylphenidate improve core symptoms and deficits in executive function? Results of an open-label trial in adults with attention deficit hyperactivity disorder. Current Medical Research and Opinion. 2006;22(12):2557-66. doi: 10.1185/030079906X154132. *Exclude-Comparator*

560. Fan L, Gau SS, Chou T. Neural correlates of atomoxetine improving inhibitory control and spatial processing in adults with attention-deficit/hyperactivity disorder. Neuropsychiatrie de l'Enfance et de l'Adolescence. 2012;60(5):S183. doi: 10.1016/j.neurenf.2012.04.311. *Exclude-Design*

561. Farahbakhshian S, Ayyagari R, Barczak DS, et al. Disruption of Pharmacotherapy During the Transition from Adolescence to Early Adulthood in Patients with Attention-Deficit/Hyperactivity Disorder: A Claims Database Analysis Across the USA. CNS Drugs. 2021 May;35(5):575-89. doi: 10.1007/s40263-021-00808-x. PMID: 33856656. *Exclude-Population*

562. Faraone SV. Lisdexamfetamine dimesylate: the first long-acting prodrug stimulant treatment for attention deficit/hyperactivity disorder. Expert Opin Pharmacother. 2008 Jun;9(9):1565-74. doi: 10.1517/14656566.9.9.1565. PMID: 18518785. *Exclude-Design*

563. Faraone SV, Biederman J, Doyle A, et al. Neuropsychological studies of late onset and subthreshold diagnoses of adult attention-deficit/hyperactivity disorder. Biol Psychiatry. 2006 Nov 15;60(10):1081-7. doi: 10.1016/j.biopsych.2006.03.060. PMID: 16876139. *Exclude-Outcome*

564. Faraone SV, Biederman J, Feighner JA, et al. Assessing symptoms of attention deficit hyperactivity disorder in children and adults: which is more valid? J Consult Clin Psychol. 2000 Oct;68(5):830-42. PMID: 11068969. *Exclude-Population*

565. Faraone SV, Biederman J, Spencer T, et al. Diagnosing adult attention deficit hyperactivity disorder: are late onset and subthreshold diagnoses valid? American Journal of Psychiatry. 2006;163(10):1720-9. *Exclude-Intervention*

566. Faraone SV, Biederman J, Spencer TJ, et al. The drug-placebo response curve: a new method for assessing drug effects in clinical trials. J Clin Psychopharmacol. 2000 Dec;20(6):673-9. doi: 10.1097/00004714-200012000-00014. PMID: 11106140. *Exclude-Intervention*

567. Faraone SV, Biederman J, Wilens TE, et al. A naturalistic study of the effects of pharmacotherapy on substance use disorders among ADHD adults. Psychol Med. 2007 Dec;37(12):1743-52. doi: 10.1017/s0033291707000335. PMID: 17349106. *Exclude-Design*

568. Faraone SV, Buitelaar J. Comparing the efficacy of stimulants for ADHD in children and adolescents using meta-analysis. Eur Child Adolesc Psychiatry. 2010 Apr;19(4):353-64. doi: 10.1007/s00787-009-0054-3. PMID: 19763664. *Exclude-Population*

569. Faraone SV, Doyle AE, Mick E, et al. Meta-analysis of the association between the 7-repeat allele of the dopamine D(4) receptor gene and attention deficit hyperactivity disorder. Am J Psychiatry. 2001 Jul;158(7):1052-7. doi: 10.1176/appi.ajp.158.7.1052. PMID: 11431226. *Exclude-Intervention*

570. Faraone SV, Newcorn JH, Cipriani A, et al. Placebo and nocebo responses in randomised, controlled trials of medications for ADHD: a systematic review and meta-analysis. Mol Psychiatry. 2022 Jan;27(1):212-9. doi: 10.1038/s41380-021-01134-w. PMID: 33972692. *Exclude-Population*

571. Faraone SV, Rostain AL, Blader J, et al. Practitioner Review: Emotional dysregulation in attention-deficit/hyperactivity disorder - implications for clinical recognition and intervention. J Child Psychol Psychiatry. 2019 Feb;60(2):133-50. doi: 10.1111/jcpp.12899. PMID: 29624671. *Exclude-Intervention*

572. Faraone SV, Short EJ, Biederman J, et al. Efficacy of Adderall and methylphenidate in attention deficit hyperactivity disorder: a drug-placebo and drug-drug response curve analysis of a naturalistic study. Int J Neuropsychopharmacol. 2002 Jun;5(2):121-9. doi: 10.1017/s1461145702002845. PMID: 12135536. *Exclude-Design*

573. Faraone SV, Silverstein MJ, Antshel K, et al. The Adult ADHD Quality Measures Initiative. J Atten Disord. 2019 Aug;23(10):1063-78. doi: 10.1177/1087054718804354. PMID: 30511593. *Exclude-Intervention*

574. Farber GT. The diagnosis of attention deficit hyperactivity disorder in college-aged deaf individuals: An examination of the Barkley Adult ADHD Rating Scale-IV (BAARS-IV). US: ProQuest Information & Learning; 2022. *Exclude-Intervention*

575. Fargason RE, Fobian AD, Hablitz LM, et al. Correcting delayed circadian phase with bright light therapy predicts improvement in ADHD symptoms: A pilot study. J Psychiatr Res. 2017 Aug;91:105-10. doi: 10.1016/j.jpsychires.2017.03.004. PMID: 28327443. *Exclude-Design*

576. Faria JCM, Ferreira LA, Duarte LJR, et al. “Real-world” effectiveness of methylphenidate in improving academic achievement of attention deficit hyperactivity disorder (ADHD) students-A systematic review. Pharmacoepidemiology and Drug Safety. 2018;27:99-100. doi: 10.1002/pds.4629. *Exclude-Design*

577. Faries DE, Houston JP, Sulcs EM, et al. A cross-validation of the provisional diagnostic instrument (PDI-4). BMC Fam Pract. 2012 Oct 15;13:104. doi: 10.1186/1471-2296-13-104. PMID: 23067304. *Exclude-Comparator*

578. Farokhzadi F, Mohammadi MR, Salmanian M. Discriminant of validity the Wender Utah rating scale in Iranian adults. Acta Med Iran. 2014;52(5):360-9. PMID: 24902016. *Exclude-Outcome*

579. Fasmer OB, Mjeldheim K, Førland W, et al. Linear and non-linear analyses of Conner’s Continuous Performance Test-II discriminate adult patients with attention deficit hyperactivity disorder from patients with mood and anxiety disorders. BMC psychiatry. 2016;16:1-10. *Exclude-Outcome*

580. Fatseas M, Debrabant R, Auriacombe M. The diagnostic accuracy of attention-deficit/hyperactivity disorder in adults with substance use disorders. Curr Opin Psychiatry. 2012 May;25(3):219-25. doi: 10.1097/YCO.0b013e3283523d7c. PMID: 22449768. *Exclude-Intervention*

581. Fay TB, Alpert MA. Cardiovascular Effects of Drugs Used to Treat Attention-Deficit/Hyperactivity Disorder Part 2: Impact on Cardiovascular Events and Recommendations for Evaluation and Monitoring. Cardiol Rev. 2019 Jul/Aug;27(4):173-8. doi: 10.1097/crd.0000000000000234. PMID: 30531411. *Exclude-Design*

582. Federal University of Rio Grande do S, Conselho Nacional de Desenvolvimento Científico e T, Coordination for the Improvement of Higher Education P. Methylphenidate in Adults With Attention Deficit/Hyperactivity Disorder. In: Federal University of Rio Grande do S, Conselho Nacional de Desenvolvimento Científico e T, Coordination for the Improvement of Higher Education P, eds.; 2016. *Exclude-Comparator*

583. Feifel D, Minassian A, Perry W. Prepulse inhibition of startle in adults with ADHD. J Psychiatr Res. 2009 Jan;43(4):484-9. doi: 10.1016/j.jpsychires.2008.06.004. PMID: 18674783. *Exclude-Intervention*

584. Ferguson B, Schrantee AGM, De Ruiter MB, et al. Opposite effects of acute methylphenidate administration in children versus adult ADHD patients during emotional processing. European Neuropsychopharmacology. 2014;24:S728-S9. *Exclude-Intervention*

585. Fergusson DM, Boden JM, Horwood LJ. Classification of behavior disorders in adolescence: scaling methods, predictive validity, and gender differences. J Abnorm Psychol. 2010 Nov;119(4):699-712. doi: 10.1037/a0018610. PMID: 20853914. *Exclude-Intervention*

586. Fernández-Jaén A, Fernández-Mayoralas DM, Calleja Pérez B, et al. Atomoxetine for attention deficit hyperactivity disorder in mental retardation. Pediatr Neurol. 2010 Nov;43(5):341-7. doi: 10.1016/j.pediatrneurol.2010.06.003. PMID: 20933178. *Exclude-Population*

587. Fernández-Jaén A, Martín Fernández-Mayoralas D, Calleja-Pérez B, et al. [The effects of methylphenidate on cognitive-attentional processes. The use of continuous performance tests]. Rev Neurol. 2008;46 Suppl 1:S47-9. PMID: 18302122. *Exclude-Language*

588. Fife D, Cepeda MS, Baseman A, et al. Medication changes after switching from CONCERTA® brand methylphenidate HCl to a generic long-acting formulation: A retrospective database study. PLoS One. 2018;13(2):e0193453. doi: 10.1371/journal.pone.0193453. PMID: 29489906. *Exclude-Design*

589. Fijal BA, Guo Y, Li SG, et al. CYP2D6 predicted metabolizer status and safety in adult patients with attention-deficit hyperactivity disorder participating in a large placebo-controlled atomoxetine maintenance of response clinical trial. J Clin Pharmacol. 2015 Oct;55(10):1167-74. doi: 10.1002/jcph.530. PMID: 25919121. *Exclude-Intervention*

590. Findling RL, Schwartz MA, Flannery DJ, et al. Venlafaxine in adults with attention-deficit/hyperactivity disorder: an open clinical trial. J Clin Psychiatry. 1996 May;57(5):184-9. PMID: 8626348. *Exclude-Design*

591. Finke K, Schwarzkopf W, Müller U, et al. Disentangling the adult attention-deficit hyperactivity disorder endophenotype: parametric measurement of attention. J Abnorm Psychol. 2011 Nov;120(4):890-901. doi: 10.1037/a0024944. PMID: 21859167. *Exclude-Design*

592. Finley JA, Rodriguez VJ, Cerny BM, et al. Comparing embedded performance validity indicators within the WAIS-IV Letter-Number sequencing subtest to Reliable Digit Span among adults referred for evaluation of attention-deficit/hyperactivity disorder. Clin Neuropsychol. 2024 Feb 13:1-20. doi: 10.1080/13854046.2024.2315738. PMID: 38351710. *Exclude-Intervention*

593. Firouzkouhi Moghaddam M, Rakhshani T, Khosravi M. Effectiveness of methylphenidate supplemented by zinc,calcium,and magnesium for treatment of ADHD patients in the city of Zahedan. Shiraz E Medical Journal. 2016;17(9). doi: 10.17795/semj40019. *Exclude-Population*

594. Flobak E, Nordby ES, Guribye F, et al. Designing Videos With and for Adults With ADHD for an Online Intervention: Participatory Design Study and Thematic Analysis of Evaluation. JMIR Ment Health. 2021 Sep 14;8(9):e30292. doi: 10.2196/30292. PMID: 34519666. *Exclude-Design*

595. Fogarty International Center of the National Institute of H. Double Blind Randomized Controlled Trial Evaluation of a Novel Brain Plasticity-based Training Program for the Remediation of Cognitive Deficits in Adolescents With ADHD in New Delhi, India. In: Fogarty International Center of the National Institute of H, editor; 2013. *Exclude-Population*

596. Forbes GB. Clinical utility of the Test of Variables of Attention (TOVA) in the diagnosis of attention-deficit/hyperactivity disorder. J Clin Psychol. 1998 Jun;54(4):461-76. doi: 10.1002/(sici)1097-4679(199806)54:4<461::aid-jclp8>3.0.co;2-q. PMID: 9623751. *Exclude-Population*

597. Foreman D, Morton S, Ford T. Exploring the clinical utility of the Development and Well-Being Assessment (DAWBA) in the detection of hyperkinetic disorders and associated diagnoses in clinical practice. Journal of Child Psychology and Psychiatry. 2009;50(4):460-70. doi: 10.1111/j.1469-7610.2008.02017.x. *Exclude-Population*

598. Forsström D, Oscarsson M, Buhrman M, et al. A study protocol of a randomized controlled study of internet-based cognitive behavioral therapy for adult attention deficit hyperactivity disorder. Internet Interv. 2023 Sep;33:100652. doi: 10.1016/j.invent.2023.100652. PMID: 37529408. *Exclude-Design*

599. Fossati A, Di Ceglie A, Acquarini E, et al. The retrospective assessment of childhood attention deficit hyperactivity disorder in adults: Reliability and validity of the Italian version of the Wender Utah Rating Scale. Comprehensive Psychiatry. 2001 2001/07/01/;42(4):326-36. doi: https://doi.org/10.1053/comp.2001.24584. *Exclude-Intervention*

600. Fossati A, Novella L, Donati D, et al. History of childhood attention deficit/hyperactivity disorder symptoms and borderline personality disorder: a controlled study. Compr Psychiatry. 2002 Sep-Oct;43(5):369-77. doi: 10.1053/comp.2002.34634. PMID: 12216012. *Exclude-Outcome*

601. Framework IC. The MOS 36-item short-form health survey (SF-36). Med Care. 1992;30(6):473-83. *Exclude-Population*

602. Frampton JE. Lisdexamfetamine: A Review in ADHD in Adults. CNS Drugs. 2016 Apr;30(4):343-54. doi: 10.1007/s40263-016-0327-6. PMID: 27048350. *Exclude-Design*

603. Francisco AP, Lethbridge G, Patterson B, et al. Cannabis use in Attention - Deficit/Hyperactivity Disorder (ADHD): A scoping review. J Psychiatr Res. 2023 Jan;157:239-56. doi: 10.1016/j.jpsychires.2022.11.029. PMID: 36508935. *Exclude-Intervention*

604. Frank MJ, Santamaria A, O'Reilly RC, et al. Testing computational models of dopamine and noradrenaline dysfunction in attention deficit/hyperactivity disorder. Neuropsychopharmacology. 2007 Jul;32(7):1583-99. doi: 10.1038/sj.npp.1301278. PMID: 17164816. *Exclude-Outcome*

605. Fredericks EM, Kollins SH. Assessing methylphenidate preference in ADHD patients using a choice procedure. Psychopharmacology (Berl). 2004 Oct;175(4):391-8. doi: 10.1007/s00213-004-1838-2. PMID: 15258716. *Exclude-Intervention*

606. Fredriksen M. How to evaluate the treatment of ADHD in adults. Acta Neuropsychiatrica. 2017;29:9-10. doi: 10.1017/neu.2017.17. *Exclude-Intervention*

607. Fredriksen M, Dahl AA, Martinsen EW, et al. Effectiveness of one-year pharmacological treatment of adult attention-deficit/hyperactivity disorder (ADHD): an open-label prospective study of time in treatment, dose, side-effects and comorbidity. Eur Neuropsychopharmacol. 2014 Dec;24(12):1873-84. doi: 10.1016/j.euroneuro.2014.09.013. PMID: 25453480. *Exclude-Intervention*

608. Freeman JL, Risser MR, Ware J, et al. The effects of modafinil on simulated driving performance in ADHD subjects compared to controls. Sleep. 2002 04/15;25:A46-A7. *Exclude-Outcome*

609. Freichel R, Zink N, Chang FY, et al. Alpha event-related decreases during encoding in adults with ADHD - An investigation of sustained attention and working memory processes. Behav Brain Res. 2024 Apr 19;469:115003. doi: 10.1016/j.bbr.2024.115003. PMID: 38642862. *Exclude-Intervention*

610. French B, Hall C, Perez Vallejos E, et al. Evaluation of a Web-Based ADHD Awareness Training in Primary Care: Pilot Randomized Controlled Trial With Nested Interviews. JMIR Med Educ. 2020 Dec 11;6(2):e19871. doi: 10.2196/19871. PMID: 33306027. *Exclude-Outcome*

611. French B, Sayal K, Daley D. Barriers and facilitators to understanding of ADHD in primary care: a mixed-method systematic review. Eur Child Adolesc Psychiatry. 2019 Aug;28(8):1037-64. doi: 10.1007/s00787-018-1256-3. PMID: 30552584. *Exclude-Intervention*

612. Fried M, Tsitsiashvili E, Bonneh YS, et al. ADHD subjects fail to suppress eye blinks and microsaccades while anticipating visual stimuli but recover with medication. Vision Res. 2014 Aug;101:62-72. doi: 10.1016/j.visres.2014.05.004. PMID: 24863585. *Exclude-Intervention*

613. Fried R, Petty CR, Surman CB, et al. Characterizing impaired driving in adults with attention-deficit/hyperactivity disorder: A controlled study. J Clin Psychiatry. 2006 Apr;67(4):567-74. doi: 10.4088/jcp.v67n0407. PMID: 16669721. *Exclude-Intervention*

614. Froehlich TE, Epstein JN, Nick TG, et al. Pharmacogenetic Predictors of Methylphenidate Dose-Response in Attention-Deficit/Hyperactivity Disorder. Journal of the American Academy of Child & Adolescent Psychiatry. 2011 2011/11/01/;50(11):1129-39.e2. doi: https://doi.org/10.1016/j.jaac.2011.08.002. *Exclude-Population*

615. Frölich J, Lehmkuhl G. [Pharmacological treatment in adults with attention deficit hyperactivity disorder]. Nervenarzt. 2004 Nov;75(11):1074-82. doi: 10.1007/s00115-004-1756-x. PMID: 15549216. *Exclude-Language*

616. Frost-Karlsson M, Capusan AJ, Olausson H, et al. Altered somatosensory processing in adult attention deficit hyperactivity disorder. BMC Psychiatry. 2024 Aug 13;24(1):558. doi: 10.1186/s12888-024-06002-9. PMID: 39138461. *Exclude-Intervention*

617. Fuermaier AB, Tucha L, Koerts J, et al. Measurement of stigmatization towards adults with attention deficit hyperactivity disorder. PLoS One. 2012;7(12):e51755. doi: 10.1371/journal.pone.0051755. PMID: 23284760. *Exclude-Outcome*

618. Fuermaier AB, Tucha L, Koerts J, et al. Good vibrations--effects of whole body vibration on attention in healthy individuals and individuals with ADHD. PLoS One. 2014;9(2):e90747. doi: 10.1371/journal.pone.0090747. PMID: 24587412. *Exclude-Comparator*

619. Fuermaier AB, Tucha L, Koerts J, et al. Effects of methylphenidate on memory functions of adults with ADHD. Appl Neuropsychol Adult. 2017 May-Jun;24(3):199-211. doi: 10.1080/23279095.2015.1124108. PMID: 27088304. *Exclude-Design*

620. Fuermaier AB, Tucha L, Mueller AK, et al. Stigmatization in teachers towards adults with attention deficit hyperactivity disorder. Springerplus. 2014 Jan 14;3:26. doi: 10.1186/2193-1801-3-26. PMID: 24455470. *Exclude-Outcome*

621. Fuermaier ABM, Hüpen P, De Vries SM, et al. Perception in attention deficit hyperactivity disorder. Atten Defic Hyperact Disord. 2018 Mar;10(1):21-47. doi: 10.1007/s12402-017-0230-0. PMID: 28401487. *Exclude-Intervention*

622. Fuermaier ABM, Tucha L, Guo N, et al. It Takes Time: Vigilance and Sustained Attention Assessment in Adults with ADHD. Int J Environ Res Public Health. 2022 Apr 25;19(9). doi: 10.3390/ijerph19095216. PMID: 35564612. *Exclude-Intervention*

623. Fuermaier ABM, Tucha L, Koerts J, et al. Whole-body vibration improves cognitive functions of an adult with ADHD. ADHD Attention Deficit and Hyperactivity Disorders. 2014 2014/09/01;6(3):211-20. doi: 10.1007/s12402-014-0149-7. *Exclude-Design*

624. Fuermaier ABM, Tucha L, Koerts J, et al. Good vibrations - Effects of whole body vibration on attention in healthy individuals and individuals with ADHD. PLoS ONE. 2014;9(2). doi: 10.1371/journal.pone.0090747. *Exclude-Duplicate*

625. Fuermaier ABM, Tucha L, Koerts J, et al. Good vibrations—Effects of whole body vibrations on attention in healthy individuals and individuals with ADHD. PLoS ONE. 2014;9(2). doi: 10.1371/journal.pone.0090747. *Exclude-Duplicate*

626. Fujibayashi H, Kitayama S, Matsuo M. Score of inattention subscale of ADHD rating scale-IV is significantly higher for AD/HD than PDD. Kobe J Med Sci. 2010 Aug 19;56(1):E12-7. PMID: 21063141. *Exclude-Population*

627. Furster C, Hallerbäck MU. The use of melatonin in Swedish children and adolescents--a register-based study according to age, gender, and medication of ADHD. Eur J Clin Pharmacol. 2015 Jul;71(7):877-81. doi: 10.1007/s00228-015-1866-3. PMID: 25995170. *Exclude-Population*

628. Furukawa E, da Costa RQM, Bado P, et al. Methylphenidate modifies reward cue responses in adults with ADHD: An fMRI study. Neuropharmacology. 2020 Jan 1;162:107833. doi: 10.1016/j.neuropharm.2019.107833. PMID: 31689423. *Exclude-Timing*

629. Fusar-Poli P, Rubia K, Rossi G, et al. Striatal dopamine transporter alterations in ADHD: pathophysiology or adaptation to psychostimulants? A meta-analysis. Am J Psychiatry. 2012 Mar;169(3):264-72. doi: 10.1176/appi.ajp.2011.11060940. PMID: 22294258. *Exclude-Intervention*

630. Gabriel A. The mixed amphetamine salt extended release (Adderall XR, Max-XR) as an adjunctive to SSRIS or SNRIS in the treatment of adult ADHD patients with comorbid partially responsive generalized anxiety: an open-label study. Atten Defic Hyperact Disord. 2010 Jun;2(2):87-92. doi: 10.1007/s12402-010-0025-z. PMID: 21432593. *Exclude-Design*

631. Gabriel A, Violato C. Adjunctive atomoxetine to SSRIs or SNRIs in the treatment of adult ADHD patients with comorbid partially responsive generalized anxiety (GA): an open-label study. Atten Defic Hyperact Disord. 2011 Dec;3(4):319-26. doi: 10.1007/s12402-011-0063-1. PMID: 21833565. *Exclude-Design*

632. Gabriely R, Tarrasch R, Velicki M, et al. The influence of mindfulness meditation on inattention and physiological markers of stress on students with learning disabilities and/or attention deficit hyperactivity disorder. Res Dev Disabil. 2020 May;100:103630. doi: 10.1016/j.ridd.2020.103630. PMID: 32163834. *Exclude-Population*

633. Gajria K, Lu M, Sikirica V, et al. Adherence, persistence, and medication discontinuation in patients with attention-deficit/hyperactivity disorder—A systematic literature review. Neuropsychiatric Disease and Treatment. 2014;10. *Exclude-Intervention*

634. Gallagher R, Blader J. The diagnosis and neuropsychological assessment of adult attention deficit/hyperactivity disorder: Scientific study and practical guidelines. Annals of the New York Academy of Sciences. 2001;931(1):148-71. *Exclude-Intervention*

635. Galler JR, Bryce CP, Zichlin ML, et al. Infant malnutrition is associated with persisting attention deficits in middle adulthood. J Nutr. 2012 Apr;142(4):788-94. doi: 10.3945/jn.111.145441. PMID: 22378333. *Exclude-Intervention*

636. Gamble KL, May RS, Besing RC, et al. Delayed sleep timing and symptoms in adults with attention-deficit/hyperactivity disorder: a controlled actigraphy study. Chronobiol Int. 2013 May;30(4):598-606. doi: 10.3109/07420528.2012.754454. PMID: 23445512. *Exclude-Intervention*

637. Gao L, Man KKC, Fan M, et al. Treatment with methylphenidate and the risk of fractures among children and young people: A systematic review and self-controlled case series study. British Journal of Clinical Pharmacology. 2023;89(8):2519-28. doi: 10.1111/bcp.15714. *Exclude-Population*

638. Gao MS, Tsai FS, Lee CC. Learning a Phenotypic-Attribute Attentional Brain Connectivity Embedding for ADHD Classification using rs-fMRI. Annu Int Conf IEEE Eng Med Biol Soc. 2020 Jul;2020:5472-5. doi: 10.1109/embc44109.2020.9175789. PMID: 33019218. *Exclude-Population*

639. Gao Q, Liu L, Chen Y, et al. Synaptosome-related (SNARE) genes and their interactions contribute to the susceptibility and working memory of attention-deficit/hyperactivity disorder in males. Prog Neuropsychopharmacol Biol Psychiatry. 2015 Mar 3;57:132-9. doi: 10.1016/j.pnpbp.2014.11.001. PMID: 25445064. *Exclude-Intervention*

640. Gao Y, Ni H, Chen Y, et al. Subtype classification of attention deficit hyperactivity disorder with hierarchical binary hypothesis testing framework. J Neural Eng. 2023 Sep 22;20(5). doi: 10.1088/1741-2552/acf523. PMID: 37647890. *Exclude-Population*

641. Garcia Pimenta M, Gruhnert RK, Fuermaier ABM, et al. The role of executive functions in mediating the relationship between adult ADHD symptoms and hyperfocus in university students. Res Dev Disabil. 2024 Jan;144:104639. doi: 10.1016/j.ridd.2023.104639. PMID: 38039699. *Exclude-Intervention*

642. Garcia RJ, Francis L, Dawood M, et al. Attention deficit and hyperactivity disorder scores are elevated and respond to N-acetylcysteine treatment in patients with systemic lupus erythematosus. Arthritis Rheum. 2013 May;65(5):1313-8. doi: 10.1002/art.37893. PMID: 23400548. *Exclude-Population*

643. Garg J, Arun P, Chavan B. Comparative short term efficacy and tolerability of methylphenidate and atomoxetine in attention deficit hyperactivity disorder. Indian pediatrics. 2014;51:550-4. *Exclude-Population*

644. Garnier-Dykstra LM, Pinchevsky GM, Caldeira KM, et al. Self-reported adult attention-deficit/hyperactivity disorder symptoms among college students. J Am Coll Health. 2010;59(2):133-6. doi: 10.1080/07448481.2010.483718. PMID: 20864440. *Exclude-Intervention*

645. Gau SS-F, Shang C-Y. Improvement of executive functions in boys with attention deficit hyperactivity disorder: An open-label follow-up study with once-daily atomoxetine. International Journal of Neuropsychopharmacology. 2010;13(2):243-56. doi: 10.1017/S1461145709990836. *Exclude-Population*

646. Gauillard J, Castelnau C, Vacheron-Trystram MN, et al. [Use of methylphenidate in adults with attention deficit disorder with hyperactivity]. Encephale. 1997 Jul-Aug;23(4):251-6. PMID: 9417389. *Exclude-Language*

647. Gauthier M. Stimulant medications in adults with attention deficit disorder. Can J Psychiatry. 1984 Aug;29(5):435-40. doi: 10.1177/070674378402900515. PMID: 6148139. *Exclude-Design*

648. Gehricke JG, Gevorkian J, Stehli A, et al. Discrepancies in the Validity of Self-Reported Cigarette Smoking in Adults With and Without ADHD. J Dual Diagn. 2019 Jul-Sep;15(3):177-83. doi: 10.1080/15504263.2019.1620399. PMID: 31156069. *Exclude-Intervention*

649. Gehricke JG, Hong N, Wigal TL, et al. ADHD medication reduces cotinine levels and withdrawal in smokers with ADHD. Pharmacol Biochem Behav. 2011 May;98(3):485-91. doi: 10.1016/j.pbb.2011.02.021. PMID: 21356232. *Exclude-Intervention*

650. Gehricke JG, Kruggel F, Thampipop T, et al. The brain anatomy of attention-deficit/hyperactivity disorder in young adults - a magnetic resonance imaging study. PLoS One. 2017;12(4):e0175433. doi: 10.1371/journal.pone.0175433. PMID: 28406942. *Exclude-Intervention*

651. Gehricke JG, Whalen CK, Jamner LD, et al. The reinforcing effects of nicotine and stimulant medication in the everyday lives of adult smokers with ADHD: A preliminary examination. Nicotine Tob Res. 2006 Feb;8(1):37-47. doi: 10.1080/14622200500431619. PMID: 16497598. *Exclude-Timing*

652. Geiss L, Stemmler M, Beck B, et al. Dysregulation of the autonomic nervous system in adult attention deficit hyperactivity disorder. A systematic review. Cogn Neuropsychiatry. 2023 Jul;28(4):285-306. doi: 10.1080/13546805.2023.2255336. PMID: 37702351. *Exclude-Intervention*

653. Gellan A, Maria Teresa L-P, Hossam k, et al. Safety and efficacy of methylphenidate as treatment of combined attention deficit  hyperactivity disorder (ADHD) and epilepsy in children and adolescents: systematic review. 2018. PMID: CRD42018073651. *Exclude-Population*

654. Genç HA, Yorguner N, Bulut S, et al. Validity and reliability of the Turkish version of the adult ADHD Self-Report Screening Scale for DSM-5. Balkan Med J. 2021 Mar;38(2):111-5. doi: 10.4274/balkanmedj.galenos.2020.2020.5.119. PMID: 32996464. *Exclude-Language*

655. Gerard A. Adult ADHD: Tips for an accurate diagnosis. Current Psychiatry. 2023;22(12):25 and 57. doi: 10.12788/cp.0418. *Exclude-Intervention*

656. Gerdes AC, Kapke TL, Grace M, et al. Feasibility, Acceptability, and Preliminary Outcomes of a Culturally Adapted Evidence-Based Treatment for Latino Youth With ADHD. Journal of attention disorders. 2021;25(3):432-47. doi: 10.1177/1087054718821729. *Exclude-Population*

657. Gerhard T, Winterstein AG, Olfson M, et al. Pre‐existing cardiovascular conditions and pharmacological treatment of adult ADHD. Pharmacoepidemiology and drug safety. 2010;19(5):457-64. *Exclude-Intervention*

658. Ghawami H, Homaei Shoaa J, Moazenzadeh M, et al. Ecological validity of executive function tests in predicting driving performance. Appl Neuropsychol Adult. 2022 Sep 24:1-13. doi: 10.1080/23279095.2022.2126940. PMID: 36152341. *Exclude-Intervention*

659. Ghiassian S, Greiner R, Jin P, et al. Using Functional or Structural Magnetic Resonance Images and Personal Characteristic Data to Identify ADHD and Autism. PLoS One. 2016;11(12):e0166934. doi: 10.1371/journal.pone.0166934. PMID: 28030565. *Exclude-Population*

660. Gift TE, Reimherr FW, Marchant BK, et al. Personality Disorder in Adult Attention-Deficit/Hyperactivity Disorder: Attrition and Change During Long-term Treatment. J Nerv Ment Dis. 2016 May;204(5):355-63. doi: 10.1097/nmd.0000000000000470. PMID: 27082828. *Exclude-Intervention*

661. Gilbert DL, Ridel KR, Sallee FR, et al. Comparison of the inhibitory and excitatory effects of ADHD medications methylphenidate and atomoxetine on motor cortex. Neuropsychopharmacology. 2006 Feb;31(2):442-9. doi: 10.1038/sj.npp.1300806. PMID: 16034446. *Exclude-Population*

662. Gillen WG. The tova: Discriminant validity for adhd and depression. US: ProQuest Information & Learning; 2003. *Exclude-Design*

663. Ginapp CM, Greenberg NR, MacDonald-Gagnon G, et al. "Dysregulated not deficit": A qualitative study on symptomatology of ADHD in young adults. PLoS One. 2023;18(10):e0292721. doi: 10.1371/journal.pone.0292721. PMID: 37824501. *Exclude-Outcome*

664. Ging-Jehli NR, Kraemer HC, Arnold LE, et al. Cognitive markers for efficacy of neurofeedback for attention-deficit hyperactivity disorder – Personalized medicine using computational psychiatry in a randomized clinical trial. Journal of Clinical and Experimental Neuropsychology. 2023;45(2):118-31. doi: 10.1080/13803395.2023.2206637. *Exclude-Population*

665. Ginsberg Y, Arngrim T, Philipsen A, et al. Long-term (1 year) safety and efficacy of methylphenidate modified-release long-acting formulation (MPH-LA) in adults with attention-deficit hyperactivity disorder: a 26-week, flexible-dose, open-label extension to a 40-week, double-blind, randomised, placebo-controlled core study. CNS Drugs. 2014 Oct;28(10):951-62. doi: 10.1007/s40263-014-0180-4. PMID: 25183661. *Exclude-Design*

666. Ginsberg Y, Arngrim T, Philipsen A, et al. EPA-0627 - Safety profile of methylphenidate hydrochloride-modified release (MPH-LA) in adults and children with attention deficit hyperactivity disorder; 2014. *Exclude-Population*

667. Ginsberg Y, Långström N, Larsson H, et al. Long-Term Treatment Outcome in Adult Male Prisoners With Attention-Deficit/Hyperactivity Disorder: Three-Year Naturalistic Follow-Up of a 52-Week Methylphenidate Trial. J Clin Psychopharmacol. 2015 Oct;35(5):535-43. doi: 10.1097/jcp.0000000000000395. PMID: 26284932. *Exclude-Design*

668. Girard-Joyal O, Gauthier B. Creativity in the Predominantly Inattentive and Combined Presentations of ADHD in Adults. J Atten Disord. 2022 Jul;26(9):1187-98. doi: 10.1177/10870547211060547. PMID: 34894845. *Exclude-Intervention*

669. Gisbert L, Richarte V, Corrales M, et al. The Relationship Between Neuropsychological Deficits and Emotional Lability in Adults With ADHD. J Atten Disord. 2019 Oct;23(12):1514-25. doi: 10.1177/1087054718780323. PMID: 29890879. *Exclude-Intervention*

670. Gito M, Ihara H, Ogata H, et al. Gender Differences in the Behavioral Symptom Severity of Prader-Willi Syndrome. Behav Neurol. 2015;2015:294127. doi: 10.1155/2015/294127. PMID: 26633919. *Exclude-Intervention*

671. Glaser PEA, Riggs P. STIMULANT USE DISORDER IN TEENS AND COLLEGE STUDENTS: PROBLEMS AND TREATMENT. Journal of the American Academy of Child and Adolescent Psychiatry. 2021;60(10):S58. doi: 10.1016/j.jaac.2021.07.250. *Exclude-Design*

672. Glauser TA, Cnaan A, Shinnar S, et al. Ethosuximide, valproic acid, and lamotrigine in childhood absence epilepsy: Initial monotherapy outcomes at 12 months. Epilepsia. 2013;54(1):141-55. doi: 10.1111/epi.12028. *Exclude-Population*

673. Gloger EM, Suhr JA. Correlates of Poor Sleep and Subsequent Risk of Misdiagnosis in College Students Presenting with Cognitive Complaints. Arch Clin Neuropsychol. 2020 Aug 28;35(6):692-70. doi: 10.1093/arclin/acaa023. PMID: 32380521. *Exclude-Intervention*

674. Gmehlin D, Fuermaier AB, Walther S, et al. Intraindividual variability in inhibitory function in adults with ADHD--an ex-Gaussian approach. PLoS One. 2014;9(12):e112298. doi: 10.1371/journal.pone.0112298. PMID: 25479234. *Exclude-Intervention*

675. Gmehlin D, Fuermaier AB, Walther S, et al. Attentional Lapses of Adults with Attention Deficit Hyperactivity Disorder in Tasks of Sustained Attention. Arch Clin Neuropsychol. 2016 Jun;31(4):343-57. doi: 10.1093/arclin/acw016. PMID: 27193369. *Exclude-Intervention*

676. Godfrey E, Fuermaier ABM, Tucha L, et al. Public perceptions of adult ADHD: Indications of stigma? J Neural Transm (Vienna). 2021 Jul;128(7):993-1008. doi: 10.1007/s00702-020-02279-8. PMID: 33241459. *Exclude-Intervention*

677. Goethe U, Semmelweis U, University Medical Center N. Randomized Placebo-controlled Treatment of Impulsivity in Adults With Probiotics. In: Goethe U, Semmelweis U, University Medical Center N, eds.; 2018. *Exclude-Population*

678. Goksøyr PK, Nøttestad JA. The burden of untreated ADHD among adults: the role of stimulant medication. Addict Behav. 2008 Feb;33(2):342-6. doi: 10.1016/j.addbeh.2007.09.008. PMID: 17920777. *Exclude-Population*

679. Goldberg E, Bougakov D. Neuropsychologic assessment of frontal lobe dysfunction. Psychiatr Clin North Am. 2005 Sep;28(3):567-80, 78-9. doi: 10.1016/j.psc.2005.05.005. PMID: 16122567. *Exclude-Intervention*

680. Goldman LS, Genel M, Bezman RJ, et al. Diagnosis and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. JAMA. 1998;279(14):1100-7. doi: 10.1001/jama.279.14.1100. *Exclude-Population*

681. Golubchik P, Sever J, Weizman A. Influence of methylphenidate treatment on smoking behavior in adolescent girls with attention-deficit/hyperactivity and borderline personality disorders. Clin Neuropharmacol. 2009 Sep-Oct;32(5):239-42. doi: 10.1097/wnf.0b013e3181a5d075. PMID: 19834989. *Exclude-Population*

682. Golubchik P, Sever J, Zalsman G, et al. Methylphenidate in the treatment of female adolescents with cooccurrence of attention deficit/hyperactivity disorder and borderline personality disorder: a preliminary open-label trial. Int Clin Psychopharmacol. 2008 Jul;23(4):228-31. doi: 10.1097/YIC.0b013e3282f94ae2. PMID: 18446088. *Exclude-Population*

683. Gomez R, Vance A, Watson S, et al. ROC analyses of relevant Conners 3–Short Forms, CBCL, and TRF scales for screening ADHD and ODD. Assessment. 2021;28(1):73-85. doi: 10.1177/1073191119876023. *Exclude-Population*

684. Gonzalez-Garrido AA, Barrios FA, de la Serna-Tuya JM, et al. [Methylphenidate and short-term memory in young females with attention deficit hyperactivity disorder. A study using functional magnetic resonance imaging]. Rev Neurol. 2009 May 16-31;48(10):509-14. PMID: 19434584. *Exclude-Language*

685. Goodman DW. The consequences of attention-deficit/hyperactivity disorder in adults. J Psychiatr Pract. 2007 Sep;13(5):318-27. doi: 10.1097/01.pra.0000290670.87236.18. PMID: 17890980. *Exclude-Outcome*

686. Goodman DW. ADHD in adults: Update for clinicians on diagnosis and assessment. Primary Psychiatry. 2009;16(11):38-47. *Exclude-Design*

687. Goodman DW, Ginsberg L, Weisler RH, et al. An interim analysis of the Quality of Life, Effectiveness, Safety, and Tolerability (QU.E.S.T.) evaluation of mixed amphetamine salts extended release in adults with ADHD. CNS Spectr. 2005 Dec;10(12 Suppl 20):26-34. doi: 10.1017/s1092852900002418. PMID: 16344838. *Exclude-Intervention*

688. Goossensen MA, van de Glind G, Carpentier PJ, et al. An intervention program for ADHD in patients with substance use disorders: preliminary results of a field trial. J Subst Abuse Treat. 2006 Apr;30(3):253-9. doi: 10.1016/j.jsat.2005.12.004. PMID: 16616170. *Exclude-Design*

689. Gordon CT, Fabiano GA, Hulme KF, et al. Efficacy of lisdexamfetamine dimesylate for promoting occupational success in adolescents and young adults with attention-deficit/hyperactivity disorder. Exp Clin Psychopharmacol. 2021 Aug;29(4):308-18. doi: 10.1037/pha0000365. PMID: 32297783. *Exclude-Timing*

690. Gorlin EI, Dalrymple K, Chelminski I, et al. Diagnostic profiles of adult psychiatric outpatients with and without attention deficit hyperactivity disorder. Compr Psychiatry. 2016 Oct;70:90-7. doi: 10.1016/j.comppsych.2016.06.015. PMID: 27624427. *Exclude-Intervention*

691. Goto T, Adler L, Upadhyaya H, et al. Executive function in adult patients with attention-deficit/hyperactivity disorder during treatment with atomoxetine in a randomized, placebo-controlled withdrawal study. International Journal of Neuropsychopharmacology. 2012;15:220. doi: 10.1017/S1461145712000508. *Exclude-Design*

692. 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. *Exclude-Design*

693. Grabemann M, Mette C, Zimmermann M, et al. No clear effects of acute tryptophan depletion on processing affective prosody in male adults with ADHD. Acta Psychiatr Scand. 2013 Aug;128(2):142-8. doi: 10.1111/acps.12130. PMID: 23581825. *Exclude-Design*

694. Grabemann M, Zimmermann M, Strunz L, et al. [New Ways of Diagnosing ADHD in Adults]. Psychiatr Prax. 2017 May;44(4):221-7. doi: 10.1055/s-0043-100714. PMID: 28335040. *Exclude-Design*

695. Grabemann M, Zimmermann M, Strunz L, et al. New Ways of Diagnosing ADHD in Adults: The Essen-Interview-for-School-Days-Related-Biography (EIS-B). Psychiatrische Praxis. 2017;44(4):221-7. doi: 10.1055/s-0043-100714. *Exclude-Duplicate*

696. Grane VA, Brunner JF, Endestad T, et al. ERP Correlates of Proactive and Reactive Cognitive Control in Treatment-Naïve Adult ADHD. PLoS One. 2016;11(7):e0159833. doi: 10.1371/journal.pone.0159833. PMID: 27448275. *Exclude-Intervention*

697. Grane VA, Brunner JF, Endestad T, et al. ERP correlates of proactive and reactive cognitive control in treatment-naïve adult ADHD. PLoS ONE. 2016;11(7). doi: 10.1371/journal.pone.0159833. *Exclude-Duplicate*

698. Grann M, Ginsberg Y, Hirvikoski T, et al. Methylphenidate treatment of adult prison inmates with ADHD: A randomised double-blind placebo-controlled trial with open-label extension. Acta Neuropsychiatrica. 2013;25(1):13. doi: 10.1017/neu.2013.10. *Exclude-Design*

699. . Diagnosis of Attention-Deficit/Hyperactivity Disorder. 1999. *Exclude-Population*

700. Green R, Baker NL, Ferguson PL, et al. ADHD symptoms and smoking outcomes in a randomized controlled trial of varenicline for adolescent and young adult tobacco cessation. Drug Alcohol Depend. 2023 Mar 1;244:109798. doi: 10.1016/j.drugalcdep.2023.109798. PMID: 36774808. *Exclude-Population*

701. Greer SM, Trujillo AJ, Glover GH, et al. Control of nucleus accumbens activity with neurofeedback. Neuroimage. 2014 Aug 1;96:237-44. doi: 10.1016/j.neuroimage.2014.03.073. PMID: 24705203. *Exclude-Intervention*

702. Greydanus DE, Pratt HD, Patel DR. Attention deficit hyperactivity disorder across the lifespan: the child, adolescent, and adult. Dis Mon. 2007 Feb;53(2):70-131. doi: 10.1016/j.disamonth.2007.01.001. PMID: 17386306. *Exclude-Population*

703. Griffin JM. Assessment of Attention-Deficit/Hyperactivity Disorder in adults using the Wechsler Adult Intelligence Scale-III and brief neuropsychological techniques. US: ProQuest Information & Learning; 1999. *Exclude-Intervention*

704. Grimm O, Kopfer V, Küpper-Tetzel L, et al. Amisulpride and l-DOPA modulate subcortical brain nuclei connectivity in resting-state pharmacologic magnetic resonance imaging. Hum Brain Mapp. 2020 May;41(7):1806-18. doi: 10.1002/hbm.24913. PMID: 31880365. *Exclude-Population*

705. Grimm O, van Rooij D, Tshagharyan A, et al. Effects of comorbid disorders on reward processing and connectivity in adults with ADHD. Transl Psychiatry. 2021 Dec 16;11(1):636. doi: 10.1038/s41398-021-01758-0. PMID: 34911950. *Exclude-Outcome*

706. Grimmsmann T, Himmel W. The 10-year trend in drug prescriptions for attention-deficit/hyperactivity disorder (ADHD) in Germany. Eur J Clin Pharmacol. 2021 Jan;77(1):107-15. doi: 10.1007/s00228-020-02948-3. PMID: 32803292. *Exclude-Design*

707. Grinblat N, Rosenblum S. Work participation, sensory processing and sleep quality in adults with attention-deficit hyperactive disorder. Work. 2022;73(4):1235-44. doi: 10.3233/wor-211129. PMID: 35694942. *Exclude-Intervention*

708. Grizenko N, Bhat M, Schwartz G, et al. Efficacy of methylphenidate in children with attention-deficit hyperactivity disorder and learning disabilities: a randomized crossover trial. J Psychiatry Neurosci. 2006 Jan;31(1):46-51. PMID: 16496035. *Exclude-Population*

709. Groen RN, Wichers M, Wigman JTW, et al. Specificity of psychopathology across levels of severity: a transdiagnostic network analysis. Sci Rep. 2019 Dec 4;9(1):18298. doi: 10.1038/s41598-019-54801-y. PMID: 31797974. *Exclude-Outcome*

710. Groen Y, Fuermaier ABM, Tucha L, et al. A situation-specific approach to measure attention in adults with ADHD: The everyday life attention scale (ELAS). Appl Neuropsychol Adult. 2019 Sep-Oct;26(5):411-40. doi: 10.1080/23279095.2018.1437730. PMID: 29537898. *Exclude-Outcome*

711. Grogan K, Bramham J. Current Mood Symptoms Do Not Affect the Accuracy of Retrospective Self-Ratings of Childhood ADHD Symptoms. J Atten Disord. 2016 Dec;20(12):1039-46. doi: 10.1177/1087054714528536. PMID: 24691528. *Exclude-Intervention*

712. Gropper RJ, Gotlieb H, Kronitz R, et al. Working memory training in college students with ADHD or LD. J Atten Disord. 2014 May;18(4):331-45. doi: 10.1177/1087054713516490. PMID: 24420765. *Exclude-Population*

713. Groß S, Figge C, Matthies S, et al. [ADHD in adulthood: Diagnostics and therapy]. Nervenarzt. 2015 Sep;86(9):1171-8; quiz 9-80. doi: 10.1007/s00115-015-4328-3. PMID: 26341837. *Exclude-Language*

714. Gualtieri CT, Ondrusek MG, Finley C. Attention deficit disorders in adults. Clinical neuropharmacology. 1985;8(4):343-56. *Exclude-Intervention*

715. Gucuyener K, Erdemoglu AK, Senol S, et al. Use of methylphenidate for attention-deficit hyperactivity disorder in patients with epilepsy or electroencephalographic abnormalities. Journal of child neurology. 2003;18(2):109-12. *Exclude-Population*

716. Guevara JP, Greenbaum PE, Shera D, et al. Development and psychometric assessment of the collaborative care for attention-deficit disorders scale. Ambul Pediatr. 2008 Jan-Feb;8(1):18-24. doi: 10.1016/j.ambp.2007.10.002. PMID: 18191777. *Exclude-Population*

717. Guha S, Costigan M. Outcomes of an adhd survey in private practice to scope 'optimal treatment success' parameters. Australian and New Zealand Journal of Psychiatry. 2021;55(SUPPL 1):106. doi: 10.1177/00048674211004750. *Exclude-Intervention*

718. Guineau MG, Ikani N, Rinck M, et al. Anhedonia as a transdiagnostic symptom across psychological disorders: a network approach. Psychol Med. 2023 Jul;53(9):3908-19. doi: 10.1017/s0033291722000575. PMID: 35348051. *Exclude-Intervention*

719. Gülhan PG, Özmen G. The Use of fMRI Regional Analysis to Automatically Detect ADHD Through a 3D CNN-Based Approach. J Imaging Inform Med. 2025 Feb;38(1):203-16. doi: 10.1007/s10278-024-01189-5. PMID: 39028358. *Exclude-Population*

720. Gumenyuk V, Korzyukov O, Tapaskar N, et al. Deficiency in Re-Orienting of Attention in Adults with Attention-Deficit Hyperactivity Disorder. Clin EEG Neurosci. 2023 Mar;54(2):141-50. doi: 10.1177/15500594221115737. PMID: 35861774. *Exclude-Outcome*

721. Gumustas F, Yilmaz I, Sirin DY, et al. Chondrocyte proliferation, viability and differentiation is declined following administration of methylphenidate utilized for the treatment of attention-deficit/hyperactivity disorder. Hum Exp Toxicol. 2017 Sep;36(9):981-92. doi: 10.1177/0960327116678294. PMID: 27837176. *Exclude-Intervention*

722. Guo X, Yao D, Cao Q, et al. Shared and distinct resting functional connectivity in children and adults with attention-deficit/hyperactivity disorder. Transl Psychiatry. 2020 Feb 12;10(1):65. doi: 10.1038/s41398-020-0740-y. PMID: 32066697. *Exclude-Intervention*

723. Guo Y, Fijal B, Marshall S, et al. Comparison of efficacy and safety between intermediate and extensive/ultra-rapid metabolizers of atomoxetine in adult patients with attention-deficit hyperactivity disorder participating in a large placebo-controlled maintenance of response clinical trial. Clinical Pharmacology and Therapeutics. 2013;93:S29. doi: 10.1038/clpt.2012.253. *Exclude-Design*

724. Gupta R, Kar BR, Srinivasan N. Cognitive-motivational deficits in ADHD: Development of a classification system. Child Neuropsychology. 2011;17(1):67-81. doi: 10.1080/09297049.2010.524152. *Exclude-Population*

725. Gürbüzer N, Zengil S, Laloğlu E, et al. The Potential Impact of Agouti Related Peptide and Asprosin on Metabolic Parameters and Eating Behavior in Attention Deficit Hyperactivity Disorder. Noro Psikiyatr Ars. 2024;61(1):30-8. doi: 10.29399/npa.28458. PMID: 38496220. *Exclude-Intervention*

726. Haberstick BC, Timberlake D, Hopfer CJ, et al. Genetic and environmental contributions to retrospectively reported DSM-IV childhood attention deficit hyperactivity disorder. Psychol Med. 2008 Jul;38(7):1057-66. doi: 10.1017/s0033291707001584. PMID: 17892623. *Exclude-Intervention*

727. Hackett A, Joseph R, Robinson K, et al. Adult attention deficit/hyperactivity disorder in the ambulatory care setting. Jaapa. 2020 Aug;33(8):12-6. doi: 10.1097/01.Jaa.0000684108.89007.52. PMID: 32740107. *Exclude-Comparator*

728. Hadianfard H, Kiani B, Weiss MD. Psychometric Properties of the Persian Version of the Weiss Functional Impairment Rating Scale–Self-Report Form in Iranian Adolescents. Journal of Attention Disorders. 2019;23(13):1600-9. doi: 10.1177/1087054717738084. PMID: 29099238. *Exclude-Population*

729. Haege A, Dittmann RW. Methodological issues associated with clinical trials in adult ADHD. European Child and Adolescent Psychiatry. 2010;19:S72. doi: 10.1007/s00787-010-0117-5. *Exclude-Intervention*

730. Hale TS, Smalley SL, Walshaw PD, et al. Atypical EEG beta asymmetry in adults with ADHD. Neuropsychologia. 2010 Oct;48(12):3532-9. doi: 10.1016/j.neuropsychologia.2010.08.002. PMID: 20705076. *Exclude-Comparator*

731. Hale TS, Zaidel E, McGough JJ, et al. Atypical brain laterality in adults with ADHD during dichotic listening for emotional intonation and words. Neuropsychologia. 2006;44(6):896-904. doi: 10.1016/j.neuropsychologia.2005.08.014. PMID: 16216289. *Exclude-Intervention*

732. Halevy-Yosef R, Bachar E, Shalev L, et al. The complexity of the interaction between binge-eating and attention. PLoS One. 2019;14(4):e0215506. doi: 10.1371/journal.pone.0215506. PMID: 31017971. *Exclude-Intervention*

733. Halleland HB, Haavik J, Lundervold AJ. Set-shifting in adults with ADHD. J Int Neuropsychol Soc. 2012 Jul;18(4):728-37. doi: 10.1017/s1355617712000355. PMID: 22613368. *Exclude-Intervention*

734. Halmøy A, Ring AE, Gjestad R, et al. Dialectical behavioral therapy‑based group treatment versus treatment as usual for adults with attention‑deficit hyperactivity disorder: A multicenter randomized controlled trial. BMC Psychiatry. 2022;22. doi: 10.1186/s12888-022-04356-6. *Exclude-Duplicate*

735. Halperin JM, Matier K, Bedi G, et al. Specificity of inattention, impulsivity, and hyperactivity to the diagnosis of attention-deficit hyperactivity disorder. Journal of the American Academy of Child & Adolescent Psychiatry. 1992;31(2):190-6. doi: 10.1097/00004583-199203000-00002. *Exclude-Population*

736. Halperin JM, Sharma V, Greenblatt E, et al. Assessment of the Continuous Performance Test: Reliability and validity in a nonreferred sample. Psychological Assessment: A Journal of Consulting and Clinical Psychology. 1991;3(4):603. *Exclude-Population*

737. Halperin JM, Trampush JW, Miller CJ, et al. Neuropsychological outcome in adolescents/young adults with childhood ADHD: profiles of persisters, remitters and controls. J Child Psychol Psychiatry. 2008 Sep;49(9):958-66. doi: 10.1111/j.1469-7610.2008.01926.x. PMID: 18573145. *Exclude-Intervention*

738. Hamidovic A, Dlugos A, Palmer AA, et al. Polymorphisms in dopamine transporter (SLC6A3) are associated with stimulant effects of D-amphetamine: an exploratory pharmacogenetic study using healthy volunteers. Behav Genet. 2010 Mar;40(2):255-61. doi: 10.1007/s10519-009-9331-7. PMID: 20091113. *Exclude-Population*

739. Hammerness PG, Surman CBH, Chilton A. Adult attention-deficit/hyperactivity disorder treatment and cardiovascular implications. Current Psychiatry Reports. 2011;13(5):357-63. doi: 10.1007/s11920-011-0213-3. *Exclude-Duplicate*

740. Handal N, LePage J, Dayley P, et al. Validation, reliability, and specificity of CliniCom™ Psychiatric Assessment Software. Psychiatry Res. 2018 Jul;265:334-40. doi: 10.1016/j.psychres.2018.05.029. PMID: 29778712. *Exclude-Comparator*

741. Hannah W, Blandine F, Nicholas H, et al. The Efficacy of Cognitive Behavioral Therapy for Adults With Attention Deficit and Hyperactivity Disorder (ADHD): An umbrella review. 2024. PMID: CRD42024516558. *Exclude-Design*

742. Hannestad J, Gallezot JD, Planeta-Wilson B, et al. Clinically relevant doses of methylphenidate significantly occupy norepinephrine transporters in humans in vivo. Biol Psychiatry. 2010 Nov 1;68(9):854-60. doi: 10.1016/j.biopsych.2010.06.017. PMID: 20691429. *Exclude-Population*

743. Harada Y, Satoh Y, Sakuma A, et al. Behavioral and developmental disorders among conduct disorder. Psychiatry Clin Neurosci. 2002 Dec;56(6):621-5. doi: 10.1046/j.1440-1819.2002.01065.x. PMID: 12485304. *Exclude-Population*

744. Hariprasad VR, Arasappa R, Varambally S, et al. Feasibility and efficacy of yoga as an add-on intervention in attention deficit-hyperactivity disorder: An exploratory study. Indian J Psychiatry. 2013 Jul;55(Suppl 3):S379-84. doi: 10.4103/0019-5545.116317. PMID: 24049203. *Exclude-Population*

745. Harrison AG, Alexander SJ, Armstrong IT. Higher reported levels of depression, stress, and anxiety are associated with increased endorsement of ADHD symptoms by postsecondary students. US: Sage Publications; 2013. p. 243-60. *Exclude-Intervention*

746. Harrison AG, Armstrong IT, Harrison LE, et al. Comparing Canadian and American normative scores on the Wechsler Adult Intelligence Scale-Fourth Edition. Arch Clin Neuropsychol. 2014 Dec;29(8):737-46. doi: 10.1093/arclin/acu048. PMID: 25313225. *Exclude-Population*

747. Harrison AG, Nay S, Armstrong IT. Diagnostic accuracy of the Conners’ adult ADHD rating scale in a postsecondary population. Journal of attention disorders. 2019;23(14):1829-37. *Exclude-Duplicate*

748. Harrison AG, Rosenblum Y, Currie S. Examining unusual digit span performance in a population of postsecondary students assessed for academic difficulties. Assessment. 2010 Sep;17(3):283-93. doi: 10.1177/1073191109348590. PMID: 19915200. *Exclude-Population*

749. Hartman C, Hox J, Mellenbergh GJ, et al. DSM-IV internal construct validity: When a taxonomy meets data. United Kingdom: Cambridge University Press; 2001. p. 817-36. *Exclude-Intervention*

750. Hartung CM, Canu WH, Serrano JW, et al. A New Organizational and Study Skills Intervention for College Students with ADHD. Cognitive and Behavioral Practice. 2022;29(2):411-24. doi: 10.1016/j.cbpra.2020.09.005. *Exclude-Comparator*

751. Hauser PC, Lukomski J, Samar V. Reliability and validity of the BRIEF-A for assessing deaf college students’ executive function. Journal of Psychoeducational Assessment. 2013;31(4):363-74. doi: 10.1177/0734282912464466. *Exclude-Comparator*

752. Hawton K, Saunders K, Topiwala A, et al. Psychiatric disorders in patients presenting to hospital following self-harm: a systematic review. J Affect Disord. 2013 Dec;151(3):821-30. doi: 10.1016/j.jad.2013.08.020. PMID: 24091302. *Exclude-Population*

753. Hayashi K, Tanaka H, Miyajima T, et al. Advance in diagnosis and management guideline of AD/HD (attention deficit/hyperactivity disorder) for pediatricians in Japan. No to Hattatsu= Brain and Development. 2006;38(2):141-3. *Exclude-Intervention*

754. Hayashi W, Hanawa Y, Saga N, et al. ASD symptoms in adults with ADHD: a comparative study using ADOS-2. Eur Arch Psychiatry Clin Neurosci. 2022 Dec;272(8):1481-94. doi: 10.1007/s00406-021-01362-9. PMID: 34993599. *Exclude-Intervention*

755. Hayashi W, Hanawa Y, Yuriko I, et al. ASD symptoms in adults with ADHD: a preliminary study using the ADOS-2. Eur Arch Psychiatry Clin Neurosci. 2022 Mar;272(2):217-32. doi: 10.1007/s00406-021-01250-2. PMID: 33751200. *Exclude-Intervention*

756. Hayatbakhsh MR, Najman JM, Jamrozik K, et al. Adolescent problem behaviours predicting DSM-IV diagnoses of multiple substance use disorder. Findings of a prospective birth cohort study. Soc Psychiatry Psychiatr Epidemiol. 2008 May;43(5):356-63. doi: 10.1007/s00127-008-0325-1. PMID: 18301851. *Exclude-Outcome*

757. Hazell P. Review of new compounds available in Australia for the treatment of attention-deficit hyperactivity disorder. Australas Psychiatry. 2004 Dec;12(4):369-75. doi: 10.1080/j.1440-1665.2004.02129.x. PMID: 15715810. *Exclude-Design*

758. Hazell PL, Carr V, Lewin TJ, et al. Manic symptoms in young males with ADHD predict functioning but not diagnosis after 6 years. J Am Acad Child Adolesc Psychiatry. 2003 May;42(5):552-60. doi: 10.1097/01.Chi.0000046830.95464.33. PMID: 12707559. *Exclude-Population*

759. He Q, Jantac Mam-Lam-Fook C, Chaignaud J, et al. Influence of polygenic risk scores for schizophrenia and resilience on the cognition of individuals at-risk for psychosis. Transl Psychiatry. 2021 Oct 9;11(1):518. doi: 10.1038/s41398-021-01624-z. PMID: 34628483. *Exclude-Intervention*

760. Hechtman L, Weiss G, Perlman T. Young adult outcome of hyperactive children who received long-term stimulant treatment. J Am Acad Child Psychiatry. 1984 May;23(3):261-9. doi: 10.1016/s0002-7138(09)60501-x. PMID: 6736490. *Exclude-Population*

761. Hedges D, Reimherr FW, Rogers A, et al. An open trial of venlafaxine in adult patients with attention deficit hyperactivity disorder. Psychopharmacol Bull. 1995;31(4):779-83. PMID: 8851653. *Exclude-Design*

762. Heffner JL, Lewis DF, Winhusen TM. Preliminary evidence that adherence to counseling mediates the effects of pretreatment self-efficacy and motivation on outcome of a cessation attempt in smokers with ADHD. Nicotine Tob Res. 2013 Feb;15(2):393-400. doi: 10.1093/ntr/nts135. PMID: 22949577. *Exclude-Intervention*

763. Hei Ting W. Systematic review of interventions to improve self-care in adults with severe mental illness. 2019. PMID: CRD42019144615. *Exclude-Design*

764. Heidelberg U, Radboud University Medical C, Hospital Vall dH, et al. Pilot Randomized-controlled Phase-IIa Trial on the Prevention of Comorbid Depression and Obesity in Attention-deficit/ Hyperactivity Disorder. In: Heidelberg U, Radboud University Medical C, Hospital Vall dH, King's College L, eds.; 2017. *Exclude-Population*

765. Heiligenstein E, Conyers LM, Berns AR, et al. Preliminary normative data on DSM-IV attention deficit hyperactivity disorder in college students. J Am Coll Health. 1998 Jan;46(4):185-8. doi: 10.1080/07448489809595609. PMID: 9519582. *Exclude-Outcome*

766. Heiligenstein E, Johnston HF, Nielsen JK. Pemoline therapy in college students with attention deficit hyperactivity disorder: A retrospective study. Journal of American College Health. 1996;45(1):35-9. *Exclude-Design*

767. Heinrichs-Graham E, Franzen JD, Knott NL, et al. Pharmaco-MEG evidence for attention related hyper-connectivity between auditory and prefrontal cortices in ADHD. Psychiatry Res. 2014 Mar 30;221(3):240-5. doi: 10.1016/j.pscychresns.2014.01.002. PMID: 24495532. *Exclude-Intervention*

768. Heinzel S, Dresler T, Baehne CG, et al. COMT x DRD4 epistasis impacts prefrontal cortex function underlying response control. Cereb Cortex. 2013 Jun;23(6):1453-62. doi: 10.1093/cercor/bhs132. PMID: 22617852. *Exclude-Intervention*

769. Heo S, Kim JH, Joung YS, et al. Clinical Utility of the Korean Version of the WHO Adult Attention-Deficit/Hyperactivity Disorder Self-Report Scale Screener. Psychiatry Investig. 2018 Mar;15(3):325-9. doi: 10.30773/pi.2017.07.10. PMID: 29486543. *Exclude-Language*

770. Hesdorffer DC, Baldin E, Caplan R, et al. How do we measure psychiatric diagnoses? Implications of the choice of instruments in epilepsy. Epilepsy Behav. 2014 Feb;31:351-5. doi: 10.1016/j.yebeh.2013.10.001. PMID: 24230987. *Exclude-Design*

771. Hesse M. Course of self-reported symptoms of attention deficit and hyperactivity in substance abusers during early treatment. Addict Behav. 2010 May;35(5):504-6. doi: 10.1016/j.addbeh.2009.12.007. PMID: 20071099. *Exclude-Intervention*

772. Hesse M, Thiesen H. The use of the ADHD self-rating scale (ASRS-6) in the homeless: psychometric properties, alcohol use, and self-nurse agreement. J Addict Nurs. 2013 Apr-Jun;24(2):108-15. doi: 10.1097/JAN.0b013e3182929447. PMID: 24621489. *Exclude-Design*

773. Hesslinger B, Tebartz van Elst L, Nyberg E, et al. Psychotherapy of attention deficit hyperactivity disorder in adults--a pilot study using a structured skills training program. Eur Arch Psychiatry Clin Neurosci. 2002 Aug;252(4):177-84. doi: 10.1007/s00406-002-0379-0. PMID: 12242579. *Exclude-Comparator*

774. Hida M, Hayashi W, Okajima Y, et al. Neuropsychological characteristics of adults with attention-deficit/hyperactivity disorder without intellectual disability. Neuropsychopharmacol Rep. 2020 Dec;40(4):407-11. doi: 10.1002/npr2.12134. PMID: 32862563. *Exclude-Intervention*

775. Hill BD, Pella RD, Singh AN, et al. The Wender Utah Rating Scale: Adult ADHD diagnostic tool or personality index? J Atten Disord. 2009 Jul;13(1):87-94. doi: 10.1177/1087054708320384. PMID: 18596301. *Exclude-Intervention*

776. Hill JC, Schoener EP. Age-dependent decline of attention deficit hyperactivity disorder. Am J Psychiatry. 1996 Sep;153(9):1143-6. doi: 10.1176/ajp.153.9.1143. PMID: 8780416. *Exclude-Intervention*

777. Hines JL, King TS, Curry WJ. The adult ADHD self-report scale for screening for adult attention deficit-hyperactivity disorder (ADHD). J Am Board Fam Med. 2012 Nov-Dec;25(6):847-53. doi: 10.3122/jabfm.2012.06.120065. PMID: 23136325. *Exclude-Comparator*

778. Hinshaw SP, Nguyen PT, O'Grady SM, et al. Annual Research Review: Attention-deficit/hyperactivity disorder in girls and women: underrepresentation, longitudinal processes, and key directions. J Child Psychol Psychiatry. 2022 Apr;63(4):484-96. doi: 10.1111/jcpp.13480. PMID: 34231220. *Exclude-Design*

779. Hirata Y, Goto T, Takita Y, et al. Improvements of health-related QOL and executive functions of atomoxetine in Asian adults with ADHD: A multinational 10-week randomized, double-blind placebo-controlled Asian study. International Journal of Neuropsychopharmacology. 2012;15:222. doi: 10.1017/S1461145712000508. *Exclude-Design*

780. Hirayama S, Terasawa K, Rabeler R, et al. The effect of phosphatidylserine administration on memory and symptoms of attention-deficit hyperactivity disorder: a randomised, double-blind, placebo-controlled clinical trial. J Hum Nutr Diet. 2014 Apr;27 Suppl 2:284-91. doi: 10.1111/jhn.12090. PMID: 23495677. *Exclude-Population*

781. Hirsch O, Chavanon M, Riechmann E, et al. Emotional dysregulation is a primary symptom in adult Attention-Deficit/Hyperactivity Disorder (ADHD). J Affect Disord. 2018 May;232:41-7. doi: 10.1016/j.jad.2018.02.007. PMID: 29477097. *Exclude-Intervention*

782. Hirsch O, Christiansen H. Faking ADHD? Symptom Validity Testing and Its Relation to Self-Reported, Observer-Reported Symptoms, and Neuropsychological Measures of Attention in Adults With ADHD. J Atten Disord. 2018 Feb;22(3):269-80. doi: 10.1177/1087054715596577. PMID: 26246589. *Exclude-Population*

783. Hirvikoski T, Lajic S, Jokinen J, et al. Using the five to fifteen-collateral informant questionnaire for retrospective assessment of childhood symptoms in adults with and without autism or ADHD. Eur Child Adolesc Psychiatry. 2021 Sep;30(9):1367-81. doi: 10.1007/s00787-020-01600-w. PMID: 32710229. *Exclude-Design*

784. Hirvikoski T, Olsson EM, Nordenstrom A, et al. Deficient cardiovascular stress reactivity predicts poor executive functions in adults with attention-deficit/hyperactivity disorder. J Clin Exp Neuropsychol. 2011 Jan;33(1):63-73. doi: 10.1080/13803395.2010.493145. PMID: 20603741. *Exclude-Design*

785. Hirvikoski T, Waaler E, Alfredsson J, et al. Reduced ADHD symptoms in adults with ADHD after structured skills training group: Results from a randomized controlled trial. Behaviour Research and Therapy. 2011;49(3):175-85. doi: 10.1016/j.brat.2011.01.001. *Exclude-Duplicate*

786. Hirvikoski T, Waaler E, Lindström T, et al. Cognitive behavior therapy-based psychoeducational groups for adults with ADHD and their significant others (PEGASUS): an open clinical feasibility trial. Atten Defic Hyperact Disord. 2015 Mar;7(1):89-99. doi: 10.1007/s12402-014-0141-2. PMID: 24863143. *Exclude-Design*

787. Hirvikoski T, Waaler E, Lindström T, et al. Psychoeducational groups for adults with ADHD and their significant others (PEGASUS): An open clinical feasibility trial. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S94. doi: 10.1007/s12402-015-0169-y. *Exclude-Design*

788. Ho Kei Y. The efficacy of executive functions training in attention deficit hyperactivity disorder: a systematic review. 2019. PMID: CRD42019122792. *Exclude-Population*

789. Høberg A, Solberg BS, Hegvik TA, et al. Using polygenic scores in combination with symptom rating scales to identify attention-deficit/hyperactivity disorder. BMC Psychiatry. 2024;24(1). doi: 10.1186/s12888-024-05925-7. *Exclude-Outcome*

790. Hodges K, Horwitz E, Kline J, et al. Comparison of various WISC-R summary scores for a psychiatric sample. J Clin Psychol. 1982 Oct;38(4):830-7. doi: 10.1002/1097-4679(198210)38:4<830::aid-jclp2270380424>3.0.co;2-d. PMID: 7174817. *Exclude-Intervention*

791. Hoelzle JB, Ritchie KA, Marshall PS, et al. Erroneous conclusions: The impact of failing to identify invalid symptom presentation when conducting adult attention-deficit/hyperactivity disorder (ADHD) research. Psychol Assess. 2019 Sep;31(9):1174-9. doi: 10.1037/pas0000752. PMID: 31343208. *Exclude-Intervention*

792. Holst Y, Thorell LB. Neuropsychological Functioning in Adults With ADHD and Adults With Other Psychiatric Disorders. J Atten Disord. 2017 Jan;21(2):137-48. doi: 10.1177/1087054713506264. PMID: 24134875. *Exclude-Comparator*

793. Holst Y, Thorell LB. Adult executive functioning inventory (ADEXI): Validity, reliability, and relations to ADHD. Int J Methods Psychiatr Res. 2018 Mar;27(1). doi: 10.1002/mpr.1567. PMID: 28497641. *Exclude-Language*

794. Homack SR. Measuring the validity of two continuous performance tests: Different parameters and scoring indices. US: ProQuest Information & Learning; 2007. *Exclude-Population*

795. Hong JS, Bae S, Starcervic V, et al. Correlation Between Attention Deficit Hyperactivity Disorder, Internet Gaming Disorder or Gaming Disorder. J Atten Disord. 2023 Sep;27(11):1252-62. doi: 10.1177/10870547231176861. PMID: 37254501. *Exclude-Design*

796. Hong M, Kooij JJS, Kim B, et al. Validity of the Korean version of DIVA-5: A semi-structured diagnostic interview for adult ADHD. Neuropsychiatric Disease and Treatment. 2020;16. doi: 10.2147/NDT.S262995. *Exclude-Duplicate*

797. Hong M, Kooij JJS, Kim B, et al. Validity of the Korean Version of DIVA-5: A Semi-Structured Diagnostic Interview for Adult ADHD. Neuropsychiatr Dis Treat. 2020;16:2371-6. doi: 10.2147/ndt.S262995. PMID: 33116536. *Exclude-Setting*

798. Hong M, Lee WH, Moon DS, et al. A 36 month naturalistic retrospective study of clinic-treated youth with attention-deficit/hyperactivity disorder. J Child Adolesc Psychopharmacol. 2014 Aug;24(6):341-6. doi: 10.1089/cap.2013.0090. PMID: 24955936. *Exclude-Population*

799. Hong M, Lee YS, Kim B, et al. Clinical Utility and Cut-Off Scores of the Korean Adult Attention-Deficit/Hyperactivity Disorder Rating Scale. Soa Chongsonyon Chongsin Uihak. 2019 Jul 1;30(3):116-20. doi: 10.5765/jkacap.190022. PMID: 32595329. *Exclude-Setting*

800. Hoogman M, Rijpkema M, Janss L, et al. Current self-reported symptoms of attention deficit/hyperactivity disorder are associated with total brain volume in healthy adults. PLoS One. 2012;7(2):e31273. doi: 10.1371/journal.pone.0031273. PMID: 22348063. *Exclude-Design*

801. Hopkins S, Sunkaraneni S, Skende E, et al. Pharmacokinetics and exposure-response relationships of dasotraline in the treatment of attention-deficit/hyperactivity disorder in adults. Journal of Pharmacokinetics and Pharmacodynamics. 2015;42(1):S16. doi: 10.1007/s10928-015-9432-2. *Exclude-Design*

802. Hopkins SC, Sunkaraneni S, Skende E, et al. Pharmacokinetics and exposure-response relationships of dasotraline in the treatment of attention-deficit/hyperactivity disorder in adults. Clinical Drug Investigation. 2016;36:137-46. *Exclude-Duplicate*

803. Hornig M. Addressing comorbidity in adults with attention-deficit/hyperactivity disorder. J Clin Psychiatry. 1998;59 Suppl 7:69-75. PMID: 9680055. *Exclude-Design*

804. Horrigan JP, Barnhill LJ. Low-dose amphetamine salts and adult attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2000 Jun;61(6):414-7. doi: 10.4088/jcp.v61n0604. PMID: 10901338. *Exclude-Design*

805. Horton AM, Jr. Neuropsychological findings in adult attention deficit disorder: a pilot study. Appl Neuropsychol. 1996 Aug-Nov;3(3-4):181-3. doi: 10.1080/09084282.1996.9645384. PMID: 16318511. *Exclude-Design*

806. Hosain GM, Berenson AB, Tennen H, et al. Attention deficit hyperactivity symptoms and risky sexual behavior in young adult women. Journal of Women's Health. 2012;21(4):463-8. *Exclude-Intervention*

807. Houck Z, Asken B, Bauer R, et al. Predictors of post-concussion symptom severity in a university-based concussion clinic. Brain Inj. 2019;33(4):480-9. doi: 10.1080/02699052.2019.1565897. PMID: 30626213. *Exclude-Intervention*

808. Howard AL, Molina BS, Swanson JM, et al. Developmental progression to early adult binge drinking and marijuana use from worsening versus stable trajectories of adolescent attention deficit/hyperactivity disorder and delinquency. Addiction. 2015 May;110(5):784-95. doi: 10.1111/add.12880. PMID: 25664657. *Exclude-Population*

809. Howard AL, Strickland NJ, Murray DW, et al. Progression of impairment in adolescents with attention-deficit/hyperactivity disorder through the transition out of high school: Contributions of parent involvement and college attendance. J Abnorm Psychol. 2016 Feb;125(2):233-47. doi: 10.1037/abn0000100. PMID: 26854508. *Exclude-Population*

810. Howe AE, Arnell KM, Klein RM, et al. The ABCs of computerized naming: equivalency, reliability, and predictive validity of a computerized rapid automatized naming (RAN) task. J Neurosci Methods. 2006 Feb 15;151(1):30-7. doi: 10.1016/j.jneumeth.2005.07.014. PMID: 16412518. *Exclude-Design*

811. Howland RH. Lisdexamfetamine: a prodrug stimulant for ADHD. J Psychosoc Nurs Ment Health Serv. 2008 Aug;46(8):19-22. doi: 10.3928/02793695-20080801-05. PMID: 18777964. *Exclude-Design*

812. Howlett JR, Campbell-Sills L, Jain S, et al. Attention Deficit Hyperactivity Disorder and Risk of Posttraumatic Stress and Related Disorders: A Prospective Longitudinal Evaluation in U.S. Army Soldiers. J Trauma Stress. 2018 Dec;31(6):909-18. doi: 10.1002/jts.22347. PMID: 30461069. *Exclude-Intervention*

813. Hu C, El Fakhri G, Li Q. Evaluating structural symmetry of weighted brain networks via graph matching. Med Image Comput Comput Assist Interv. 2014;17(Pt 2):733-40. doi: 10.1007/978-3-319-10470-6\_91. PMID: 25485445. *Exclude-Intervention*

814. Hu Y, Huang ZA, Liu R, et al. Source Free Semi-Supervised Transfer Learning for Diagnosis of Mental Disorders on fMRI Scans. IEEE Trans Pattern Anal Mach Intell. 2023 Nov;45(11):13778-95. doi: 10.1109/tpami.2023.3298332. PMID: 37486851. *Exclude-Population*

815. Huang C, Hu W, Tan G, et al. Clinical and electroencephalographic features of benign childhood epilepsy with centrotemporal spikes comorbidity with attention-deficit hyperactivity disorder in Southwest China. Epilepsy Behav. 2020 Oct;111:107240. doi: 10.1016/j.yebeh.2020.107240. PMID: 32603807. *Exclude-Intervention*

816. Huang F, Qian Q, Wang Y. Cognitive behavioral therapy for adults with attention-deficit hyperactivity disorder: study protocol for a randomized controlled trial. Trials. 2015 Apr 14;16:161. doi: 10.1186/s13063-015-0686-1. PMID: 25873090. *Exclude-Design*

817. Huang F, Tang Y-l, Zhao M, et al. Cognitive-behavioral therapy for adult ADHD: A randomized clinical trial in China. Journal of Attention Disorders. 2019;23(9):1035-46. doi: 10.1177/1087054717725874. *Exclude-Duplicate*

818. Huang J, Ahlers E, Bogatsch H, et al. The role of comorbid depressive symptoms on long-range temporal correlations in resting EEG in adults with ADHD. Eur Arch Psychiatry Clin Neurosci. 2022 Dec;272(8):1421-35. doi: 10.1007/s00406-022-01452-2. PMID: 35781841. *Exclude-Intervention*

819. Huang J, Mauche N, Ahlers E, et al. The impact of emotional dysregulation and comorbid depressive symptoms on clinical features, brain arousal, and treatment response in adults with ADHD. Front Psychiatry. 2023;14:1294314. doi: 10.3389/fpsyt.2023.1294314. PMID: 38250266. *Exclude-Intervention*

820. Hudak J, Blume F, Dresler T, et al. Near-Infrared Spectroscopy-Based Frontal Lobe Neurofeedback Integrated in Virtual Reality Modulates Brain and Behavior in Highly Impulsive Adults. Front Hum Neurosci. 2017;11:425. doi: 10.3389/fnhum.2017.00425. PMID: 28928644. *Exclude-Population*

821. Hughes EC, Weinstein RC, Gott PS. Food sensitivity in attention deficit disorder with hyperactivity (ADD/HA): A procedure for differential diagnosis. Annals of Allergy. 1982;49(5):276-80. *Exclude-Population*

822. Humfleet GL, Prochaska JJ, Mengis M, et al. Preliminary evidence of the association between the history of childhood attention-deficit/hyperactivity disorder and smoking treatment failure. Nicotine Tob Res. 2005 Jun;7(3):453-60. doi: 10.1080/14622200500125310. PMID: 16085513. *Exclude-Population*

823. Hunt MG, Bienstock SW, Qiang JK. Effects of diurnal variation on the Test of Variables of Attention performance in young adults with attention-deficit/hyperactivity disorder. Psychol Assess. 2012 Mar;24(1):166-72. doi: 10.1037/a0025233. PMID: 21910547. *Exclude-Comparator*

824. Hunt RD, Arnsten AF, Asbell MD. An open trial of guanfacine in the treatment of attention-deficit hyperactivity disorder. J Am Acad Child Adolesc Psychiatry. 1995 Jan;34(1):50-4. doi: 10.1097/00004583-199501000-00013. PMID: 7860456. *Exclude-Population*

825. Hupfeld KE, Osborne JB, Tran QT, et al. Validation of the dispositional adult hyperfocus questionnaire (AHQ-D). Sci Rep. 2024 Aug 22;14(1):19460. doi: 10.1038/s41598-024-70028-y. PMID: 39169147. *Exclude-Intervention*

826. Hupli AMM. Medical Cannabis for Adult Attention Deficit Hyperactivity Disorder: Sociological Patient Case Report of Cannabinoid Therapeutics in Finland. Med Cannabis Cannabinoids. 2019 Jan;1(2):112-8. doi: 10.1159/000495307. PMID: 34676327. *Exclude-Design*

827. Huss M, Ginsberg Y, Arngrim T, et al. Open-label dose optimization of methylphenidate modified release long acting (MPH-LA): a post hoc analysis of real-life titration from a 40-week randomized trial. Clin Drug Investig. 2014 Sep;34(9):639-49. doi: 10.1007/s40261-014-0213-2. PMID: 25015027. *Exclude-Design*

828. Hutt Vater C, DiSalvo M, Ehrlich A, et al. ADHD in Adults: Does Age at Diagnosis Matter? J Atten Disord. 2024 Mar;28(5):614-24. doi: 10.1177/10870547231218450. PMID: 38166536. *Exclude-Intervention*

829. Huybrechts KF, Bröms G, Christensen LB, et al. Association Between Methylphenidate and Amphetamine Use in Pregnancy and Risk of Congenital Malformations: A Cohort Study From the International Pregnancy Safety Study Consortium. JAMA Psychiatry. 2018 Feb 1;75(2):167-75. doi: 10.1001/jamapsychiatry.2017.3644. PMID: 29238795. *Exclude-Intervention*

830. Hwang-Gu SL, Chen YC, Liang SH, et al. Exploring the Variability in Reaction Times of Preschoolers at Risk of Attention-Deficit/Hyperactivity Disorder: an ex-Gaussian Analysis. J Abnorm Child Psychol. 2019 Aug;47(8):1315-26. doi: 10.1007/s10802-018-00508-z. PMID: 30706251. *Exclude-Population*

831. Ibáñez A, Aguado J, Baez S, et al. From neural signatures of emotional modulation to social cognition: Individual differences in healthy volunteers and psychiatric participants. Social Cognitive and Affective Neuroscience. 2014;9(7):939-50. doi: 10.1093/scan/nst067. *Exclude-Intervention*

832. Ibáñez A, Petroni A, Urquina H, et al. Cortical deficits of emotional face processing in adults with ADHD: Its relation to social cognition and executive function. Social Neuroscience. 2011;6(5-6):464-81. doi: 10.1080/17470919.2011.620769. *Exclude-Intervention*

833. Icahn School of Medicine at Mount S, Duke U. Brain Dopamine Function in Adults With ADHD. In: Icahn School of Medicine at Mount S, Duke U, eds.; 2007. *Exclude-Intervention*

834. Iman I, Alessio B, Chris H, et al. The effects of stimulant and non-stimulant medications on the Autonomic Nervous System (ANS) functioning in people with ADHD: systematic review and meta-analysis. 2020. PMID: CRD42020212439. *Exclude-Design*

835. Inoue K, Nadaoka T, Oiji A, et al. Clinical evaluation of attention-deficit hyperactivity disorder by objective quantitative measures. Child Psychiatry and Human Development. 1998;28(3):179-88. doi: 10.1023/A:1022885827086. *Exclude-Population*

836. Insa Pineda I, Huguet Miguel A, Chamorro Fernández M, et al. ADHD Symptoms, Academic and Social Difficulties in Parents of Children with ADHD. Psychiatry. 2020 Fall;83(3):231-43. doi: 10.1080/00332747.2020.1762395. PMID: 32729785. *Exclude-Intervention*

837. Instanes JT, Klungsøyr K, Halmøy A, et al. Adult ADHD and Comorbid Somatic Disease: A Systematic Literature Review. J Atten Disord. 2018 Feb;22(3):203-28. doi: 10.1177/1087054716669589. PMID: 27664125. *Exclude-Intervention*

838. Institut d'Assistència S. Assesment of TDApp2 an eHelath Tool to Make Pharmacologic and Non-pharmacologic Treatment Recommendations for Patients With ADHD. In: Institut d'Assistència S, editor; 2022. *Exclude-Population*

839. IRCT2016053028182N1. Use of memantin in treatment of adult with attention deficit hyperactivity disorder. 2017. *Exclude-Design*

840. IRCT20221018056238N1. Comparison of lisdexamphetamine and and methylphenidate in adult ADHD. 2022. *Exclude-Population*

841. Isaacs D, Key AP, Cascio CJ, et al. Sensory Hypersensitivity Severity and Association with Obsessive-Compulsive Symptoms in Adults with Tic Disorder. Neuropsychiatr Dis Treat. 2020;16:2591-601. doi: 10.2147/ndt.S274165. PMID: 33173296. *Exclude-Intervention*

842. Ishii-Takahashi A, Takizawa R, Nishimura Y, et al. Prefrontal activation during inhibitory control measured by near-infrared spectroscopy for differentiating between autism spectrum disorders and attention deficit hyperactivity disorder in adults. Neuroimage Clin. 2014;4:53-63. doi: 10.1016/j.nicl.2013.10.002. PMID: 24298446. *Exclude-Intervention*

843. Itahashi T, Fujino J, Hashimoto RI, et al. Transdiagnostic subtyping of males with developmental disorders using cortical characteristics. Neuroimage Clin. 2020;27:102288. doi: 10.1016/j.nicl.2020.102288. PMID: 32526684. *Exclude-Design*

844. Itahashi T, Fujino J, Sato T, et al. Neural correlates of shared sensory symptoms in autism and attention-deficit/hyperactivity disorder. Brain Commun. 2020;2(2):fcaa186. doi: 10.1093/braincomms/fcaa186. PMID: 33381756. *Exclude-Design*

845. Ivanov I, Newcorn J, Krone B, et al. Neurobiological Basis of Reinforcement-Based Decision Making in Adults With ADHD Treated With Lisdexamfetamine Dimesylate. Biological Psychiatry. 2020;87(9):S422-S3. doi: 10.1016/j.biopsych.2020.02.1078. *Exclude-Design*

846. Iwanami A, Saito K, Fujiwara M, et al. Safety and efficacy of guanfacine extended-release in adults with attention-deficit/hyperactivity disorder: an open-label, long-term, phase 3 extension study. BMC Psychiatry. 2020 Oct 2;20(1):485. doi: 10.1186/s12888-020-02867-8. PMID: 33008345. *Exclude-Design*

847. Jacob CP, Philipsen A, Ebert D, et al. [Multimodal treatment of adult attention-deficit hyperactivity disorder]. Nervenarzt. 2008 Jul;79(7):801-8. doi: 10.1007/s00115-008-2510-6. PMID: 18542905. *Exclude-Language*

848. Jacobs J, Williams A-L, Girard C, et al. Homeopathy for Attention-Deficit/Hyperactivity Disorder: A Pilot Randomized-Controlled Trial. The Journal of Alternative and Complementary Medicine. 2005;11(5):799-806. doi: 10.1089/acm.2005.11.799. PMID: 16296913. *Exclude-Population*

849. Jadidian A, Hurley RA, Taber KH. Neurobiology of adult ADHD: Emerging evidence for network dysfunctions. The Journal of Neuropsychiatry and Clinical Neurosciences. 2015;27(3):172-8. doi: 10.1176/appi.neuropsych.15060142. *Exclude-Intervention*

850. Jain U, Hechtman L, Weiss M, et al. Efficacy of a novel biphasic controlled-release methylphenidate formula in adults with attention-deficit/hyperactivity disorder: Results of a double-blind, placebo-controlled crossover study. Journal of Clinical Psychiatry. 2007;68(2):268-77. doi: 10.4088/JCP.v68n0213. *Exclude-Duplicate*

851. Jakobsen KD, Callesen K, Larsen EB, et al. Validity of the Systemizer Profile Questionnaire: A New Tool to Identify Cognitive, Mentalizing, Sensory, Social, and Systemizing Abilities in Adults with Autism-Spectrum-Disorders With and Without Comorbid ADHD. Journal of Autism and Developmental Disorders. 2024. doi: 10.1007/s10803-024-06511-2. *Exclude-Intervention*

852. Jang S, Kim JJ, Kim SJ, et al. Mobile app-based chatbot to deliver cognitive behavioral therapy and psychoeducation for adults with attention deficit: A development and feasibility/usability study. Int J Med Inform. 2021 Jun;150:104440. doi: 10.1016/j.ijmedinf.2021.104440. PMID: 33799055. *Exclude-Population*

853. Jans T, Jacob C, Warnke A, et al. Does intensive multimodal treatment for maternal ADHD improve the efficacy of parent training for children with ADHD? A randomized controlled multicenter trial. J Child Psychol Psychiatry. 2015 Dec;56(12):1298-313. doi: 10.1111/jcpp.12443. PMID: 26123832. *Exclude-Population*

854. Jans T, Philipsen A, Graf E, et al. Does the treatment of maternal attention deficit and hyperactivity disorder (ADHD) enhance the efficacy of a behavioural parent training for the treatment of their children's ADHD? Study protocol of a randomized controlled multicentre trail. Atten Defic Hyperact Disord. 2009 May;1(1):33-45. doi: 10.1007/s12402-009-0004-4. PMID: 21432578. *Exclude-Population*

855. Janssen L, de Vries AM, Hepark S, et al. The Feasibility, Effectiveness, and Process of Change of Mindfulness-Based Cognitive Therapy for Adults With ADHD: A Mixed-Method Pilot Study. J Atten Disord. 2020 Apr;24(6):928-42. doi: 10.1177/1087054717727350. PMID: 28853328. *Exclude-Design*

856. Janssen L, Grutters JPC, Schellekens MPJ, et al. Mindfulness-based cognitive therapy versus treatment as usual in adults with ADHD: A trial-based economic evaluation. Mindfulness. 2019;10(9):1803-14. doi: 10.1007/s12671-019-01133-7. *Exclude-Outcome*

857. Jansson L, Löhman M, Östlund M, et al. Effects of one single-dose methylphenidate compared to one single-dose placebo on QbTest performance in adults with untreated ADHD: a randomized controlled trial. BMC Psychiatry. 2023 Oct 17;23(1):762. doi: 10.1186/s12888-023-05231-8. PMID: 37848887. *Exclude-Timing*

858. Jaquerod ME, Mesrobian SK, Villa AE, et al. Early attentional modulation by working memory training in young adult ADHD patients during a risky decision-making task. Brain sciences. 2020;10(1):38. *Exclude-Intervention*

859. Jasinski LJ, Harp JP, Berry DT, et al. Using symptom validity tests to detect malingered ADHD in college students. Clin Neuropsychol. 2011 Nov;25(8):1415-28. doi: 10.1080/13854046.2011.630024. PMID: 22084858. *Exclude-Intervention*

860. Jastrowski KE, Berlin KS, Sato AF, et al. Disclosure of attention-deficit/hyperactivity disorder may minimize risk of social rejection. Psychiatry. 2007 Fall;70(3):274-82. doi: 10.1521/psyc.2007.70.3.274. PMID: 17937532. *Exclude-Intervention*

861. Javorsky DJ. A validation study of the Boston qualitative scoring system (bqss) for the Rey-Osterrieth Complex Figure test. US: ProQuest Information & Learning; 2000. *Exclude-Intervention*

862. Jelenchick LA, Eickhoff J, Zhang C, et al. Screening for Adolescent Problematic Internet Use: Validation of the Problematic and Risky Internet Use Screening Scale (PRIUSS). Acad Pediatr. 2015 Nov-Dec;15(6):658-65. doi: 10.1016/j.acap.2015.07.001. PMID: 26547545. *Exclude-Intervention*

863. Jenkins M, Cohen R, Malloy P, et al. Neuropsychological measures which discriminate among adults with residual symptoms of attention deficit disorder and other attentional complaints. Clinical Neuropsychologist. 1998;12(1):74-83. *Exclude-Intervention*

864. Jensen DA, Halmøy A, Stubberud J, et al. An Exploratory Investigation of Goal Management Training in Adults With ADHD: Improvements in Inhibition and Everyday Functioning. Front Psychol. 2021;12:659480. doi: 10.3389/fpsyg.2021.659480. PMID: 34566748. *Exclude-Design*

865. Jensen DA, Lundervold AJ, Stubberud J, et al. Goal management training improves executive control in adults with ADHD: an open trial employing attention network theory to examine effects on attention. BMC Psychol. 2022 Aug 26;10(1):207. doi: 10.1186/s40359-022-00902-9. PMID: 36028907. *Exclude-Design*

866. Jensen LS, Pagsberg AK, Dalhoff KP. Non-medical use of attention deficit hyperactivity disorder drugs by adults: A comparative study of atomoxetine versus methylphenidate. Clinical Toxicology. 2014;52:333. doi: 10.3109/15563650.2014.906213. *Exclude-Intervention*

867. Jensen PS. Clinical considerations for the diagnosis and treatment of ADHD in the managed care setting. Am J Manag Care. 2009 May;15(5 Suppl):S129-40. PMID: 19601688. *Exclude-Design*

868. Jensen PS, Kettle L, Roper MT, et al. Are stimulants overprescribed? Treatment of ADHD in four US communities. Journal of the American Academy of Child & Adolescent Psychiatry. 1999;38(7):797-804. *Exclude-Intervention*

869. Jernelöv S, Larsson Y, Llenas M, et al. Effects and clinical feasibility of a behavioral treatment for sleep problems in adult attention deficit hyperactivity disorder (ADHD): a pragmatic within-group pilot evaluation. BMC Psychiatry. 2019 Jul 24;19(1):226. doi: 10.1186/s12888-019-2216-2. PMID: 31340804. *Exclude-Intervention*

870. Ji J, Zhang Y. Functional Brain Network Classification Based on Deep Graph Hashing Learning. IEEE Trans Med Imaging. 2022 Oct;41(10):2891-902. doi: 10.1109/tmi.2022.3173428. PMID: 35533175. *Exclude-Population*

871. Jiang X, Zai CC, Dimick MK, et al. Psychiatric Polygenic Risk Scores Across Youth With Bipolar Disorder, Youth at High Risk for Bipolar Disorder, and Controls. J Am Acad Child Adolesc Psychiatry. 2024 Feb 8. doi: 10.1016/j.jaac.2023.12.009. PMID: 38340895. *Exclude-Population*

872. Jie B, Wee CY, Shen D, et al. Hyper-connectivity of functional networks for brain disease diagnosis. Med Image Anal. 2016 Aug;32:84-100. doi: 10.1016/j.media.2016.03.003. PMID: 27060621. *Exclude-Population*

873. Joao Carlos Peixoto F, Silvia Cristina M. Systematic Review of Educational Accommodations and Interventions for College Students with ADHD. 2024. PMID: CRD42024504644. *Exclude-Intervention*

874. Johnson CL, Gross MA, Jorm AF, et al. Mental Health Literacy for Supporting Children: A Systematic Review of Teacher and Parent/Carer Knowledge and Recognition of Mental Health Problems in Childhood. Clin Child Fam Psychol Rev. 2023 Jun;26(2):569-91. doi: 10.1007/s10567-023-00426-7. PMID: 36763174. *Exclude-Population*

875. Johnson M, Cederlund M, Råstam M, et al. Open-label trial of atomoxetine hydrochloride in adults with ADHD. J Atten Disord. 2010 Mar;13(5):539-45. doi: 10.1177/1087054709332372. PMID: 19458384. *Exclude-Design*

876. Johnston BA, Mwangi B, Matthews K, et al. Brainstem abnormalities in attention deficit hyperactivity disorder support high accuracy individual diagnostic classification. Hum Brain Mapp. 2014 Oct;35(10):5179-89. doi: 10.1002/hbm.22542. PMID: 24819333. *Exclude-Design*

877. Johnston K, Dittner A, Bramham J, et al. Attention deficit hyperactivity disorder symptoms in adults with autism spectrum disorders. Autism Res. 2013 Aug;6(4):225-36. doi: 10.1002/aur.1283. PMID: 23788522. *Exclude-Design*

878. Jones NP, Versace A, Lindstrom R, et al. Reduced Activation in the Pallidal-Thalamic-Motor Pathway Is Associated With Deficits in Reward-Modulated Inhibitory Control in Adults With a History of Attention-Deficit/Hyperactivity Disorder. Biol Psychiatry Cogn Neurosci Neuroimaging. 2020 Dec;5(12):1123-33. doi: 10.1016/j.bpsc.2020.06.011. PMID: 32830098. *Exclude-Intervention*

879. Jónsson H, Hougaard E, Bennedsen B. Randomized comparative study of group versus individual cognitive behavioural therapy for obsessive compulsive disorder. Acta Psychiatrica Scandinavica. 2011;123(5):387-97. *Exclude-Population*

880. Joseph A, Kosmas CE, Patel C, et al. Health-Related Quality of Life and Work Productivity of Adults With ADHD: A U.K. Web-Based Cross-Sectional Survey. J Atten Disord. 2019 Nov 1;23(13):1610-23. doi: 10.1177/1087054718799367. PMID: 30215265. *Exclude-Intervention*

881. Joshi G, DiSalvo M, Ceranoglu TA, et al. A prospective open-label trial of long-acting liquid methylphenidate for the treatment of attention deficit/hyperactivity disorder in intellectually capable adults with autism spectrum disorder. Neurology. 2019;92(15). *Exclude-Comparator*

882. Joshi G, DiSalvo M, Wozniak J, et al. A prospective open-label trial of long-acting liquid methylphenidate for the treatment of attention deficit/hyperactivity disorder in intellectually capable adults with autism spectrum disorder. World J Biol Psychiatry. 2020 Apr;21(4):274-90. doi: 10.1080/15622975.2019.1679392. PMID: 31607204. *Exclude-Comparator*

883. Joshi G, Hoskova B, Fitzgerald M, et al. A prospective open-label trial of extended-release liquid methylphenidate for the treatment of attention deficit/hyperactivity disorder (ADHD) in adults with high-functioning autism spectrum disorder: An interim analysis. Journal of the American Academy of Child and Adolescent Psychiatry. 2017;56(10):S259. doi: 10.1016/j.jaac.2017.09.301. *Exclude-Design*

884. Joshi G, Wilens T, Firmin ES, et al. Pharmacotherapy of attention deficit/hyperactivity disorder in individuals with autism spectrum disorder: A systematic review of the literature. J Psychopharmacol. 2021 Mar;35(3):203-10. doi: 10.1177/0269881120972336. PMID: 33349107. *Exclude-Population*

885. Jou R, Handen B, Hardan A. Psychostimulant treatment of adults with mental retardation and attention-deficit hyperactivity disorder. Australas Psychiatry. 2004 Dec;12(4):376-9. doi: 10.1080/j.1440-1665.2004.02130.x. PMID: 15715811. *Exclude-Design*

886. Jusyte A, Zaretskaya N, Höhnle NM, et al. Binocular rivalry transitions predict inattention symptom severity in adult ADHD. Eur Arch Psychiatry Clin Neurosci. 2018 Jun;268(4):373-82. doi: 10.1007/s00406-017-0790-1. PMID: 28409230. *Exclude-Design*

887. Kaisari P, Dourish CT, Rotshtein P, et al. Associations Between Core Symptoms of Attention Deficit Hyperactivity Disorder and Both Binge and Restrictive Eating. Front Psychiatry. 2018;9:103. doi: 10.3389/fpsyt.2018.00103. PMID: 29651258. *Exclude-Intervention*

888. Kakubo SM, Mendez M, Silveira JD, et al. Translation and validation of the brown attention-deficit disorder scale for use in Brazil: Identifying cases of attention-deficit/hyperactivity disorder among samples of substance users and non-users. cross-cultural validation study. Sao Paulo Medical Journal. 2018;136(2):157-64. doi: 10.1590/1516-3180.2017.0227121217. *Exclude-Duplicate*

889. Kakubo SM, Mendez M, Silveira JD, et al. Translation and validation of the Brown attention-deficit disorder scale for use in Brazil: identifying cases of attention-deficit/hyperactivity disorder among samples of substance users and non-users. Cross-cultural validation study. Sao Paulo Med J. 2018 Mar-Apr;136(2):157-64. doi: 10.1590/1516-3180.2017.0227121217. PMID: 29694493. *Exclude-Intervention*

890. Kakuszi B, Bitter I, Czobor P. Suicidal ideation in adult ADHD: Gender difference with a specific psychopathological profile. Compr Psychiatry. 2018 Aug;85:23-9. doi: 10.1016/j.comppsych.2018.06.003. PMID: 29957374. *Exclude-Intervention*

891. Kalil KL, Bau CH, Grevet EH, et al. Smoking is associated with lower performance in WAIS-R Block Design scores in adults with ADHD. Nicotine Tob Res. 2008 Apr;10(4):683-8. doi: 10.1080/14622200801979019. PMID: 18418790. *Exclude-Intervention*

892. Kamath MS, Dahm CR, Tucker JR, et al. Sensory profiles in adults with and without ADHD. Res Dev Disabil. 2020 Sep;104:103696. doi: 10.1016/j.ridd.2020.103696. PMID: 32526674. *Exclude-Intervention*

893. Kamilla M, Gregor H, Zacharias O, et al. Psychostimulants and other ADHD-drug therapies for cognitive impairments in bipolar disorder: A systematic review by the ISBD targeting cognition task force. 2023. PMID: CRD42023385497. *Exclude-Outcome*

894. Kamradt JM, Ullsperger JM, Nikolas MA. Executive function assessment and adult attention-deficit/hyperactivity disorder: tasks versus ratings on the Barkley deficits in executive functioning scale. Psychol Assess. 2014 Dec;26(4):1095-105. doi: 10.1037/pas0000006. PMID: 24885846. *Exclude-Intervention*

895. Karatekin C. Improving antisaccade performance in adolescents with attention-deficit/hyperactivity disorder (ADHD). Exp Brain Res. 2006 Sep;174(2):324-41. doi: 10.1007/s00221-006-0467-x. PMID: 16639499. *Exclude-Population*

896. Karlstad Ø, Zoëga H, Furu K, et al. Use of drugs for ADHD among adults-a multinational study among 15.8 million adults in the Nordic countries. Eur J Clin Pharmacol. 2016 Dec;72(12):1507-14. doi: 10.1007/s00228-016-2125-y. PMID: 27586399. *Exclude-Intervention*

897. Kasahara S, Niwa SI, Matsudaira K, et al. High Attention-Deficit/Hyperactivity Disorder Scale Scores Among Patients with Persistent Chronic Nonspecific Low Back Pain. Pain Physician. 2021 May;24(3):E299-e307. PMID: 33988951. *Exclude-Population*

898. Kasper S. Editorial. The World Journal of Biological Psychiatry. 2013;14(4):247-. doi: 10.3109/15622975.2013.788864. *Exclude-Intervention*

899. Katragadda S, Schubiner H. ADHD in children, adolescents, and adults. Prim Care. 2007 Jun;34(2):317-41; abstract viii. doi: 10.1016/j.pop.2007.04.012. PMID: 17666230. *Exclude-Design*

900. Katz N, Petscher Y, Welles T. Diagnosing attention-deficit hyperactivity disorder in college students: An investigation of the impact of informant ratings on diagnosis and subjective impairment. Journal of Attention Disorders. 2009;13(3):277-83. *Exclude-Outcome*

901. Katzman MA, Mattingly G, Klassen LJ, et al. Randomized Controlled Crossover Trials of the Pharmacokinetics of PRC-063, a Novel Multilayer Extended-Release Formulation of Methylphenidate, in Healthy Adults. J Clin Psychopharmacol. 2020 Nov/Dec;40(6):579-87. doi: 10.1097/jcp.0000000000001277. PMID: 33009228. *Exclude-Population*

902. Kaur A, Kahlon KS. Accurate Identification of ADHD among Adults Using Real-Time Activity Data. Brain Sci. 2022 Jun 26;12(7). doi: 10.3390/brainsci12070831. PMID: 35884638. *Exclude-Intervention*

903. Keck School of Medicine of USC. Sweeping review reveals latest evidence on the diagnosis, treatment, and monitoring of ADHD. Medical press. 2024. *Exclude-Design*

904. Kelarde SM, Mikaeili N, Narimani M, et al. Effectiveness of mindfulness-based cognitive therapy on inhibitory control and selective attention in adults with attention-deficient/hyperactivity disorder. Advances in Cognitive Science. 2022;24(2):1-12. *Exclude-Design*

905. Kemner JE, Lage MJ. Effect of methylphenidate formulation on treatment patterns and use of emergency room services. Am J Health Syst Pharm. 2006 Feb 15;63(4):317-22. doi: 10.2146/ajhp050129. PMID: 16452517. *Exclude-Intervention*

906. Kendall T, Taylor E, Perez A, et al. Diagnosis and management of attention-deficit/hyperactivity disorder in children, young people, and adults: summary of NICE guidance. Bmj. 2008 Sep 24;337:a1239. doi: 10.1136/bmj.a1239. PMID: 18815170. *Exclude-Intervention*

907. Kendler KS, Ohlsson H, Sundquist J, et al. Selecting cases of major psychiatric and substance use disorders in Swedish national registries on the basis of clinical features to maximize the strength or specificity of the genetic risk. Mol Psychiatry. 2023 Dec;28(12):5195-205. doi: 10.1038/s41380-023-02156-2. PMID: 37414926. *Exclude-Intervention*

908. Kennedy TM, Pedersen SL, Molina BSG. 2.14 Symptom Tracking for ADHD in Real Time Using Smartphones (START Smart): A Promising Mobile-Health Intervention for Reducing Impairment in Transitional-Aged Youth With ADHD. Journal of the American Academy of Child and Adolescent Psychiatry. 2023;62(10):S185. doi: 10.1016/j.jaac.2023.09.101. *Exclude-Design*

909. Kennel S, Taylor AG, Lyon D, et al. Pilot feasibility study of binaural auditory beats for reducing symptoms of inattention in children and adolescents with attention-deficit/hyperactivity disorder. J Pediatr Nurs. 2010 Feb;25(1):3-11. doi: 10.1016/j.pedn.2008.06.010. PMID: 20117669. *Exclude-Population*

910. Kernbach JM, Satterthwaite TD, Bassett DS, et al. Shared endo-phenotypes of default mode dsfunction in attention deficit/hyperactivity disorder and autism spectrum disorder. Transl Psychiatry. 2018 Jul 17;8(1):133. doi: 10.1038/s41398-018-0179-6. PMID: 30018328. *Exclude-Population*

911. Kerson C. A proposed multisite double-blind randomized clinical trial of neurofeedback for ADHD: Need, rationale, and strategy. Journal of Attention Disorders. 2013;17(5):420-36. doi: 10.1177/1087054713482580. *Exclude-Duplicate*

912. Kessler D, Angstadt M, Sripada C. Growth Charting of Brain Connectivity Networks and the Identification of Attention Impairment in Youth. JAMA Psychiatry. 2016 May 1;73(5):481-9. doi: 10.1001/jamapsychiatry.2016.0088. PMID: 27076193. *Exclude-Population*

913. Kessler RC, Adler L, Barkley R, et al. The prevalence and correlates of adult ADHD in the United States: results from the National Comorbidity Survey Replication. Am J Psychiatry. 2006 Apr;163(4):716-23. doi: 10.1176/ajp.2006.163.4.716. PMID: 16585449. *Exclude-Intervention*

914. Kessler RC, Adler LA, Barkley R, et al. Patterns and predictors of attention-deficit/hyperactivity disorder persistence into adulthood: results from the national comorbidity survey replication. Biol Psychiatry. 2005 Jun 1;57(11):1442-51. doi: 10.1016/j.biopsych.2005.04.001. PMID: 15950019. *Exclude-Intervention*

915. Kessler RC, Santiago PN, Colpe LJ, et al. Clinical reappraisal of the Composite International Diagnostic Interview Screening Scales (CIDI-SC) in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). Int J Methods Psychiatr Res. 2013 Dec;22(4):303-21. doi: 10.1002/mpr.1398. PMID: 24318219. *Exclude-Population*

916. Kessler S. Drug therapy in attention-deficit hyperactivity disorder. Southern medical journal. 1996;89(1):33-8. *Exclude-Population*

917. Keune PM, Wiedemann E, Schneidt A, et al. Frontal brain asymmetry in adult attention-deficit/hyperactivity disorder (ADHD): extending the motivational dysfunction hypothesis. Clin Neurophysiol. 2015 Apr;126(4):711-20. doi: 10.1016/j.clinph.2014.07.008. PMID: 25097090. *Exclude-Intervention*

918. KG MAPGC. Integrated Diagnosis and Treatment of Adults With Attention-deficit/Hyperactivity Disorder (ADHD). 2012. *Exclude-Design*

919. Khan A, Fahl Mar K, Brown WA. Does the increasing placebo response impact outcomes of adult and pediatric ADHD clinical trials? Data from the US Food and Drug Administration 2000-2009. J Psychiatr Res. 2017 Nov;94:202-7. doi: 10.1016/j.jpsychires.2017.07.018. PMID: 28755620. *Exclude-Design*

920. Khan MU, Aslani P. A Review of Factors Influencing the Three Phases of Medication Adherence in People with Attention-Deficit/Hyperactivity Disorder. J Child Adolesc Psychopharmacol. 2019 Aug;29(6):398-418. doi: 10.1089/cap.2018.0153. PMID: 31120328. *Exclude-Intervention*

921. Khan MU, Aslani P. Exploring factors influencing initiation, implementation and discontinuation of medications in adults with ADHD. Health Expect. 2021 May;24 Suppl 1(Suppl 1):82-94. doi: 10.1111/hex.13031. PMID: 32032467. *Exclude-Intervention*

922. Khilnani S, Field T, Hernandez-Reif M, et al. Massage therapy improves mood and behavior of students with attention-deficit/hyperactivity disorder. ADOLESCENCE-SAN DIEGO-. 2003:623-38. *Exclude-Population*

923. Kiblawi ZN, Smith LM, LaGasse LL, et al. The effect of prenatal methamphetamine exposure on attention as assessed by continuous performance tests: results from the Infant Development, Environment, and Lifestyle study. J Dev Behav Pediatr. 2013 Jan;34(1):31-7. doi: 10.1097/DBP.0b013e318277a1c5. PMID: 23275056. *Exclude-Population*

924. Kiger NC. An evaluation of parent and teacher rating scales as predictors of the T.O.V.A. measures of Inattention, Impulsivity, Response Time and Variability. US: ProQuest Information & Learning; 1998. *Exclude-Population*

925. Kiliç Ö. Diagnosis and Treatment of ADHD in College Students. Psychiatry and Clinical Psychopharmacology. 2017;27:278-80. doi: 10.1080/24750573.2017.1314599. *Exclude-Design*

926. Kim DH, Lim HJ, Byeon JY, et al. Pharmacokinetics of atomoxetine after administration of paroxetine in relation to CYP2D6 genotype status. Pharmacotherapy. 2015;35(11):e316-e7. doi: 10.1002/phar.1659. *Exclude-Population*

927. Kim Jae H, Choi S, Kim Jong Y. Comparison of executive function between ASD and ASD&#43;ADHD: a systematic review and meta-analysis. 2021. PMID: CRD42021244058. *Exclude-Intervention*

928. Kim JS, Kim DW, Kwon YJ, et al. The relationship between auditory evoked potentials and symptoms of attention-deficit/hyperactivity disorder in adult patients with major depressive disorder. Int J Psychophysiol. 2019 Aug;142:50-6. doi: 10.1016/j.ijpsycho.2019.06.008. PMID: 31207261. *Exclude-Intervention*

929. Kim S, Al-Haj M, Chen S, et al. Colour vision in ADHD: part 1--testing the retinal dopaminergic hypothesis. Behav Brain Funct. 2014 Oct 24;10:38. doi: 10.1186/1744-9081-10-38. PMID: 25344625. *Exclude-Comparator*

930. Kim S, Al-Haj M, Fuller S, et al. Color vision in ADHD: part 2--does attention influence color perception? Behav Brain Funct. 2014 Oct 24;10:39. doi: 10.1186/1744-9081-10-39. PMID: 25344205. *Exclude-Comparator*

931. Kim S, Lee H, Lee K. Can the mmpi predict adult adhd? An approach using machine learning methods. Diagnostics. 2021;11(6). doi: 10.3390/diagnostics11060976. *Exclude-Duplicate*

932. Kim S, Lee HK, Lee K. Can the MMPI Predict Adult ADHD? An Approach Using Machine Learning Methods. Diagnostics (Basel). 2021 May 28;11(6). doi: 10.3390/diagnostics11060976. PMID: 34071385. *Exclude-Comparator*

933. Kim S, Liu Z, Glizer D, et al. Adult ADHD and working memory: neural evidence of impaired encoding. Clin Neurophysiol. 2014 Aug;125(8):1596-603. doi: 10.1016/j.clinph.2013.12.094. PMID: 24411642. *Exclude-Intervention*

934. Kim SH, Byeon JY, Kim YH, et al. Physiologically based pharmacokinetic modelling of atomoxetine with regard to CYP2D6 genotypes. Sci Rep. 2018 Aug 17;8(1):12405. doi: 10.1038/s41598-018-30841-8. PMID: 30120390. *Exclude-Intervention*

935. Kimberley L. Systematic Review: Technological Applications for the Diagnosis and Treatment of ADHD. 2020. PMID: CRD42020171385. *Exclude-Intervention*

936. King JA, Colla M, Brass M, et al. Inefficient cognitive control in adult ADHD: evidence from trial-by-trial Stroop test and cued task switching performance. Behav Brain Funct. 2007 Aug 20;3:42. doi: 10.1186/1744-9081-3-42. PMID: 17708762. *Exclude-Intervention*

937. King JA, Colla M, Brass M, et al. Inefficient cognitive control in adult ADHD: Evidence from trial-by-trial Stroop test and cued task switching performance. Behavioral and Brain Functions. 2007;3. doi: 10.1186/1744-9081-3-42. *Exclude-Duplicate*

938. Kinsbourne M, De Quiros GB, Tocci Rufo D. Adult ADHD. Controlled medication assessment. Ann N Y Acad Sci. 2001 Jun;931:287-96. PMID: 11462747. *Exclude-Design*

939. Kirkland AE, Langan MT, Holton KF. Artificial food coloring affects EEG power and ADHD symptoms in college students with ADHD: a pilot study. Nutr Neurosci. 2022 Jan;25(1):159-68. doi: 10.1080/1028415x.2020.1730614. PMID: 32116139. *Exclude-Intervention*

940. Kirsch RD. A multi-component model of attention deficits: Dysfunction of attention-working memory-executive functions as assessed by the CVLT-C. US: ProQuest Information & Learning; 1999. *Exclude-Intervention*

941. Kisicki JC, Fiske K, Lyne A. Phase I, double-blind, randomized, placebo-controlled, dose-escalation study of the effects on blood pressure of abrupt cessation versus taper down of guanfacine extended-release tablets in adults aged 19 to 24 years. Clin Ther. 2007 Sep;29(9):1967-79. doi: 10.1016/j.clinthera.2007.09.020. PMID: 18035196. *Exclude-Population*

942. Kittel-Schneider S, Quednow BB, Leutritz AL, et al. Parental ADHD in pregnancy and the postpartum period - A systematic review. Neurosci Biobehav Rev. 2021 May;124:63-77. doi: 10.1016/j.neubiorev.2021.01.002. PMID: 33516734. *Exclude-Intervention*

943. Kivisaari S, Laasonen M, Leppämäki S, et al. Retrospective assessment of ADHD symptoms in childhood: discriminatory validity of Finnish translation of the Wender Utah Rating Scale. J Atten Disord. 2012 Aug;16(6):449-59. doi: 10.1177/1087054710397801. PMID: 22286113. *Exclude-Comparator*

944. Kjernisted K. The Potential Role of LDX (lisdexamfetamine) in the Treatment of ADHD Across the Life-span. Acta Neuropsychiatrica. 2013;25(1):14. doi: 10.1017/neu.2013.10. *Exclude-Design*

945. Klil-Drori S, Hechtman L. Potential Social and Neurocognitive Benefits of Aerobic Exercise as Adjunct Treatment for Patients With ADHD. J Atten Disord. 2020 Mar;24(5):795-809. doi: 10.1177/1087054716652617. PMID: 27288905. *Exclude-Population*

946. Klok P, Roth Mota N, Faraone S, et al. Genetic Profile of ADHD Medication: A Systematic Review of Literature. Biological Psychiatry. 2020;87(9):S293. doi: 10.1016/j.biopsych.2020.02.755. *Exclude-Design*

947. Klusek J, O'Connor SL, Hickey A, et al. Attention/Deficit Hyperactivity Disorder in Adolescent and Young Adult Males With Fragile X Syndrome. Am J Intellect Dev Disabil. 2022 May 1;127(3):213-30. doi: 10.1352/1944-7558-127.3.213. PMID: 35443049. *Exclude-Population*

948. Knop J, Penick EC, Nickel EJ, et al. Childhood ADHD and conduct disorder as independent predictors of male alcohol dependence at age 40. J Stud Alcohol Drugs. 2009 Mar;70(2):169-77. doi: 10.15288/jsad.2009.70.169. PMID: 19261228. *Exclude-Intervention*

949. Knouse LE, Cooper-Vince C, Sprich S, et al. Recent developments in the psychosocial treatment of adult ADHD. Expert Review of Neurotherapeutics. 2008;8(10):1537-48. *Exclude-Design*

950. Knouse LE, Hu X, Sachs G, et al. Usability and feasibility of a cognitive-behavioral mobile app for ADHD in adults. PLOS Digit Health. 2022 Aug;1(8):e0000083. doi: 10.1371/journal.pdig.0000083. PMID: 36812621. *Exclude-Design*

951. Knouse LE, Mitchell JT, Brown LH, et al. The expression of adult ADHD symptoms in daily life: an application of experience sampling methodology. J Atten Disord. 2008 May;11(6):652-63. doi: 10.1177/1087054707299411. PMID: 17495239. *Exclude-Intervention*

952. Knouse LE, Safren SA. Current status of cognitive behavioral therapy for adult attention-deficit hyperactivity disorder. Psychiatr Clin North Am. 2010 Sep;33(3):497-509. doi: 10.1016/j.psc.2010.04.001. PMID: 20599129. *Exclude-Intervention*

953. Koblan KS, Hopkins SC, Sarma K, et al. Dasotraline for the Treatment of Attention-Deficit/Hyperactivity Disorder: A Randomized, Double-Blind, Placebo-Controlled, Proof-of-Concept Trial in Adults. Neuropsychopharmacology. 2015 Nov;40(12):2745-52. doi: 10.1038/npp.2015.124. PMID: 25948101. *Exclude-Intervention*

954. Koehm M, Kauert GF, Toennes SW. Influence of ethanol on the pharmacokinetics of methylphenidate's metabolites ritalinic acid and ethylphenidate. Arzneimittelforschung. 2010;60(5):238-44. doi: 10.1055/s-0031-1296279. PMID: 20533759. *Exclude-Intervention*

955. Kohn MR, Tsang TW, Clarke SD. Efficacy and safety of atomoxetine in the treatment of children and adolescents with attention deficit hyperactivity disorder. Clin Med Insights Pediatr. 2012;6:95-162. doi: 10.4137/CMPed.S7868. PMID: 23641171. *Exclude-Population*

956. Kölle M, Mackert S, Heckel K, et al. Lower fractional anisotropy of the corticothalamic tract and increased response time variability in adult patients with ADHD. J Psychiatry Neurosci. 2022 Mar-Apr;47(2):E99-e108. doi: 10.1503/jpn.210135. PMID: 35301254. *Exclude-Intervention*

957. Kollins SH. Comparing the abuse potential of methylphenidate versus other stimulants: a review of available evidence and relevance to the ADHD patient. J Clin Psychiatry. 2003;64 Suppl 11:14-8. PMID: 14529325. *Exclude-Intervention*

958. Kollins SH, English J, Robinson R, et al. Reinforcing and subjective effects of methylphenidate in adults with and without attention deficit hyperactivity disorder (ADHD). Psychopharmacology (Berl). 2009 May;204(1):73-83. doi: 10.1007/s00213-008-1439-6. PMID: 19104775. *Exclude-Design*

959. Kollins SH, McClernon FJ, Epstein JN. Effects of smoking abstinence on reaction time variability in smokers with and without ADHD: an ex-Gaussian analysis. Drug Alcohol Depend. 2009 Feb 1;100(1-2):169-72. doi: 10.1016/j.drugalcdep.2008.09.019. PMID: 19041198. *Exclude-Outcome*

960. Kollins SH, Schoenfelder E, English JS, et al. Methylphenidate does not influence smoking-reinforced responding or attentional performance in adult smokers with and without attention deficit hyperactivity disorder (ADHD). Exp Clin Psychopharmacol. 2013 Oct;21(5):375-84. doi: 10.1037/a0033851. PMID: 24099358. *Exclude-Intervention*

961. Kollins SH, Schoenfelder EN, English JS, et al. An exploratory study of the combined effects of orally administered methylphenidate and delta-9-tetrahydrocannabinol (THC) on cardiovascular function, subjective effects, and performance in healthy adults. J Subst Abuse Treat. 2015 Jan;48(1):96-103. doi: 10.1016/j.jsat.2014.07.014. PMID: 25175495. *Exclude-Population*

962. Komaroff M, Cutler AJ, Czobor P, et al. 5.9 Clinically Meaningful Score Difference (MSD) and Meaningful Score Regions (MSR) in ADHD Rating Scale IV (ADHD-RS-IV) Total Score From Post Hoc Analyses of the Dextroamphetamine Transdermal System (d-ATS) Pivotal Clinical Trial. 2024. p. S257-S8. *Exclude-Design*

963. Konold TR, Glutting JJ. ADHD and method variance: a latent variable approach applied to a nationally representative sample of college freshmen. J Learn Disabil. 2008 Sep-Oct;41(5):405-16. doi: 10.1177/0022219408321111. PMID: 18768773. *Exclude-Comparator*

964. Konstenius M, Larsson H, Lundholm L, et al. An epidemiological study of ADHD, substance use, and comorbid problems in incarcerated women in Sweden. J Atten Disord. 2015 Jan;19(1):44-52. doi: 10.1177/1087054712451126. PMID: 22797213. *Exclude-Intervention*

965. Kooij J, Aeckerlin L, Buitelaar J. Functioning, comorbidity and treatment of 141 adults with attention deficit hyperactivity disorder (ADHD) at a psychiatric outpatient department. Nederlands tijdschrift voor geneeskunde. 2001;145(31):1498-501. *Exclude-Language*

966. Kooij JJ, Michielsen M, Kruithof H, et al. ADHD in old age: a review of the literature and proposal for assessment and treatment. Expert Rev Neurother. 2016 Dec;16(12):1371-81. doi: 10.1080/14737175.2016.1204914. PMID: 27334252. *Exclude-Design*

967. Kooij JJ, Middelkoop HA, van Gils K, et al. The effect of stimulants on nocturnal motor activity and sleep quality in adults with ADHD: an open-label case-control study. J Clin Psychiatry. 2001 Dec;62(12):952-6. doi: 10.4088/jcp.v62n1206. PMID: 11780875. *Exclude-Comparator*

968. Kooij JJS, Rösler M, Philipsen A, et al. Predictors and impact of non-adherence in adults with attention-deficit/hyperactivity disorder receiving OROS methylphenidate: Results from a randomized, placebo-controlled trial. BMC Psychiatry. 2013;13. doi: 10.1186/1471-244X-13-36. *Exclude-Duplicate*

969. Kooij JS, Boonstra AM, Vermeulen SH, et al. Response to methylphenidate in adults with ADHD is associated with a polymorphism in SLC6A3 (DAT1). Am J Med Genet B Neuropsychiatr Genet. 2008 Mar 5;147b(2):201-8. doi: 10.1002/ajmg.b.30586. PMID: 17955457. *Exclude-Intervention*

970. Kooij JS, Buitelaar JK, FURER JW, et al. Internal and external validity of attention-deficit hyperactivity disorder in a population-based sample of adults. Psychological medicine. 2005;35(6):817-27. *Exclude-Intervention*

971. Kooij S, Nyrerod HJ, Casas M, et al. Effects of Placebo-controlled withdrawal after Long-term open label treatment with OROS MPH in adults with ADHD. European Psychiatry. 2010;25. doi: 10.1016/S0924-9338(10)70952-4. *Exclude-Design*

972. Korea Health Industry Development I. Functional Brain Markers and Predictors of Treatment Response Associated With Norepinephrine System Genes in ADHD. In: Korea Health Industry Development I, editor; 2009. *Exclude-Population*

973. Korkeila J, Tani P. [Attention deficit hyperactivity disorder in adults]. Duodecim. 2005;121(2):153-60. PMID: 15745352. *Exclude-Language*

974. Korzyukov O, Tapaskar N, Pflieger ME, et al. Event related potentials study of aberrations in voice control mechanisms in adults with attention deficit hyperactivity disorder. Clin Neurophysiol. 2015 Jun;126(6):1159-70. doi: 10.1016/j.clinph.2014.09.016. PMID: 25308310. *Exclude-Intervention*

975. Kosky KM, Lace JW, Austin TA, et al. The utility of the Wisconsin card sorting test, 64-card version to detect noncredible attention-deficit/hyperactivity disorder. Appl Neuropsychol Adult. 2022 Sep-Oct;29(5):1231-41. doi: 10.1080/23279095.2020.1864633. PMID: 33372539. *Exclude-Intervention*

976. Kösters M, Weinmann S, Becker T. A meta-analysis of the effectiveness of methylphenidate in the treatment of adult ADHD. European Psychiatry. 2010;25. doi: 10.1016/S0924-9338(10)70880-4. *Exclude-Design*

977. Kouros I, Hörberg N, Ekselius L, et al. Wender Utah Rating Scale-25 (WURS-25): psychometric properties and diagnostic accuracy of the Swedish translation. Ups J Med Sci. 2018 Dec;123(4):230-6. doi: 10.1080/03009734.2018.1515797. PMID: 30373435. *Exclude-Language*

978. Kovshoff H, Banaschewski T, Buitelaar JK, et al. Reports of Perceived Adverse Events of Stimulant Medication on Cognition, Motivation, and Mood: Qualitative Investigation and the Generation of Items for the Medication and Cognition Rating Scale. J Child Adolesc Psychopharmacol. 2016 Aug;26(6):537-47. doi: 10.1089/cap.2015.0218. PMID: 27007169. *Exclude-Design*

979. Kratochvil CJ, Newcorn JH, Arnold LE, et al. Atomoxetine alone or combined with fluoxetine for treating ADHD with comorbid depressive or anxiety symptoms. Journal of the American Academy of Child & Adolescent Psychiatry. 2005;44(9):915-24. *Exclude-Population*

980. Kratochvil CJ, Vaughan BS, Daughton JM, et al. Atomoxetine in the treatment of attention deficit hyperactivity disorder. Expert Rev Neurother. 2004 Jul;4(4):601-11. doi: 10.1586/14737175.4.4.601. PMID: 15853579. *Exclude-Design*

981. Kratochvil CJ, Vaughan BS, Harrington MJ, et al. Atomoxetine: a selective noradrenaline reuptake inhibitor for the treatment of attention-deficit/hyperactivity disorder. Expert Opin Pharmacother. 2003 Jul;4(7):1165-74. doi: 10.1517/14656566.4.7.1165. PMID: 12831341. *Exclude-Design*

982. Krause J, la Fougere C, Krause KH, et al. Influence of striatal dopamine transporter availability on the response to methylphenidate in adult patients with ADHD. Eur Arch Psychiatry Clin Neurosci. 2005 Dec;255(6):428-31. doi: 10.1007/s00406-005-0602-x. PMID: 16091862. *Exclude-Design*

983. Krause KH, Dresel SH, Krause J, et al. Increased striatal dopamine transporter in adult patients with attention deficit hyperactivity disorder: effects of methylphenidate as measured by single photon emission computed tomography. Neurosci Lett. 2000 May 12;285(2):107-10. doi: 10.1016/s0304-3940(00)01040-5. PMID: 10793238. *Exclude-Design*

984. Krepel N, Egtberts T, Sack AT, et al. A multicenter effectiveness trial of QEEG-informed neurofeedback in ADHD: Replication and treatment prediction. Neuroimage Clin. 2020;28:102399. doi: 10.1016/j.nicl.2020.102399. PMID: 32891892. *Exclude-Intervention*

985. Kristiansen CB, Shanmuganathan JW, Gustafsson LN, et al. Increasing incidence and diagnostic instability in adult attention-deficit hyperactivity disorder nationwide between 1995 and 2012. Atten Defic Hyperact Disord. 2015 Jun;7(2):151-6. doi: 10.1007/s12402-014-0155-9. PMID: 25304687. *Exclude-Intervention*

986. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med. 2001 Sep;16(9):606-13. doi: 10.1046/j.1525-1497.2001.016009606.x. PMID: 11556941. *Exclude-Population*

987. Kronenberg G, Ende G, Alm B, et al. Increased NAA and reduced choline levels in the anterior cingulum following chronic methylphenidate. A spectroscopic test-retest study in adult ADHD. Eur Arch Psychiatry Clin Neurosci. 2008 Oct;258(7):446-50. doi: 10.1007/s00406-008-0810-2. PMID: 18330668. *Exclude-Design*

988. Kubik JA. Efficacy of ADHD coaching for adults with ADHD. Journal of attention disorders. 2010;13(5):442-53. *Exclude-Design*

989. Kubo Y, Kanazawa T, Kawabata Y, et al. Comparative Analysis of the WISC between Two ADHD Subgroups. Psychiatry Investig. 2018 Feb;15(2):172-7. doi: 10.30773/pi.2017.07.12. PMID: 29475226. *Exclude-Population*

990. Kucyi A, Esterman M, Capella J, et al. Prediction of stimulus-independent and task-unrelated thought from functional brain networks. Nat Commun. 2021 Mar 19;12(1):1793. doi: 10.1038/s41467-021-22027-0. PMID: 33741956. *Exclude-Intervention*

991. Kumano H, Nobukawa S, Shirama A, et al. Asymmetric Complexity in a Pupil Control Model With Laterally Imbalanced Neural Activity in the Locus Coeruleus: A Potential Biomarker for Attention-Deficit/Hyperactivity Disorder. Neural Comput. 2022 Nov 8;34(12):2388-407. doi: 10.1162/neco\_a\_01545. PMID: 36283044. *Exclude-Intervention*

992. Kumar R. Approved and investigational uses of modafinil : an evidence-based review. Drugs. 2008;68(13):1803-39. doi: 10.2165/00003495-200868130-00003. PMID: 18729534. *Exclude-Intervention*

993. Kuo FE, Faber Taylor A. A potential natural treatment for attention-deficit/hyperactivity disorder: evidence from a national study. American journal of public health. 2004;94(9):1580-6. *Exclude-Population*

994. Kurscheidt JC, Peiler P, Behnken A, et al. Acute effects of methylphenidate on neuropsychological parameters in adults with ADHD: possible relevance for therapy. J Neural Transm (Vienna). 2008;115(2):357-62. doi: 10.1007/s00702-008-0871-4. PMID: 18264813. *Exclude-Design*

995. La Malfa G, Lassi S, Bertelli M, et al. Detecting attention-deficit/hyperactivity disorder (ADHD) in adults with intellectual disability The use of Conners' Adult ADHD Rating Scales (CAARS). Res Dev Disabil. 2008 Mar-Apr;29(2):158-64. doi: 10.1016/j.ridd.2007.02.002. PMID: 17416484. *Exclude-Intervention*

996. Laatsch J, Stein F, Maier S, et al. Neural correlates of inattention in adults with ADHD. European Archives of Psychiatry and Clinical Neuroscience. 2024. doi: 10.1007/s00406-024-01872-2. *Exclude-Intervention*

997. Lachaine J, Beauchemin C, Sasane R, et al. Treatment patterns, adherence, and persistence in ADHD: a Canadian perspective. Postgraduate medicine. 2012;124(3):139-48. *Exclude-Design*

998. Lam AP, Matthies S, Graf E, et al. Long-term Effects of Multimodal Treatment on Adult Attention-Deficit/Hyperactivity Disorder Symptoms: Follow-up Analysis of the COMPAS Trial. JAMA Netw Open. 2019 May 3;2(5):e194980. doi: 10.1001/jamanetworkopen.2019.4980. PMID: 31150084. *Exclude-Duplicate*

999. Lamont J. Homoeopathic treatment of attention deficit hyperactivity disorder. British Homeopathic Journal. 1997;86(04):196-200. *Exclude-Population*

1000. Lampert A, Tesarz J, Volkert AK, et al. An N-of-1 trial as an individualized withdrawal treatment approach to psychological methylphenidate dependence. Psychother Psychosom. 2014;83(6):379-81. doi: 10.1159/000365094. PMID: 25323763. *Exclude-Design*

1001. Landgraf JM. Monitoring quality of life in adults with ADHD: reliability and validity of a new measure. J Atten Disord. 2007 Nov;11(3):351-62. doi: 10.1177/1087054707299400. PMID: 17494834. *Exclude-Intervention*

1002. Langberg JM, Epstein JN, Graham AJ. Organizational-skills interventions in the treatment of ADHD. Expert Rev Neurother. 2008 Oct;8(10):1549-61. doi: 10.1586/14737175.8.10.1549. PMID: 18928347. *Exclude-Design*

1003. Langer S, Greiner A, Koydemir S, et al. Evaluation of a Stress Management Training Program for Adults With ADHD--A Pilot Study. Journal of Cognitive Psychotherapy. 2013;27(2). *Exclude-Design*

1004. Lanka P, Rangaprakash D, Gotoor SSR, et al. MALINI (Machine Learning in NeuroImaging): A MATLAB toolbox for aiding clinical diagnostics using resting-state fMRI data. Data Brief. 2020 Apr;29:105213. doi: 10.1016/j.dib.2020.105213. PMID: 32090157. *Exclude-Population*

1005. Lannes A, Farhat LC, Del Giovane C, et al. Comparative cardiovascular side effects of medications for attention-deficit/hyperactivity disorder in children, adolescents and adults: protocol for a systematic review and network meta-analysis. BMJ Open. 2022 Sep 26;12(9):e062748. doi: 10.1136/bmjopen-2022-062748. PMID: 36167386. *Exclude-Intervention*

1006. Lansbergen MM, Kenemans JL, van Engeland H. Stroop interference and attention-deficit/hyperactivity disorder: a review and meta-analysis. Neuropsychology. 2007 Mar;21(2):251-62. doi: 10.1037/0894-4105.21.2.251. PMID: 17402825. *Exclude-Population*

1007. Lara-Cabrera ML, Mundal I, Schröder C, et al. The effects of peer co-led educational group intervention for adults with ADHD: Preliminary results of a randomized controlled pilot study. ADHD Attention Deficit and Hyperactivity Disorders. 2019;11(1):S48. doi: 10.1007/s12402-019-00295-7. *Exclude-Design*

1008. Larisch R, Sitte W, Antke C, et al. Striatal dopamine transporter density in drug naive patients with attention-deficit/hyperactivity disorder. Nucl Med Commun. 2006 Mar;27(3):267-70. doi: 10.1097/00006231-200603000-00010. PMID: 16479247. *Exclude-Population*

1009. Latronica JR, Clegg TJ, Tuan WJ, et al. Are Amphetamines Associated with Adverse Cardiovascular Events Among Elderly Individuals? J Am Board Fam Med. 2021 Nov-Dec;34(6):1074-81. doi: 10.3122/jabfm.2021.06.210228. PMID: 34772763. *Exclude-Design*

1010. Laura P, Louise C. Risk Factors for Lack of Response or Resistance to Methylphenidate in the Treatment of ADHD. 2024. PMID: CRD42024607266. *Exclude-Intervention*

1011. Laura Steen Ga, Rosa Franco J, Joaquín Alejando Ibañez A. Use of Transcranial Direct Current Stimulation (tDCS) in Adult Patients with ADHD for the Improvement of Executive Functions and Emotional Regulation. 2023. PMID: CRD42023322346. *Exclude-Design*

1012. Lauth GW, Breuer J, Minsel W-R. Goal Attainment Scaling in der Ermittlung der Behandlungs-wirksamkeit bei der behavioralen Therapie von Erwachsenen mit ADHS: Eine Pilotstudie. Zeitschrift für Psychiatrie, Psychologie und Psychotherapie. 2010;58(1):45-53. *Exclude-Language*

1013. Lauvsnes ADF, Langaas M, Olsen A, et al. Adhd and mental health symptoms in the identification of young adults with increased risk of alcohol dependency in the general population—the hunt4 population study. International Journal of Environmental Research and Public Health. 2021;18(21). doi: 10.3390/ijerph182111601. *Exclude-Intervention*

1014. le Sommer J, Low A-M, Møllegaard Jepsen JR, et al. Effects of methylphenidate on mismatch negativity and P3a amplitude of initially psychostimulant-naïve, adult ADHD patients. Psychological Medicine. 2023;53(3):957-65. doi: 10.1017/S0033291721002373. *Exclude-Design*

1015. Ledbetter M. Atomoxetine: a novel treatment for child and adult ADHD. Neuropsychiatr Dis Treat. 2006 Dec;2(4):455-66. doi: 10.2147/nedt.2006.2.4.455. PMID: 19412494. *Exclude-Population*

1016. Lee CY, Goh JOS, Gau SS. Differential neural processing of value during decision-making in adults with attention-deficit/hyperactivity disorder and healthy controls. J Psychiatry Neurosci. 2023 Mar-Apr;48(2):E115-e24. doi: 10.1503/jpn.220123. PMID: 36990469. *Exclude-Intervention*

1017. Lee GJ, Do C, Suhr J. Noncredible Presentations of Symptoms and Functional Impairment in the Assessment of Adult Attention-Deficit/Hyperactivity Disorder. Psychology and Neuroscience. 2023;16(3):284-301. doi: 10.1037/pne0000319. *Exclude-Intervention*

1018. Lee GJ, Suhr JA. Expectancy Effects on Self-Reported Attention-Deficit/Hyperactivity Disorder Symptoms in Simulated Neurofeedback: A Pilot Study. Arch Clin Neuropsychol. 2019 Mar 1;34(2):200-5. doi: 10.1093/arclin/acy026. PMID: 29617704. *Exclude-Intervention*

1019. Lee GJ, Suhr JA. Expectancy effects of placebo neurofeedback in ADHD treatment seekers: A neuropsychological investigation. Neuropsychology. 2020 Oct;34(7):774-82. doi: 10.1037/neu0000689. PMID: 32730049. *Exclude-Intervention*

1020. Lee J, Lee D, Ihm H, et al. Network structure of symptomatology of adult attention-deficit hyperactivity disorder in patients with mood disorders. Eur Arch Psychiatry Clin Neurosci. 2023 Dec 6. doi: 10.1007/s00406-023-01719-2. PMID: 38055014. *Exclude-Intervention*

1021. Lee L, Kepple J, Wang Y, et al. Bioavailability of modified-release methylphenidate: influence of high-fat breakfast when administered intact and when capsule content sprinkled on applesauce. Biopharm Drug Dispos. 2003 Sep;24(6):233-43. doi: 10.1002/bdd.358. PMID: 12973820. *Exclude-Population*

1022. Lee SI, Schachar RJ, Chen SX, et al. Predictive validity of DSM-IV and ICD-10 criteria for ADHD and hyperkinetic disorder. J Child Psychol Psychiatry. 2008 Jan;49(1):70-8. doi: 10.1111/j.1469-7610.2007.01784.x. PMID: 17979965. *Exclude-Population*

1023. Lee YC, Ward McIntosh C, Winston F, et al. Design of an experimental protocol to examine medication non-adherence among young drivers diagnosed with ADHD: A driving simulator study. Contemp Clin Trials Commun. 2018 Sep;11:149-55. doi: 10.1016/j.conctc.2018.07.007. PMID: 30101205. *Exclude-Design*

1024. Lefler EK, Flory K, Canu WH, et al. Unique considerations in the assessment of ADHD in college students. J Clin Exp Neuropsychol. 2021 May;43(4):352-69. doi: 10.1080/13803395.2021.1936462. PMID: 34078248. *Exclude-Comparator*

1025. Leib SI, Keezer RD, Cerny BM, et al. Distinct Latent Profiles of Working Memory and Processing Speed in Adults with ADHD. Dev Neuropsychol. 2021 Nov;46(8):574-87. doi: 10.1080/87565641.2021.1999454. PMID: 34743616. *Exclude-Intervention*

1026. Lensing MB, Zeiner P, Sandvik L, et al. Four-year outcome in psychopharmacologically treated adults with attention-deficit/hyperactivity disorder: a questionnaire survey. J Clin Psychiatry. 2013 Jan;74(1):e87-93. doi: 10.4088/JCP.12m07714. PMID: 23419235. *Exclude-Design*

1027. Lensing MB, Zeiner P, Sandvik L, et al. Psychopharmacological treatment of ADHD in adults aged 50+: an empirical study. J Atten Disord. 2015 May;19(5):380-9. doi: 10.1177/1087054714527342. PMID: 24681898. *Exclude-Design*

1028. Leontyev A, Yamauchi T. Mouse movement measures enhance the stop-signal task in adult ADHD assessment. PLoS One. 2019;14(11):e0225437. doi: 10.1371/journal.pone.0225437. PMID: 31770416. *Exclude-Intervention*

1029. Leopold DR, Bryan AD, Pennington BF, et al. Evaluating the construct validity of adult ADHD and SCT among college students: a multitrait-multimethod analysis of convergent and discriminant validity. J Atten Disord. 2015 Mar;19(3):200-10. doi: 10.1177/1087054714553051. PMID: 25304149. *Exclude-Intervention*

1030. Leuchter AF, McGough JJ, Korb AS, et al. Neurophysiologic predictors of response to atomoxetine in young adults with attention deficit hyperactivity disorder: a pilot project. J Psychiatr Res. 2014 Jul;54:11-8. doi: 10.1016/j.jpsychires.2014.03.009. PMID: 24726639. *Exclude-Intervention*

1031. Leung VM, Chan LF. A Cross-sectional Cohort Study of Prevalence, Co-Morbidities, and Correlates of Attention-deficit Hyperactivity Disorder among Adult Patients Admitted to the Li Ka Shing Psychiatric Outpatient Clinic, Hong Kong. East Asian Arch Psychiatry. 2017 Jun;27(2):63-70. PMID: 28652499. *Exclude-Intervention*

1032. Levin ED, Conners CK, Sparrow E, et al. Nicotine effects on adults with attention-deficit/hyperactivity disorder. Psychopharmacology (Berl). 1996 Jan;123(1):55-63. doi: 10.1007/bf02246281. PMID: 8741955. *Exclude-Design*

1033. Levin F, Mariani J, Pavlicova M, et al. Extended-Release Mixed Amphetamine Salts for Comorbid Adult Attention-Deficit/Hyperactivity Disorder and Cannabis Use Disorder: A Pilot, Randomized Double-Blind, Placebo-Controlled Trial. Drug and Alcohol Dependence. 2024;260. doi: 10.1016/j.drugalcdep.2023.110349. *Exclude-Design*

1034. Levin FR, Bisaga A, Raby W, et al. Effects of major depressive disorder and attention-deficit/hyperactivity disorder on the outcome of treatment for cocaine dependence. J Subst Abuse Treat. 2008 Jan;34(1):80-9. doi: 10.1016/j.jsat.2006.11.012. PMID: 17574796. *Exclude-Intervention*

1035. Levin FR, Choi CJ, Pavlicova M, et al. How treatment improvement in ADHD and cocaine dependence are related to one another: A secondary analysis. Drug Alcohol Depend. 2018 Jul 1;188:135-40. doi: 10.1016/j.drugalcdep.2018.03.043. PMID: 29775957. *Exclude-Intervention*

1036. Levin FR, Evans SM, Brooks DJ, et al. Treatment of methadone-maintained patients with adult ADHD: double-blind comparison of methylphenidate, bupropion and placebo. Drug and Alcohol Dependence. 2006;81(2):137-48. *Exclude-Duplicate*

1037. Levin FR, Evans SM, McDowell DM, et al. Bupropion treatment for cocaine abuse and adult attention-deficit/hyperactivity disorder. J Addict Dis. 2002;21(2):1-16. doi: 10.1300/J069v21n02\_01. PMID: 11916368. *Exclude-Design*

1038. Levin FR, Evans SM, McDowell DM, et al. Methylphenidate treatment for cocaine abusers with adult attention-deficit/hyperactivity disorder: a pilot study. J Clin Psychiatry. 1998 Jun;59(6):300-5. doi: 10.4088/jcp.v59n0605. PMID: 9671342. *Exclude-Design*

1039. Levin FR, Mariani JJ, Pavlicova M, et al. Extended-Release Mixed Amphetamine Salts for Comorbid Adult Attention-Deficit/Hyperactivity Disorder and Cannabis Use Disorder: A Pilot, Randomized Double-Blind, Placebo-Controlled Trial. J Atten Disord. 2024 Sep;28(11):1467-81. doi: 10.1177/10870547241264675. PMID: 39051597. *Exclude-Duplicate*

1040. Levin FR, Mariani JJ, Secora A, et al. Atomoxetine Treatment for Cocaine Abuse and Adult Attention-Deficit Hyperactivity Disorder (ADHD): A Preliminary Open Trial. J Dual Diagn. 2009 Jan 1;5(1):41-56. doi: 10.1080/15504260802628767. PMID: 19430599. *Exclude-Intervention*

1041. Levine SZ, Rotstein A, Kodesh A, et al. Adult Attention-Deficit/Hyperactivity Disorder and the Risk of Dementia. JAMA Netw Open. 2023 Oct 2;6(10):e2338088. doi: 10.1001/jamanetworkopen.2023.38088. PMID: 37847497. *Exclude-Intervention*

1042. Levy JD, Kronenberger WG, Dunn DW. Development of a Very Brief Measure of ADHD: The CHAOS Scale. J Atten Disord. 2017 May;21(7):575-86. doi: 10.1177/1087054713497792. PMID: 23995051. *Exclude-Population*

1043. Levy O, Hackmon SL, Zvilichovsky Y, et al. Neurophysiological Patterns of Attention and Distraction during Realistic Virtual-Reality Classroom Learning in Adults with and without ADHD. bioRxiv. 2024 Apr 20. doi: 10.1101/2024.04.17.590012. PMID: 38659916. *Exclude-Intervention*

1044. Lewczuk K, Marcowski P, Wizła M, et al. Cross-Cultural Adult ADHD Assessment in 42 Countries Using the Adult ADHD Self-Report Scale Screener. J Atten Disord. 2024 Feb;28(4):512-30. doi: 10.1177/10870547231215518. PMID: 38180045. *Exclude-Intervention*

1045. Li L, Zhu N, Zhang L, et al. ADHD Pharmacotherapy and Mortality in Individuals With ADHD. Jama. 2024 Mar 12;331(10):850-60. doi: 10.1001/jama.2024.0851. PMID: 38470385. *Exclude-Design*

1046. Li Y, Liu W, Zhu Y, et al. Determinants of Pharmacological Treatment Initiation and Persistence in Publicly Insured Adults With Attention-Deficit/Hyperactivity Disorder. J Clin Psychopharmacol. 2017 Oct;37(5):546-54. doi: 10.1097/jcp.0000000000000759. PMID: 28787373. *Exclude-Intervention*

1047. Libutzki B, Ludwig S, May M, et al. Direct medical costs of ADHD and its comorbid conditions on basis of a claims data analysis. Eur Psychiatry. 2019 May;58:38-44. doi: 10.1016/j.eurpsy.2019.01.019. PMID: 30802682. *Exclude-Intervention*

1048. Libutzki B, Neukirch B, Kittel-Schneider S, et al. Risk of accidents and unintentional injuries in men and women with attention deficit hyperactivity disorder across the adult lifespan. Acta Psychiatr Scand. 2023 Feb;147(2):145-54. doi: 10.1111/acps.13524. PMID: 36464800. *Exclude-Intervention*

1049. Libutzki B, Neukirch B, Kittel‐Schneider S, et al. Risk of accidents and unintentional injuries in men and women with attention deficit hyperactivity disorder across the adult lifespan. Acta Psychiatrica Scandinavica. 2023;147(2):145-54. doi: 10.1111/acps.13524. *Exclude-Duplicate*

1050. Lichtenstein P, Halldner L, Zetterqvist J, et al. Medication for attention deficit-hyperactivity disorder and criminality. N Engl J Med. 2012 Nov 22;367(21):2006-14. doi: 10.1056/NEJMoa1203241. PMID: 23171097. *Exclude-Design*

1051. Liechti MD, Valko L, Müller UC, et al. Diagnostic value of resting electroencephalogram in attention-deficit/hyperactivity disorder across the lifespan. Brain Topography. 2013;26(1):135-51. doi: 10.1007/s10548-012-0258-6. *Exclude-Duplicate*

1052. Liechti MD, Valko L, Müller UC, et al. Diagnostic value of resting electroencephalogram in attention-deficit/hyperactivity disorder across the lifespan. Brain Topogr. 2013 Jan;26(1):135-51. doi: 10.1007/s10548-012-0258-6. PMID: 23053601. *Exclude-Population*

1053. Lihong P, Liyan T, Na L, et al. Effects of noninvasive brain stimulation for executive function in patients with ADHD. 2022. PMID: CRD42022356476. *Exclude-Design*

1054. Lile JA, Babalonis S, Emurian C, et al. Comparison of the behavioral and cardiovascular effects of intranasal and oral d-amphetamine in healthy human subjects. J Clin Pharmacol. 2011 Jun;51(6):888-98. doi: 10.1177/0091270010375956. PMID: 20671295. *Exclude-Population*

1055. Lin H-Y, Gau SS-F. Atomoxetine treatment strengthens an anti-correlated relationship between functional brain networks in medication-naïve adults with attention-deficit hyperactivity disorder: A randomized double-blind placebo-controlled clinical trial. International Journal of Neuropsychopharmacology. 2016;19(3):1-15. doi: 10.1093/ijnp/pyv094. *Exclude-Duplicate*

1056. Lindström T, Buddgård S, Westholm L, et al. Parent Training Tailored to Parents With ADHD: Development of the Improving Parenting Skills Adult ADHD (IPSA) Program. J Atten Disord. 2024 Feb;28(4):531-41. doi: 10.1177/10870547231217090. PMID: 38152999. *Exclude-Design*

1057. Lindvall MA, Holmqvist KL, Svedell LA, et al. START - physical exercise and person-centred cognitive skills training as treatment for adult ADHD: protocol for a randomized controlled trial. BMC Psychiatry. 2023 Sep 25;23(1):697. doi: 10.1186/s12888-023-05181-1. PMID: 37749523. *Exclude-Duplicate*

1058. Lis S, Baer N, Franzen N, et al. Social interaction behavior in ADHD in adults in a virtual trust game. Journal of attention disorders. 2016;20(4):335-45. *Exclude-Intervention*

1059. Lis S, Baer N, Stein‐en‐Nosse C, et al. Objective measurement of motor activity during cognitive performance in adults with attention‐deficit/hyperactivity disorder. Acta Psychiatrica Scandinavica. 2010;122(4):285-94. *Exclude-Intervention*

1060. Liu H, Li C, Qin R, et al. Effective connectivity alterations of the triple network model in the co-occurrence of autism spectrum disorder and attention deficit hyperactivity disorder. Cereb Cortex. 2025 Feb 5;35(2). doi: 10.1093/cercor/bhaf047. PMID: 40037415. *Exclude-Population*

1061. Liu R, Huang ZA, Hu Y, et al. Spatial-Temporal Co-Attention Learning for Diagnosis of Mental Disorders From Resting-State fMRI Data. IEEE Trans Neural Netw Learn Syst. 2024 Aug;35(8):10591-605. doi: 10.1109/tnnls.2023.3243000. PMID: 37027556. *Exclude-Population*

1062. Liu S, Lane SD, Schmitz JM, et al. Increased intra-individual reaction time variability in cocaine-dependent subjects: role of cocaine-related cues. Addict Behav. 2012 Feb;37(2):193-7. doi: 10.1016/j.addbeh.2011.10.003. PMID: 22047976. *Exclude-Population*

1063. Liu S, Zhao L, Wang X, et al. Deep Spatio-Temporal Representation and Ensemble Classification for Attention Deficit/Hyperactivity Disorder. IEEE Trans Neural Syst Rehabil Eng. 2021;29:1-10. doi: 10.1109/tnsre.2020.3019063. PMID: 32833639. *Exclude-Population*

1064. Liu YH, Stein MT. Attention-deficit/hyperactivity disorder: evidence-based diagnosis and management for primary care clinicians. Minerva Pediatr. 2004 Dec;56(6):567-83. PMID: 15765020. *Exclude-Design*

1065. Liu Z-X, Glizer D, Tannock R, et al. EEG alpha power during maintenance of information in working memory in adults with ADHD and its plasticity due to working memory training: A randomized controlled trial. Clinical Neurophysiology. 2016;127(2):1307-20. doi: 10.1016/j.clinph.2015.10.032. *Exclude-Duplicate*

1066. Lloyd TQ. Delis-Kaplan Executive Function System performance as measure of executive dysfunction in adult ADHD. US: ProQuest Information & Learning; 2011. *Exclude-Intervention*

1067. Lofthouse N, Arnold LE, Arns M, et al. Planning for a collaborative multisite, double-blind, sham-controlled randomized clinical trial of neurofeedback for ADHD. Journal of Neurotherapy. 2011;15(4):416-7. doi: 10.1080/10874208.2011.623098. *Exclude-Design*

1068. Logan J, Wang GJ, Telang F, et al. Imaging the norepinephrine transporter in humans with (S,S)-[11C]O-methyl reboxetine and PET: problems and progress. Nucl Med Biol. 2007 Aug;34(6):667-79. doi: 10.1016/j.nucmedbio.2007.03.013. PMID: 17707807. *Exclude-Population*

1069. Löhman M, Domingo B, Östlund M, et al. Contrasting expectancy effects with objective measures in adults with untreated ADHD during QbTest. Scand J Psychol. 2023 Aug;64(4):461-9. doi: 10.1111/sjop.12906. PMID: 36786078. *Exclude-Intervention*

1070. Lopez PL, Torrente FM, Ciapponi A, et al. Cognitive‐behavioural interventions for attention deficit hyperactivity disorder (ADHD) in adults. Cochrane Database of Systematic Reviews. 2018(3). doi: 10.1002/14651858.CD010840.pub2. PMID: CD010840. *Exclude-Duplicate*

1071. Lovett BJ, Davis KM. Adult ADHD assessment: An integrated clinical-forensic perspective. Professional Psychology: Research and Practice. 2017;48(6):438-44. doi: 10.1037/pro0000159. *Exclude-Intervention*

1072. Low AM, le Sommer J, Vangkilde S, et al. Delay Aversion and Executive Functioning in Adults With Attention-Deficit/Hyperactivity Disorder: Before and After Stimulant Treatment. Int J Neuropsychopharmacol. 2018 Nov 1;21(11):997-1006. doi: 10.1093/ijnp/pyy070. PMID: 30124878. *Exclude-Design*

1073. Low AM, Vangkilde S, le Sommer J, et al. Visual attention in adults with attention-deficit/hyperactivity disorder before and after stimulant treatment. Psychol Med. 2019 Nov;49(15):2617-25. doi: 10.1017/s0033291718003628. PMID: 30560740. *Exclude-Design*

1074. Low AM, Vangkilde S, le Sommer J, et al. Effects of methylphenidate on subjective sleep parameters in adults with ADHD: a prospective, non-randomized, non-blinded 6-week trial. Nord J Psychiatry. 2023 Jan;77(1):102-7. doi: 10.1080/08039488.2022.2080253. PMID: 35635014. *Exclude-Design*

1075. Lu T-F, Shuai L, Zhang J-S, et al. Validity and reliability of the Behavior Rating Scale of Executive Function-Preschool Version parent form in China. Chinese Mental Health Journal. 2017;31(2):138-43. *Exclude-Population*

1076. Lu T-H, Lin S-H, Chi MH, et al. Harm avoidance is correlated with the reward system in adult patients with attention deficit hyperactivity disorder: A functional magnetic resonance imaging study. Clinical Psychopharmacology and Neuroscience. 2023;21(1):99-107. doi: 10.9758/cpn.2023.21.1.99. *Exclude-Duplicate*

1077. Lu TH, Lin SH, Chi MH, et al. Harm Avoidance is Correlated with the Reward System in Adult Patients with Attention Deficit Hyperactivity Disorder: A Functional Magnetic Resonance Imaging Study. Clin Psychopharmacol Neurosci. 2023 Feb 28;21(1):99-107. doi: 10.9758/cpn.2023.21.1.99. PMID: 36700316. *Exclude-Intervention*

1078. Lu Y, Sjölander A, Cederlöf M, et al. Association Between Medication Use and Performance on Higher Education Entrance Tests in Individuals With Attention-Deficit/Hyperactivity Disorder. JAMA Psychiatry. 2017 Aug 1;74(8):815-22. doi: 10.1001/jamapsychiatry.2017.1472. PMID: 28658471. *Exclude-Intervention*

1079. Luderer M, Kaplan-Wickel N, Richter A, et al. Screening for adult attention-deficit/hyperactivity disorder in alcohol dependent patients: Underreporting of ADHD symptoms in self-report scales. Drug Alcohol Depend. 2019 Feb 1;195:52-8. doi: 10.1016/j.drugalcdep.2018.11.020. PMID: 30583265. *Exclude-Language*

1080. Luderer M, Kaplan-Wickel N, Sick C, et al. [ADHD screening in alcohol dependent subjects : Psychometric characteristics of ADHD self-report scale and Wender Utah Rating Scale short form]. Nervenarzt. 2019 Nov;90(11):1156-61. doi: 10.1007/s00115-019-0706-6. PMID: 30976828. *Exclude-Language*

1081. Luderer M, Seidt J, Gerhardt S, et al. Drinking alcohol to cope with hyperactive ADHD? Self-reports vs. continuous performance test in patients with ADHD and/or alcohol use disorder. Front Psychiatry. 2023;14:1112843. doi: 10.3389/fpsyt.2023.1112843. PMID: 36950259. *Exclude-Intervention*

1082. Luí­s S. Prevalence of headache resulting from the use of methylphenidate in ADHD: a systematic review. 2020. PMID: CRD42020197603. *Exclude-Intervention*

1083. Lundervold AJ, Adolfsdottir S, Halleland H, et al. Attention Network Test in adults with ADHD--the impact of affective fluctuations. Behav Brain Funct. 2011 Jul 27;7:27. doi: 10.1186/1744-9081-7-27. PMID: 21794128. *Exclude-Intervention*

1084. Lundervold AJ, Halleland HB, Brevik EJ, et al. Verbal Memory Function in Intellectually Well-Functioning Adults With ADHD: Relations to Working Memory and Response Inhibition. J Atten Disord. 2019 Aug;23(10):1188-98. doi: 10.1177/1087054715580842. PMID: 25903587. *Exclude-Intervention*

1085. Lundin A, Kosidou K, Dalman C. Testing the Discriminant and Convergent Validity of the World Health Organization Six-Item Adult ADHD Self-Report Scale Screener Using the Stockholm Public Health Cohort. J Atten Disord. 2019 Aug;23(10):1170-7. doi: 10.1177/1087054717735381. PMID: 29073818. *Exclude-Intervention*

1086. Luo SX, Covey L, Hu MC, et al. Predictive modeling and nonlinear treatment effects in a multicenter, randomized controlled trial of methylphenidate in smoke cessation intervention. American Journal on Addictions. 2013;22(3):305. doi: 10.1111/j.1521-0391.2013.12069.x. *Exclude-Intervention*

1087. Luo SX, Covey LS, Hu MC, et al. Toward personalized smoking-cessation treatment: Using a predictive modeling approach to guide decisions regarding stimulant medication treatment of attention-deficit/hyperactivity disorder (ADHD) in smokers. Am J Addict. 2015 Jun;24(4):348-56. doi: 10.1111/ajad.12193. PMID: 25659348. *Exclude-Intervention*

1088. Luo Y, Alvarez TL, Halperin JM, et al. Multimodal neuroimaging-based prediction of adult outcomes in childhood-onset ADHD using ensemble learning techniques. Neuroimage Clin. 2020;26:102238. doi: 10.1016/j.nicl.2020.102238. PMID: 32182578. *Exclude-Intervention*

1089. Lynch R. The psychometric properties of the Barkley Adult ADHD Rating Scale: IV (BAARS-IV) in a college sample. US: ProQuest Information & Learning; 2018. *Exclude-Intervention*

1090. MacDonald L, Sadek J. Management Strategies for Borderline Personality Disorder and Bipolar Disorder Comorbidities in Adults with ADHD: A Narrative Review. Brain Sci. 2023 Oct 26;13(11). doi: 10.3390/brainsci13111517. PMID: 38002478. *Exclude-Design*

1091. Mackin RS, Horner MD. Relationship of the Wender Utah Rating Scale to objective measures of attention. Compr Psychiatry. 2005 Nov-Dec;46(6):468-71. doi: 10.1016/j.comppsych.2005.03.004. PMID: 16275215. *Exclude-Intervention*

1092. Macphee FL, Brewer SK, Sibley MH, et al. Study protocol of a randomized trial of STRIPES: a schoolyear, peer-delivered high school intervention for students with ADHD. BMC Psychol. 2023 Sep 5;11(1):268. doi: 10.1186/s40359-023-01291-3. PMID: 37670368. *Exclude-Population*

1093. Madaan V, Daughton J, Lubberstedt B, et al. Assessing the efficacy of treatments for ADHD : overview of methodological issues. CNS Drugs. 2008;22(4):275-90. doi: 10.2165/00023210-200822040-00002. PMID: 18336058. *Exclude-Design*

1094. Madaan V, Kolli V, Bestha DP, et al. Update on optimal use of lisdexamfetamine in the treatment of ADHD. Neuropsychiatr Dis Treat. 2013;9:977-83. doi: 10.2147/ndt.S34092. PMID: 23901276. *Exclude-Design*

1095. Madiouni C, Lopez R, Gély-Nargeot MC, et al. Mind-wandering and sleepiness in adults with attention-deficit/hyperactivity disorder. Psychiatry Res. 2020 May;287:112901. doi: 10.1016/j.psychres.2020.112901. PMID: 32155443. *Exclude-Intervention*

1096. Maffly-Kipp J, Morey LC. Detecting Attention Deficit Hyperactivity Disorder and its feigning using the Personality Assessment Inventory. Appl Neuropsychol Adult. 2023 May 8:1-10. doi: 10.1080/23279095.2023.2207215. PMID: 37155738. *Exclude-Comparator*

1097. Magnante AT, Ord AS, Kuschel S, et al. An Evaluation of the Relationship Between Objective and Subjective Measures of Attention. Psychology and Neuroscience. 2024;17(2):104-21. doi: 10.1037/pne0000333. *Exclude-Intervention*

1098. Magnin E, Maurs C. Attention-deficit/hyperactivity disorder during adulthood. Rev Neurol (Paris). 2017 Jul-Aug;173(7-8):506-15. doi: 10.1016/j.neurol.2017.07.008. PMID: 28844700. *Exclude-Outcome*

1099. Magnússon P, Smári J, Sigurdardóttir D, et al. Validity of self-report and informant rating scales of adult ADHD symptoms in comparison with a semistructured diagnostic interview. J Atten Disord. 2006 Feb;9(3):494-503. doi: 10.1177/1087054705283650. PMID: 16481666. *Exclude-Language*

1100. Maia CR, Matte BC, Ludwig HT, et al. Switching from methylphenidate immediate release to MPH-SODAS in attention-deficit/hyperactivity disorder. Eur Child Adolesc Psychiatry. 2008 Apr;17(3):133-42. doi: 10.1007/s00787-007-0647-7. PMID: 17846812. *Exclude-Comparator*

1101. Maia CRM, Matte BC, Ludwig HT, et al. Switching from methylphenidate immediate release to MPH-SODAS™ in attention-deficit/hyperactivity disorder. European Child and Adolescent Psychiatry. 2008;17(3):133-42. doi: 10.1007/s00787-007-0647-7. *Exclude-Comparator*

1102. Maier LJ, Ferris JA, Winstock AR. Pharmacological cognitive enhancement among non-ADHD individuals-A cross-sectional study in 15 countries. Int J Drug Policy. 2018 Aug;58:104-12. doi: 10.1016/j.drugpo.2018.05.009. PMID: 29902691. *Exclude-Population*

1103. Maier S, Tebartz van Elst L, Philipsen A, et al. Effects of 12-Week Methylphenidate Treatment on Neurometabolism in Adult Patients with ADHD: The First Double-Blind Placebo-Controlled MR Spectroscopy Study. J Clin Med. 2020 Aug 11;9(8). doi: 10.3390/jcm9082601. PMID: 32796630. *Exclude-Duplicate*

1104. Mama Y, Icht M. Production Effect in Adults With ADHD With and Without Methylphenidate (MPH): Vocalization Improves Verbal Learning. J Int Neuropsychol Soc. 2019 Feb;25(2):230-5. doi: 10.1017/s1355617718001017. PMID: 30458897. *Exclude-Design*

1105. Man KK, Coghill D, Chan EW, et al. Association of risk of suicide attempts with methylphenidate treatment. JAMA psychiatry. 2017;74(10):1048-55. *Exclude-Population*

1106. Mancini C, Van Ameringen M, Oakman JM, et al. Childhood attention deficit/hyperactivity disorder in adults with anxiety disorders. Psychol Med. 1999 May;29(3):515-25. doi: 10.1017/s0033291798007697. PMID: 10405074. *Exclude-Intervention*

1107. Maneeton N, Maneeton B, Srisurpanont S. Bupropion for adults with ADHD: Metaanalysis of randomised, placebo-controlled trials. European Neuropsychopharmacology. 2010;20:S422-S3. doi: 10.1016/S0924-977X(10)70609-X. *Exclude-Design*

1108. Manor I, Corbex M, Eisenberg J, et al. Association of the dopamine D5 receptor with attention deficit hyperactivity disorder (ADHD) and scores on a continuous performance test (TOVA). Am J Med Genet B Neuropsychiatr Genet. 2004 May 15;127b(1):73-7. doi: 10.1002/ajmg.b.30020. PMID: 15108184. *Exclude-Intervention*

1109. Manor I, Kaplan O, Tadmor Y, et al. The effects of methylphenidate treatment on latent inhibition in adults with ADHD. European Psychiatry. 2010;25. doi: 10.1016/S0924-9338(10)70006-7. *Exclude-Intervention*

1110. Manor I, Rubin J, Daniely Y, et al. Attention benefits after a single dose of metadoxine extended release in adults with predominantly inattentive ADHD. Postgrad Med. 2014 Sep;126(5):7-16. doi: 10.3810/pgm.2014.09.2795. PMID: 25295645. *Exclude-Timing*

1111. Manor I, Vurembrandt N, Rozen S, et al. Low self-awareness of ADHD in adults using a self-report screening questionnaire. Eur Psychiatry. 2012 Jul;27(5):314-20. doi: 10.1016/j.eurpsy.2010.08.013. PMID: 22112307. *Exclude-Language*

1112. Mansell H, Quinn D, Kelly LE, et al. Cannabis for the Treatment of Attention Deficit Hyperactivity Disorder: A Report of 3 Cases. Med Cannabis Cannabinoids. 2022;5(1):1-6. doi: 10.1159/000521370. PMID: 35224434. *Exclude-Design*

1113. Maoz H, Aviram S, Nitzan U, et al. Association Between Continuous Performance and Response Inhibition Tests in Adults With ADHD. J Atten Disord. 2018 Feb;22(3):293-9. doi: 10.1177/1087054715584056. PMID: 25922185. *Exclude-Intervention*

1114. Marchant BK, Reimherr FW, Halls C, et al. OROS methylphenidate in the treatment of adults with ADHD: a 6-month, open-label, follow-up study. Ann Clin Psychiatry. 2010 Aug;22(3):196-204. PMID: 20680193. *Exclude-Design*

1115. Marchant BK, Reimherr FW, Halls C, et al. Long-term open-label response to atomoxetine in adult ADHD: influence of sex, emotional dysregulation, and double-blind response to atomoxetine. Atten Defic Hyperact Disord. 2011 Sep;3(3):237-44. doi: 10.1007/s12402-011-0054-2. PMID: 21442440. *Exclude-Duplicate*

1116. Marchant BK, Reimherr FW, Robison D, et al. Psychometric properties of the Wender-Reimherr Adult Attention Deficit Disorder Scale. Psychol Assess. 2013 Sep;25(3):942-50. doi: 10.1037/a0032797. PMID: 23647041. *Exclude-Outcome*

1117. Marchetta ND, Hurks PP, De Sonneville LM, et al. Sustained and focused attention deficits in adult ADHD. J Atten Disord. 2008 May;11(6):664-76. doi: 10.1177/1087054707305108. PMID: 17712171. *Exclude-Intervention*

1118. Marcus SC, Wan GJ, Kemner JE, et al. Continuity of methylphenidate treatment for attention-deficit/hyperactivity disorder. Archives of pediatrics & adolescent medicine. 2005;159(6):572-8. *Exclude-Population*

1119. Mariani JJ, Levin FR. Treatment strategies for co-occurring ADHD and substance use disorders. Am J Addict. 2007;16 Suppl 1(Suppl 1):45-54; quiz 5-6. doi: 10.1080/10550490601082783. PMID: 17453606. *Exclude-Intervention*

1120. Markham PT, Porter BE, Ball JD. Effectiveness of a program using a vehicle tracking system, incentives, and disincentives to reduce the speeding behavior of drivers with ADHD. J Atten Disord. 2013 Apr;17(3):233-48. doi: 10.1177/1087054711423630. PMID: 22210797. *Exclude-Intervention*

1121. Markovska-Simoska S, Pop-Jordanova N. Quantitative EEG in Children and Adults With Attention Deficit Hyperactivity Disorder: Comparison of Absolute and Relative Power Spectra and Theta/Beta Ratio. Clin EEG Neurosci. 2017 Jan;48(1):20-32. doi: 10.1177/1550059416643824. PMID: 27170672. *Exclude-Intervention*

1122. Markovska-Simoska S, Pop-Jordanova N, Pop-Jordanov J. Analysis of independent components of cognitive event related potentials in a group of ADHD adults. Pril (Makedon Akad Nauk Umet Odd Med Nauki). 2016;37(1):37-49. doi: 10.1515/prilozi-2016-0004. PMID: 27442415. *Exclude-Intervention*

1123. Marrero RJ, Fumero A, de Miguel A, et al. Psychological factors involved in psychopharmacological medication adherence in mental health patients: A systematic review. Patient Educ Couns. 2020 Oct;103(10):2116-31. doi: 10.1016/j.pec.2020.04.030. PMID: 32402489. *Exclude-Population*

1124. Marshall PS, Hoelzle JB, Heyerdahl D, et al. The impact of failing to identify suspect effort in patients undergoing adult attention-deficit/hyperactivity disorder (ADHD) assessment. Psychol Assess. 2016 Oct;28(10):1290-302. doi: 10.1037/pas0000247. PMID: 26751085. *Exclude-Intervention*

1125. Martel MM, Schimmack U, Nigg JT. Future directions for work on refinement of ADHD assessment in young adults: Response to Sibley, Coxe, and Molina. Assessment. 2017;24(3):297-9. doi: 10.1177/1073191116687392. *Exclude-Intervention*

1126. Martel MM, Schimmack U, Nikolas M, et al. Integration of symptom ratings from multiple informants in ADHD diagnosis: a psychometric model with clinical utility. Psychological assessment. 2015;27(3):1060. *Exclude-Population*

1127. Marten F, Keuppens L, Baeyens D, et al. Sleep architecture and sleep problems in adolescents and young adults with and without ADHD: A systematic review and meta-analysis. Sleep. 2021;44(SUPPL 2):A298-A9. doi: 10.1093/sleep/zsab072.764. *Exclude-Intervention*

1128. Martin CA, Guenthner G, Bingcang C, et al. Measurement of the subjective effects of methylphenidate in 11- to 15-year-old children with attention-deficit/hyperactivity disorder. J Child Adolesc Psychopharmacol. 2007 Feb;17(1):63-73. doi: 10.1089/cap.2006.0020. PMID: 17343554. *Exclude-Population*

1129. Martinez B, Peplow PV. MicroRNAs as potential biomarkers for diagnosis of attention deficit hyperactivity disorder. Neural Regen Res. 2024 Mar;19(3):557-62. doi: 10.4103/1673-5374.380880. PMID: 37721284. *Exclude-Intervention*

1130. Martins-Silva T, Vaz JDS, Hutz MH, et al. Assessing causality in the association between attention-deficit/hyperactivity disorder and obesity: a Mendelian randomization study. Int J Obes (Lond). 2019 Dec;43(12):2500-8. doi: 10.1038/s41366-019-0346-8. PMID: 31000774. *Exclude-Intervention*

1131. Martiny K, Nielsen NP, Wiig EH. Differentiating depression and ADHD without depression in adults with processing-speed measures. Acta Neuropsychiatr. 2020 Oct;32(5):237-46. doi: 10.1017/neu.2020.17. PMID: 32338233. *Exclude-Intervention*

1132. Martsenkovsky I, Martsenkovska II, Bikshaeva YB. Milnacipran and atomoxetine: Treatment of depressive disorder with co-morbid hyperactivity disorder. European Neuropsychopharmacology. 2008;18(S4):S373-S4. *Exclude-Design*

1133. Massa J, O'Desky IH. Impaired visual habituation in adults with ADHD. J Atten Disord. 2012 Oct;16(7):553-61. doi: 10.1177/1087054711423621. PMID: 22166470. *Exclude-Intervention*

1134. Massachusetts General Hospital. Neuromodulation of Executive Function in the ADHD Brain. 2019. *Exclude-Outcome*

1135. Máté O, Somogyi K, Miklósi M. [Cognitive conceptualization of adult attention deficit hyperactivity disorder: a systematic review]. Psychiatr Hung. 2015;30(1):68-77. PMID: 25867890. *Exclude-Language*

1136. Matheson L, Asherson P, Wong IC, et al. Adult ADHD patient experiences of impairment, service provision and clinical management in England: a qualitative study. BMC Health Serv Res. 2013 May 21;13:184. doi: 10.1186/1472-6963-13-184. PMID: 23692803. *Exclude-Design*

1137. Matier-Sharma K, Perachio N, Newcorn JH, et al. Differential diagnosis of ADHD: Are objective measures of attention, impulsivity, and activity level helpful? Child Neuropsychology. 1995;1(2):118-27. doi: 10.1080/09297049508402243. *Exclude-Population*

1138. Matsuo Y, Okita M, Ermer J, et al. Pharmacokinetics, Safety, and Tolerability of Single and Multiple Doses of Guanfacine Extended-Release Formulation in Healthy Japanese and Caucasian Male Adults. Clin Drug Investig. 2017 Aug;37(8):745-53. doi: 10.1007/s40261-017-0527-y. PMID: 28421383. *Exclude-Population*

1139. Matte B, Anselmi L, Salum GA, et al. ADHD in DSM-5: a field trial in a large, representative sample of 18- to 19-year-old adults. Psychol Med. 2015 Jan;45(2):361-73. doi: 10.1017/s0033291714001470. PMID: 25066615. *Exclude-Language*

1140. Mattes JA, Boswell L, Oliver H. Methylphenidate effects on symptoms of attention deficit disorder in adults. Arch Gen Psychiatry. 1984 Nov;41(11):1059-63. doi: 10.1001/archpsyc.1983.01790220049008. PMID: 6388523. *Exclude-Intervention*

1141. Matthys F, Soyez V, van den Brink W, et al. Barriers to implementation of treatment guidelines for ADHD in adults with substance use disorder. J Dual Diagn. 2014;10(3):130-8. doi: 10.1080/15504263.2014.926691. PMID: 25392286. *Exclude-Design*

1142. Mattingly G, Weisler R, Dirks B, et al. Attention deficit hyperactivity disorder subtypes and symptom response in adults treated with lisdexamfetamine dimesylate. Innov Clin Neurosci. 2012 May;9(5-6):22-30. PMID: 22808446. *Exclude-Design*

1143. Mattos P, Louzã MR, Palmini AL, et al. A multicenter, open-label trial to evaluate the quality of life in adults with ADHD treated with long-acting methylphenidate (OROS MPH): Concerta Quality of Life (CONQoL) study. J Atten Disord. 2013 Jul;17(5):444-8. doi: 10.1177/1087054711434772. PMID: 22334621. *Exclude-Design*

1144. Mattos P, Nazar BP, Tannock R. By the book: ADHD prevalence in medical students varies with analogous methods of addressing DSM items. Braz J Psychiatry. 2018 Oct-Dec;40(4):382-7. doi: 10.1590/1516-4446-2017-2429. PMID: 29451590. *Exclude-Language*

1145. Mattos P, Segenreich D, Dias GM, et al. Construct reliability and validity of the Portuguese version of the Adult ADHD Quality of Life Questionnaire (AAQoL). Archives of Clinical Psychiatry (São Paulo). 2011;38:91-6. *Exclude-Intervention*

1146. Matza LS, Johnston JA, Faries DE, et al. Responsiveness of the Adult Attention-Deficit/Hyperactivity Disorder Quality of Life Scale (AAQoL). Qual Life Res. 2007 Nov;16(9):1511-20. doi: 10.1007/s11136-007-9254-9. PMID: 17874207. *Exclude-Intervention*

1147. Mauche N, Ulke C, Huang J, et al. Treatment of adult attention-deficit hyperactivity disorder (ADHD) with transcranial direct current stimulation (tDCS): study protocol for a parallel, randomized, double-blinded, sham-controlled, multicenter trial (Stim-ADHD). Eur Arch Psychiatry Clin Neurosci. 2024 Feb;274(1):71-82. doi: 10.1007/s00406-023-01652-4. PMID: 37479914. *Exclude-Design*

1148. Maul J, Advokat C. Stimulant medications for attention-deficit/hyperactivity disorder (ADHD) improve memory of emotional stimuli in ADHD-diagnosed college students. Pharmacol Biochem Behav. 2013 Apr;105:58-62. doi: 10.1016/j.pbb.2013.01.021. PMID: 23395972. *Exclude-Design*

1149. Mawjee K, Woltering S, Lai N, et al. Working memory training in ADHD: controlling for engagement, motivation, and expectancy of improvement (pilot study). Journal of Attention Disorders. 2017;21(11):956-68. *Exclude-Intervention*

1150. May N, Bennett A. The Impact of Acupuncture on Self-Perceived Stress and ADHD Core Symptomatology in an Adult, Atomoxetine-taking ADHD Participant. Insights from an In-depth Single Case Study. Integr Med (Encinitas). 2023 Jul;22(3):28-36. PMID: 37534023. *Exclude-Population*

1151. May T, Birch E, Chaves K, et al. The Australian evidence-based clinical practice guideline for attention deficit hyperactivity disorder. Aust N Z J Psychiatry. 2023 Aug;57(8):1101-16. doi: 10.1177/00048674231166329. PMID: 37254562. *Exclude-Design*

1152. Maya-Piedrahita MC, Herrera-Gomez PM, Berrío-Mesa L, et al. Supported Diagnosis of Attention Deficit and Hyperactivity Disorder from EEG Based on Interpretable Kernels for Hidden Markov Models. Int J Neural Syst. 2022 Mar;32(3):2250008. doi: 10.1142/s0129065722500083. PMID: 34996341. *Exclude-Population*

1153. Mayer JS, Hees K, Medda J, et al. Bright light therapy versus physical exercise to prevent co-morbid depression and obesity in adolescents and young adults with attention-deficit / hyperactivity disorder: study protocol for a randomized controlled trial. Trials. 2018 Feb 26;19(1):140. doi: 10.1186/s13063-017-2426-1. PMID: 29482662. *Exclude-Design*

1154. Mayer JS, Kohlhas L, Stermann J, et al. Bright light therapy versus physical exercise to prevent co-occurring depression in adolescents and young adults with attention-deficit/hyperactivity disorder: a multicentre, three-arm, randomised controlled, pilot phase-IIa trial. Eur Arch Psychiatry Clin Neurosci. 2024 Apr 16. doi: 10.1007/s00406-024-01784-1. PMID: 38627266. *Exclude-Population*

1155. Mayer K, Blume F, Wyckoff SN, et al. Neurofeedback of slow cortical potentials as a treatment for adults with Attention Deficit-/Hyperactivity Disorder. Clin Neurophysiol. 2016 Feb;127(2):1374-86. doi: 10.1016/j.clinph.2015.11.013. PMID: 26684900. *Exclude-Intervention*

1156. Mayer K, Wyckoff SN, Fallgatter AJ, et al. Neurofeedback as a nonpharmacological treatment for adults with attention-deficit/hyperactivity disorder (ADHD): study protocol for a randomized controlled trial. Trials. 2015 Apr 18;16:174. doi: 10.1186/s13063-015-0683-4. PMID: 25928870. *Exclude-Intervention*

1157. Mayer K, Wyckoff SN, Schulz U, et al. Neurofeedback for adult attention-deficit/hyperactivity disorder: investigation of slow cortical potential neurofeedback—preliminary results. Journal of Neurotherapy. 2012;16(1):37-45. *Exclude-Comparator*

1158. Mayer K, Wyckoff SN, Strehl U. Underarousal in Adult ADHD: How Are Peripheral and Cortical Arousal Related? Clin EEG Neurosci. 2016 Jul;47(3):171-9. doi: 10.1177/1550059415577544. PMID: 25802473. *Exclude-Intervention*

1159. McBurnett K, Pfiffner LJ, Frick PJ. Symptom Properties as a Function of ADHD Type: An Argument for Continued Study of Sluggish Cognitive Tempo. Journal of Abnormal Child Psychology. 2001 2001/06/01;29(3):207-13. doi: 10.1023/A:1010377530749. *Exclude-Population*

1160. McBurnett K, Starr HL. OROS methylphenidate hydrochloride for adult patients with attention deficit/hyperactivity disorder. Expert Opin Pharmacother. 2011 Feb;12(2):315-24. doi: 10.1517/14656566.2011.546058. PMID: 21226641. *Exclude-Design*

1161. McCarthy S, Cranswick N, Potts L, et al. Mortality associated with attention-deficit hyperactivity disorder (ADHD) drug treatment: a retrospective cohort study of children, adolescents and young adults using the general practice research database. Drug Saf. 2009;32(11):1089-96. doi: 10.2165/11317630-000000000-00000. PMID: 19810780. *Exclude-Population*

1162. McCarthy S, Wilton L, Murray M, et al. Management of adult attention deficit hyperactivity disorder in UK primary care: A survey of general practitioners. Health and Quality of Life Outcomes. 2013;11(1). doi: 10.1186/1477-7525-11-22. *Exclude-Intervention*

1163. McCarthy S, Wilton L, Murray ML, et al. The epidemiology of pharmacologically treated attention deficit hyperactivity disorder (ADHD) in children, adolescents and adults in UK primary care. BMC pediatrics. 2012;12:1-11. *Exclude-Intervention*

1164. McClernon FJ, Kollins SH, Lutz AM, et al. Effects of smoking abstinence on adult smokers with and without attention deficit hyperactivity disorder: results of a preliminary study. Psychopharmacology (Berl). 2008 Mar;197(1):95-105. doi: 10.1007/s00213-007-1009-3. PMID: 18038223. *Exclude-Design*

1165. McCormick-Deaton CM, Mohiuddin S. New onset ADHD symptoms in adolescents and college students: Diagnostic challenges and recommendations. Adolescent Psychiatry. 2018;8(2):79-92. doi: 10.2174/2210676608666180208162023. *Exclude-Population*

1166. McCredie MN, Morey LC. Evaluating new supplemental indicators for the Personality Assessment Inventory: Standardization and cross-validation. Psychol Assess. 2018 Oct;30(10):1292-9. doi: 10.1037/pas0000574. PMID: 29781665. *Exclude-Intervention*

1167. McElligott JT, Lemay JR, O'Brien ES, et al. Practice patterns and guideline adherence in the management of attention deficit/hyperactivity disorder. Clin Pediatr (Phila). 2014 Sep;53(10):960-6. doi: 10.1177/0009922814540985. PMID: 24982441. *Exclude-Population*

1168. McGough JJ, Barkley RA. Diagnostic controversies in adult attention deficit hyperactivity disorder. Am J Psychiatry. 2004 Nov;161(11):1948-56. doi: 10.1176/appi.ajp.161.11.1948. PMID: 15514392. *Exclude-Design*

1169. McGough JJ, Biederman J, Greenhill LL, et al. Pharmacokinetics of SLI381 (ADDERALL XR), an extended-release formulation of adderall. Journal of the American Academy of Child and Adolescent Psychiatry. 2003;42(6):684-91. doi: 10.1097/01.CHI.0000046850.56865.CB. *Exclude-Population*

1170. McGough JJ, Pataki CS, Suddath R. Dexmethylphenidate extended-release capsules for attention deficit hyperactivity disorder. Expert Rev Neurother. 2005 Jul;5(4):437-41. doi: 10.1586/14737175.5.4.437. PMID: 16026226. *Exclude-Design*

1171. McGuier EA, Kolko DJ, Joseph HM, et al. Use of Stimulant Diversion Prevention Strategies in Pediatric Primary Care and Associations With Provider Characteristics. J Adolesc Health. 2021 Apr;68(4):808-15. doi: 10.1016/j.jadohealth.2020.12.006. PMID: 33446402. *Exclude-Intervention*

1172. McIntyre RS, Alsuwaidan M, Soczynska JK, et al. The effect of lisdexamfetamine dimesylate on body weight, metabolic parameters, and attention deficit hyperactivity disorder symptomatology in adults with bipolar I/II disorder. Hum Psychopharmacol. 2013 Sep;28(5):421-7. doi: 10.1002/hup.2325. PMID: 24014142. *Exclude-Comparator*

1173. McNeil C, Specialty Pharmaceuticals aDoM-PPCI. Open-Label Study of Concerta in the Treatment of ADHD in Youth and Adults With Bipolar I, Bipolar II, and Bipolar Spectrum Disorder. In: McNeil C, Specialty Pharmaceuticals aDoM-PPCI, eds.; 2005. *Exclude-Comparator*

1174. McNicholas F, Tatlow-Golden M, Gavin B, et al. A systematic review of service transitions in people with ADHD. European Psychiatry. 2016;33:S58. doi: 10.1016/j.eurpsy.2016.01.940. *Exclude-Intervention*

1175. McPherson DL, Salamat MT. Interactions among variables in the P300 response to a continuous performance task in normal and ADHD adults. J Am Acad Audiol. 2004 Nov-Dec;15(10):666-77. doi: 10.3766/jaaa.15.10.2. PMID: 15646665. *Exclude-Intervention*

1176. McRae-Clark AL, Brady KT, Hartwell KJ, et al. Methylphenidate transdermal system in adults with past stimulant misuse: an open-label trial. J Atten Disord. 2011 Oct;15(7):539-44. doi: 10.1177/1087054710371171. PMID: 20538968. *Exclude-Design*

1177. McRae‐Clark AL, Carter RE, Killeen TK, et al. A placebo‐controlled trial of atomoxetine in marijuana‐dependent individuals with attention deficit hyperactivity disorder. The American Journal on Addictions. 2010;19(6):481-9. doi: 10.1111/j.1521-0391.2010.00076.x. *Exclude-Duplicate*

1178. Meaux J, Green A, Broussard L. ADHD in the college student: A block in the road. Journal of psychiatric and mental health nursing. 2009;16(3):248-56. *Exclude-Intervention*

1179. Mechler K, Banaschewski T, Hohmann S, et al. Evidence-based pharmacological treatment options for ADHD in children and adolescents. Pharmacol Ther. 2022 Feb;230:107940. doi: 10.1016/j.pharmthera.2021.107940. PMID: 34174276. *Exclude-Population*

1180. Medical University of South C. Atomoxetine Effect on Attention, Executive Function, and Quality of Life in Veterans With Posttraumatic Stress Disorder. In: Medical University of South C, editor; 2024. *Exclude-Population*

1181. Mehlkopf L, Houweling LMA, Heerdink ER, et al. Trends in prevalence of ADHD drug treatment in the Netherlands from 2000 until 2010. Value in Health. 2012;15(4):A84. doi: 10.1016/j.jval.2012.03.460. *Exclude-Intervention*

1182. Mehren A, Özyurt J, Lam AP, et al. Acute Effects of Aerobic Exercise on Executive Function and Attention in Adult Patients With ADHD. Front Psychiatry. 2019;10:132. doi: 10.3389/fpsyt.2019.00132. PMID: 30971959. *Exclude-Timing*

1183. Mehren A, Philipsen A. [Is Physical Activity a Treatment Option for ADHD?]. Z Kinder Jugendpsychiatr Psychother. 2024;52(2):124-33. doi: 10.1024/1422-4917/a000963. PMID: 38335974. *Exclude-Language*

1184. Mehren A, Thiel CM, Bruns S, et al. Unimpaired social cognition in adult patients with ADHD: Brain volumetric and behavioral results. Social Cognitive and Affective Neuroscience. 2021;16(11):1160-9. doi: 10.1093/scan/nsab060. *Exclude-Intervention*

1185. Meinzer MC, Lewinsohn PM, Pettit JW, et al. Attention-deficit/hyperactivity disorder in adolescence predicts onset of major depressive disorder through early adulthood. Depress Anxiety. 2013 Jun;30(6):546-53. doi: 10.1002/da.22082. PMID: 23424020. *Exclude-Population*

1186. Melby-Lervåg M, Hulme C. Is working memory training effective? A meta-analytic review. Dev Psychol. 2013 Feb;49(2):270-91. doi: 10.1037/a0028228. PMID: 22612437. *Exclude-Population*

1187. Memon AM. Transcranial Magnetic Stimulation in Treatment of Adolescent Attention Deficit/Hyperactivity Disorder: A Narrative Review of Literature. Innov Clin Neurosci. 2021 Jan-Mar;18(1-3):43-6. PMID: 34150364. *Exclude-Population*

1188. Mendrek A, Logan D, Veronique T, et al. Meditation and yoga as interventions for psychiatric disorders: ADHD and PTSD. European Psychiatry. 2019;56:S413. doi: 10.1016/j.eurpsy.2019.01.002. *Exclude-Intervention*

1189. Merkel RL, Cox DJ, Kovatchev B, et al. The EEG consistency index as a measure of ADHD and responsiveness to medication. Applied psychophysiology and biofeedback. 2000;25:133-42. *Exclude-Population*

1190. Mesquita C, Nazar BP, Pinna CM, et al. How can Continuous Performance Test help to assess inattention when mood and ADHD symptoms coexist? Psychiatry research. 2016;243:326-30. *Exclude-Intervention*

1191. Mette C, Grabemann M, Zimmermann M, et al. No Clear Association between Impaired Short-Term or Working Memory Storage and Time Reproduction Capacity in Adult ADHD Patients. PLoS One. 2015;10(7):e0133714. doi: 10.1371/journal.pone.0133714. PMID: 26221955. *Exclude-Intervention*

1192. Mette C, Zimmermann M, Grabemann M, et al. The impact of acute tryptophan depletion on attentional performance in adult patients with ADHD. Acta Psychiatr Scand. 2013 Aug;128(2):124-32. doi: 10.1111/acps.12090. PMID: 23419004. *Exclude-Intervention*

1193. Meunier J, Oberdhan D, M'Hari M, et al. Measurement Properties and Clinically Meaningful Change of the adult ADHD investigator symptom rating scale (AISRS). American Professional Society of ADHD and Related Disorders (APSARD) Annual Meeting; 2025. *Exclude-Design*

1194. Meyer J, Ramklint M, Hallerbäck MU, et al. Evaluation of a structured skills training group for adolescents with attention deficit/hyperactivity disorder (ADHD) - study protocol of a randomised controlled trial. BMC Psychiatry. 2019 Jun 10;19(1):171. doi: 10.1186/s12888-019-2133-4. PMID: 31182047. *Exclude-Population*

1195. Meyer J, Ramklint M, Hallerbäck MU, et al. Evaluation of a structured skills training group for adolescents with attention deficit/hyperactivity disorder (ADHD) – Study protocol of a randomised controlled trial. BMC Psychiatry. 2019;19. doi: 10.1186/s12888-019-2133-4. *Exclude-Population*

1196. Michalek AM, Watson SM, Ash I, et al. Effects of noise and audiovisual cues on speech processing in adults with and without ADHD. Int J Audiol. 2014 Mar;53(3):145-52. doi: 10.3109/14992027.2013.866282. PMID: 24456181. *Exclude-Intervention*

1197. Michielsen M, Kleef D, Bijlenga D, et al. Response and Side Effects Using Stimulant Medication in Older Adults With ADHD: An Observational Archive Study. J Atten Disord. 2021 Oct;25(12):1712-9. doi: 10.1177/1087054720925884. PMID: 32508213. *Exclude-Design*

1198. Mick E, Biederman J, Spencer T, et al. Absence of association with DAT1 polymorphism and response to methylphenidate in a sample of adults with ADHD. Am J Med Genet B Neuropsychiatr Genet. 2006 Dec 5;141b(8):890-4. doi: 10.1002/ajmg.b.30376. PMID: 16917950. *Exclude-Intervention*

1199. Micoulaud-Franchi JA, Lopez R, Michel P, et al. The development of the SGI-16: a shortened sensory gating deficit and distractibility questionnaire for adults with ADHD. Atten Defic Hyperact Disord. 2017 Sep;9(3):179-87. doi: 10.1007/s12402-016-0215-4. PMID: 28039669. *Exclude-Intervention*

1200. Micoulaud-Franchi JA, Lopez R, Vaillant F, et al. Perceptual abnormalities related to sensory gating deficit are core symptoms in adults with ADHD. Psychiatry Res. 2015 Dec 15;230(2):357-63. doi: 10.1016/j.psychres.2015.09.016. PMID: 26416589. *Exclude-Intervention*

1201. Micoulaud-Franchi JA, Vaillant F, Lopez R, et al. Sensory gating in adult with attention-deficit/hyperactivity disorder: Event-evoked potential and perceptual experience reports comparisons with schizophrenia. Biol Psychol. 2015 Apr;107:16-23. doi: 10.1016/j.biopsycho.2015.03.002. PMID: 25766264. *Exclude-Intervention*

1202. Mihan R, Shahrivar Z, Mahmoudi-Gharaei J, et al. Attention-Deficit Hyperactivity Disorder in Adults Using Methamphetamine: Does It Affect Comorbidity, Quality of Life, and Global Functioning? Iran J Psychiatry. 2018 Apr;13(2):111-8. PMID: 29997656. *Exclude-Design*

1203. Milioni ALV, Chaim TM, Cavallet M, et al. High IQ may “mask” the diagnosis of adhd by compensating for deficits in executive functions in treatment-naïve adults with ADHD. Journal of Attention Disorders. 2017;21(6):455-64. doi: 10.1177/1087054714554933. *Exclude-Intervention*

1204. Miller M, Hanford RB, Fassbender C, et al. Affect recognition in adults with ADHD. J Atten Disord. 2011 Aug;15(6):452-60. doi: 10.1177/1087054710368636. PMID: 20555036. *Exclude-Intervention*

1205. Miranda A, Mercader J, Fernández MI, et al. Reading performance of young adults with ADHD diagnosed in childhood: Relations with executive functioning. Journal of Attention Disorders. 2017;21(4):294-304. doi: 10.1177/1087054713507977. *Exclude-Intervention*

1206. Misa JD. Factor analysis of the personality assessment inventory and connors adult ADHD Rating Scales in adults with symptoms of attention and concentration problems. US: ProQuest Information & Learning; 2014. *Exclude-Intervention*

1207. Mishra VC, Solanki G, Singh D, et al. Prevalence and clinical correlates of co-morbid attention deficit hyperactivity disorder in euthymic adults with bipolar disorder: A cross-sectional study. Indian J Psychiatry. 2023 Nov;65(11):1129-36. doi: 10.4103/indianjpsychiatry.indianjpsychiatry\_647\_23. PMID: 38249150. *Exclude-Intervention*

1208. Mitchell HM, Park G, Hammond CJ. Are non-abstinent reductions in World Health Organization drinking risk level a valid treatment target for alcohol use disorders in adolescents with ADHD? Addict Behav Rep. 2020 Dec;12:100312. doi: 10.1016/j.abrep.2020.100312. PMID: 33364320. *Exclude-Population*

1209. Mitchell JT, McClernon FJ, Beckham JC, et al. Smoking abstinence effects on emotion dysregulation in adult cigarette smokers with and without attention-deficit/hyperactivity disorder. Drug Alcohol Depend. 2019 Dec 1;205:107594. doi: 10.1016/j.drugalcdep.2019.107594. PMID: 31639512. *Exclude-Population*

1210. Mitchell JT, Nelson-Gray RO, Anastopoulos AD. Adapting an emerging empirically supported cognitive-behavioral therapy for adults with ADHD and comorbid complications: An example of two case studies. Clinical Case Studies. 2008;7(5):423-48. *Exclude-Design*

1211. Mocanu V, Tavakoli I, MacDonald A, et al. The Impact of ADHD on Outcomes Following Bariatric Surgery: a Systematic Review and Meta-analysis. Obes Surg. 2019 Apr;29(4):1403-9. doi: 10.1007/s11695-019-03735-5. PMID: 30706311. *Exclude-Population*

1212. Modi NB, Lindemulder B, Gupta SK. Single- and multiple-dose pharmacokinetics of an oral once-a-day osmotic controlled-release OROS (methylphenidate HCl) formulation. J Clin Pharmacol. 2000 Apr;40(4):379-88. doi: 10.1177/00912700022009080. PMID: 10761165. *Exclude-Design*

1213. Modi NB, Wang B, Noveck RJ, et al. Dose-proportional and stereospecific pharmacokinetics of methylphenidate delivered using an osmotic, controlled-release oral delivery system. J Clin Pharmacol. 2000 Oct;40(10):1141-9. PMID: 11028253. *Exclude-Population*

1214. Mohamed SM, Börger NA, Geuze RH, et al. Brain lateralization and self-reported symptoms of ADHD in a population sample of adults: a dimensional approach. Front Psychol. 2015;6:1418. doi: 10.3389/fpsyg.2015.01418. PMID: 26441789. *Exclude-Intervention*

1215. Mohammad Ali S, Elham G. A systematic review of randomized controlled trials on efficacy and safety of transcranial direct current stimulation in major neurodevelopmental disorders: ADHD, autism, and dyslexia. 2022. PMID: CRD42022321430. *Exclude-Population*

1216. Mokhtari H, Rabiei M, Salimi SH. Psychometric properties of the Persian version of Adult Attention-Deficit/Hyperactivity Disorder Self-Report Scale. Iranian Journal of Psychiatry and Clinical Psychology. 2015;21(3):244-53. *Exclude-Intervention*

1217. Molina BS, Marshal MP, Pelham WE, Jr., et al. Coping skills and parent support mediate the association between childhood attention-deficit/hyperactivity disorder and adolescent cigarette use. J Pediatr Psychol. 2005 Jun;30(4):345-57. doi: 10.1093/jpepsy/jsi029. PMID: 15863431. *Exclude-Population*

1218. Molina BS, Pelham WE, Gnagy EM, et al. Attention-deficit/hyperactivity disorder risk for heavy drinking and alcohol use disorder is age specific. Alcohol Clin Exp Res. 2007 Apr;31(4):643-54. doi: 10.1111/j.1530-0277.2007.00349.x. PMID: 17374044. *Exclude-Intervention*

1219. Monastra VJ, Lubar JF, Linden M. The development of a quantitative electroencephalographic scanning process for attention deficit-hyperactivity disorder: reliability and validity studies. Neuropsychology. 2001 Jan;15(1):136-44. doi: 10.1037//0894-4105.15.1.136. PMID: 11216884. *Exclude-Population*

1220. Monastra VJ, Lubar JF, Linden M, et al. Assessing attention deficit hyperactivity disorder via quantitative electroencephalography: an initial validation study. Neuropsychology. 1999 Jul;13(3):424-33. doi: 10.1037/0894-4105.13.3.424. PMID: 10447303. *Exclude-Population*

1221. Monastra VJ, Monastra DM, George S. The effects of stimulant therapy, EEG biofeedback, and parenting style on the primary symptoms of attention-deficit/hyperactivity disorder. Appl Psychophysiol Biofeedback. 2002 Dec;27(4):231-49. doi: 10.1023/a:1021018700609. PMID: 12557451. *Exclude-Population*

1222. Moorthy G, Sallee F, Gabbita P, et al. Safety, tolerability and pharmacokinetics of 2-pyridylacetic acid, a major metabolite of betahistine, in a phase 1 dose escalation study in subjects with ADHD. Biopharm Drug Dispos. 2015 Oct;36(7):429-39. doi: 10.1002/bdd.1955. PMID: 25904220. *Exclude-Timing*

1223. Moreira-Maia CR, Massuti R, Tessari L, et al. Are ADHD medications under or over prescribed worldwide?: Protocol for a systematic review and meta-analysis. Medicine (Baltimore). 2018 Jun;97(24):e10923. doi: 10.1097/md.0000000000010923. PMID: 29901582. *Exclude-Intervention*

1224. Morgensterns E, Alfredsson J, Hirvikoski T. Structured skills training for adults with ADHD in an outpatient psychiatric context: an open feasibility trial. Atten Defic Hyperact Disord. 2016 Jun;8(2):101-11. doi: 10.1007/s12402-015-0182-1. PMID: 26410823. *Exclude-Intervention*

1225. Morkem R, Handelman K, Queenan JA, et al. Validation of an EMR algorithm to measure the prevalence of ADHD in the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). BMC Med Inform Decis Mak. 2020 Jul 20;20(1):166. doi: 10.1186/s12911-020-01182-2. PMID: 32690025. *Exclude-Intervention*

1226. Morley CP. The effects of patient characteristics on ADHD diagnosis and treatment: a factorial study of family physicians. BMC Fam Pract. 2010 Feb 8;11:11. doi: 10.1186/1471-2296-11-11. PMID: 20144184. *Exclude-Intervention*

1227. Mörstedt B, Corbisiero S, Bitto H, et al. Attention-Deficit/Hyperactivity Disorder (ADHD) in Adulthood: Concordance and Differences between Self- and Informant Perspectives on Symptoms and Functional Impairment. PLoS One. 2015;10(11):e0141342. doi: 10.1371/journal.pone.0141342. PMID: 26529403. *Exclude-Intervention*

1228. Mosholder AD, Taylor L, Mannheim G, et al. Incidence of Heart Failure and Cardiomyopathy Following Initiation of Medications for Attention-Deficit/Hyperactivity Disorder: A Descriptive Study. J Clin Psychopharmacol. 2018 Oct;38(5):505-8. doi: 10.1097/jcp.0000000000000939. PMID: 30102629. *Exclude-Design*

1229. Mowinckel AM, Alnæs D, Pedersen ML, et al. Increased default-mode variability is related to reduced task-performance and is evident in adults with ADHD. Neuroimage Clin. 2017;16:369-82. doi: 10.1016/j.nicl.2017.03.008. PMID: 28861338. *Exclude-Outcome*

1230. Mucci F, Carpita B, Pagni G, et al. Lifetime evolution of ADHD treatment. J Neural Transm (Vienna). 2021 Jul;128(7):1085-98. doi: 10.1007/s00702-021-02336-w. PMID: 33993352. *Exclude-Design*

1231. Mückschel M, Roessner V, Beste C. Task experience eliminates catecholaminergic effects on inhibitory control - A randomized, double-blind cross-over neurophysiological study. Eur Neuropsychopharmacol. 2020 Jun;35:89-99. doi: 10.1016/j.euroneuro.2020.03.013. PMID: 32402650. *Exclude-Population*

1232. Muhammad A, Paula W, Benjamin J. The effectiveness of omega-3 fatty acids in reducing symptoms of attention deficit hyperactivity disorder. 2018. PMID: CRD42018086386. *Exclude-Population*

1233. Muir VJ, Perry CM. Guanfacine extended-release: in attention deficit hyperactivity disorder. Drugs. 2010 Sep 10;70(13):1693-702. doi: 10.2165/11205940-000000000-00000. PMID: 20731476. *Exclude-Population*

1234. Muit JJ, Bothof N, Kan CC. Pharmacotherapy of ADHD in Adults With Autism Spectrum Disorder: Effectiveness and Side Effects. J Atten Disord. 2020 Jan;24(2):215-25. doi: 10.1177/1087054719866255. PMID: 31625426. *Exclude-Design*

1235. Müller BW, Gimbel K, Keller-Pliessnig A, et al. Neuropsychological assessment of adult patients with attention-deficit/hyperactivity disorder. Eur Arch Psychiatry Clin Neurosci. 2007 Mar;257(2):112-9. doi: 10.1007/s00406-006-0688-9. PMID: 17200879. *Exclude-Intervention*

1236. Muller U. Pharmacological treatment of ADHD in adults: Implications for binge eating and obesity. International Journal of Neuropsychopharmacology. 2014;17:36-7. doi: 10.1017/S1461145714000741. *Exclude-Design*

1237. Müller U, Clark L, Lam ML, et al. Lack of effects of guanfacine on executive and memory functions in healthy male volunteers. Psychopharmacology (Berl). 2005 Oct;182(2):205-13. doi: 10.1007/s00213-005-0078-4. PMID: 16078088. *Exclude-Population*

1238. Murphy K. Psychosocial treatments for ADHD in teens and adults: a practice-friendly review. J Clin Psychol. 2005 May;61(5):607-19. doi: 10.1002/jclp.20123. PMID: 15723366. *Exclude-Design*

1239. Murphy K, Barkley RA. Prevalence of DSM-IV symptoms of ADHD in adult licensed drivers: Implications for clinical diagnosis. Journal of attention disorders. 1996;1(3):147-61. *Exclude-Intervention*

1240. Murphy KR, Adler LA. Assessing attention-deficit/hyperactivity disorder in adults: focus on rating scales. J Clin Psychiatry. 2004;65 Suppl 3:12-7. PMID: 15046530. *Exclude-Design*

1241. Muskens JB, Velders FP, Staal WG. Medical comorbidities in children and adolescents with autism spectrum disorders and attention deficit hyperactivity disorders: a systematic review. Eur Child Adolesc Psychiatry. 2017 Sep;26(9):1093-103. doi: 10.1007/s00787-017-1020-0. PMID: 28674760. *Exclude-Intervention*

1242. Musso MW, Gouvier WD. "Why is this so hard?" A review of detection of malingered ADHD in college students. J Atten Disord. 2014 Apr;18(3):186-201. doi: 10.1177/1087054712441970. PMID: 22582347. *Exclude-Design*

1243. Nagatsuka Y, Nakamura D, Ota M, et al. Gaze measurements during viewing human dialogue scenes in adults with ADHD: Preliminary findings. Neuropsychopharmacol Rep. 2024 Mar;44(1):73-9. doi: 10.1002/npr2.12383. PMID: 38050324. *Exclude-Intervention*

1244. Najib J, Didenko E, Meleshkina D, et al. Review of lisdexamfetamine dimesylate in children and adolescents with attention deficit/hyperactivity disorder. Curr Med Res Opin. 2020 Oct;36(10):1717-35. doi: 10.1080/03007995.2020.1815002. PMID: 32845786. *Exclude-Population*

1245. Nakano M, Witcher J, Satoi Y, et al. Pharmacokinetic Profile and Palatability of Atomoxetine Oral Solution in Healthy Japanese Male Adults. Clin Drug Investig. 2016 Nov;36(11):903-11. doi: 10.1007/s40261-016-0430-y. PMID: 27444039. *Exclude-Intervention*

1246. Nakashima M, Inada N, Tanigawa Y, et al. Efficacy of Group Cognitive Behavior Therapy Targeting Time Management for Adults with Attention Deficit/Hyperactivity Disorder in Japan: A Randomized Control Pilot Trial. J Atten Disord. 2022 Feb;26(3):377-90. doi: 10.1177/1087054720986939. PMID: 33472510. *Exclude-Design*

1247. Nankoo MMA, Palermo R, Bell JA, et al. Examining the Rate of Self-Reported ADHD-Related Traits and Endorsement of Depression, Anxiety, Stress, and Autistic-Like Traits in Australian University Students. J Atten Disord. 2019 Jun;23(8):869-86. doi: 10.1177/1087054718758901. PMID: 29502467. *Exclude-Population*

1248. Nasri B, Castenfors M, Fredlund P, et al. Group treatment for adults with ADHD based on a novel combination of cognitive and dialectical behavior interventions: a feasibility study. Journal of attention disorders. 2020;24(6):904-17. *Exclude-Design*

1249. Nasser A, Hull J, Yarullina I, et al. Impact of Viloxazine Extended- Release Capsules (Qelbree®) on Executive Function in Adults With ADHD During an Open-Label Extension Study. CNS Spectrums. 2023;28(2):218-9. *Exclude-Design*

1250. Nasser A, Hull JT, Liranso T, et al. The Effect of Viloxazine Extended-Release Capsules on Functional Impairments Associated with Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents in Four Phase 3 Placebo-Controlled Trials. Neuropsychiatr Dis Treat. 2021;17:1751-62. doi: 10.2147/ndt.S312011. PMID: 34113106. *Exclude-Population*

1251. Nasser A, Kosheleff AR, Hull JT, et al. Translating Attention-Deficit/Hyperactivity Disorder Rating Scale-5 and Weiss Functional Impairment Rating Scale-Parent Effectiveness Scores into Clinical Global Impressions Clinical Significance Levels in Four Randomized Clinical Trials of SPN-812 (Viloxazine Extended-Release) in Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. J Child Adolesc Psychopharmacol. 2021 Apr;31(3):214-26. doi: 10.1089/cap.2020.0148. PMID: 33600233. *Exclude-Population*

1252. Natalie Lynette P, Teleri M, Arthur T, et al. Non-pharmacological sleep interventions in children and adolescents with neurological and neurodevelopmental disorders: a systematic review. 2017. PMID: CRD42017075781. *Exclude-Population*

1253. National Guideline C. NICE Evidence Reviews Collection. Evidence reviews for Information and support for people with ADHD: Attention deficit hyperactivity disorder: diagnosis and management: Evidence review B. London: National Institute for Health and Care Excellence (NICE)

Copyright © NICE 2018.; 2018. *Exclude-Population*

1254. National Institute of Mental H. Measuring and Predicting Response to Atomoxetine and Methylphenidate. In: National Institute of Mental H, editor; 2005. *Exclude-Population*

1255. National Institute of Mental H. Dose Response Pharmacogenetic Study of ADHD. In: National Institute of Mental H, editor; 2008. *Exclude-Population*

1256. National Institute of Mental H. Stimulant Drug Treatment of AD/HD, Inattentive Type. In: National Institute of Mental H, editor; 2009. *Exclude-Population*

1257. National Institute of Mental H. Imaging Stimulant and Non Stimulant Treatments for ADHD: A Network Based Approach. In: National Institute of Mental H, editor; 2012. *Exclude-Population*

1258. National Institute of Mental H. 12 Month Open Extension Study of TNS for ADHD. In: National Institute of Mental H, editor; 2019. *Exclude-Population*

1259. National Institute of Mental H. Four-week Open-trial Extension Study of Trigeminal Nerve Stimulation (TNS) for Youth Previously Randomized to Sham in a Double-Blind Trial. In: National Institute of Mental H, editor; 2019. *Exclude-Population*

1260. National Institute of Mental H. A Novel Neuromonitoring Guided Cognitive Intervention for Targeted Enhancement of Working Memory. In: National Institute of Mental H, editor; 2019. *Exclude-Population*

1261. National Institute on Drug A, University of Colorado D. Randomized Controlled Trial of Osmotic-Release Methylphenidate (OROS-MPH) for Attention Deficit Hyperactivity Disorder (ADHD) in Adolescents With Substance Use Disorders (SUD). In: National Institute on Drug A, University of Colorado D, eds.; 2005. *Exclude-Population*

1262. Naya N, Sakai C, Okutsu D, et al. Efficacy and safety of guanfacine extended-release in Japanese adults with attention-deficit/hyperactivity disorder: Exploratory post hoc subgroup analyses of a randomized, double-blind, placebo-controlled study. Neuropsychopharmacol Rep. 2021 Mar;41(1):26-39. doi: 10.1002/npr2.12152. PMID: 33305542. *Exclude-Population*

1263. Nazar BP, Bernardes C, Peachey G, et al. The risk of eating disorders comorbid with attention-deficit/hyperactivity disorder: A systematic review and meta-analysis. Int J Eat Disord. 2016 Dec;49(12):1045-57. doi: 10.1002/eat.22643. PMID: 27859581. *Exclude-Intervention*

1264. Netherlands Brain F. Effects of Methylphenidate on Resting State Connectivity in Healthy Controls and in Adults With Attention Deficit Hyperactivity Disorder. In: Netherlands Brain F, editor; 2012. *Exclude-Timing*

1265. NeuroSigma I. An Eight-Week, Open Trial Pilot Investigation of Trigeminal Nerve Stimulation for Attention Deficit Hyperactivity Disorder (ADHD). In: NeuroSigma I, editor; 2011. *Exclude-Population*

1266. Neurovance I. 2014. *Exclude-Population*

1267. Newark PE, Stieglitz R-D. Therapy-relevant factors in adult ADHD from a cognitive behavioural perspective. ADHD Attention Deficit and Hyperactivity Disorders. 2010;2:59-72. *Exclude-Intervention*

1268. Newbern D, Dansereau DF, Czuchry M, et al. Node-link mapping in individual counseling: treatment impact on clients with ADHD-related behaviors. J Psychoactive Drugs. 2005 Mar;37(1):93-103. doi: 10.1080/02791072.2005.10399752. PMID: 15916255. *Exclude-Population*

1269. Newcorn JH, Kratochvil CJ, Allen AJ, et al. Atomoxetine and osmotically released methylphenidate for the treatment of attention deficit hyperactivity disorder: acute comparison and differential response. American Journal of Psychiatry. 2008;165(6):721-30. *Exclude-Population*

1270. Newcorn JH, Stark JG, Adcock S, et al. A Randomized Phase I Study to Assess the Effect of Alcohol on the Pharmacokinetics of an Extended-release Orally Disintegrating Tablet Formulation of Amphetamine in Healthy Adults. Clin Ther. 2017 Aug;39(8):1695-705. doi: 10.1016/j.clinthera.2017.07.006. PMID: 28760535. *Exclude-Population*

1271. Newcorn JH, Stein MA, Cooper KM. Dose-response characteristics in adolescents with attention-deficit/hyperactivity disorder treated with OROS methylphenidate in a 4-week, open-label, dose-titration study. J Child Adolesc Psychopharmacol. 2010 Jun;20(3):187-96. doi: 10.1089/cap.2009.0102. PMID: 20578931. *Exclude-Population*

1272. Newcorn JH, Weiss M, Stein MA. The complexity of ADHD: diagnosis and treatment of the adult patient with comorbidities. CNS spectrums. 2007;12(S12):1-16. *Exclude-Intervention*

1273. Newman E, Jernigan TL, Lisdahl KM, et al. Go/No Go task performance predicts cortical thickness in the caudal inferior frontal gyrus in young adults with and without ADHD. Brain Imaging Behav. 2016 Sep;10(3):880-92. doi: 10.1007/s11682-015-9453-x. PMID: 26404018. *Exclude-Intervention*

1274. Ng QX. A Systematic Review of the Use of Bupropion for Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. J Child Adolesc Psychopharmacol. 2017 Mar;27(2):112-6. doi: 10.1089/cap.2016.0124. PMID: 27813651. *Exclude-Population*

1275. Nicoletta A, George G, Micaela MR, et al. Understanding the prescribing, efficacy, acceptability and tolerability of medications for Attention-Deficit/Hyperactivity Disorder in autistic individuals: a systematic review of non-interventional studies. 2023. PMID: CRD42023408976. *Exclude-Population*

1276. Niederhofer H. Tianeptine as a slightly effective therapeutic option for attention-deficit hyperactivity disorder. Neuropsychobiology. 2004;49(3):130-3. doi: 10.1159/000076721. PMID: 15034228. *Exclude-Design*

1277. Niederhofer H. Agomelatine treatment with adolescents with ADHD. J Atten Disord. 2012 Aug;16(6):530-2. doi: 10.1177/1087054711423631. PMID: 22668524. *Exclude-Population*

1278. Niederhofer H. Treating ADHD with agomelatine. J Atten Disord. 2012 May;16(4):346-8. doi: 10.1177/1087054711417400. PMID: 22491963. *Exclude-Outcome*

1279. Niederhofer H, D'Addato G. [Attention deficit hyperactivity: tianeptine open trial]. Minerva Pediatr. 2005 Oct;57(5):333-4. PMID: 16205621. *Exclude-Language*

1280. Nielsen NP, Wiig EH. Validation of the AQT color-form additive model for screening and monitoring pharmacological treatment of ADHD. J Atten Disord. 2013 Apr;17(3):187-93. doi: 10.1177/1087054711428075. PMID: 22210798. *Exclude-Intervention*

1281. Nielsen NP, Wiig EH, Bäck S, et al. Processing speed can monitor stimulant-medication effects in adults with attention deficit disorder with hyperactivity. Nord J Psychiatry. 2017 May;71(4):296-303. doi: 10.1080/08039488.2017.1280534. PMID: 28413936. *Exclude-Intervention*

1282. Nigg JT, Bruton A, Kozlowski MB, et al. Systematic Review and Meta-Analysis: Do White Noise or Pink Noise Help With Task Performance in Youth With Attention-Deficit/Hyperactivity Disorder or With Elevated Attention Problems? J Am Acad Child Adolesc Psychiatry. 2024 Feb 28. doi: 10.1016/j.jaac.2023.12.014. PMID: 38428577. *Exclude-Duplicate*

1283. Nikles CJ, Clavarino AM, Del Mar CB. Using n-of-1 trials as a clinical tool to improve prescribing. Br J Gen Pract. 2005 Mar;55(512):175-80. PMID: 15808031. *Exclude-Design*

1284. Nobukawa S, Shirama A, Takahashi T, et al. Identification of attention-deficit hyperactivity disorder based on the complexity and symmetricity of pupil diameter. Sci Rep. 2021 Apr 19;11(1):8439. doi: 10.1038/s41598-021-88191-x. PMID: 33875772. *Exclude-Intervention*

1285. Nordby ES, Gjestad R, Kenter RMF, et al. The Effect of SMS Reminders on Adherence in a Self-Guided Internet-Delivered Intervention for Adults With ADHD. Front Digit Health. 2022;4:821031. doi: 10.3389/fdgth.2022.821031. PMID: 35651537. *Exclude-Intervention*

1286. Nordby ES, Guribye F, Schønning V, et al. A Blended Intervention Targeting Emotion Dysregulation in Adults With Attention-Deficit/Hyperactivity Disorder: Development and Feasibility Study. JMIR Form Res. 2024 Jan 17;8:e53931. doi: 10.2196/53931. PMID: 38231536. *Exclude-Comparator*

1287. Nordby ES, Kenter RMF, Lundervold AJ, et al. A self-guided Internet-delivered intervention for adults with ADHD: A feasibility study. Internet Interv. 2021 Sep;25:100416. doi: 10.1016/j.invent.2021.100416. PMID: 34401375. *Exclude-Comparator*

1288. Norton J. Use of modafinil in attention-deficit/hyperactivity disorder. Primary Psychiatry. 2002;9(9):48-9. *Exclude-Design*

1289. Norvilitis JM, Ingersoll T, Zhang J, et al. Self-reported symptoms of ADHD among college students in China and the United States. Journal of Attention Disorders. 2008;11(5):558-67. *Exclude-Intervention*

1290. Nourredine M, Gering A, Fourneret P, et al. Association of Attention-Deficit/Hyperactivity Disorder in Childhood and Adolescence With the Risk of Subsequent Psychotic Disorder: A Systematic Review and Meta-analysis. JAMA Psychiatry. 2021 May 1;78(5):519-29. doi: 10.1001/jamapsychiatry.2020.4799. PMID: 33625499. *Exclude-Population*

1291. Novartis. Sleep and Tolerability of Extended Release Dexmethylphenidate vs. Mixed Amphetamine Salts: A Double Blind, Placebo Controlled Study (SAT STUDY). In: Novartis, editor; 2006. *Exclude-Population*

1292. O'Connell RG, Bellgrove MA, Dockree PM, et al. Self-Alert Training: volitional modulation of autonomic arousal improves sustained attention. Neuropsychologia. 2008 Apr;46(5):1379-90. doi: 10.1016/j.neuropsychologia.2007.12.018. PMID: 18249419. *Exclude-Timing*

1293. O'donnell JP, McCann KK, Pluth S. Assessing adult ADHD using a self-report symptom checklist. Psychological Reports. 2001;88(3):871-81. *Exclude-Outcome*

1294. O'Gorman RL, Mehta MA, Asherson P, et al. Increased cerebral perfusion in adult attention deficit hyperactivity disorder is normalised by stimulant treatment: a non-invasive MRI pilot study. Neuroimage. 2008 Aug 1;42(1):36-41. doi: 10.1016/j.neuroimage.2008.04.169. PMID: 18511306. *Exclude-Intervention*

1295. O'Gorman RL, Mehta MA, Asherson P, et al. Increased cerebral perfusion in adult attention deficit hyperactivity disorder is normalised by stimulant treatment: A non-invasive MRI pilot study. NeuroImage. 2008;42(1):36-41. doi: 10.1016/j.neuroimage.2008.04.169. *Exclude-Duplicate*

1296. Oh Y, Yoon HJ, Kim JH, et al. Trait Anxiety as a Mediator of the Association between Attention Deficit Hyperactivity Disorder Symptom Severity and Functional Impairment. Clin Psychopharmacol Neurosci. 2018 Nov 30;16(4):407-14. doi: 10.9758/cpn.2018.16.4.407. PMID: 30466213. *Exclude-Intervention*

1297. Ohlmeier MD, Peters K, Kordon A, et al. Nicotine and alcohol dependence in patients with comorbid attention-deficit/hyperactivity disorder (ADHD). Alcohol Alcohol. 2007 Nov-Dec;42(6):539-43. doi: 10.1093/alcalc/agm069. PMID: 17766314. *Exclude-Intervention*

1298. Ohnishi T, Toda W, Itagaki S, et al. Disrupted structural connectivity and less efficient network system in patients with the treatment-naive adult attention-deficit/hyperactivity disorder. Front Psychiatry. 2023;14:1093522. doi: 10.3389/fpsyt.2023.1093522. PMID: 37009101. *Exclude-Intervention*

1299. Okie S. ADHD in adults. N Engl J Med. 2006 Jun 22;354(25):2637-41. doi: 10.1056/NEJMp068113. PMID: 16790695. *Exclude-Design*

1300. Olagunju AE, Ghoddusi F. Attention-Deficit/Hyperactivity Disorder in Adults. Am Fam Physician. 2024 Aug;110(2):157-66. PMID: 39172673. *Exclude-Outcome*

1301. Oncü B, Olmez S. [Neuropsychological findings in adults with attention deficit hyperactivity disorder]. Turk Psikiyatri Derg. 2004 Spring;15(1):41-6. PMID: 15095114. *Exclude-Language*

1302. Oncü B, Olmez S, Sentürk V. [Validity and reliability of the Turkish version of the Wender Utah Rating Scale for attention-deficit/hyperactivity disorder in adults]. Turk Psikiyatri Derg. 2005 Winter;16(4):252-9. PMID: 16362844. *Exclude-Intervention*

1303. Orri M, Pingault J-B, Turecki G, et al. Contribution of birth weight to mental health, cognitive and socioeconomic outcomes: Two-sample Mendelian randomisation. United Kingdom: Cambridge University Press; 2021. p. 507-14. *Exclude-Population*

1304. Ortho-McNeil Janssen Scientific Affairs LLC. Functional Neuroimaging of Acute Concerta Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD): Differences Across Development. In: Ortho-McNeil Janssen Scientific Affairs LLC, editor; 2008. *Exclude-Population*

1305. Osmon DC, Kazakov D, Santos O, et al. Non-Gaussian Distributional Analyses of Reaction Times (RT): Improvements that Increase Efficacy of RT Tasks for Describing Cognitive Processes. Neuropsychol Rev. 2018 Sep;28(3):359-76. doi: 10.1007/s11065-018-9382-8. PMID: 30178182. *Exclude-Population*

1306. Overmeyer S, Taylor E. Neuroimaging in hyperkinetic children and adults: an overview. Pediatr Rehabil. 2000 Apr-Jun;4(2):57-70. doi: 10.1080/13638490110039967. PMID: 11469743. *Exclude-Population*

1307. Overtoom CC, Bekker EM, van der Molen MW, et al. Methylphenidate restores link between stop-signal sensory impact and successful stopping in adults with attention-deficit/hyperactivity disorder. Biol Psychiatry. 2009 Apr 1;65(7):614-9. doi: 10.1016/j.biopsych.2008.10.048. PMID: 19103443. *Exclude-Timing*

1308. Ovsiew GP, Cerny BM, Boer ABD, et al. Performance and symptom validity assessment in attention deficit/hyperactivity disorder: Base rates of invalidity, concordance, and relative impact on cognitive performance. The Clinical Neuropsychologist. 2023;37(7):1498-515. *Exclude-Intervention*

1309. Pablo Luis L, Fernando Manuel T, Agustín C, et al. Cognitive-behavioural interventions for attention deficit hyperactivity disorder (ADHD) in adults [Cochrane Protocol]. 2015. PMID: CRD42015016294. *Exclude-Outcome*

1310. Palli SR, Kamble PS, Chen H, et al. Persistence of stimulants in children and adolescents with attention-deficit/hyperactivity disorder. J Child Adolesc Psychopharmacol. 2012 Apr;22(2):139-48. doi: 10.1089/cap.2011.0028. PMID: 22364400. *Exclude-Population*

1311. Palma-Álvarez RF, Barta C, Carpentier PJ, et al. Validity of the ADHD module of the Mini International Neuropsychiatric Interview PLUS for screening of adult ADHD in treatment seeking substance use disorder patients: ADHD screening with MINI-Plus. Revista de Psiquiatria y Salud Mental. 2020. doi: 10.1016/j.rpsm.2020.04.013. *Exclude-Duplicate*

1312. Pan M, Huang F, Zhao M, et al. A comparison of efficacy between group cognitive behavioral therapy versus cognitive behavioral therapy combined with medication in adult ADHD. ADHD Attention Deficit and Hyperactivity Disorders. 2019;11(1):S49. doi: 10.1007/s12402-019-00295-7. *Exclude-Design*

1313. Pan M-R, Dong M, Zhang S-Y, et al. One-year follow-up of the effectiveness and mediators of cognitive behavioural therapy among adults with attention-deficit/hyperactivity disorder: Secondary outcomes of a randomised controlled trial. BMC Psychiatry. 2024;24(1). doi: 10.1186/s12888-024-05673-8. *Exclude-Duplicate*

1314. Pan M-R, Huang F, Zhao M-J, et al. A comparison of efficacy between cognitive behavioral therapy (CBT) and CBT combined with medication in adults with attention-deficit/hyperactivity disorder (ADHD). Psychiatry Research. 2019;279:23-33. doi: 10.1016/j.psychres.2019.06.040. *Exclude-Duplicate*

1315. Pan M-R, Zhang S-Y, Qiu S-W, et al. Efficacy of cognitive behavioural therapy in medicated adults with attention-deficit/hyperactivity disorder in multiple dimensions: A randomised controlled trial. European Archives of Psychiatry and Clinical Neuroscience. 2022;272(2):235-55. doi: 10.1007/s00406-021-01236-0. *Exclude-Duplicate*

1316. Pan MR, Zhao MJ, Liu L, et al. Cognitive behavioural therapy in groups for medicated adults with attention deficit hyperactivity disorder: protocol for a randomised controlled trial. BMJ Open. 2020 Oct 5;10(10):e037514. doi: 10.1136/bmjopen-2020-037514. PMID: 33020094. *Exclude-Design*

1317. Pancner PL. The utility of the Personality Assessment Inventory as an indicator of attention deficit/hyperactivity disorder with an adult clinical population. US: ProQuest Information & Learning; 2006. *Exclude-Comparator*

1318. Papp S, Tombor L, Kakuszi B, et al. Impaired early information processing in adult ADHD: a high-density ERP study. BMC Psychiatry. 2020 Jun 10;20(1):292. doi: 10.1186/s12888-020-02706-w. PMID: 32522183. *Exclude-Intervention*

1319. Papp S, Tombor L, Kakuszi B, et al. Electrophysiological underpinnings of dysfunctional inhibitory control in adults with attention-deficit/hyperactivity disorder: evidence for reduced NoGo anteriorization. J Neural Transm (Vienna). 2023 Jul;130(7):975-86. doi: 10.1007/s00702-023-02639-0. PMID: 37131048. *Exclude-Intervention*

1320. Pardo A, Kando JC, King TR, et al. PHARMACOKINETICS OF AMPHETAMINE EXTENDED-RELEASE ORAL SUSPENSION (AMPH EROS) IN ADOLESCENTS INTERPOLATED FROM CHILDREN AND ADULTS USING POPULATION ANALYSIS. Journal of the American Academy of Child and Adolescent Psychiatry. 2020;59(10):S264. doi: 10.1016/j.jaac.2020.08.461. *Exclude-Population*

1321. Pardo A, King TR, Rafla E, et al. Assessing Palatability of a New Amphetamine Extended-Release Tablet Formulation for the Treatment of ADHD. Drug Des Devel Ther. 2021;15:2979-85. doi: 10.2147/dddt.S309378. PMID: 34262263. *Exclude-Design*

1322. Park J, Kim B. Comorbidity and Factors Affecting Treatment Non-Persistence in ADHD. J Atten Disord. 2020 Jul;24(9):1276-84. doi: 10.1177/1087054715587097. PMID: 26006168. *Exclude-Population*

1323. Park Y, Lee JH. The Deficit of Early Selective Attention in Adults With Sluggish Cognitive Tempo: In Comparison With Those With Attention-Deficit/Hyperactivity Disorder. Front Psychol. 2021;12:614213. doi: 10.3389/fpsyg.2021.614213. PMID: 33776840. *Exclude-Intervention*

1324. Parlatini V, Itahashi T, Lee Y, et al. White matter alterations in Attention-Deficit/Hyperactivity Disorder (ADHD): a systematic review of 129 diffusion imaging studies with meta-analysis. Mol Psychiatry. 2023 Oct;28(10):4098-123. doi: 10.1038/s41380-023-02173-1. PMID: 37479785. *Exclude-Intervention*

1325. Parsons TD, Duffield T, Asbee J. A Comparison of Virtual Reality Classroom Continuous Performance Tests to Traditional Continuous Performance Tests in Delineating ADHD: a Meta-Analysis. Neuropsychol Rev. 2019 Sep;29(3):338-56. doi: 10.1007/s11065-019-09407-6. PMID: 31161465. *Exclude-Population*

1326. Paslakis G, Schredl M, Alm B, et al. [Adult attention deficit/hyperactivity disorder, associated symptoms and comorbid psychiatric disorders: diagnosis and pharmacological treatment]. Fortschr Neurol Psychiatr. 2013 Aug;81(8):444-51. doi: 10.1055/s-0033-1335657. PMID: 23864520. *Exclude-Language*

1327. Patrick KS, Straughn AB. Absorption Differences between Immediate-Release Dexmethylphenidate and dl-Methylphenidate. Drug Metab Dispos. 2016 Mar;44(3):418-21. doi: 10.1124/dmd.115.067975. PMID: 26729760. *Exclude-Design*

1328. Paucke M, Stark T, Exner C, et al. [Attention deficit-hyperactivity disorder (ADHD) and comorbid mental disorders : ADHD-specific self-rating scales in differential diagnostics]. Nervenarzt. 2018 Nov;89(11):1287-93. doi: 10.1007/s00115-018-0553-x. PMID: 29916032. *Exclude-Language*

1329. Paucke M, Stibbe T, Huang J, et al. Differentiation of ADHD and Depression Based on Cognitive Performance. J Atten Disord. 2021 May;25(7):920-32. doi: 10.1177/1087054719865780. PMID: 31409195. *Exclude-Language*

1330. Pauly V, Frauger E, Lepelley M, et al. Patterns and profiles of methylphenidate use both in children and adults. Br J Clin Pharmacol. 2018 Jun;84(6):1215-27. doi: 10.1111/bcp.13544. PMID: 29512177. *Exclude-Intervention*

1331. Pedersen H, Skliarova T, Pedersen SA, et al. Psychoeducation for adult ADHD: a scoping review about characteristics, patient involvement, and content. BMC Psychiatry. 2024 Jan 25;24(1):73. doi: 10.1186/s12888-024-05530-8. PMID: 38273266. *Exclude-Population*

1332. Pedrero Pérez EJ, Puerta García C. [ASRS v.1.1., a tool for attention-deficit/hyperactivity disorder screening in adults treated for addictive behaviors: psychometric properties and estimated prevalence]. Adicciones. 2007;19(4):393-407. PMID: 18173102. *Exclude-Language*

1333. Pehlivanidis A, Papanikolaou K, Korobili K, et al. Trait-Based Dimensions Discriminating Adults with Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD) and, Co-occurring ADHD/ASD. Brain Sci. 2020 Dec 26;11(1). doi: 10.3390/brainsci11010018. PMID: 33375278. *Exclude-Intervention*

1334. Peksel H, Upadhyaya H, Adams DH, et al. Maintenance of effect in Attention Deficit Hyperactivity Disorder: What do placebo-controlled randomized withdrawal studies of atomoxetine and stimulants tell us? Klinik Psikofarmakoloji Bulteni. 2015;25:S82. *Exclude-Design*

1335. Pelletier MF, Hodgetts HM, Lafleur MF, et al. Vulnerability to the Irrelevant Sound Effect in Adult ADHD. J Atten Disord. 2016 Apr;20(4):306-16. doi: 10.1177/1087054713492563. PMID: 23893530. *Exclude-Intervention*

1336. pellow CN. Classification of ADHD group membership using the Boston Qualitative Scoring System for the Rey-Osterrieth Complex Figure: A comparison of two methods. US: ProQuest Information & Learning; 2022. *Exclude-Intervention*

1337. Pelz R, Banaschewski T, Becker K. [Methylphenidate of retard forms in children and adolescents with ADHD - an overview]. Klin Padiatr. 2008 Mar-Apr;220(2):93-100. doi: 10.1055/s-2007-985864. PMID: 18157763. *Exclude-Population*

1338. Peng L, Tian L, Wang T, et al. Effects of non-invasive brain stimulation (NIBS) for executive function on subjects with ADHD: a protocol for a systematic review and meta-analysis. BMJ Open. 2023 Mar 6;13(3):e069004. doi: 10.1136/bmjopen-2022-069004. PMID: 36878663. *Exclude-Intervention*

1339. Pentikis HS, Simmons RD, Benedict MF, et al. Methylphenidate bioavailability in adults when an extended-release multiparticulate formulation is administered sprinkled on food or as an intact capsule. J Am Acad Child Adolesc Psychiatry. 2002 Apr;41(4):443-9. doi: 10.1097/00004583-200204000-00017. PMID: 11931601. *Exclude-Timing*

1340. Pereira A, Richarte V, Fadeuilhe C, et al. ADHD Rating Scale (ADHD-RS): Validation in Spanish in adult population according to the DSM-5. Span J Psychiatry Ment Health. 2024 Jan-Mar;17(1):46-50. doi: 10.1016/j.sjpmh.2023.06.002. PMID: 38436988. *Exclude-Language*

1341. Perera B, Courtenay K, Solomou S, et al. Diagnosis of Attention Deficit Hyperactivity Disorder in Intellectual Disability: Diagnostic and Statistical Manual of Mental Disorder V versus clinical impression. J Intellect Disabil Res. 2020 Mar;64(3):251-7. doi: 10.1111/jir.12705. PMID: 31808234. *Exclude-Intervention*

1342. Perez Algorta G, Kragh CA, Arnold LE, et al. Maternal ADHD Symptoms, Personality, and Parenting Stress: Differences Between Mothers of Children With ADHD and Mothers of Comparison Children. J Atten Disord. 2018 Nov;22(13):1266-77. doi: 10.1177/1087054714561290. PMID: 25525155. *Exclude-Population*

1343. Perugi G, Vannucchi G. The use of stimulants and atomoxetine in adults with comorbid ADHD and bipolar disorder. Expert Opin Pharmacother. 2015;16(14):2193-204. doi: 10.1517/14656566.2015.1079620. PMID: 26364896. *Exclude-Design*

1344. Perwien A, Hall J, Swensen A, et al. Stimulant treatment patterns and compliance in children and adults with newly treated attention-deficit/hyperactivity disorder. J Manag Care Pharm. 2004 Mar-Apr;10(2):122-9. doi: 10.18553/jmcp.2004.10.2.122. PMID: 15032561. *Exclude-Population*

1345. Pettersson R, Söderström S, Edlund-Söderström K, et al. Internet-based cognitive behavioral therapy for adults with ADHD in outpatient psychiatric care: A randomized trial. Journal of Attention Disorders. 2017;21(6):508-21. doi: 10.1177/1087054714539998. *Exclude-Duplicate*

1346. Peyre H, Hoertel N, Hatteea H, et al. Adulthood self-reported cardiovascular risk and ADHD medications: results from the 2004–2005 National Epidemiologic Survey on Alcohol and Related Conditions. The Journal of Clinical Psychiatry. 2014;75(2):575. *Exclude-Intervention*

1347. Pfiffner LJ, Hinshaw SP, Owens E, et al. A two-site randomized clinical trial of integrated psychosocial treatment for ADHD-inattentive type. Journal of consulting and clinical psychology. 2014;82(6):1115. *Exclude-Population*

1348. Pheh KS, Tan KA, Ibrahim N, et al. Effectiveness of Online Mindfulness-Based Intervention (iMBI) on Inattention, Hyperactivity-Impulsivity, and Executive Functioning in College Emerging Adults with Attention-Deficit/Hyperactivity Disorder: A Study Protocol. Int J Environ Res Public Health. 2021 Jan 30;18(3). doi: 10.3390/ijerph18031257. PMID: 33573341. *Exclude-Design*

1349. Philipp-Wiegmann F, Zinnow T, Retz W, et al. [Psychometric Properties of the Self- and Observer-Ratings ADHD-SR and Wender-Reimherr-Interview in the Assessment of ADHD Symptoms in Old Age]. Psychiatr Prax. 2017 Oct;44(7):400-5. doi: 10.1055/s-0042-111041. PMID: 27618174. *Exclude-Language*

1350. Philipsen A, Graf E, Tebartz van Elst L, et al. Evaluation of the efficacy and effectiveness of a structured disorder tailored psychotherapy in ADHD in adults: study protocol of a randomized controlled multicentre trial. Atten Defic Hyperact Disord. 2010 Dec;2(4):203-12. doi: 10.1007/s12402-010-0046-7. PMID: 21432607. *Exclude-Duplicate*

1351. Philipsen A, Jans T, Graf E, et al. Effects of Group Psychotherapy, Individual Counseling, Methylphenidate, and Placebo in the Treatment of Adult Attention-Deficit/Hyperactivity Disorder: A Randomized Clinical Trial. JAMA Psychiatry. 2015 Dec;72(12):1199-210. doi: 10.1001/jamapsychiatry.2015.2146. PMID: 26536057. *Exclude-Duplicate*

1352. Philipsen A, Lam AP, Breit S, et al. Early maladaptive schemas in adult patients with attention deficit hyperactivity disorder. Atten Defic Hyperact Disord. 2017 Jun;9(2):101-11. doi: 10.1007/s12402-016-0211-8. PMID: 28012033. *Exclude-Intervention*

1353. Philipsen A, Richter H, Peters J, et al. Structured group psychotherapy in adults with attention deficit hyperactivity disorder: results of an open multicentre study. The Journal of nervous and mental disease. 2007;195(12):1013-9. *Exclude-Comparator*

1354. Philipsen A, van Elst LT, Lesch KP, et al. [Effects and mechanisms of psychotherapy in the treatment of attention deficit hyperactivity disorder (ADHD) in children and adults]. Psychother Psychosom Med Psychol. 2009 Mar-Apr;59(3-4):132-40. doi: 10.1055/s-0029-1202371. PMID: 19350473. *Exclude-Population*

1355. Pia E, Mariana Vega M, Daniel Eriksson S, et al. Cognitive interventions for adults with ADHD: A systematic review and meta-analysis. 2020. PMID: CRD42020190142. *Exclude-Outcome*

1356. Picon FA, Sato JR, Anés M, et al. Methylphenidate alters functional connectivity of default mode network in drug-naive male adults with ADHD. Journal of Attention Disorders. 2020;24(3):447-55. *Exclude-Design*

1357. Pilling S, Fonagy P, Allison E, et al. Long-term outcomes of psychological interventions on children and young people's mental health: A systematic review and meta-analysis. PLoS One. 2020;15(11):e0236525. doi: 10.1371/journal.pone.0236525. PMID: 33196654. *Exclude-Population*

1358. Pineda DA, Trujillo-Orrego N, Aguirre-Acevedo DC, et al. [Utility of the Wender-Utah rating scale and the checklists for the diagnosis of familial attention deficit hyperactivity disorder in adults. Convergent and concurrent validities]. Rev Neurol. 2010 Feb 16-28;50(4):207-16. PMID: 20198592. *Exclude-Language*

1359. Pingault JB, Rijsdijk F, Schoeler T, et al. Genetic sensitivity analysis: Adjusting for genetic confounding in epidemiological associations. PLoS Genet. 2021 Jun;17(6):e1009590. doi: 10.1371/journal.pgen.1009590. PMID: 34115765. *Exclude-Population*

1360. Pitts M, Mangle L, Asherson P. Impairments, diagnosis and treatments associated with attention-deficit/hyperactivity disorder (ADHD) in UK adults: results from the lifetime impairment survey. Arch Psychiatr Nurs. 2015 Feb;29(1):56-63. doi: 10.1016/j.apnu.2014.10.001. PMID: 25634876. *Exclude-Design*

1361. Pliszka SR. Comorbidity of attention-deficit/hyperactivity disorder with psychiatric disorder: an overview. J Clin Psychiatry. 1998;59 Suppl 7:50-8. PMID: 9680053. *Exclude-Design*

1362. Pliszka SR, Browne RG, Olvera RL, et al. A double-blind, placebo-controlled study of Adderall and methylphenidate in the treatment of attention-deficit/hyperactivity disorder. Journal of the American Academy of Child & Adolescent Psychiatry. 2000;39(5):619-26. *Exclude-Population*

1363. Polanczyk G, Laranjeira R, Zaleski M, et al. ADHD in a representative sample of the Brazilian population: estimated prevalence and comparative adequacy of criteria between adolescents and adults according to the item response theory. Int J Methods Psychiatr Res. 2010 Sep;19(3):177-84. doi: 10.1002/mpr.319. PMID: 20645293. *Exclude-Intervention*

1364. Pollak Y, Shalit R, Aran A. Risk taking and adult attention deficit/hyperactivity disorder: A gap between real life behavior and experimental decision making. Psychiatry Res. 2018 Jan;259:56-62. doi: 10.1016/j.psychres.2017.10.012. PMID: 29028525. *Exclude-Intervention*

1365. Pollock B, Harrison AG, Armstrong IT. What can we learn about performance validity from TOVA response profiles? J Clin Exp Neuropsychol. 2021 May;43(4):412-25. doi: 10.1080/13803395.2021.1932762. PMID: 34088256. *Exclude-Intervention*

1366. Poltavski DV, Petros T. Effects of transdermal nicotine on attention in adult non-smokers with and without attentional deficits. Physiol Behav. 2006 Mar 30;87(3):614-24. doi: 10.1016/j.physbeh.2005.12.011. PMID: 16466655. *Exclude-Population*

1367. Pottegård A, Bjerregaard BK, Glintborg D, et al. The use of medication against attention deficit hyperactivity disorder in Denmark: a drug use study from a national perspective. European journal of clinical pharmacology. 2012;68:1443-50. *Exclude-Outcome*

1368. Potter AS, Bucci DJ, Newhouse PA. Manipulation of nicotinic acetylcholine receptors differentially affects behavioral inhibition in human subjects with and without disordered baseline impulsivity. Psychopharmacology (Berl). 2012 Mar;220(2):331-40. doi: 10.1007/s00213-011-2476-0. PMID: 21969123. *Exclude-Intervention*

1369. Potter AS, Newhouse PA. Acute nicotine improves cognitive deficits in young adults with attention-deficit/hyperactivity disorder. Pharmacol Biochem Behav. 2008 Feb;88(4):407-17. doi: 10.1016/j.pbb.2007.09.014. PMID: 18022679. *Exclude-Intervention*

1370. Potter AS, Ryan KK, Newhouse PA. Effects of acute ultra-low dose mecamylamine on cognition in adult attention-deficit/hyperactivity disorder (ADHD). Hum Psychopharmacol. 2009 Jun;24(4):309-17. doi: 10.1002/hup.1026. PMID: 19475630. *Exclude-Timing*

1371. Potter AS, Schaubhut G, Shipman M. Targeting the nicotinic cholinergic system to treat attention-deficit/hyperactivity disorder: rationale and progress to date. CNS Drugs. 2014 Dec;28(12):1103-13. doi: 10.1007/s40263-014-0208-9. PMID: 25349138. *Exclude-Intervention*

1372. Poulsen AA, Horswill MS, Wetton MA, et al. A brief office-based hazard perception intervention for drivers with ADHD symptoms. Aust N Z J Psychiatry. 2010 Jun;44(6):528-34. doi: 10.3109/00048671003596048. PMID: 20397782. *Exclude-Population*

1373. Poulton AS, Armstrong B, Nanan RK. Perinatal Outcomes of Women Diagnosed with Attention-Deficit/Hyperactivity Disorder: An Australian Population-Based Cohort Study. CNS Drugs. 2018 Apr;32(4):377-86. doi: 10.1007/s40263-018-0505-9. PMID: 29557079. *Exclude-Design*

1374. Poynter W, Ingram P, Minor S. Visual field asymmetries in attention vary with self-reported attention deficits. Brain Cogn. 2010 Apr;72(3):355-61. doi: 10.1016/j.bandc.2009.10.014. PMID: 19931966. *Exclude-Intervention*

1375. Poysophon P, Rao AL. Neurocognitive Deficits Associated With ADHD in Athletes: A Systematic Review. Sports Health. 2018 Jul-Aug;10(4):317-26. doi: 10.1177/1941738117751387. PMID: 29337649. *Exclude-Intervention*

1376. Pozzi M, Bertella S, Gatti E, et al. Emerging drugs for the treatment of attention-deficit hyperactivity disorder (ADHD). Expert Opin Emerg Drugs. 2020 Dec;25(4):395-407. doi: 10.1080/14728214.2020.1820481. PMID: 32938246. *Exclude-Design*

1377. Prada P, Hasler R, Baud P, et al. Distinguishing borderline personality disorder from adult attention deficit/hyperactivity disorder: a clinical and dimensional perspective. Psychiatry Res. 2014 Jun 30;217(1-2):107-14. doi: 10.1016/j.psychres.2014.03.006. PMID: 24656900. *Exclude-Intervention*

1378. Prada P, Nicastro R, Zimmermann J, et al. Addition of methylphenidate to intensive dialectical behaviour therapy for patients suffering from comorbid borderline personality disorder and ADHD: a naturalistic study. Atten Defic Hyperact Disord. 2015 Sep;7(3):199-209. doi: 10.1007/s12402-015-0165-2. PMID: 25634471. *Exclude-Design*

1379. Pramanik P. ADHD medication proves most effective in treating symptoms, new study finds. News Medical Life Sciences. 2024. *Exclude-Population*

1380. Prasad S, Steer C. Switching from neurostimulant therapy to atomoxetine in children and adolescents with attention-deficit hyperactivity disorder : clinical approaches and review of current available evidence. Paediatr Drugs. 2008;10(1):39-47. doi: 10.2165/00148581-200810010-00005. PMID: 18162007. *Exclude-Population*

1381. Praus P, Proctor T, Rohrmann T, et al. Female sex and burden of depressive symptoms predict insufficient response to telemedical treatment in adult attention-deficit/hyperactivity disorder: results from a naturalistic patient cohort during the COVID-19 pandemic. Front Psychiatry. 2023;14:1193898. doi: 10.3389/fpsyt.2023.1193898. PMID: 37867771. *Exclude-Design*

1382. Prevatt F, Yelland S. An Empirical Evaluation of ADHD Coaching in College Students. J Atten Disord. 2015 Aug;19(8):666-77. doi: 10.1177/1087054713480036. PMID: 23509112. *Exclude-Comparator*

1383. Price A. Working collaboratively with people with lived experience to map and co-create guidance on improving health services for people with attention deficit hyperactivity disorder (ADHD). European Psychiatry. 2023;66:S19. doi: 10.1192/j.eurpsy.2023.78. *Exclude-Intervention*

1384. Price MZ, Price RL. Extended-Release Viloxazine Compared with Atomoxetine for Attention Deficit Hyperactivity Disorder. CNS Drugs. 2023 Jul;37(7):655-60. doi: 10.1007/s40263-023-01023-6. PMID: 37430151. *Exclude-Population*

1385. Primich C, Iennaco J. Diagnosing adult attention-deficit hyperactivity disorder: the importance of establishing daily life contexts for symptoms and impairments. J Psychiatr Ment Health Nurs. 2012 May;19(4):362-73. doi: 10.1111/j.1365-2850.2011.01845.x. PMID: 22146075. *Exclude-Outcome*

1386. Pritchard AE, Koriakin T, Jacobson LA, et al. Incremental validity of neuropsychological assessment in the identification and treatment of youth with ADHD. Clin Neuropsychol. 2014;28(1):26-48. doi: 10.1080/13854046.2013.863978. PMID: 24345262. *Exclude-Population*

1387. Pulver A, Kiive E, Harro J. Reward sensitivity, affective neuroscience personality, symptoms of attention-deficit/hyperactivity disorder, and TPH2-703G/T (rs4570625) genotype. Acta Neuropsychiatr. 2020 Oct;32(5):247-56. doi: 10.1017/neu.2020.18. PMID: 32338242. *Exclude-Intervention*

1388. Purdue Pharma LP. A Six-month, Open-label, Multi-center Study of the Safety and Efficacy of PRC-063 in Adults and Adolescents With ADHD. In: Purdue Pharma LP, editor; 2014. *Exclude-Comparator*

1389. Purdue Pharma LP. A Randomized, Phase 3, Double-Blind, Crossover Comparison of PRC-063 and Lisdexamfetamine in the Driving Performance of Adults With ADHD. In: Purdue Pharma LP, editor; 2015. *Exclude-Timing*

1390. Purper‐Ouakil D, Wohl M, Orejarena S, et al. Pharmacogenetics of methylphenidate response in attention deficit/hyperactivity disorder: association with the dopamine transporter gene (SLC6A3). American Journal of Medical Genetics Part B: Neuropsychiatric Genetics. 2008;147(8):1425-30. *Exclude-Population*

1391. Qian Y, Markowitz JS. Pharmacokinetic interaction between methylphenidate &cannabinoids. Clinical Pharmacology in Drug Development. 2021;10(SUPPL 1):27-8. doi: 10.1002/cpdd.1004. *Exclude-Intervention*

1392. Qiang N, Gao J, Dong Q, et al. Functional brain network identification and fMRI augmentation using a VAE-GAN framework. Comput Biol Med. 2023 Oct;165:107395. doi: 10.1016/j.compbiomed.2023.107395. PMID: 37669583. *Exclude-Population*

1393. Qiu B, Wang Q, Li X, et al. Adaptive spatial-temporal neural network for ADHD identification using functional fMRI. Front Neurosci. 2024;18:1394234. doi: 10.3389/fnins.2024.1394234. PMID: 38872940. *Exclude-Population*

1394. Quaranta G, Barbuti M, Pallucchini A, et al. Relationships Among Delayed Sleep Phase Disorder, Emotional Dysregulation, and Affective Temperaments in Adults With Attention Deficit Hyperactivity Disorder and Cyclothymia. J Nerv Ment Dis. 2020 Nov;208(11):857-62. doi: 10.1097/nmd.0000000000001209. PMID: 32769692. *Exclude-Intervention*

1395. Quinn D. Does chirality matter? pharmacodynamics of enantiomers of methylphenidate in patients with attention-deficit/hyperactivity disorder. J Clin Psychopharmacol. 2008 Jun;28(3 Suppl 2):S62-6. doi: 10.1097/JCP.0b013e3181744aa6. PMID: 18480679. *Exclude-Intervention*

1396. Quinn PD, Chang Z, Hur K, et al. ADHD medication and substance-related problems. American journal of psychiatry. 2017;174(9):877-85. *Exclude-Intervention*

1397. Qureshi MN, Boreom L. Classification of ADHD subgroup with recursive feature elimination for structural brain MRI. Annu Int Conf IEEE Eng Med Biol Soc. 2016 Aug;2016:5929-32. doi: 10.1109/embc.2016.7592078. PMID: 28269602. *Exclude-Population*

1398. Radhoe TA, Agelink van Rentergem JA, Torenvliet C, et al. Finding Similarities in Differences Between Autistic Adults: Two Replicated Subgroups. J Autism Dev Disord. 2023 Jul 12. doi: 10.1007/s10803-023-06042-2. PMID: 37438586. *Exclude-Intervention*

1399. Rafeiy-Torghabeh M, Ashraf-Ganjouei A, Moradi K, et al. Resveratrol adjunct to methylphenidate improves symptoms of attention-deficit/hyperactivity disorder: a randomized, double-blinded, placebo-controlled clinical trial. Eur Child Adolesc Psychiatry. 2021 May;30(5):799-807. doi: 10.1007/s00787-020-01562-z. PMID: 32449130. *Exclude-Population*

1400. Rahmani E, Mahvelati A, Alizadeh A, et al. Is neurofeedback effective in children with ADHD? A systematic review and meta-analysis. Neurocase. 2022 Feb;28(1):84-95. doi: 10.1080/13554794.2022.2027456. PMID: 35068368. *Exclude-Population*

1401. Raissa Carolina C, Su G, Cristiane Menezes de P, et al. Immediate-release methylphenidate for attention deficit hyperactivity disorder (ADHD) in adults [Cochrane protocol]. 2018. PMID: CRD42018096321. *Exclude-Design*

1402. Raj V, Haman KL, Raj SR, et al. Psychiatric profile and attention deficits in postural tachycardia syndrome. J Neurol Neurosurg Psychiatry. 2009 Mar;80(3):339-44. doi: 10.1136/jnnp.2008.144360. PMID: 18977825. *Exclude-Intervention*

1403. Rami B, Simona B, Alicia L, et al. Statins for Smith-Lemli-Opitz syndrome [Cochrane protocol]. 2020. PMID: CRD42020176218. *Exclude-Population*

1404. Ramos-Quiroga JA. Mindfulness and virtual reality in adults with adhd: Results of a randomised, controlled clinical trial. European Psychiatry. 2020;63:S599-S600. doi: 10.1192/j.eurpsy.2020.10. *Exclude-Intervention*

1405. Ramos-Quiroga JA, Bosch R, Castells X, et al. Effect of switching drug formulations from immediate-release to extended-release OROS methylphenidate : a chart review of Spanish adults with attention-deficit hyperactivity disorder. CNS Drugs. 2008;22(7):603-11. doi: 10.2165/00023210-200822070-00005. PMID: 18547128. *Exclude-Design*

1406. Ramos-Quiroga JA, Bosch R, Richarte V, et al. Criterion and concurrent validity of Conners Adult ADHD Diagnostic Interview for DSM-IV (CAADID) Spanish version. Rev Psiquiatr Salud Ment. 2012 Oct-Dec;5(4):229-35. doi: 10.1016/j.rpsm.2012.05.004. PMID: 23021295. *Exclude-Language*

1407. Ramos-Quiroga JA, Bosch-Munsó R, Castells-Cervelló X, et al. [Attention deficit hyperactivity disorder in adults: a clinical and therapeutic characterization]. Rev Neurol. 2006 May 16-31;42(10):600-6. PMID: 16703528. *Exclude-Language*

1408. Ramos-Quiroga JA, Casas M. Achieving remission as a routine goal of pharmacotherapy in attention-deficit hyperactivity disorder. CNS Drugs. 2011 Jan;25(1):17-36. doi: 10.2165/11538450-000000000-00000. PMID: 21128692. *Exclude-Design*

1409. Ramos-Quiroga JA, Corominas M, Castells X, et al. OROS methylphenidate for the treatment of adults with attention-deficit/hyperactivity disorder. Expert Rev Neurother. 2009 Aug;9(8):1121-31. doi: 10.1586/ern.09.65. PMID: 19673602. *Exclude-Design*

1410. Ramos-Quiroga JA, Corominas-Roso M, Palomar G, et al. Changes in the serum levels of brain-derived neurotrophic factor in adults with attention deficit hyperactivity disorder after treatment with atomoxetine. Psychopharmacology (Berl). 2014 Apr;231(7):1389-95. doi: 10.1007/s00213-013-3343-y. PMID: 24202115. *Exclude-Design*

1411. Ramos-Quiroga JA, Nasillo V, Richarte V, et al. Criteria and Concurrent Validity of DIVA 2.0: A Semi-Structured Diagnostic Interview for Adult ADHD. J Atten Disord. 2019 Aug;23(10):1126-35. doi: 10.1177/1087054716646451. PMID: 27125994. *Exclude-Language*

1412. Ramsay JR. Assessment and monitoring of treatment response in adult ADHD patients: current perspectives. Neuropsychiatr Dis Treat. 2017;13:221-32. doi: 10.2147/ndt.S104706. PMID: 28184164. *Exclude-Design*

1413. Ratner S, Laor N, Bronstein Y, et al. Six-week open-label reboxetine treatment in children and adolescents with attention-deficit/hyperactivity disorder. Journal of the American Academy of Child and Adolescent Psychiatry. 2005;44(5):428-33. doi: 10.1097/01.chi.0000155327.30017.8c. *Exclude-Population*

1414. Reed VA, Buitelaar JK, Anand E, et al. The Safety of Atomoxetine for the Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder: A Comprehensive Review of Over a Decade of Research. CNS Drugs. 2016 Jul;30(7):603-28. doi: 10.1007/s40263-016-0349-0. PMID: 27290715. *Exclude-Population*

1415. Reh V, Schmidt M, Lam L, et al. Behavioral assessment of core ADHD symptoms using the Qb Test. Journal of Attention Disorders. 2015;19(12):1034-45. doi: 10.1177/1087054712472981. *Exclude-Intervention*

1416. Reihmherr F, Marchant BK, Robison RJ, et al. Psychometric properties of the wender-reimherr adult attention deficit disorder scale. Journal of Child and Adolescent Psychopharmacology. 2010;20(6):528-9. doi: 10.1089/cap.2010.2064. *Exclude-Design*

1417. Reimherr FW, Marchant BK, Gift TE, et al. ADHD and Anxiety: Clinical Significance and Treatment Implications. Curr Psychiatry Rep. 2017 Nov 20;19(12):109. doi: 10.1007/s11920-017-0859-6. PMID: 29152677. *Exclude-Design*

1418. Reimherr FW, Marchant BK, Gift TE, et al. Types of adult attention-deficit hyperactivity disorder (ADHD): baseline characteristics, initial response, and long-term response to treatment with methylphenidate. Atten Defic Hyperact Disord. 2015 Jun;7(2):115-28. doi: 10.1007/s12402-015-0176-z. PMID: 25987323. *Exclude-Design*

1419. Reimherr FW, Marchant BK, Gift TE, et al. Revising the diagnostic criteria for Attention-Deficit Hyperactivity Disorder (ADHD): an adulthood perspective. Atten Defic Hyperact Disord. 2015 Jun;7(2):113-4. doi: 10.1007/s12402-014-0159-5. PMID: 25424046. *Exclude-Intervention*

1420. Reimherr FW, Marchant BK, Olsen JL, et al. Serotonin receptor genes are associated with treatment response and symptom severity in adults with ADHD. Biological Psychiatry. 2010;67(9):220S. doi: 10.1016/j.biopsych.2010.03.009. *Exclude-Intervention*

1421. Reimherr FW, Roesler M, Marchant BK, et al. Types of Adult Attention-Deficit/Hyperactivity Disorder: A Replication Analysis. J Clin Psychiatry. 2020 Mar 17;81(2). doi: 10.4088/JCP.19m13077. PMID: 32220152. *Exclude-Intervention*

1422. Reimherr FW, Wender PH, Wood DR, et al. An open trial of L-tyrosine in the treatment of attention deficit disorder, residual type. Am J Psychiatry. 1987 Aug;144(8):1071-3. doi: 10.1176/ajp.144.8.1071. PMID: 3300376. *Exclude-Design*

1423. Reimherr FW, Wood DR, Wender PH. An open clinical trial of L-dopa and carbidopa in adults with minimal brain dysfunction. Am J Psychiatry. 1980 Jan;137(1):73-5. doi: 10.1176/ajp.137.1.73. PMID: 6986093. *Exclude-Design*

1424. Reinhardt MC, Benetti L, Victor MM, et al. Is age-at-onset criterion relevant for the response to methylphenidate in attention-deficit/hyperactivity disorder? J Clin Psychiatry. 2007 Jul;68(7):1109-16. doi: 10.4088/jcp.v68n0720. PMID: 17685750. *Exclude-Intervention*

1425. Reiss F. Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. Social Science and Medicine. 2013;90:24-31. doi: 10.1016/j.socscimed.2013.04.026. *Exclude-Intervention*

1426. Retz W, Stieglitz R-D, Corbisiero S, et al. Emotional dysregulation in adult ADHD: what is the empirical evidence? Expert review of neurotherapeutics. 2012;12(10):1241-51. *Exclude-Intervention*

1427. Retz-Junginger P, Retz W, Blocher D, et al. [Reliability and validity of the Wender-Utah-Rating-Scale short form. Retrospective assessment of symptoms for attention deficit/hyperactivity disorder]. Nervenarzt. 2003 Nov;74(11):987-93. doi: 10.1007/s00115-002-1447-4. PMID: 14598035. *Exclude-Language*

1428. Retz-Junginger P, Retz W, Blocher D, et al. Reliability and validity of the German short version of the Wender-Utah Rating Scale for the retrospective assessment of attention deficit/ hyperactivity disorder. Nervenarzt. 2003;74(11):987-93. doi: 10.1007/s00115-002-1447-4. *Exclude-Duplicate*

1429. Retz-Junginger P, Retz W, Blocher D, et al. Wender Utah rating scale. The short-version for the assessment of the attention-deficit hyperactivity disorder in adults. Der Nervenarzt. 2002;73(9):830-8. *Exclude-Language*

1430. Retz-Junginger P, Retz W, Schneider M, et al. [Gender differences in self-descriptions of child psychopathology in attention deficit hyperactivity disorder]. Nervenarzt. 2007 Sep;78(9):1046-51. doi: 10.1007/s00115-006-2242-4. PMID: 17268790. *Exclude-Language*

1431. Reuter M, Kirsch P, Hennig J. Inferring candidate genes for attention deficit hyperactivity disorder (ADHD) assessed by the World Health Organization Adult ADHD Self-Report Scale (ASRS). J Neural Transm (Vienna). 2006 Jul;113(7):929-38. doi: 10.1007/s00702-005-0366-5. PMID: 16362639. *Exclude-Intervention*

1432. Reynolds SH. Attention deficit disorder in adults: The missing link in the chronic accident repeater phenomenon? Professional Safety. 1997;42(2):20. *Exclude-Intervention*

1433. Rianda D, Agustina R, Setiawan EA, et al. Effect of probiotic supplementation on cognitive function in children and adolescents: a systematic review of randomised trials. Benef Microbes. 2019 Dec 9;10(8):873-82. doi: 10.3920/bm2019.0068. PMID: 31965841. *Exclude-Population*

1434. Riaz A, Asad M, Alonso E, et al. Fusion of fMRI and non-imaging data for ADHD classification. Comput Med Imaging Graph. 2018 Apr;65:115-28. doi: 10.1016/j.compmedimag.2017.10.002. PMID: 29137838. *Exclude-Population*

1435. Riaz A, Asad M, Alonso E, et al. DeepFMRI: End-to-end deep learning for functional connectivity and classification of ADHD using fMRI. J Neurosci Methods. 2020 Apr 1;335:108506. doi: 10.1016/j.jneumeth.2019.108506. PMID: 32001294. *Exclude-Population*

1436. Riccio CA, Reynolds CR. Continuous performance tests are sensitive to ADHD in adults but lack specificity. A review and critique for differential diagnosis. Ann N Y Acad Sci. 2001 Jun;931:113-39. doi: 10.1111/j.1749-6632.2001.tb05776.x. PMID: 11462737. *Exclude-Outcome*

1437. Riccio CA, Waldrop JJ, Reynolds CR, et al. Effects of stimulants on the continuous performance test (CPT): implications for CPT use and interpretation. J Neuropsychiatry Clin Neurosci. 2001 Summer;13(3):326-35. doi: 10.1176/jnp.13.3.326. PMID: 11514638. *Exclude-Population*

1438. Rice VJ, Liu B, Schroeder PJ. Impact of In-Person and Virtual World Mindfulness Training on Symptoms of Post-Traumatic Stress Disorder and Attention Deficit and Hyperactivity Disorder. Mil Med. 2018 Mar 1;183(suppl\_1):413-20. doi: 10.1093/milmed/usx227. PMID: 29635610. *Exclude-Population*

1439. Richarte V, Corrales M, Pozuelo M, et al. Spanish validation of the adult Attention Deficit/Hyperactivity Disorder Rating Scale (ADHD-RS): relevance of clinical subtypes. Rev Psiquiatr Salud Ment. 2017 Oct-Dec;10(4):185-91. doi: 10.1016/j.rpsm.2017.06.003. PMID: 28844652. *Exclude-Language*

1440. Richarte V, Sánchez-Mora C, Corrales M, et al. Gut microbiota signature in treatment-naïve attention-deficit/hyperactivity disorder. Transl Psychiatry. 2021 Jul 8;11(1):382. doi: 10.1038/s41398-021-01504-6. PMID: 34238926. *Exclude-Intervention*

1441. Richter MM, Ehlis AC, Jacob CP, et al. Cortical excitability in adult patients with attention-deficit/hyperactivity disorder (ADHD). Neurosci Lett. 2007 May 29;419(2):137-41. doi: 10.1016/j.neulet.2007.04.024. PMID: 17481816. *Exclude-Intervention*

1442. Richter Y, Gordon C, Vainstein G, et al. A novel intervention for treating adults with ADHD using peripheral visual stimulation. Front Psychiatry. 2023;14:1280440. doi: 10.3389/fpsyt.2023.1280440. PMID: 37928920. *Exclude-Comparator*

1443. Riggs PD, Hall SK, Mikulich-Gilbertson SK, et al. A randomized controlled trial of pemoline for attention-deficit/hyperactivity disorder in substance-abusing adolescents. J Am Acad Child Adolesc Psychiatry. 2004 Apr;43(4):420-9. doi: 10.1097/00004583-200404000-00008. PMID: 15187802. *Exclude-Population*

1444. Riordan HJ, Flashman LA, Saykin AJ, et al. Neuropsychological correlates of methylphenidate treatment in adult ADHD with and without depression. Arch Clin Neuropsychol. 1999 Feb;14(2):217-33. PMID: 14590604. *Exclude-Intervention*

1445. Rivas-Vazquez RA, Diaz SG, Visser MM, et al. Adult ADHD: Underdiagnosis of a Treatable Condition. J Health Serv Psychol. 2023;49(1):11-9. doi: 10.1007/s42843-023-00077-w. PMID: 36743427. *Exclude-Design*

1446. Robbins CA. ADHD couple and family relationships: enhancing communication and understanding through Imago Relationship Therapy. J Clin Psychol. 2005 May;61(5):565-77. doi: 10.1002/jclp.20120. PMID: 15723423. *Exclude-Intervention*

1447. Robeva R, Penberthy JK. Bayesian probability approach to ADHD appraisal. Methods Enzymol. 2009;467:357-80. doi: 10.1016/s0076-6879(09)67014-2. PMID: 19897100. *Exclude-Population*

1448. Robeva R, Penberthy JK, Loboschefski T, et al. Combined psychophysiological assessment of ADHD: a pilot study of Bayesian probability approach illustrated by appraisal of ADHD in female college students. Appl Psychophysiol Biofeedback. 2004 Mar;29(1):1-18. doi: 10.1023/b:apbi.0000017860.60164.66. PMID: 15077461. *Exclude-Duplicate*

1449. Robinson A, Huber M, Breaux E, et al. Failing The b Test: The influence of cutoff scores and criterion group approaches in a sample of adults referred for psychoeducational evaluation. J Clin Exp Neuropsychol. 2022 Nov;44(9):619-26. doi: 10.1080/13803395.2022.2153805. PMID: 36727266. *Exclude-Intervention*

1450. Robinson AD, Finley J-CA, Phillips MS, et al. Examining concordance between the clinical assessment of attention deficit-adult and the barkley adult adhd rating scale-iv in a sample of adults referred for adhd. Journal of Psychopathology and Behavioral Assessment. 2024:No Pagination Specified-No Pagination Specified. doi: 10.1007/s10862-024-10152-1. *Exclude-Intervention*

1451. Robinson DM, Keating GM. Dexmethylphenidate extended release: in attention-deficit hyperactivity disorder. Drugs. 2006;66(5):661-8; discussion 9-70. doi: 10.2165/00003495-200666050-00006. PMID: 16620143. *Exclude-Population*

1452. Robinson R, Girchenko P, Pulakka A, et al. ADHD symptoms and diagnosis in adult preterms: systematic review, IPD meta-analysis, and register-linkage study. Pediatric Research. 2023;93(5):1399-409. doi: 10.1038/s41390-021-01929-1. *Exclude-Intervention*

1453. Rochdi M, González MA, Dirksen SJ. Dose-proportional pharmacokinetics of a methylphenidate extended-release capsule. Int J Clin Pharmacol Ther. 2004 May;42(5):285-92. doi: 10.5414/cpp42285. PMID: 15176652. *Exclude-Population*

1454. Rodrigo-Yanguas M, Martín-Moratinos M, González-Tardón C, et al. Effectiveness of a Personalized, Chess-Based Training Serious Video Game in the Treatment of Adolescents and Young Adults With Attention-Deficit/Hyperactivity Disorder: Randomized Controlled Trial. JMIR Serious Games. 2023 Apr 24;11:e39874. doi: 10.2196/39874. PMID: 37093628. *Exclude-Population*

1455. Rodrigues da Silva PH, Leffa DT, Luethi MS, et al. Baseline brain volume predicts home-based transcranial direct current stimulation effects on inattention in adults with attention-deficit/hyperactivity disorder. J Psychiatr Res. 2024 Jul 29;177:403-11. doi: 10.1016/j.jpsychires.2024.07.042. PMID: 39089118. *Exclude-Duplicate*

1456. Rodriguez A, Ginsberg Y, Fernholm A, et al. ADHD difficult to diagnose in adults. ASRS v1. 1 Self-Report Scales valuable help--now translated to Swedish. Läkartidningen. 2007;104(18):1398-400. *Exclude-Language*

1457. Rodríguez C, García T, Areces D, et al. Supplementation with high-content docosahexaenoic acid triglyceride in attention-deficit hyperactivity disorder: A randomized double-blind placebo-controlled trial. Neuropsychiatric Disease and Treatment. 2019;15. *Exclude-Population*

1458. Rodriguez PD, Baylis GC. Activation of brain attention systems in individuals with symptoms of ADHD. Behav Neurol. 2007;18(2):115-30. doi: 10.1155/2007/865717. PMID: 17538197. *Exclude-Intervention*

1459. Rodríguez-Jiménez R, Ponce G, Monasor R, et al. Validation in spanish population of the Wender-Utah Rating Scale for the retrospective evaluation in adults of attention deficit/hyperactivity disorder in early ages. Revista de Neurologia. 2001;33(2):138-44. doi: 10.33588/rn.3302.2001010. *Exclude-Language*

1460. Roe SA, DeSalve DS, Piper BJ. Analyzing Black Market Sales of the Second-Line ADHD Medication Atomoxetine. Pharmacoepidemiology. 2023;2(4):320-7. PMID: doi:10.3390/pharma2040027. *Exclude-Design*

1461. Roesch B, Corcoran M, Haffey M, et al. Pharmacokinetics of coadministration of guanfacine extended release and methylphenidate extended release. Drugs R D. 2013 Mar;13(1):53-61. doi: 10.1007/s40268-013-0009-5. PMID: 23519656. *Exclude-Population*

1462. Roesch B, Corcoran ME, Fetterolf J, et al. Pharmacokinetics of coadministered guanfacine extended release and lisdexamfetamine dimesylate. Drugs R D. 2013 Jun;13(2):119-28. doi: 10.1007/s40268-013-0014-8. PMID: 23615868. *Exclude-Population*

1463. Roh SC, Park EJ, Park YC, et al. Quantitative Electroencephalography Reflects Inattention, Visual Error Responses, and Reaction Times in Male Patients with Attention Deficit Hyperactivity Disorder. Clin Psychopharmacol Neurosci. 2015 Aug 31;13(2):180-7. doi: 10.9758/cpn.2015.13.2.180. PMID: 26243846. *Exclude-Intervention*

1464. Roman-Urrestarazu A, Lindholm P, Moilanen I, et al. Brain structural deficits and working memory fMRI dysfunction in young adults who were diagnosed with ADHD in adolescence. Eur Child Adolesc Psychiatry. 2016 May;25(5):529-38. doi: 10.1007/s00787-015-0755-8. PMID: 26307356. *Exclude-Population*

1465. Romanos M, Reif A, Banaschewski T. Methylphenidate for attention-deficit/hyperactivity disorder. JAMA. 2016;316(9):994-5. *Exclude-Design*

1466. Romero-Martínez Á, Lila M, Moya-Albiol L. The importance of impulsivity and attention switching deficits in perpetrators convicted for intimate partner violence. Aggress Behav. 2019 Mar;45(2):129-38. doi: 10.1002/ab.21802. PMID: 30474120. *Exclude-Population*

1467. Rönngren Y, Björk A, Audulv Å, et al. Educational nurse-led lifestyle intervention for persons with mental illness. Int J Ment Health Nurs. 2018 Jun;27(3):1022-31. doi: 10.1111/inm.12410. PMID: 29171905. *Exclude-Population*

1468. Roshani F, Piri R, Malek A, et al. Comparison of cognitive flexibility, appropriate risk-taking and reaction time in individuals with and without adult ADHD. Psychiatry Res. 2020 Feb;284:112494. doi: 10.1016/j.psychres.2019.112494. PMID: 31439404. *Exclude-Intervention*

1469. Rösler M, Retz W, Retz-Junginger P, et al. [Tools for the diagnosis of attention-deficit/hyperactivity disorder in adults. Self-rating behaviour questionnaire and diagnostic checklist]. Nervenarzt. 2004 Sep;75(9):888-95. doi: 10.1007/s00115-003-1622-2. PMID: 15378249. *Exclude-Language*

1470. Ross RG, Olincy A, Harris JG, et al. Smooth pursuit eye movements in schizophrenia and attentional dysfunction: adults with schizophrenia, ADHD, and a normal comparison group. Biol Psychiatry. 2000 Aug 1;48(3):197-203. doi: 10.1016/s0006-3223(00)00825-8. PMID: 10924662. *Exclude-Intervention*

1471. Rossini ED, O'Connor MA. Retrospective self-reported symptoms of attention-deficit hyperactivity disorder: reliability of the Wender Utah Rating Scale. Psychological reports. 1995;77(3):751-4. *Exclude-Outcome*

1472. Rossiter T. The effectiveness of neurofeedback and stimulant drugs in treating AD/HD: part II. Replication. Appl Psychophysiol Biofeedback. 2004 Dec;29(4):233-43. doi: 10.1007/s10484-004-0383-4. PMID: 15707253. *Exclude-Design*

1473. Rössler M, Fischer R, Ammer R, et al. A randomised, placebo-controlled, 24-week, study of low-dose extended-release methylphenidate in adults with attention-deficit/hyperactivity disorder. European Archives of Psychiatry and Clinical Neuroscience. 2009;259(6):368-. doi: 10.1007/s00406-009-0005-5. *Exclude-Duplicate*

1474. Rostain AL, Ramsay JR. A combined treatment approach for adults with ADHD—results of an open study of 43 patients. Journal of attention disorders. 2006;10(2):150-9. *Exclude-Design*

1475. Rotem A, Ben-Sheetrit J, Newcorn J, et al. The Placebo Response in Adult ADHD as Objectively Assessed by the TOVA Continuous Performance Test. J Atten Disord. 2021 Jul;25(9):1311-20. doi: 10.1177/1087054719897819. PMID: 31965885. *Exclude-Outcome*

1476. Rotem A, Danieli Y, Ben-Sheetrit J, et al. Apparent lack of practice effects in the Test of Variables of Attention (TOVA) in adult ADHD. Atten Defic Hyperact Disord. 2019 Mar;11(1):73-81. doi: 10.1007/s12402-018-0278-5. PMID: 30927232. *Exclude-Intervention*

1477. Rousselle L, Noёl MP. The challenges of diagnosing attention/hyperactivity deficit in adults: a closer look at the sensitivity and specificity of assessment methods. ANAE - Approche Neuropsychologique des Apprentissages chez l'Enfant. 2024;36(190):299-307. *Exclude-Language*

1478. Roy A, Hechtman L, Arnold LE, et al. Childhood Factors Affecting Persistence and Desistence of Attention-Deficit/Hyperactivity Disorder Symptoms in Adulthood: Results From the MTA. J Am Acad Child Adolesc Psychiatry. 2016 Nov;55(11):937-44.e4. doi: 10.1016/j.jaac.2016.05.027. PMID: 27806861. *Exclude-Intervention*

1479. Roye S. Assessing the impact of white noise on cognition in individuals with and without ADHD: Louisiana State University and Agricultural & Mechanical College; 2017. *Exclude-Intervention*

1480. Rucklidge J, Johnstone J, Harrison R, et al. Micronutrients reduce stress and anxiety in adults with Attention-Deficit/Hyperactivity Disorder following a 7.1 earthquake. Psychiatry Res. 2011 Sep 30;189(2):281-7. doi: 10.1016/j.psychres.2011.06.016. PMID: 21802745. *Exclude-Design*

1481. Rucklidge J, Taylor M, Whitehead K. Effect of micronutrients on behavior and mood in adults With ADHD: evidence from an 8-week open label trial with natural extension. J Atten Disord. 2011 Jan;15(1):79-91. doi: 10.1177/1087054709356173. PMID: 20071638. *Exclude-Comparator*

1482. Rucklidge JJ, Frampton CM, Gorman B, et al. Vitamin–mineral treatment of attention-deficit hyperactivity disorder in adults: Double-blind randomised placebo-controlled trial. The British Journal of Psychiatry. 2014;204(4):306-15. doi: 10.1192/bjp.bp.113.132126. *Exclude-Duplicate*

1483. Rucklidge JJ, Harrison R. Successful treatment of bipolar disorder II and ADHD with a micronutrient formula: a case study. CNS Spectr. 2010 May;15(5):289-95. doi: 10.1017/s1092852900027516. PMID: 20448519. *Exclude-Design*

1484. Rucklidge JJ, Harrison R, Johnstone J. Can micronutrients improve neurocognitive functioning in adults with ADHD and severe mood dysregulation? A pilot study. J Altern Complement Med. 2011 Dec;17(12):1125-31. doi: 10.1089/acm.2010.0499. PMID: 22112202. *Exclude-Comparator*

1485. Rucklidge JJ, Johnstone J, Gorman B, et al. Moderators of treatment response in adults with ADHD treated with a vitamin–mineral supplement. Progress in Neuro-Psychopharmacology & Biological Psychiatry. 2014;50:163-71. doi: 10.1016/j.pnpbp.2013.12.014. *Exclude-Duplicate*

1486. Rucklidge JJ, Tannock R. Validity of the Brown ADD scales: an investigation in a predominantly inattentive ADHD adolescent sample with and without reading disabilities. Journal of attention disorders. 2002;5(3):155-64. *Exclude-Population*

1487. Rueda JR, Guillén V, Ballesteros J, et al. L‐acetylcarnitine for treating fragile X syndrome. Cochrane Database of Systematic Reviews. 2015(5). doi: 10.1002/14651858.CD010012.pub2. PMID: CD010012. *Exclude-Intervention*

1488. Ruiz Feliu M, Cano Prous A, Iglesias Gaspar MT, et al. [Presence and influence of attention deficit hyperactivity disorder symptoms in adults with an eating disorder]. An Sist Sanit Navar. 2022 Apr 27;45(1). doi: 10.23938/assn.0984. PMID: 35037918. *Exclude-Language*

1489. Russell AE, Moore D, Sanders A, et al. Synthesising the existing evidence for non-pharmacological interventions targeting outcomes relevant to young people with ADHD in the school setting: systematic review protocol. Systematic Reviews. 2022;11(1). doi: 10.1186/s13643-022-01902-x. *Exclude-Population*

1490. Russell G, Rodgers LR, Ukoumunne OC, et al. Prevalence of parent-reported ASD and ADHD in the UK: findings from the Millennium Cohort Study. Journal of autism and developmental disorders. 2014;44:31-40. *Exclude-Population*

1491. Ryan JJ, Carruthers CA, Miller LJ, et al. The WASI matrix reasoning subtest: performance in traumatic brain injury, stroke, and dementia. Int J Neurosci. 2005 Jan;115(1):129-36. doi: 10.1080/00207450490512704. PMID: 15768857. *Exclude-Population*

1492. Ryan JJ, Kreiner DS, Teichner G, et al. Validity of the Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II) as an Indicator of Neurological Disease/Injury: A Pilot Study. Brain Injury. 2021;35(12-13):1624-9. doi: 10.1080/02699052.2021.1978547. *Exclude-Population*

1493. Rybak YE, McNeely HE, Mackenzie BE, et al. An open trial of light therapy in adult attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2006 Oct;67(10):1527-35. doi: 10.4088/jcp.v67n1006. PMID: 17107243. *Exclude-Comparator*

1494. Ryoo M, Son C. Effects of Neurofeekback Training on EEG, Continuous Performance Task (CPT), and ADHD Symptoms in ADHD-prone College Students. J Korean Acad Nurs. 2015 Dec;45(6):928-38. doi: 10.4040/jkan.2015.45.6.928. PMID: 26805505. *Exclude-Intervention*

1495. Sable JJ, Kyle MR, Knopf KL, et al. The Sensory Gating Inventory as a potential diagnostic tool for attention-deficit hyperactivity disorder. Atten Defic Hyperact Disord. 2012 Sep;4(3):141-4. doi: 10.1007/s12402-012-0079-1. PMID: 22644992. *Exclude-Intervention*

1496. Sadeghi-Bazargani H, Hasanzadeh K, Salarilak S, et al. Evaluating the relationship between adult attention-deficit/hyperactivity disorder and riding behavior of motorcyclists. J Inj Violence Res. 2019 Jan;11(1):45-52. doi: 10.5249/jivr.v11i1.1098. PMID: 30636000. *Exclude-Intervention*

1497. Safiri S, Haghdoost AA, Hashemi F, et al. Association Between Adult Attention Deficit Hyperactivity Disorder and Helmet Use Among Motorcycle Riders. Trauma Mon. 2016 May;21(2):e21066. doi: 10.5812/traumamon.21066. PMID: 27626002. *Exclude-Intervention*

1498. Safren SA. Cognitive-behavioral approaches to ADHD treatment in adulthood. J Clin Psychiatry. 2006;67 Suppl 8:46-50. PMID: 16961430. *Exclude-Design*

1499. Safren SA, Duran P, Yovel I, et al. Medication adherence in psychopharmacologically treated adults with ADHD. J Atten Disord. 2007 Feb;10(3):257-60. doi: 10.1177/1087054706292165. PMID: 17242421. *Exclude-Design*

1500. Safren SA, Sprich S, Chulvick S, et al. Psychosocial treatments for adults with attention-deficit/hyperactivity disorder. Psychiatric Clinics. 2004;27(2):349-60. *Exclude-Design*

1501. Saito M. Diagnosis and therapeutic guideline for attention deficit hyperkinetic syndrome (ADHD). Seishin Shinkeigaku Zasshi= Psychiatria et Neurologia Japonica. 2005;107(2):167-79. *Exclude-Language*

1502. Sakai C, Tsuji T, Nakai T, et al. Change in Antidepressant Use After Initiation of ADHD Medication in Japanese Adults with Comorbid Depression: A Real-World Database Analysis. Neuropsychiatr Dis Treat. 2021;17:3097-108. doi: 10.2147/ndt.S325498. PMID: 34675521. *Exclude-Design*

1503. Saleh A, Fuchs C, Taylor WD, et al. Evaluating the consistency of scales used in adult attention deficit hyperactivity disorder assessment of college-aged adults. J Am Coll Health. 2018 Feb-Mar;66(2):98-105. doi: 10.1080/07448481.2017.1377206. PMID: 28915090. *Exclude-Intervention*

1504. Salomone S, Fleming GR, Shanahan JM, et al. The effects of a self-alert training (SAT) programme in adults with ADHD. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S96. doi: 10.1007/s12402-015-0169-y. *Exclude-Design*

1505. Salunkhe G, Feige B, Saville CWN, et al. Dissociating Slow Responses From Slow Responding. Front Psychiatry. 2020;11:505800. doi: 10.3389/fpsyt.2020.505800. PMID: 33132925. *Exclude-Intervention*

1506. Sami N, Carte ET, Hinshaw SP, et al. Performance of girls with ADHD and comparison girls on the Rey-Osterrieth Complex Figure: evidence for executive processing deficits. Child Neuropsychol. 2003 Dec;9(4):237-54. doi: 10.1076/chin.9.4.237.23514. PMID: 14972703. *Exclude-Population*

1507. Sánchez XC, Montalbano S, Vaez M, et al. Associations of psychiatric disorders with sex chromosome aneuploidies in the Danish iPSYCH2015 dataset: a case-cohort study. Lancet Psychiatry. 2023 Feb;10(2):129-38. doi: 10.1016/s2215-0366(23)00004-4. PMID: 36697121. *Exclude-Population*

1508. Sandersleben HU, Mayer A, Ruhmann M, et al. Pharmacokinetics of a Modified-Release Dexamphetamine Sulfate Formulation Following Single and Multiple Dosing in Healthy Adults: Comparative Bioavailability with Immediate-Release Dexamphetamine Sulfate, between Strengths, Assessment of Food and Meal Composition Effects. Scand J Child Adolesc Psychiatr Psychol. 2023 Jan;11(1):132-42. doi: 10.2478/sjcapp-2023-0014. PMID: 38033826. *Exclude-Population*

1509. Sandra Kooij JJ, Keith Conners C, Goto T, et al. Validity of conners' adult attention-deficit/hyperactivity disorder rating Scale-investigator rated: screening version in patients from within and outside of Europe. Psychiatry Res. 2013 Jun 30;208(1):94-6. doi: 10.1016/j.psychres.2012.12.003. PMID: 23318025. *Exclude-Outcome*

1510. Sandra Kooij JJ, Marije Boonstra A, Swinkels SH, et al. Reliability, validity, and utility of instruments for self-report and informant report concerning symptoms of ADHD in adult patients. J Atten Disord. 2008 Jan;11(4):445-58. doi: 10.1177/1087054707299367. PMID: 18083961. *Exclude-Language*

1511. Sandra Kooij JJ, Rösler M, Philipsen A, et al. Predictors and impact of non-adherence in adults with attention-deficit/hyperactivity disorder receiving OROS methylphenidate: Results from a randomized, placebo-controlled trial. BMC Psychiatry. 2013;13. *Exclude-Duplicate*

1512. Sanna E, Carucci S, Romaniello R, et al. Methylphenidate long-term effects on psychiatric outcomes in a Sardinian ADHD population: Preliminary results from the prospective ADDUCE project. European Neuropsychopharmacology. 2017;27:S1108-S9. *Exclude-Population*

1513. Santosh PJ, Taylor E. Stimulant drugs. Eur Child Adolesc Psychiatry. 2000;9 Suppl 1:I27-43. doi: 10.1007/s007870070017. PMID: 11140778. *Exclude-Design*

1514. Sarah Cilia V, Michael G, Vince B. A mixed methods systematic review of the female specific attention deficit hyperactivity disorder issues which render adult women with this disorder a marginalized group. 2022. PMID: CRD42022384055. *Exclude-Intervention*

1515. Sarsembayeva D, Hartman CA, Cardoso Melo RD, et al. Nonlinear associations between insomnia symptoms and circadian preferences in the general population: Symptom-specific and lifespan differences in men and women. Sleep Health. 2024 Apr;10(2):171-81. doi: 10.1016/j.sleh.2023.10.008. PMID: 38007303. *Exclude-Population*

1516. Sarter M, Paolone G. Deficits in attentional control: cholinergic mechanisms and circuitry-based treatment approaches. Behav Neurosci. 2011 Dec;125(6):825-35. doi: 10.1037/a0026227. PMID: 22122146. *Exclude-Population*

1517. Sarver DE, McCart MR, Sheidow AJ, et al. ADHD and risky sexual behavior in adolescents: conduct problems and substance use as mediators of risk. J Child Psychol Psychiatry. 2014 Dec;55(12):1345-53. doi: 10.1111/jcpp.12249. PMID: 24813803. *Exclude-Population*

1518. Savickaite S, Morrison C, Lux E, et al. The use of a tablet-based app for investigating the influence of autistic and ADHD traits on performance in a complex drawing task. Behav Res Methods. 2022 Oct;54(5):2479-501. doi: 10.3758/s13428-021-01746-8. PMID: 35018608. *Exclude-Intervention*

1519. Savulich G, Thorp E, Piercy T, et al. Improvements in Attention Following Cognitive Training With the Novel "Decoder" Game on an iPad. Front Behav Neurosci. 2019;13:2. doi: 10.3389/fnbeh.2019.00002. PMID: 30719000. *Exclude-Population*

1520. Sawada M, Negoro H, Iida J, et al. Pervasive developmental disorder with attention deficit hyperactivity disorder-like symptoms and mismatch negativity. Psychiatry Clin Neurosci. 2008 Aug;62(4):479-81. doi: 10.1111/j.1440-1819.2008.01835.x. PMID: 18778448. *Exclude-Population*

1521. Sawhney I, Perera B, Bassett P, et al. Attention-deficit hyperactivity disorder in people with intellectual disability: Statistical approach to developing a bespoke screening tool. BJPsych Open. 2021;7. doi: 10.1192/bjo.2021.1023. *Exclude-Intervention*

1522. Saxena A, Hartman CA, Blatt SD, et al. Reward Functioning in General and Specific Psychopathology in Children and Adults. J Atten Disord. 2024 Jan;28(1):77-88. doi: 10.1177/10870547231201867. PMID: 37864336. *Exclude-Population*

1523. Sayal K, Prasad V, Daley D, et al. ADHD in children and young people: prevalence, care pathways, and service provision. Lancet Psychiatry. 2018 Feb;5(2):175-86. doi: 10.1016/s2215-0366(17)30167-0. PMID: 29033005. *Exclude-Population*

1524. Saylor KE, Amann BH. Impulsive Aggression as a Comorbidity of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. J Child Adolesc Psychopharmacol. 2016 Feb;26(1):19-25. doi: 10.1089/cap.2015.0126. PMID: 26744906. *Exclude-Population*

1525. Schaeuble B, Buitelaar JK, Roesler M, et al. Symptomatic and functional outcomes in adults with ADHD treated with OROS methylphenidate are related as shown by partial correlation analysis. European Journal of Neurology. 2010;17:204. doi: 10.1111/j.1468-1331.2010.03232.x. *Exclude-Design*

1526. Schein J, Childress A, Cloutier M, et al. Reasons for treatment changes in adults with attention-deficit/hyperactivity disorder: a chart review study. BMC Psychiatry. 2022 Jun 3;22(1):377. doi: 10.1186/s12888-022-04016-9. PMID: 35659281. *Exclude-Intervention*

1527. Schein J, Cloutier M, Bungay R, et al. Costs associated with adverse events during treatment episodes for adult attention-deficit/hyperactivity disorder. J Med Econ. 2024 Jan-Dec;27(1):653-62. doi: 10.1080/13696998.2024.2342749. PMID: 38602691. *Exclude-Intervention*

1528. Schein J, Cloutier M, Gauthier-Loiselle M, et al. Treatment Preferences of Adult Patients with Attention-Deficit/Hyperactivity Disorder – A Discrete Choice Experiment. Patient Preference and Adherence. 2024;18:1651-64. doi: 10.2147/PPA.S467724. *Exclude-Intervention*

1529. Schermann H, Gurel R, Ankory R, et al. Lower risk of fractures under methylphenidate treatment for ADHD: A dose-response effect. J Orthop Res. 2018 Dec;36(12):3328-33. doi: 10.1002/jor.24129. PMID: 30129682. *Exclude-Intervention*

1530. Schermann H, Schiffmann N, Ankory R, et al. Methylphenidate use and restorative treatment needs in young adults with attention deficit hyperactivity disorder. Spec Care Dentist. 2024 Mar-Apr;44(2):556-62. doi: 10.1111/scd.12885. PMID: 37288998. *Exclude-Intervention*

1531. Schlander M, Philipsen A, Schwarz O. The cost effectiveness of clinically proven treatment strategies for attention-deficit/hyperactivity disorder (ADHD) in adult patients. Value in Health. 2011;14(7):A403. doi: 10.1016/j.jval.2011.08.933. *Exclude-Setting*

1532. Schlösser C, Kovacs A, Ferrero F. Outcome of ADHD syndrome in adulthood: Epidemiological and clinical aspects. Schweizer Archiv fur Neurologie und Psychiatrie. 2002;153(1):29-36. doi: 10.4414/sanp.2002.01252. *Exclude-Intervention*

1533. Schmidt H, Heidemann LS, Menrath I, et al. [Transition-oriented patient education program for adolescents and young adults with ADHD]. Z Kinder Jugendpsychiatr Psychother. 2023 Jan;51(1):28-40. doi: 10.1024/1422-4917/a000871. PMID: 35510814. *Exclude-Language*

1534. Schmidt S, Petermann F. Sensitivity and specificity of the ADHD-Screening for Adults (ADHS-E). Zeitschrift fur Psychiatrie, Psychologie und Psychotherapie. 2011;59(1):73-8. doi: 10.1024/1661-4747/a000054. *Exclude-Language*

1535. Schmidt SL, Carvaho ALN, Simoes EN. Effect of handedness on auditory attentional performance in ADHD students. Neuropsychiatr Dis Treat. 2017;13:2921-4. doi: 10.2147/ndt.S149454. PMID: 29238197. *Exclude-Population*

1536. Schmidt SL, Simões EDN, Novais Carvalho AL. Association Between Auditory and Visual Continuous Performance Tests in Students With ADHD. J Atten Disord. 2019 Apr;23(6):635-40. doi: 10.1177/1087054716679263. PMID: 27864429. *Exclude-Population*

1537. Schnabel R, Kydd R. Neuropsychological assessment of distractibility in mild traumatic brain injury and depression. Clin Neuropsychol. 2012;26(5):769-89. doi: 10.1080/13854046.2012.693541. PMID: 22694212. *Exclude-Population*

1538. Schneider BC, Schöttle D, Hottenrott B, et al. Assessment of Adult ADHD in Clinical Practice: Four Letters-40 Opinions. J Atten Disord. 2023 Jul;27(9):1051-61. doi: 10.1177/1087054719879498. PMID: 31625465. *Exclude-Intervention*

1539. Schneider BC, Thoering T, Cludius B, et al. Self-reported symptoms of attention-deficit/hyperactivity disorder: rate of endorsement and association with neuropsychological performance in an adult psychiatric sample. Arch Clin Neuropsychol. 2015 May;30(3):186-91. doi: 10.1093/arclin/acv015. PMID: 25851625. *Exclude-Intervention*

1540. Schneider MK, Retz W, Gougleris G, et al. Effects of long-acting methylphenidate in adults with attention deficit hyperactivity disorder: a study with paired-pulse transcranial magnetic stimulation. Neuropsychobiology. 2011;64(4):195-201. doi: 10.1159/000326693. PMID: 21912187. *Exclude-Outcome*

1541. Schoenberg PLA, Hepark S, Kan CC, et al. Effects of mindfulness-based cognitive therapy on neurophysiological correlates of performance monitoring in adult attention-deficit/hyperactivity disorder. Clinical Neurophysiology. 2014;125(7):1407-16. doi: 10.1016/j.clinph.2013.11.031. *Exclude-Duplicate*

1542. Schoenfelder EN, Chronis-Tuscano A, Strickland J, et al. Piloting a Sequential, Multiple Assignment, Randomized Trial for Mothers with Attention-Deficit/Hyperactivity Disorder and Their At-Risk Young Children. J Child Adolesc Psychopharmacol. 2019 May;29(4):256-67. doi: 10.1089/cap.2018.0136. PMID: 30950637. *Exclude-Outcome*

1543. Schrantee A, Bouziane C, Bron EE, et al. Long-term effects of stimulant exposure on cerebral blood flow response to methylphenidate and behavior in attention-deficit hyperactivity disorder. Brain Imaging Behav. 2018 Apr;12(2):402-10. doi: 10.1007/s11682-017-9707-x. PMID: 28321605. *Exclude-Design*

1544. Schrantee A, Ferguson B, Stoffers D, et al. Effects of dexamphetamine-induced dopamine release on resting-state network connectivity in recreational amphetamine users and healthy controls. Brain Imaging Behav. 2016 Jun;10(2):548-58. doi: 10.1007/s11682-015-9419-z. PMID: 26149196. *Exclude-Population*

1545. Schrantee A, Tamminga HGH, Bouziane C, et al. Age-dependent effects of methylphenidate on the human dopaminergic system in young vs adult patients with attention-deficit/hyperactivity disorder: A randomized clinical trial. JAMA Psychiatry. 2016;73(9):955-62. doi: 10.1001/jamapsychiatry.2016.1572. *Exclude-Duplicate*

1546. Schrantee A, Tamminga HGH, Bouziane C, et al. Age-dependent effects of methylphenidate on the human dopaminergic system in young vs adult patients with attention-deficit/hyperactivity disorder: A randomized clinical trial. JAMA Psychiatry. 2016;73(9):955-62. doi: 10.1001/jamapsychiatry.2016.1572. *Exclude-Duplicate*

1547. Schubert JK, Gonzalez-Trejo E, Retz W, et al. Dysfunctional cortical inhibition in adult ADHD: neural correlates in auditory event-related potentials. J Neurosci Methods. 2014 Sep 30;235:181-8. doi: 10.1016/j.jneumeth.2014.06.025. PMID: 25033725. *Exclude-Intervention*

1548. Schubiner H. Substance abuse in patients with attention-deficit hyperactivity disorder : therapeutic implications. CNS Drugs. 2005;19(8):643-55. doi: 10.2165/00023210-200519080-00001. PMID: 16097847. *Exclude-Intervention*

1549. Schubiner H, Downey KK, Arfken CL, et al. Double-blind placebo-controlled trial of methylphenidate in the treatment of adult ADHD patients with comorbid cocaine dependence. Experimental and Clinical Psychopharmacology. 2002;10(3):286-94. doi: 10.1037/1064-1297.10.3.286. *Exclude-Duplicate*

1550. Schultz BK, Evans SW, Langberg JM, et al. Outcomes for adolescents who comply with long-term psychosocial treatment for ADHD. Journal of consulting and clinical psychology. 2017;85(3):250. *Exclude-Population*

1551. Schultz MR, Rabi K, Faraone SV, et al. Efficacy of retrospective recall of attention-deficit hyperactivity disorder symptoms: A twin study. Twin Res Hum Genet. 2006 Apr;9(2):220-32. doi: 10.1375/183242706776382374. PMID: 16611492. *Exclude-Intervention*

1552. Schulz J, Huber F, Schlack R, et al. The Association between Low Blood Pressure and Attention-Deficit Hyperactivity Disorder (ADHD) Observed in Children/Adolescents Does Not Persist into Young Adulthood. A Population-Based Ten-Year Follow-Up Study. Int J Environ Res Public Health. 2021 Feb 14;18(4). doi: 10.3390/ijerph18041864. PMID: 33672943. *Exclude-Population*

1553. Schulz KP, Clerkin SM, Fan J, et al. Guanfacine modulates the influence of emotional cues on prefrontal cortex activation for cognitive control. Psychopharmacology (Berl). 2013 Mar;226(2):261-71. doi: 10.1007/s00213-012-2893-8. PMID: 23086020. *Exclude-Population*

1554. Schulz KP, Fan J, Bédard AC, et al. Common and unique therapeutic mechanisms of stimulant and nonstimulant treatments for attention-deficit/hyperactivity disorder. Arch Gen Psychiatry. 2012 Sep;69(9):952-61. doi: 10.1001/archgenpsychiatry.2011.2053. PMID: 22945622. *Exclude-Population*

1555. Schulz KP, Krone B, Adler LA, et al. Lisdexamfetamine Targets Amygdala Mechanisms That Bias Cognitive Control in Attention-Deficit/Hyperactivity Disorder. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging. 2018;3(8):686-93. doi: 10.1016/j.bpsc.2018.03.004. *Exclude-Duplicate*

1556. Schulz KP, Li X, Clerkin SM, et al. Prefrontal and parietal correlates of cognitive control related to the adult outcome of attention-deficit/hyperactivity disorder diagnosed in childhood. Cortex. 2017 May;90:1-11. doi: 10.1016/j.cortex.2017.01.019. PMID: 28292705. *Exclude-Intervention*

1557. Schweiger A, Abramovitch A, Doniger GM, et al. A clinical construct validity study of a novel computerized battery for the diagnosis of ADHD in young adults. J Clin Exp Neuropsychol. 2007 Jan;29(1):100-11. doi: 10.1080/13803390500519738. PMID: 17162726. *Exclude-Intervention*

1558. Schweitzer JB, Hanford RB, Medoff DR. Working memory deficits in adults with ADHD: is there evidence for subtype differences? Behav Brain Funct. 2006 Dec 15;2:43. doi: 10.1186/1744-9081-2-43. PMID: 17173676. *Exclude-Intervention*

1559. Schweitzer JB, Lee DO, Hanford RB, et al. A positron emission tomography study of methylphenidate in adults with ADHD: alterations in resting blood flow and predicting treatment response. Neuropsychopharmacology. 2003 May;28(5):967-73. doi: 10.1038/sj.npp.1300110. PMID: 12700698. *Exclude-Design*

1560. Schweitzer JB, Lee DO, Hanford RB, et al. Effect of methylphenidate on executive functioning in adults with attention-deficit/hyperactivity disorder: normalization of behavior but not related brain activity. Biol Psychiatry. 2004 Oct 15;56(8):597-606. doi: 10.1016/j.biopsych.2004.07.011. PMID: 15476690. *Exclude-Design*

1561. Searight HR, Burke JM, Rottnek F. Adult ADHD: evaluation and treatment in family medicine. Am Fam Physician. 2000 Nov 1;62(9):2077-86, 91-2. PMID: 11087189. *Exclude-Outcome*

1562. Sehlin H, Hedman Ahlström B, Andersson G, et al. Experiences of an internet-based support and coaching model for adolescents and young adults with ADHD and autism spectrum disorder -a qualitative study. BMC Psychiatry. 2018 Jan 18;18(1):15. doi: 10.1186/s12888-018-1599-9. PMID: 29347983. *Exclude-Design*

1563. Seidman LJ, Biederman J, Weber W, et al. Neuropsychological function in adults with attention-deficit hyperactivity disorder. Biological psychiatry. 1998;44(4):260-8. *Exclude-Intervention*

1564. Selander H, Strand N, Almberg M, et al. Ready for a Learner's Permit? Clinical Neuropsychological Off-road Tests and Driving Behaviors in a Simulator among Adolescents with ADHD and ASD. Dev Neurorehabil. 2021 May;24(4):256-65. doi: 10.1080/17518423.2020.1869339. PMID: 33459571. *Exclude-Population*

1565. Selaskowski B, Asché LM, Wiebe A, et al. Gaze-based attention refocusing training in virtual reality for adult attention-deficit/hyperactivity disorder. BMC Psychiatry. 2023 Jan 26;23(1):74. doi: 10.1186/s12888-023-04551-z. PMID: 36703134. *Exclude-Outcome*

1566. Semeijn EJ, Michielsen M, Comijs HC, et al. Criterion validity of an Attention Deficit Hyperactivity Disorder (ADHD) screening list for screening ADHD in older adults aged 60-94 years. Am J Geriatr Psychiatry. 2013 Jul;21(7):631-5. doi: 10.1016/j.jagp.2012.08.003. PMID: 23567439. *Exclude-Language*

1567. Semeijn EJ, Michielsen M, Comijs HC, et al. Criterion validity of an attention deficit hyperactivity disorder (ADHD) screening list for screening ADHD in older adults aged 60-94 years. American Journal of Geriatric Psychiatry. 2013;21(7):631-5. doi: 10.1016/j.jagp.2012.08.003. *Exclude-Duplicate*

1568. Semiz UB, Basoglu C, Oner O, et al. Effects of diagnostic comorbidity and dimensional symptoms of attention-deficit-hyperactivity disorder in men with antisocial personality disorder. Aust N Z J Psychiatry. 2008 May;42(5):405-13. doi: 10.1080/00048670801961099. PMID: 18473259. *Exclude-Intervention*

1569. Sen B, Borle NC, Greiner R, et al. A general prediction model for the detection of ADHD and Autism using structural and functional MRI. PLoS One. 2018;13(4):e0194856. doi: 10.1371/journal.pone.0194856. PMID: 29664902. *Exclude-Population*

1570. Serra-Pla JF, Pozuelo M, Richarte V, et al. [Treatment of attention deficit hyperactivity disorder in adults using virtual reality through a mindfulness programme]. Rev Neurol. 2017 Feb 24;64(s01):S117-s22. PMID: 28256698. *Exclude-Design*

1571. Sesso G, Brancati GE, Masi G. Comorbidities in Youth with Bipolar Disorder: Clinical Features and Pharmacological Management. Curr Neuropharmacol. 2023;21(4):911-34. doi: 10.2174/1570159x20666220706104117. PMID: 35794777. *Exclude-Population*

1572. Sethi A, Evelyn-Rahr E, Dowell N, et al. Magnetization transfer imaging identifies basal ganglia abnormalities in adult ADHD that are invisible to conventional T1 weighted voxel-based morphometry. Neuroimage Clin. 2017;15:8-14. doi: 10.1016/j.nicl.2017.03.012. PMID: 28458999. *Exclude-Intervention*

1573. Sethi A, Voon V, Critchley HD, et al. A neurocomputational account of reward and novelty processing and effects of psychostimulants in attention deficit hyperactivity disorder. Brain. 2018 May 1;141(5):1545-57. doi: 10.1093/brain/awy048. PMID: 29547978. *Exclude-Design*

1574. Seto D, Weintraub BD. Rapid molecular diagnosis of mutations associated with generalized thyroid hormone resistance by PCR-coupled automated direct sequencing of genomic DNA: detection of two novel mutations. Hum Mutat. 1996;8(3):247-57. doi: 10.1002/(sici)1098-1004(1996)8:3<247::Aid-humu8>3.0.Co;2-6. PMID: 8889584. *Exclude-Population*

1575. Setyawan J, Guérin A, Hodgkins P, et al. Treatment persistence in attention deficit/hyperactivity disorder: a retrospective analysis of patients initiated on lisdexamfetamine vs other medications. J Med Econ. 2013 Nov;16(11):1275-89. doi: 10.3111/13696998.2013.839947. PMID: 24004347. *Exclude-Population*

1576. Setyawan J, Hodgkins P, Guérin A, et al. Comparison of therapy augmentation and deviation rates from the recommended once-daily dosing regimen between LDX and commonly prescribed long-acting stimulants for the treatment of ADHD in youth and adults. J Med Econ. 2013 Oct;16(10):1203-15. doi: 10.3111/13696998.2013.832258. PMID: 23937642. *Exclude-Population*

1577. Setyawan J, Hodgkins P, Guérin A, et al. Comparing treatment adherence of lisdexamfetamine and other medications for the treatment of attention deficit/hyperactivity disorder: a retrospective analysis. J Med Econ. 2013 Jul;16(7):962-75. doi: 10.3111/13696998.2013.800524. PMID: 23621503. *Exclude-Population*

1578. Sevecke K, Battel S, Dittmann RW, et al. [The effectiveness of atomoxetine in children, adolescents, and adults with ADHD. A systematic overview]. Nervenarzt. 2006 Mar;77(3):294, 7-300, 2-4 passim. doi: 10.1007/s00115-005-1970-1. PMID: 16133434. *Exclude-Population*

1579. Seyed Sina N, Joseph C, Mario H-B, et al. Evaluate the efficacy and safety of pharmacological intervention for excessive daytime sleepiness in patients with obstructive sleep apnea syndrome. 2022. PMID: CRD42022366313. *Exclude-Population*

1580. Shafritz KM, Marchione KE, Gore JC, et al. The effects of methylphenidate on neural systems of attention in attention deficit hyperactivity disorder. American Journal of Psychiatry. 2004;161(11):1990-7. *Exclude-Population*

1581. Shahani SA, Evans WN, Mayman GA, et al. Attention deficit hyperactivity disorder screening electrocardiograms: a community-based perspective. Pediatric cardiology. 2014;35:485-9. *Exclude-Population*

1582. Shahar N, Teodorescu AR, Usher M, et al. Selective influence of working memory load on exceptionally slow reaction times. J Exp Psychol Gen. 2014 Oct;143(5):1837-60. doi: 10.1037/a0037190. PMID: 25000446. *Exclude-Population*

1583. Shalev H, Mizrakli Y, Zeadna A, et al. Does methylphenidate use affect sperm parameters in patients undergoing infertility investigation? A retrospective analysis of 9769 semen samples. Arch Gynecol Obstet. 2021 Aug;304(2):539-46. doi: 10.1007/s00404-020-05938-z. PMID: 33433701. *Exclude-Intervention*

1584. Shao L, You Y, Du H, et al. Classification of ADHD with fMRI data and multi-objective optimization. Comput Methods Programs Biomed. 2020 Nov;196:105676. doi: 10.1016/j.cmpb.2020.105676. PMID: 32791440. *Exclude-Population*

1585. Shaw K, Wagner I, Eastwood H, et al. A qualitative study of Australian GPs' attitudes and practices in the diagnosis and management of attention-deficit/hyperactivity disorder (ADHD). Fam Pract. 2003 Apr;20(2):129-34. doi: 10.1093/fampra/20.2.129. PMID: 12651785. *Exclude-Intervention*

1586. Shaw KA, Mitchell GK, Wagner IJ, et al. Attitudes and practices of general practitioners in the diagnosis and management of attention-deficit/hyperactivity disorder. J Paediatr Child Health. 2002 Oct;38(5):481-6. doi: 10.1046/j.1440-1754.2002.00033.x. PMID: 12354265. *Exclude-Intervention*

1587. Shaw P, Sharp WS, Morrison M, et al. Psychostimulant treatment and the developing cortex in attention deficit hyperactivity disorder. Am J Psychiatry. 2009 Jan;166(1):58-63. doi: 10.1176/appi.ajp.2008.08050781. PMID: 18794206. *Exclude-Population*

1588. Shaw TH, Curby TW, Satterfield K, et al. Transcranial Doppler sonography reveals sustained attention deficits in young adults diagnosed with ADHD. Exp Brain Res. 2019 Feb;237(2):511-20. doi: 10.1007/s00221-018-5432-y. PMID: 30467657. *Exclude-Intervention*

1589. Shekim WO, Antun F, Hanna GL, et al. S-adenosyl-L-methionine (SAM) in adults with ADHD, RS: preliminary results from an open trial. Psychopharmacol Bull. 1990;26(2):249-53. PMID: 2236465. *Exclude-Design*

1590. Shekim WO, Masterson A, Cantwell DP, et al. Nomifensine maleate in adult attention deficit disorder. J Nerv Ment Dis. 1989 May;177(5):296-9. doi: 10.1097/00005053-198905000-00008. PMID: 2651559. *Exclude-Design*

1591. Shelton CR, Hartung CM, Canu WH. Feasibility and Acceptability of an Internet-Based Intervention for Young Adults with ADHD. J Technol Behav Sci. 2022;7(4):428-38. doi: 10.1007/s41347-022-00256-4. PMID: 35600097. *Exclude-Intervention*

1592. Sheridan MA, Hinshaw S, D'Esposito M. Stimulant medication and prefrontal functional connectivity during working memory in ADHD: a preliminary report. Journal of Attention Disorders. 2010;14(1):69-78. *Exclude-Population*

1593. Shi Y, Hunter Guevara LR, Dykhoff HJ, et al. Racial disparities in diagnosis of attention-deficit/hyperactivity disorder in a US National Birth Cohort. JAMA Network Open. 2021;4(3). doi: 10.1001/jamanetworkopen.2021.0321. *Exclude-Intervention*

1594. Shim S-h, Woo YS, Kim JS, et al. Comparison between atomoxetine and OROS methylphenidate as an adjunctive to SSRIs in attention-deficit/hyperactivity disorder adults with comorbid partially responsive major depressive disorder: A head-to-head, 12-week, randomized, rater-blinded clinical trial. Clinical Psychopharmacology and Neuroscience. 2022;20(1):143-53. *Exclude-Duplicate*

1595. Shire. A Long-Term, Open-Label, and Single-Arm Study of NRP104 30 mg, 50 mg, or 70 mg Per Day in Adults With Attention Deficit Hyperactivity Disorder (ADHD). In: Shire, editor; 2006. *Exclude-Design*

1596. Shire. An In Depth Cardiovascular Study of Lisdexamfetamine (LDX; Vyvanse) in Healthy and Treated Hypertensive Adults With Attention Deficit Hyperactivity Disorder (ADHD). In: Shire, editor; 2008. *Exclude-Comparator*

1597. Shire. The Evaluation of the Safety and Efficacy of the Methylphenidate Patch in Former Stimulant Users With ADHD. In: Shire, editor; 2008. *Exclude-Intervention*

1598. Shire. Psychostimulant Treatment of TBI-Related Attention Deficits: fMRI Analysis of Neural Mechanisms of Response. In: Shire, editor; 2009. *Exclude-Population*

1599. Shire. Evaluation of Pharmacokinetics and Profile of Clinical Response of Subacute Lisdexamfetamine Dimesylate (Vyvanse) Treatment vs. Clinical Response to Subacute Immediate Release Mixed Amphetamine Salt Therapy in Adult ADHD. In: Shire, editor; 2010. *Exclude-Comparator*

1600. Shire. Examining the Effects of Stimulant Medication on Emotional Lability in Patients With Attention Deficit Hyperactivity Disorder (ADHD). In: Shire, editor; 2011. *Exclude-Population*

1601. Shire. Effects of Lisdexamfetamine on Cognitive Control and Reward Response in Adolescents and Young Adults With ADHD: Neural and Clinical Outcomes. In: Shire, editor; 2014. *Exclude-Population*

1602. Shire. Brain Connectivity in Attention Deficit Hyperactivity Disorder (ADHD): a Biomarker to Predict Treatment Response. In: Shire, editor; 2018. *Exclude-Design*

1603. Shura RD, Armistead-Jehle P. Base Rates of Performance and Symptom Validity Test Failures in Active Duty and Veteran Samples Referred for Attention-Deficit/Hyperactivity Disorder Evaluation. Arch Clin Neuropsychol. 2024 May 21;39(4):523-7. doi: 10.1093/arclin/acad092. PMID: 38073319. *Exclude-Intervention*

1604. Shytle RD, Silver AA, Wilkinson BJ, et al. A pilot controlled trial of transdermal nicotine in the treatment of attention deficit hyperactivity disorder. The World Journal of Biological Psychiatry. 2002;3(3):150-5. *Exclude-Population*

1605. Sibley MH, Graziano PA, Kuriyan AB, et al. Parent-teen behavior therapy + motivational interviewing for adolescents with ADHD. J Consult Clin Psychol. 2016 Aug;84(8):699-712. doi: 10.1037/ccp0000106. PMID: 27077693. *Exclude-Population*

1606. Sibley MH, Kennedy TM, Swanson JM, et al. Characteristics and Predictors of Fluctuating Attention-Deficit/Hyperactivity Disorder in the Multimodal Treatment of ADHD (MTA) Study. J Clin Psychiatry. 2024 Oct 16;85(4). doi: 10.4088/JCP.24m15395. PMID: 39431909. *Exclude-Population*

1607. Sibley MH, Rohde LA, Swanson JM, et al. Late-onset ADHD reconsidered with comprehensive repeated assessments between ages 10 and 25. American Journal of Psychiatry. 2018;175(2):140-9. doi: 10.1176/appi.ajp.2017.17030298. *Exclude-Duplicate*

1608. 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*

1609. Sif-Eddine W, Ba-M'hamed S, Lefranc B, et al. Selenoprotein T, a potential treatment of attention-deficit/hyperactivity disorder and comorbid pain in neonatal 6-OHDA lesioned mice. Exp Mol Pathol. 2024 May 25;137:104905. doi: 10.1016/j.yexmp.2024.104905. PMID: 38797131. *Exclude-Population*

1610. Sigurdardottir HL, Kranz GS, Rami-Mark C, et al. Association of norepinephrine transporter methylation with in vivo NET expression and hyperactivity-impulsivity symptoms in ADHD measured with PET. Mol Psychiatry. 2021 Mar;26(3):1009-18. doi: 10.1038/s41380-019-0461-x. PMID: 31383926. *Exclude-Intervention*

1611. Sigurdardottir HL, Kranz GS, Rami-Mark C, et al. Effects of norepinephrine transporter gene variants on NET binding in ADHD and healthy controls investigated by PET. Hum Brain Mapp. 2016 Mar;37(3):884-95. doi: 10.1002/hbm.23071. PMID: 26678348. *Exclude-Intervention*

1612. Sikes C, Stark JG, McMahen R, et al. Pharmacokinetics of a New Amphetamine Extended-release Oral Liquid Suspension Under Fasted and Fed Conditions in Healthy Adults: A Randomized, Open-label, Single-dose, 3-treatment Study. Clin Ther. 2017 Dec;39(12):2389-98. doi: 10.1016/j.clinthera.2017.10.018. PMID: 29174216. *Exclude-Population*

1613. Sikes C, Stark JG, McMahen R, et al. A Single-Dose, Two-Way Crossover, Open-Label Bioequivalence Study of an Amphetamine Extended-Release Oral Suspension in Healthy Adults. J Atten Disord. 2020 Feb;24(3):414-9. doi: 10.1177/1087054717743329. PMID: 29192549. *Exclude-Population*

1614. Silk TJ, Malpas C, Vance A, et al. The effect of single-dose methylphenidate on resting-state network functional connectivity in ADHD. Brain imaging and behavior. 2017;11(5):1422-31. *Exclude-Population*

1615. Silva KL, Guimarães-da-Silva PO, Grevet EH, et al. Cognitive deficits in adults with ADHD go beyond comorbidity effects. J Atten Disord. 2013 Aug;17(6):483-8. doi: 10.1177/1087054711434155. PMID: 22344317. *Exclude-Intervention*

1616. Silva RR, Skimming JW, Muniz R. Cardiovascular safety of stimulant medications for Attention Deficit Hyperactivity Disorder (ADHD): A review of data from placebo-controlled and open-label extension trials. Journal of Child and Adolescent Psychopharmacology. 2010;20(6):529. doi: 10.1089/cap.2010.2064. *Exclude-Design*

1617. Siman Tov A, Halevi Hochwald I, Tesler R, et al. Weight Management for Students with Attention-Deficit Hyperactivity Disorder (ADHD): A Qualitative Study. Healthcare (Basel). 2022 Nov 7;10(11). doi: 10.3390/healthcare10112225. PMID: 36360567. *Exclude-Intervention*

1618. Simon N. Management of methylphenidate in adults with ADHD: Benefits and risks. European Psychiatry. 2015;30:S28-S9. doi: 10.1016/j.eurpsy.2015.09.086. *Exclude-Intervention*

1619. Simon V, Czobor P, Bálint S, et al. [Detailed review of epidemiologic studies on adult Attention Deficit/Hyperactivity Disorder (ADHD)]. Psychiatr Hung. 2007;22(1):4-19. PMID: 17558040. *Exclude-Language*

1620. Simons L, Valentine AZ, Falconer CJ, et al. Developing mHealth Remote Monitoring Technology for Attention Deficit Hyperactivity Disorder: A Qualitative Study Eliciting User Priorities and Needs. JMIR Mhealth Uhealth. 2016 Mar 23;4(1):e31. doi: 10.2196/mhealth.5009. PMID: 27009498. *Exclude-Intervention*

1621. Simpson D, Plosker GL. Spotlight on atomoxetine in adults with attention-deficit hyperactivity disorder. CNS Drugs. 2004;18(6):397-401. doi: 10.2165/00023210-200418060-00011. PMID: 15089111. *Exclude-Design*

1622. Simpson D, Plosker GL. Atomoxetine: a review of its use in adults with attention deficit hyperactivity disorder. Drugs. 2004;64(2):205-22. doi: 10.2165/00003495-200464020-00005. PMID: 14717619. *Exclude-Design*

1623. Sinclair SJ, Walsh-Messinger J, Siefert CJ, et al. Neuropsychological functioning and profile validity on the personality assessment inventory (PAI): An investigation in multiple psychiatric settings. Bulletin of the Menninger Clinic. 2015;79(4):305-34. doi: 10.1521/bumc.2015.79.4.305. *Exclude-Population*

1624. Singh A, Balasundaram MK. Comment on: "A Phase III, Randomized, Double-Blind, Placebo-Controlled Trial Assessing the Efficacy and Safety of Viloxazine Extended-Release Capsules in Adults with Attention Deficit/Hyperactivity Disorder". CNS Drugs. 2022 Dec;36(12):1331-2. doi: 10.1007/s40263-022-00966-6. PMID: 36331782. *Exclude-Design*

1625. Singh A, Balasundaram MK, Singh A. Viloxazine for Attention-Deficit Hyperactivity Disorder: A Systematic Review and Meta-analysis of Randomized Clinical Trials. J Cent Nerv Syst Dis. 2022;14:11795735221092522. doi: 10.1177/11795735221092522. PMID: 35615643. *Exclude-Population*

1626. Singh MK, DelBello MP, Strakowski SM. Temperament in child offspring of parents with bipolar disorder. J Child Adolesc Psychopharmacol. 2008 Dec;18(6):589-93. doi: 10.1089/cap.2007.142. PMID: 19108663. *Exclude-Population*

1627. Sinningen K, Emons B, Böhme P, et al. l-Arginine/nitric oxide pathway and oxidative stress in adults with ADHD: Effects of methylphenidate treatment. Nitric Oxide. 2023 Sep 1;138-139:64-9. doi: 10.1016/j.niox.2023.06.006. PMID: 37392928. *Exclude-Intervention*

1628. Sitholey P, Agarwal V, Tripathi A. Adult attention deficit/hyperactivity disorder: one year follow up. Indian J Med Res. 2010 May;131:692-5. PMID: 20516542. *Exclude-Intervention*

1629. Sizoo B, van den Brink W, Koeter M, et al. Treatment seeking adults with autism or ADHD and co-morbid substance use disorder: prevalence, risk factors and functional disability. Drug Alcohol Depend. 2010 Feb 1;107(1):44-50. doi: 10.1016/j.drugalcdep.2009.09.003. PMID: 19786328. *Exclude-Intervention*

1630. Sjöwall D, Berglund M, Hirvikoski T. Computerized working memory training for adults with ADHD in a psychiatric outpatient context-a feasibility trial. Appl Neuropsychol Adult. 2023 Jan 13:1-9. doi: 10.1080/23279095.2022.2162900. PMID: 36639362. *Exclude-Comparator*

1631. Skeel RL, Lesica S, Fust B, et al. Validation of an adult ADHD measure of feigning in a sample including individuals with depression and anxiety symptoms. Appl Neuropsychol Adult. 2022 Dec 22:1-7. doi: 10.1080/23279095.2022.2158335. PMID: 36548522. *Exclude-Comparator*

1632. Skoglund C, Brandt L, Almqvist C, et al. Factors Associated With Adherence to Methylphenidate Treatment in Adult Patients With Attention-Deficit/Hyperactivity Disorder and Substance Use Disorders. J Clin Psychopharmacol. 2016 Jun;36(3):222-8. doi: 10.1097/jcp.0000000000000501. PMID: 27043119. *Exclude-Intervention*

1633. Skoglund C, Brandt L, D'Onofrio B, et al. Methylphenidate doses in Attention Deficit/Hyperactivity Disorder and comorbid substance use disorders. Eur Neuropsychopharmacol. 2017 Nov;27(11):1144-52. doi: 10.1016/j.euroneuro.2017.08.435. PMID: 28935267. *Exclude-Intervention*

1634. Skott E, Yang LL, Stiernborg M, et al. Effects of a synbiotic on symptoms, and daily functioning in attention deficit hyperactivity disorder – A double-blind randomized controlled trial. Brain, Behavior, and Immunity. 2020;89:9-19. doi: 10.1016/j.bbi.2020.05.056. *Exclude-Duplicate*

1635. Skott E, Yang LL, Stiernborg M, et al. Effects of a synbiotic on symptoms, and daily functioning in attention deficit hyperactivity disorder—A double-blind randomized controlled trial. Brain, Behavior, and Immunity. 2020;89:9-19. doi: 10.1016/j.bbi.2020.05.056. *Exclude-Duplicate*

1636. Skutle A, Bu ETH, Jellestad FK, et al. Early developmental, temperamental and educational problems in 'substance use disorder' patients with and without ADHD. Does ADHD make a difference? Addict Behav Rep. 2015 Dec;2:13-8. doi: 10.1016/j.abrep.2015.03.001. PMID: 29531989. *Exclude-Intervention*

1637. Skymba HV, Shields AN, Rauch AA, et al. Does comorbid depression impact executive functioning (EF) in adults diagnosed with ADHD?: a comparison of EF across diagnoses in clinically-referred individuals. J Clin Exp Neuropsychol. 2023 Feb;45(1):1-11. doi: 10.1080/13803395.2023.2203464. PMID: 37083506. *Exclude-Intervention*

1638. Slobodin O, Blankers M, Kapitány-Fövény M, et al. Differential diagnosis in patients with substance use disorder and/or attention-deficit/hyperactivity disorder using continuous performance test. European Addiction Research. 2020;26(3):151-62. *Exclude-Intervention*

1639. Slobodin O, Yahav I, Berger I. A machine-based prediction model of ADHD using CPT data. Frontiers in Human Neuroscience. 2020;14. doi: 10.3389/fnhum.2020.560021. *Exclude-Population*

1640. Smalley SL, Bailey JN, Palmer CG, et al. Evidence that the dopamine D4 receptor is a susceptibility gene in attention deficit hyperactivity disorder. Mol Psychiatry. 1998 Sep;3(5):427-30. doi: 10.1038/sj.mp.4000457. PMID: 9774776. *Exclude-Population*

1641. Smith BH, Pelham WE, Gnagy E, et al. The reliability, validity, and unique contributions of self-report by adolescents receiving treatment for attention-deficit/hyperactivity disorder. J Consult Clin Psychol. 2000 Jun;68(3):489-99. doi: 10.1037/0022-006x.68.3.489. PMID: 10883565. *Exclude-Population*

1642. Smith BL, McChristian CL, Smith TD, et al. The relationship of the Reynolds intellectual assessment scales and the Wechsler adult intelligence scale-third edition1. Perceptual and Motor Skills. 2009;109(1):30-40. doi: 10.2466/PMS.109.1.30-40. *Exclude-Intervention*

1643. Smith JL, Johnstone SJ, Barry RJ. Aiding diagnosis of attention-deficit/hyperactivity disorder and its subtypes: discriminant function analysis of event-related potential data. Journal of Child Psychology and Psychiatry. 2003;44(7):1067-75. doi: 10.1111/1469-7610.00191. *Exclude-Population*

1644. Smith TE, Samuel DB. A Multi-method Examination of the Links Between ADHD and Personality Disorder. J Pers Disord. 2017 Feb;31(1):26-48. doi: 10.1521/pedi\_2016\_30\_236. PMID: 26845530. *Exclude-Intervention*

1645. Smoller JW, Kendler KK, Craddock N, et al. Identification of risk loci with shared effects on five major psychiatric disorders: A genome-wide analysis. The Lancet. 2013;381(9875):1371-9. doi: 10.1016/S0140-6736(12)62129-1. *Exclude-Intervention*

1646. Snyder SM, Hall JR. A meta-analysis of quantitative EEG power associated with attention-deficit hyperactivity disorder. J Clin Neurophysiol. 2006 Oct;23(5):440-55. doi: 10.1097/01.wnp.0000221363.12503.78. PMID: 17016156. *Exclude-Intervention*

1647. Snyder SM, Quintana H, Sexson SB, et al. Blinded, multi-center validation of EEG and rating scales in identifying ADHD within a clinical sample. Psychiatry Research. 2008;159(3):346-58. doi: 10.1016/j.psychres.2007.05.006. *Exclude-Population*

1648. Sobanski E. Psychopharmacological treatments for adults with ADHD: New findings. European Neuropsychopharmacology. 2013;23:S119. doi: 10.1016/S0924-977X(13)70144-5. *Exclude-Design*

1649. Sobanski E, Alm B, Krumm B. [Effect of subtype and psychiatric comorbidities on methylphenidate treatment in adults with attention-deficit hyperactivity disorder]. Nervenarzt. 2007 Mar;78(3):328-30, 33-37. doi: 10.1007/s00115-006-2068-0. PMID: 16544121. *Exclude-Language*

1650. Sobanski E, Schredl M, Kettler N, et al. Sleep in adults with attention deficit hyperactivity disorder (ADHD) before and during treatment with methylphenidate: a controlled polysomnographic study. Sleep. 2008 Mar;31(3):375-81. doi: 10.1093/sleep/31.3.375. PMID: 18363314. *Exclude-Intervention*

1651. Soendergaard HM, Thomsen PH, Pedersen P, et al. Treatment dropout and missed appointments among adults with attention-deficit/hyperactivity disorder: associations with patient- and disorder-related factors. J Clin Psychiatry. 2016 Feb;77(2):232-9. doi: 10.4088/JCP.14m09270. PMID: 26761266. *Exclude-Intervention*

1652. Solanto MV, Marks DJ, Mitchell KJ, et al. Development of a new psychosocial treatment for adult ADHD. Journal of Attention Disorders. 2008;11(6):728-36. *Exclude-Design*

1653. Solanto MV, Marks DJ, Wasserstein J, et al. Efficacy of meta-cognitive therapy for adult ADHD. American Journal of Psychiatry. 2010;167(8):958-68. doi: 10.1176/appi.ajp.2009.09081123. *Exclude-Duplicate*

1654. Solanto MV, Marks DJ, Wasserstein J, et al. Efficacy of meta-cognitive therapy for adult ADHD. American Journal of Psychiatry. 2010;167(8):958-68. *Exclude-Duplicate*

1655. Solanto MV, Surman CB, Alvir JMJ. The efficacy of cognitive-behavioral therapy for older adults with ADHD: a randomized controlled trial. Atten Defic Hyperact Disord. 2018 Sep;10(3):223-35. doi: 10.1007/s12402-018-0253-1. PMID: 29492784. *Exclude-Duplicate*

1656. Solanto MV, Wasserstein J, Marks DJ, et al. Diagnosis of ADHD in adults: what is the appropriate DSM-5 symptom threshold for hyperactivity-impulsivity? J Atten Disord. 2012 Nov;16(8):631-4. doi: 10.1177/1087054711416910. PMID: 21976031. *Exclude-Outcome*

1657. Soliva JC, Carmona S, Fauquet J, et al. Neurobiological substrates of social cognition impairment in attention-deficit hyperactivity disorder: Gathering insights from seven structural and functional magnetic resonance imaging studies. Values, empathy, and fairness across social barriers. New York, NY, US: New York Academy of Sciences; 2009:212-20. *Exclude-Design*

1658. Solleveld MM, Schrantee A, Puts NAJ, et al. Age-dependent, lasting effects of methylphenidate on the GABAergic system of ADHD patients. Neuroimage Clin. 2017;15:812-8. doi: 10.1016/j.nicl.2017.06.003. PMID: 28725548. *Exclude-Outcome*

1659. Solmi M, Radua J, Olivola M, et al. Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. Mol Psychiatry. 2022 Jan;27(1):281-95. doi: 10.1038/s41380-021-01161-7. PMID: 34079068. *Exclude-Intervention*

1660. Someki F, Ohnishi M, Vejdemo-Johansson M, et al. Reliability, validity, factor structure, and measurement invariance of the Japanese conners’ adult ADHD rating scales (CAARS). Journal of Psychoeducational Assessment. 2020;38(3):337-49. doi: 10.1177/0734282919842030. *Exclude-Intervention*

1661. Soncin S, Brien DC, Coe BC, et al. Contrasting emotion processing and executive functioning in attention-deficit/hyperactivity disorder and bipolar disorder. Behav Neurosci. 2016 Oct;130(5):531-43. doi: 10.1037/bne0000158. PMID: 27537826. *Exclude-Intervention*

1662. Song J, Park JH, Han DH, et al. Comparative study of the effects of bupropion and escitalopram on Internet gaming disorder. Psychiatry Clin Neurosci. 2016 Nov;70(11):527-35. doi: 10.1111/pcn.12429. PMID: 27487975. *Exclude-Population*

1663. Song P, Zha M, Yang Q, et al. The prevalence of adult attention-deficit hyperactivity disorder: A global systematic review and meta-analysis. J Glob Health. 2021 Feb 11;11:04009. doi: 10.7189/jogh.11.04009. PMID: 33692893. *Exclude-Intervention*

1664. Sonuga-Barke EJ, Brandeis D, Cortese S, et al. Nonpharmacological interventions for ADHD: systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments. Am J Psychiatry. 2013 Mar;170(3):275-89. doi: 10.1176/appi.ajp.2012.12070991. PMID: 23360949. *Exclude-Population*

1665. Sonuga-Barke EJ, Daley D, Thompson M. Does maternal ADHD reduce the effectiveness of parent training for preschool children's ADHD? J Am Acad Child Adolesc Psychiatry. 2002 Jun;41(6):696-702. doi: 10.1097/00004583-200206000-00009. PMID: 12049444. *Exclude-Population*

1666. Sonuga-Barke EJ, Swanson JM, Coghill D, et al. Efficacy of two once-daily methylphenidate formulations compared across dose levels at different times of the day: preliminary indications from a secondary analysis of the COMACS study data. BMC psychiatry. 2004;4:1-8. *Exclude-Population*

1667. Sou B, Glass A, Brooks DJ, et al. Cigarette smoking trajectories among comorbid cocaine-dependent and attention deficit/hyperactivity-disorder individuals treated with extended-release mixed amphetamine salts. Drug and Alcohol Dependence. 2015;156:e208-e9. doi: 10.1016/j.drugalcdep.2015.07.562. *Exclude-Intervention*

1668. South M, Carr AW, Stephenson KG, et al. Symptom overlap on the srs-2 adult self-report between adults with asd and adults with high anxiety. Autism Res. 2017 Jul;10(7):1215-20. doi: 10.1002/aur.1764. PMID: 28266790. *Exclude-Population*

1669. Spalding W, Toor K, Cope S, et al. Comparative efficacy and tolerability of lisdexamfetamine versus other treatments for adults with attention deficit hyperactivity disorder: A systematic literature review and network meta-analysis. Journal of Managed Care and Specialty Pharmacy. 2017;23:S48-S9. *Exclude-Design*

1670. Speirs SJ, Rinehart NJ, Robinson SR, et al. Efficacy of cognitive processes in young people with high-functioning autism spectrum disorder using a novel visual information-processing task. J Autism Dev Disord. 2014 Nov;44(11):2809-19. doi: 10.1007/s10803-014-2140-8. PMID: 24838123. *Exclude-Population*

1671. Spencer T, Biederman J, Wilens T. Stimulant treatment of adult attention-deficit/hyperactivity disorder. Psychiatr Clin North Am. 2004 Jun;27(2):361-72. doi: 10.1016/j.psc.2003.12.002. PMID: 15064002. *Exclude-Design*

1672. Spencer T, Biederman J, Wilens T. Nonstimulant treatment of adult attention-deficit/hyperactivity disorder. Psychiatr Clin North Am. 2004 Jun;27(2):373-83. doi: 10.1016/j.psc.2003.12.001. PMID: 15064003. *Exclude-Design*

1673. Spencer T, Biederman J, Wilens T, et al. Pharmacotherapy of attention-deficit hyperactivity disorder across the life cycle. J Am Acad Child Adolesc Psychiatry. 1996 Apr;35(4):409-32. doi: 10.1097/00004583-199604000-00008. PMID: 8919704. *Exclude-Design*

1674. Spencer TJ, Adler LA, Meihua Q, et al. Validation of the adult ADHD investigator symptom rating scale (AISRS). J Atten Disord. 2010 Jul;14(1):57-68. doi: 10.1177/1087054709347435. PMID: 19794135. *Exclude-Outcome*

1675. Spencer TJ, Biederman J, Madras BK, et al. In vivo neuroreceptor imaging in attention-deficit/hyperactivity disorder: a focus on the dopamine transporter. Biol Psychiatry. 2005 Jun 1;57(11):1293-300. doi: 10.1016/j.biopsych.2005.03.036. PMID: 15950001. *Exclude-Intervention*

1676. Spencer TJ, Biederman J, Wozniak J, et al. Parsing pediatric bipolar disorder from its associated comorbidity with the disruptive behavior disorders. Biol Psychiatry. 2001 Jun 15;49(12):1062-70. doi: 10.1016/s0006-3223(01)01155-6. PMID: 11430848. *Exclude-Population*

1677. Spencer TJ, Faraone SV, Michelson D, et al. Atomoxetine and adult attention-deficit/hyperactivity disorder: the effects of comorbidity. J Clin Psychiatry. 2006 Mar;67(3):415-20. doi: 10.4088/jcp.v67n0312. PMID: 16649828. *Exclude-Intervention*

1678. Spencer TJ, Mick E, Surman CBH, et al. A randomized, single-blind, substitution study of oros methylphenidate (concerta) in ADHD adults receiving immediate release methylphenidate. Journal of Attention Disorders. 2011;15(4):286-94. doi: 10.1177/1087054710367880. *Exclude-Duplicate*

1679. Spencer TJ, Wilens TE, Biederman J, et al. Efficacy and safety of mixed amphetamine salts extended release (Adderall XR) in the management of attention-deficit/hyperactivity disorder in adolescent patients: a 4-week, randomized, double-blind, placebo-controlled, parallel-group study. Clin Ther. 2006 Feb;28(2):266-79. doi: 10.1016/j.clinthera.2006.02.011. PMID: 16678648. *Exclude-Population*

1680. Spiller HA, Hays HL, Aleguas A, Jr. Overdose of drugs for attention-deficit hyperactivity disorder: clinical presentation, mechanisms of toxicity, and management. CNS Drugs. 2013 Jul;27(7):531-43. doi: 10.1007/s40263-013-0084-8. PMID: 23757186. *Exclude-Design*

1681. Spitzer RL, Kroenke K, Williams JB, et al. A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med. 2006 May 22;166(10):1092-7. doi: 10.1001/archinte.166.10.1092. PMID: 16717171. *Exclude-Population*

1682. Sprafkin J, Gadow KD, Weiss MD, et al. Psychiatric comorbidity in ADHD symptom subtypes in clinic and community adults. J Atten Disord. 2007 Sep;11(2):114-24. doi: 10.1177/1087054707299402. PMID: 17494828. *Exclude-Intervention*

1683. srl DMF. The Effects of DHA (DOCOSAHEXAENOIC ACID) on Attention Deficit and Hyperactivity Disorder. In: srl DMF, editor; 2013. *Exclude-Population*

1684. Stamatis CA, Heusser AC, Simon TJ, et al. Real-time cognitive performance metrics derived from a digital therapeutic for inattention predict ADHD-related clinical outcomes: Replication across three independent trials of AKL-T01. Transl Psychiatry. 2024 Aug 11;14(1):328. doi: 10.1038/s41398-024-03045-0. PMID: 39128918. *Exclude-Duplicate*

1685. Starck M, Grünwald J, Schlarb AA. Occurrence of ADHD in parents of ADHD children in a clinical sample. Neuropsychiatr Dis Treat. 2016;12:581-8. doi: 10.2147/ndt.S100238. PMID: 27042071. *Exclude-Intervention*

1686. State RC, Frye MA, Altshuler LL, et al. Chart review of the impact of attention-deficit/hyperactivity disorder comorbidity on response to lithium or divalproex sodium in adolescent mania. J Clin Psychiatry. 2004 Aug;65(8):1057-63. doi: 10.4088/jcp.v65n0805. PMID: 15323589. *Exclude-Population*

1687. Steer C, Froelich J, Soutullo CA, et al. Lisdexamfetamine dimesylate: a new therapeutic option for attention-deficit hyperactivity disorder. CNS Drugs. 2012 Aug 1;26(8):691-705. doi: 10.2165/11634340-000000000-00000. PMID: 22762726. *Exclude-Population*

1688. Stein MA, Sandoval R, Szumowski E, et al. Psychometric characteristics of the Wender Utah Rating Scale (WURS): reliability and factor structure for men and women. Psychopharmacology bulletin. 1995;31(2):425-33. *Exclude-Population*

1689. Stein MA, Zulauf-McCurdy C, DelRosso LM. Attention Deficit Hyperactivity Disorder Medications and Sleep. Child Adolesc Psychiatr Clin N Am. 2022 Jul;31(3):499-514. doi: 10.1016/j.chc.2022.03.006. PMID: 35697398. *Exclude-Design*

1690. Steinlechner S, Brüggemann N, Sobottka V, et al. Restless legs syndrome as a possible predictor for psychiatric disorders in parents of children with ADHD. Eur Arch Psychiatry Clin Neurosci. 2011 Jun;261(4):285-91. doi: 10.1007/s00406-010-0140-z. PMID: 20820796. *Exclude-Intervention*

1691. Stephane De B, Chris T. Psychopathy and impulsivity: a meta-analysis of self-report and behavioral measures. 2019. PMID: CRD42019158152. *Exclude-Intervention*

1692. Stephen F, Carlos M, Jack T, et al. Assessing the safety and efficacy of stimulant and non-stimulant medications for ADHD in patients with epilepsy. 2022. PMID: CRD42022382723. *Exclude-Population*

1693. Stern A, Agnew-Blais J, Danese A, et al. Associations between abuse/neglect and ADHD from childhood to young adulthood: A prospective nationally-representative twin study. Child Abuse Negl. 2018 Jul;81:274-85. doi: 10.1016/j.chiabu.2018.04.025. PMID: 29775871. *Exclude-Population*

1694. Stern A, Maeir A. Validating the measurement of executive functions in an occupational context for adults with attention deficit hyperactivity disorder. Am J Occup Ther. 2014 Nov-Dec;68(6):719-28. doi: 10.5014/ajot.2014.012419. PMID: 25397767. *Exclude-Intervention*

1695. Stern P, Kolodny T, Tsafrir S, et al. Near and Far Transfer Effects of Computerized Progressive Attention Training (CPAT) Versus Mindfulness Based Stress Reduction (MBSR) Practice Among Adults With ADHD. J Atten Disord. 2023 May;27(7):757-76. doi: 10.1177/10870547231155877. PMID: 36794845. *Exclude-Comparator*

1696. Stern SK, Morris MK. Discrimination of ADHD and reading disability in adults using the D-KEFS. Arch Clin Neuropsychol. 2013 Mar;28(2):125-34. doi: 10.1093/arclin/acs111. PMID: 23246933. *Exclude-Intervention*

1697. Stewart A, Liljequist L. Specificity of the CAARS in Discriminating ADHD Symptoms in Adults From Other Axis I Symptoms. J Atten Disord. 2015 Dec;19(12):1007-12. doi: 10.1177/1087054712460086. PMID: 23074300. *Exclude-Intervention*

1698. Stickley A, Koyanagi A, Takahashi H, et al. Attention-deficit/hyperactivity disorder and physical multimorbidity: A population-based study. Eur Psychiatry. 2017 Sep;45:227-34. doi: 10.1016/j.eurpsy.2017.07.010. PMID: 28957792. *Exclude-Intervention*

1699. Støre SJ, Tillfors M, Angelhoff C, et al. A robot intervention for adults with ADHD and insomnia-A mixed-method proof-of-concept study. PLoS One. 2023;18(9):e0290984. doi: 10.1371/journal.pone.0290984. PMID: 37656707. *Exclude-Design*

1700. Storebø OJ, Andersen ME, Skoog M, et al. Social skills training for attention deficit hyperactivity disorder (ADHD) in children aged 5 to 18 years. Cochrane Database of Systematic Reviews. 2019;2019(6). doi: 10.1002/14651858.CD008223.pub3. *Exclude-Population*

1701. Storebø OJ, Ramstad E, Krogh HB, et al. Methylphenidate for children and adolescents with attention deficit hyperactivity disorder (ADHD). Cochrane Database Syst Rev. 2015 Nov 25;2015(11):Cd009885. doi: 10.1002/14651858.CD009885.pub2. PMID: 26599576. *Exclude-Population*

1702. Stoy M, Schlagenhauf F, Schlochtermeier L, et al. Reward processing in male adults with childhood ADHD--a comparison between drug-naïve and methylphenidate-treated subjects. Psychopharmacology (Berl). 2011 Jun;215(3):467-81. doi: 10.1007/s00213-011-2166-y. PMID: 21298512. *Exclude-Population*

1703. Strajhar P, Vizeli P, Patt M, et al. Effects of lisdexamfetamine on plasma steroid concentrations compared with d-amphetamine in healthy subjects: A randomized, double-blind, placebo-controlled study. J Steroid Biochem Mol Biol. 2019 Feb;186:212-25. doi: 10.1016/j.jsbmb.2018.10.016. PMID: 30381248. *Exclude-Population*

1704. Strålin EE, Sunnhed R, Thorell LB, et al. "It was very nice to be in a room where everyone had ADD-that's kind of VIP": Exploring clients' perceptions of group CBT for ADHD inattentive presentation. PLoS One. 2024;19(6):e0299060. doi: 10.1371/journal.pone.0299060. PMID: 38905212. *Exclude-Design*

1705. Strauss L, intern H. The efficacy of a homeopathic preparation in the management of attention deficit hyperactivity disorder. Biomedical Therapy. 2000;18(2):197-201. *Exclude-Population*

1706. Strauß M, Petroff D, Huang J, et al. The "VIP-ADHD trial": Does brain arousal have prognostic value for predicting response to psychostimulants in adult ADHD patients? Eur Neuropsychopharmacol. 2021 Feb;43:116-28. doi: 10.1016/j.euroneuro.2020.12.003. PMID: 33388218. *Exclude-Intervention*

1707. Ströhle A, Stoy M, Wrase J, et al. Reward anticipation and outcomes in adult males with attention-deficit/hyperactivity disorder. Neuroimage. 2008 Feb 1;39(3):966-72. doi: 10.1016/j.neuroimage.2007.09.044. PMID: 17996464. *Exclude-Intervention*

1708. Studer P, Kratz O, Gevensleben H, et al. Slow cortical potential and theta/beta neurofeedback training in adults: effects on attentional processes and motor system excitability. Front Hum Neurosci. 2014;8:555. doi: 10.3389/fnhum.2014.00555. PMID: 25104932. *Exclude-Population*

1709. Studerus E, Corbisiero S, Mazzariello N, et al. Can neuropsychological testing facilitate differential diagnosis between at-risk mental state (ARMS) for psychosis and adult attention-deficit/hyperactivity disorder (ADHD)? Eur Psychiatry. 2018 Aug;52:38-44. doi: 10.1016/j.eurpsy.2018.02.006. PMID: 29614390. *Exclude-Intervention*

1710. Stuhec M, Locatelli I. Attention deficit hyperactivity disorder pharmacotherapy in Slovenian adults: a population-based study. Int J Clin Pharm. 2018 Apr;40(2):341-4. doi: 10.1007/s11096-018-0605-0. PMID: 29468526. *Exclude-Intervention*

1711. Suarez EA, Bateman BT, Hernandez-Diaz S, et al. Prescription Stimulant Use During Pregnancy and Risk of Neurodevelopmental Disorders in Children. JAMA Psychiatry. 2024 May 1;81(5):477-88. doi: 10.1001/jamapsychiatry.2023.5073. PMID: 38265792. *Exclude-Population*

1712. Sugimoto A, Suzuki Y, Orime N, et al. Non-Linear Pharmacokinetics of Atomoxetine in Adult Japanese Patients With ADHD. J Atten Disord. 2020 Feb;24(3):490-3. doi: 10.1177/1087054716661235. PMID: 27474159. *Exclude-Intervention*

1713. Sugimoto A, Suzuki Y, Yoshinaga K, et al. Influence of Atomoxetine on Relationship Between ADHD Symptoms and Prefrontal Cortex Activity During Task Execution in Adult Patients. Front Hum Neurosci. 2021;15:755025. doi: 10.3389/fnhum.2021.755025. PMID: 34899218. *Exclude-Intervention*

1714. Suhr J, Zimak E, Buelow M, et al. Self-reported childhood attention-deficit/hyperactivity disorder symptoms are not specific to the disorder. Compr Psychiatry. 2009 May-Jun;50(3):269-75. doi: 10.1016/j.comppsych.2008.08.008. PMID: 19374973. *Exclude-Population*

1715. Sullivan BK, May K, Galbally L. Symptom exaggeration by college adults in attention-deficit hyperactivity disorder and learning disorder assessments. Appl Neuropsychol. 2007;14(3):189-207. doi: 10.1080/09084280701509083. PMID: 17848130. *Exclude-Intervention*

1716. Sullivan SA, Hamilton W, Tilling K, et al. Association of Primary Care Consultation Patterns With Early Signs and Symptoms of Psychosis. JAMA Netw Open. 2018 Nov 2;1(7):e185174. doi: 10.1001/jamanetworkopen.2018.5174. PMID: 30646393. *Exclude-Population*

1717. Sultan RS, Correll CU, Schoenbaum M, et al. National Patterns of Commonly Prescribed Psychotropic Medications to Young People. J Child Adolesc Psychopharmacol. 2018 Apr;28(3):158-65. doi: 10.1089/cap.2017.0077. PMID: 29376743. *Exclude-Population*

1718. Sun TH, Yeom JW, Choi KY, et al. Potential effectiveness of digital therapeutics specialized in executive functions as adjunctive treatment for clinical symptoms of attention-deficit/hyperactivity disorder: a feasibility study. Frontiers in Psychiatry. 2023;14. doi: 10.3389/fpsyt.2023.1169030. *Exclude-Population*

1719. Surman C, Boland H, Kaufman D, et al. Personalized Remote Mobile Surveys of Adult ADHD Symptoms and Function: A Pilot Study of Usability and Utility for Pharmacology Monitoring. J Atten Disord. 2022 May;26(7):1001-10. doi: 10.1177/10870547211044213. PMID: 34693788. *Exclude-Intervention*

1720. Surman C, Hammerness P, Petty C, et al. Atomoxetine in the treatment of adults with subthreshold and/or late onset attention-deficit hyperactivity disorder-not otherwise specified (ADHD-NOS): a prospective open-label 6-week study. CNS Neurosci Ther. 2010 Spring;16(1):6-12. doi: 10.1111/j.1755-5949.2009.00124.x. PMID: 20070786. *Exclude-Design*

1721. Surman C, Vaudreuil C, Boland H, et al. L-Threonic Acid Magnesium Salt Supplementation in ADHD: An Open-Label Pilot Study. J Diet Suppl. 2021;18(2):119-31. doi: 10.1080/19390211.2020.1731044. PMID: 32162987. *Exclude-Comparator*

1722. Surman C, Walsh DM, Horick N, et al. 2.39 Solriamfetol for ADHD in Adults: A Double-Blind Placebo-Controlled Pilot Study. Journal of the American Academy of Child and Adolescent Psychiatry. 2023;62(10):S193. doi: 10.1016/j.jaac.2023.09.126. *Exclude-Design*

1723. Surman CB, Adamson JJ, Petty C, et al. Association between attention-deficit/hyperactivity disorder and sleep impairment in adulthood: evidence from a large controlled study. J Clin Psychiatry. 2009 Nov;70(11):1523-9. doi: 10.4088/JCP.08m04514. PMID: 19646365. *Exclude-Intervention*

1724. Surman CB, Biederman J, Spencer T, et al. Neuropsychological Deficits Are Not Predictive of Deficient Emotional Self-Regulation in Adults With ADHD. J Atten Disord. 2015 Dec;19(12):1046-53. doi: 10.1177/1087054713476548. PMID: 23503813. *Exclude-Intervention*

1725. Surman CB, Biederman J, Spencer T, et al. Deficient emotional self-regulation and adult attention deficit hyperactivity disorder: a family risk analysis. Am J Psychiatry. 2011 Jun;168(6):617-23. doi: 10.1176/appi.ajp.2010.10081172. PMID: 21498464. *Exclude-Intervention*

1726. Surman CB, Hammerness PG, Petty C, et al. A pilot open label prospective study of memantine monotherapy in adults with ADHD. World J Biol Psychiatry. 2013 May;14(4):291-8. doi: 10.3109/15622975.2011.623716. PMID: 22436083. *Exclude-Comparator*

1727. Surman CB, Monuteaux MC, Petty CR, et al. Representativeness of participants in a clinical trial for attention-deficit/hyperactivity disorder? Comparison with adults from a large observational study. J Clin Psychiatry. 2010 Dec;71(12):1612-6. doi: 10.4088/JCP.09m05344pur. PMID: 20816030. *Exclude-Intervention*

1728. Surman CBH, Hammerness PG, Petty C, et al. A pilot open label prospective study of memantine monotherapy in adults with ADHD. World Journal of Biological Psychiatry. 2013;14(4):291-8. doi: 10.3109/15622975.2011.623716. *Exclude-Duplicate*

1729. Sutherland SM, Adler LA, Chen C, et al. An 8-week, randomized controlled trial of atomoxetme, atomoxetine plus buspirone, or placebo in adults with ADHD. The Journal of Clinical Psychiatry. 2012;73(4):445-50. doi: 10.4088/JCP.10m06788. *Exclude-Duplicate*

1730. Swanson JM. Role of executive function in ADHD. J Clin Psychiatry. 2003;64 Suppl 14:35-9. PMID: 14658934. *Exclude-Population*

1731. Swanson JM. Transdermal methylphenidate more effective than placebo for treating ADHD. Evidence-Based Mental Health. 2008;11(4):118-. *Exclude-Population*

1732. Swearingen D, Pennick M, Shojaei A, et al. A phase I, randomized, open-label, crossover study of the single-dose pharmacokinetic properties of guanfacine extended-release 1-, 2-, and 4-mg tablets in healthy adults. Clin Ther. 2007 Apr;29(4):617-25. doi: 10.1016/j.clinthera.2007.04.016. PMID: 17617285. *Exclude-Population*

1733. Swedish Council on Health Technology A. SBU Systematic Review Summaries. ADHD -- Diagnostics and Treatment, Organization of the Health Care and Patient Involvement. Stockholm: Swedish Council on Health Technology Assessment (SBU)

Copyright © 2013 by the Swedish Council on Health Technology Assessment.; 2013. *Exclude-Language*

1734. Swensen A, Birnbaum HG, Ben Hamadi R, et al. Incidence and costs of accidents among attention-deficit/hyperactivity disorder patients. J Adolesc Health. 2004 Oct;35(4):346.e1-9. PMID: 15830457. *Exclude-Population*

1735. Swing EL, Gentile DA, Anderson CA, et al. Television and video game exposure and the development of attention problems. Pediatrics. 2010;126(2):214-21. *Exclude-Intervention*

1736. Syeda Maimoona B, hifza a. effectiveness of cognitive behavioral therapy for adults with attention deficit hyperactivity disorder: A systemic review and meta analysis. 2024. PMID: CRD42024575137. *Exclude-Design*

1737. Syrjänen M, Hautamäki A, Pleshkova N, et al. Attachment and sensitivity among parents with ADHD—A multiple-case study. Emotional & Behavioural Difficulties. 2019;24(2):156-66. doi: 10.1080/13632752.2019.1602985. *Exclude-Intervention*

1738. Szewczuk-Bogusławska M, Flisiak-Antonijczuk H. [Will new diagnostic criteria facilitate the diagnostic process of ADHD in adults?]. Psychiatr Pol. 2013 Mar-Apr;47(2):293-302. PMID: 23888762. *Exclude-Language*

1739. Szobot CM, Roman T, Hutz MH, et al. Molecular imaging genetics of methylphenidate response in ADHD and substance use comorbidity. Synapse. 2011 Feb;65(2):154-9. doi: 10.1002/syn.20829. PMID: 20593420. *Exclude-Population*

1740. Tachmazidis I, Chen T, Adamou M, et al. A hybrid AI approach for supporting clinical diagnosis of attention deficit hyperactivity disorder (ADHD) in adults. Health Inf Sci Syst. 2021 Dec;9(1):1. doi: 10.1007/s13755-020-00123-7. PMID: 33235709. *Exclude-Design*

1741. Takahashi M, Goto T, Takita Y, et al. Open-label, dose-titration tolerability study of atomoxetine hydrochloride in Korean, Chinese, and Taiwanese adults with attention-deficit/hyperactivity disorder. Asia Pac Psychiatry. 2014 Mar;6(1):62-70. doi: 10.1111/j.1758-5872.2012.00204.x. PMID: 23857916. *Exclude-Design*

1742. Takahashi M, Takita Y, Goto T, et al. An open-label, dose-titration tolerability study of atomoxetine hydrochloride in Japanese adults with attention-deficit/hyperactivity disorder. Psychiatry Clin Neurosci. 2011 Feb;65(1):55-63. doi: 10.1111/j.1440-1819.2010.02159.x. PMID: 21265936. *Exclude-Design*

1743. Takeda T, Tsuji Y, Kanazawa J, et al. Psychometric properties of the Japanese version of the Weiss Functional Impairment Rating Scale: Self-Report. Atten Defic Hyperact Disord. 2017 Sep;9(3):169-77. doi: 10.1007/s12402-016-0213-6. PMID: 28013402. *Exclude-Intervention*

1744. Takeda T, Tsuji Y, Kurita H. Psychometric properties of the Japanese version of the Adult Attention-deficit hyperactivity disorder (ADHD) Self-Report Scale (ASRS-J) and its short scale in accordance with DSM-5 diagnostic criteria. Res Dev Disabil. 2017 Apr;63:59-66. doi: 10.1016/j.ridd.2017.02.011. PMID: 28260624. *Exclude-Language*

1745. Tamburin S, Federico A, Morbioli L, et al. Screening for adult attention deficit/hyperactivity disorder in high-dose benzodiazepine dependent patients. Am J Addict. 2017 Sep;26(6):610-4. doi: 10.1111/ajad.12573. PMID: 28570753. *Exclude-Intervention*

1746. Tamm L, Narad ME, Antonini TN, et al. Reaction time variability in ADHD: A review. Neurotherapeutics. 2012;9(3):500-8. doi: 10.1007/s13311-012-0138-5. *Exclude-Duplicate*

1747. Tamm L, Narad ME, Antonini TN, et al. Reaction time variability in ADHD: a review. Neurotherapeutics. 2012 Jul;9(3):500-8. doi: 10.1007/s13311-012-0138-5. PMID: 22930417. *Exclude-Design*

1748. Tamsin N-D, Anna P, Tamsin F, et al. A systematic review of tools and training interventions to improve management of ADHD in primary care. 2020. PMID: CRD42020166570. *Exclude-Population*

1749. Tanaka SC, Yahata N, Todokoro A, et al. Preliminary evidence of altered neural response during intertemporal choice of losses in adult attention-deficit hyperactivity disorder. Sci Rep. 2018 Apr 30;8(1):6703. doi: 10.1038/s41598-018-24944-5. PMID: 29712945. *Exclude-Intervention*

1750. Tanaka Y, Brod M, Lane JR, et al. What Is a Clinically Relevant Improvement in Quality of Life in Adults With ADHD? J Atten Disord. 2019 Jan;23(1):65-75. doi: 10.1177/1087054715580395. PMID: 25876607. *Exclude-Intervention*

1751. Tang H, Zhang Z, Chen H, et al. Core items selection and psychometric properties of the adult attention-deficit hyperactivity disorder self-report scale-chinese short version (ASRS-CSV). Asian Journal of Psychiatry. 2024;99. doi: 10.1016/j.ajp.2024.104136. *Exclude-Comparator*

1752. Taş Dölek G, Tugba Ozel-Kizil E, Bastug G, et al. Impaired auditory and visual time reproduction in adult patients with attention deficit-hyperactivity disorder. J Clin Exp Neuropsychol. 2021 Mar;43(2):176-86. doi: 10.1080/13803395.2021.1898549. PMID: 33779502. *Exclude-Intervention*

1753. Taylor CJ, Miller DC. Neuropsychological assessment of attention in ADHD adults. Journal of Attention Disorders. 1997;2(2):77-88. *Exclude-Intervention*

1754. Taylor MR, Boden JM, Rucklidge JJ, et al. The function of reward sensitivity and temporal discounting in the relationship between risk and ADHD in adults. New Zealand Journal of Psychology. 2017;46(1):36-46. *Exclude-Intervention*

1755. Taymur I, Budak E, Onen S, et al. The relationship between childhood and adult attention-deficit–hyperactivity disorder and general psychopathological features in individuals who apply for bariatric surgery. Bariatric Surgical Practice and Patient Care. 2016;11(3):116-22. doi: 10.1089/bari.2016.0003. *Exclude-Intervention*

1756. Tcheremissine OV, Lieving LM. Once-daily medications for the pharmacological management of ADHD in adults. Ther Clin Risk Manag. 2009 Apr;5(2):367-79. doi: 10.2147/tcrm.s4206. PMID: 19536322. *Exclude-Population*

1757. Tcheremissine OV, Salazar JO. Pharmacotherapy of adult attention deficit/hyperactivity disorder: review of evidence-based practices and future directions. Expert Opin Pharmacother. 2008 Jun;9(8):1299-310. doi: 10.1517/14656566.9.8.1299. PMID: 18473705. *Exclude-Design*

1758. Tebartz van Elst L, Maier S, Klöppel S, et al. The effect of methylphenidate intake on brain structure in adults with ADHD in a placebo-controlled randomized trial. J Psychiatry Neurosci. 2016 Oct;41(6):422-30. doi: 10.1503/jpn.150320. PMID: 27575717. *Exclude-Intervention*

1759. Teicher MH. Actigraphy and motion analysis: new tools for psychiatry. Harv Rev Psychiatry. 1995 May-Jun;3(1):18-35. doi: 10.3109/10673229509017161. PMID: 9384925. *Exclude-Intervention*

1760. Teicher MH, Polcari A, Fourligas N, et al. Hyperactivity persists in male and female adults with ADHD and remains a highly discriminative feature of the disorder: a case-control study. BMC Psychiatry. 2012 Nov 7;12:190. doi: 10.1186/1471-244x-12-190. PMID: 23134619. *Exclude-Intervention*

1761. Teo SK, Scheffler MR, Wu A, et al. A single-dose, two-way crossover, bioequivalence study of dexmethylphenidate HCl with and without food in healthy subjects. J Clin Pharmacol. 2004 Feb;44(2):173-8. doi: 10.1177/0091270003261899. PMID: 14747426. *Exclude-Population*

1762. Thapar A, Cooper M. Attention deficit hyperactivity disorder. Lancet. 2016 Mar 19;387(10024):1240-50. doi: 10.1016/s0140-6736(15)00238-x. PMID: 26386541. *Exclude-Design*

1763. Thase ME, Youakim JM, Skuban A, et al. Adjunctive brexpiprazole 1 and 3 mg for patients with major depressive disorder following inadequate response to antidepressants: a phase 3, randomized, double-blind study. J Clin Psychiatry. 2015 Sep;76(9):1232-40. doi: 10.4088/JCP.14m09689. PMID: 26301771. *Exclude-Population*

1764. The Research Council of N, The Hospital of V, Norwegian Institute of Public H. Influence of Stimulant Medication on Brain Processes for Decision Making in Attention Deficit Hyperactivity Disorder. In: The Research Council of N, The Hospital of V, Norwegian Institute of Public H, eds.; 2013. *Exclude-Outcome*

1765. Theiling J, Petermann F. Neuropsychological Profiles on the WAIS-IV of Adults With ADHD. J Atten Disord. 2016 Nov;20(11):913-24. doi: 10.1177/1087054713518241. PMID: 24448224. *Exclude-Intervention*

1766. Theiling J, Petermann F, Daseking M. [Relationship between self-reported ADHD symptoms and WAIS-IV performance]. Gesundheitswesen. 2013 Nov;75(11):768-74. doi: 10.1055/s-0033-1357163. PMID: 24165919. *Exclude-Language*

1767. Thissen AJ, Luman M, Hartman C, et al. Attention-deficit/hyperactivity disorder (ADHD) and motor timing in adolescents and their parents: familial characteristics of reaction time variability vary with age. J Am Acad Child Adolesc Psychiatry. 2014 Sep;53(9):1010-9.e4. doi: 10.1016/j.jaac.2014.05.015. PMID: 25151424. *Exclude-Population*

1768. Thoma P, Edel MA, Suchan B, et al. Probabilistic reward learning in adults with Attention Deficit Hyperactivity Disorder--an electrophysiological study. Psychiatry Res. 2015 Jan 30;225(1-2):133-44. doi: 10.1016/j.psychres.2014.11.006. PMID: 25467706. *Exclude-Intervention*

1769. Thomason KE, Gudjonsson G, German E, et al. Sociomoral Reasoning in Adults with ADHD: A Pilot Study. AIMS Public Health. 2014;1(3):147-59. doi: 10.3934/publichealth.2014.3.147. PMID: 29546083. *Exclude-Intervention*

1770. Thome J, Escobar R, Lipsius S, et al. Predictors of relapse or maintenance of response of Attention-Deficit/Hyperactivity Disorder symptoms after discontinuation of long-term treatment with atomoxetine. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S97. doi: 10.1007/s12402-015-0169-y. *Exclude-Intervention*

1771. Thompson L, Thompson M. Neurofeedback combined with training in metacognitive strategies: effectiveness in students with ADD. Appl Psychophysiol Biofeedback. 1998 Dec;23(4):243-63. doi: 10.1023/a:1022213731956. PMID: 10457815. *Exclude-Intervention*

1772. Thompson T, Lloyd A, Joseph A, et al. The Weiss Functional Impairment Rating Scale-Parent Form for assessing ADHD: evaluating diagnostic accuracy and determining optimal thresholds using ROC analysis. Qual Life Res. 2017 Jul;26(7):1879-85. doi: 10.1007/s11136-017-1514-8. PMID: 28220338. *Exclude-Population*

1773. Thorell LB, Sjöwall D, Mies GW, et al. Quick Delay Questionnaire: Reliability, validity, and relations to functional impairments in adults with attention-deficit/hyperactivity disorder (ADHD). Psychol Assess. 2017 Oct;29(10):1261-72. doi: 10.1037/pas0000421. PMID: 27991822. *Exclude-Language*

1774. Thurstone C, Riggs PD, Salomonsen-Sautel S, et al. Randomized, controlled trial of atomoxetine for attention-deficit/hyperactivity disorder in adolescents with substance use disorder. Journal of the American Academy of Child & Adolescent Psychiatry. 2010;49(6):573-82. *Exclude-Population*

1775. Tinius TP. The Integrated Visual and Auditory Continuous Performance Test as a neuropsychological measure. Arch Clin Neuropsychol. 2003 Jul;18(5):439-54. PMID: 14591441. *Exclude-Intervention*

1776. Tinius TP. The intermediate visual and auditory continuous performance test as a neuropsychological measure. Arch Clin Neuropsychol. 2003 Mar;18(2):199-214. PMID: 14591471. *Exclude-Intervention*

1777. Tittel SR, Kulzer B, Warschburger P, et al. The WHO-5 well-being questionnaire in type 1 diabetes: screening for depression in pediatric and young adult subjects. J Pediatr Endocrinol Metab. 2023 Apr 25;36(4):384-92. doi: 10.1515/jpem-2023-0013. PMID: 36810205. *Exclude-Population*

1778. Tobias B, Cesar S, Alessandro Z, et al. A systematic review of quality of life and functional outcomes in randomized, placebo-controlled studies of medications for attention-deficit/hyperactivity disorder. 2015. PMID: CRD42015027595. *Exclude-Design*

1779. Tockhorn A, Televantou F, Dilla T. Atomoxetine for the treatment of newly diagnosed adults with ADHD-a cost effectiveness analysis in Spain. Value in Health. 2014;17(7):A457. doi: 10.1016/j.jval.2014.08.1257. *Exclude-Design*

1780. Todd RD, Huang H, Henderson CA. Poor utility of the age of onset criterion for DSM-IV attention deficit/hyperactivity disorder: recommendations for DSM-V and ICD-11. J Child Psychol Psychiatry. 2008 Sep;49(9):942-9. doi: 10.1111/j.1469-7610.2008.01892.x. PMID: 18564071. *Exclude-Population*

1781. Todor I, Popa A, Neag M, et al. Evaluation of the Potential Pharmacokinetic Interaction between Atomoxetine and Fluvoxamine in Healthy Volunteers. Pharmacology. 2017;99(1-2):84-8. doi: 10.1159/000452223. PMID: 27816979. *Exclude-Population*

1782. Tomlinson A, Grayson B, Marsh S, et al. Putative therapeutic targets for symptom subtypes of adult ADHD: D4 receptor agonism and COMT inhibition improve attention and response inhibition in a novel translational animal model. Eur Neuropsychopharmacol. 2015 Apr;25(4):454-67. doi: 10.1016/j.euroneuro.2014.11.016. PMID: 25799918. *Exclude-Population*

1783. Torres I, Garriga M, Sole B, et al. Functional impairment in adult bipolar disorder with ADHD. J Affect Disord. 2018 Feb;227:117-25. doi: 10.1016/j.jad.2017.09.037. PMID: 29055259. *Exclude-Intervention*

1784. Torres I, Gómez N, Colom F, et al. Bipolar disorder with comorbid attention-deficit and hyperactivity disorder. Main clinical features and clues for an accurate diagnosis. Acta Psychiatr Scand. 2015 Nov;132(5):389-99. doi: 10.1111/acps.12426. PMID: 25900393. *Exclude-Intervention*

1785. Tourjman SV, Bilodeau M. Improvement with duloxetine in an adult ADHD patient. J Atten Disord. 2009 Jul;13(1):95-6. doi: 10.1177/1087054708326109. PMID: 19359667. *Exclude-Design*

1786. Tourjman SV, Potvin S, Corbalan F, et al. Rapid screening for cognitive deficits in attention deficit and hyperactivity disorders with the screen for cognitive impairment in psychiatry. Atten Defic Hyperact Disord. 2019 Jun;11(2):139-47. doi: 10.1007/s12402-018-0268-7. PMID: 30225804. *Exclude-Intervention*

1787. Trantou A, Carlsen HK, Anderson C, et al. Sickness Absence Recommendation Among Outpatients With ADHD and Comorbidity: A Latent Class Analysis. J Atten Disord. 2021 Jan;25(2):209-16. doi: 10.1177/1087054718780338. PMID: 29882460. *Exclude-Intervention*

1788. Treister R, Eisenberg E, Demeter N, et al. Alterations in pain response are partially reversed by methylphenidate (Ritalin) in adults with attention deficit hyperactivity disorder (ADHD). Pain Pract. 2015 Jan;15(1):4-11. doi: 10.1111/papr.12129. PMID: 24134430. *Exclude-Design*

1789. Trejo S, Matute E, de Lourdes Ramírez-Dueñas M, et al. "Like parent, like child": Attention deficit hyperactivity disorder-like characteristics in parents of ADHD cases. Am J Med Genet B Neuropsychiatr Genet. 2018 Oct;177(7):676-84. doi: 10.1002/ajmg.b.32676. PMID: 30338900. *Exclude-Population*

1790. Trognon A, Richard M. Questionnaire-based computational screening of adult ADHD. BMC Psychiatry. 2022 Jun 15;22(1):401. doi: 10.1186/s12888-022-04048-1. PMID: 35706020. *Exclude-Language*

1791. Tsai CH, Gau SF. [Long-term outcome studies of hyperactive children: literature review]. Kaohsiung J Med Sci. 1999 Jun;15(6):307-14. PMID: 10441937. *Exclude-Language*

1792. Tse PKY, Finley J-C, Frick L, et al. Cross-validating the embedded performance validity indicators in the Rey Auditory Verbal Learning Test in mixed neuropsychiatric and attention-deficit/hyperactivity disorder clinical samples. Psychology & Neuroscience. 2023;16(2):125-37. doi: 10.1037/pne0000302. *Exclude-Intervention*

1793. Tseng PH, Cameron IG, Pari G, et al. High-throughput classification of clinical populations from natural viewing eye movements. J Neurol. 2013 Jan;260(1):275-84. doi: 10.1007/s00415-012-6631-2. PMID: 22926163. *Exclude-Population*

1794. Tsirmpas C, Nikolakopoulou M, Kaplow S, et al. A Digital Mental Health Support Program for Depression and Anxiety in Populations With Attention-Deficit/Hyperactivity Disorder: Feasibility and Usability Study. JMIR Form Res. 2023 Oct 11;7:e48362. doi: 10.2196/48362. PMID: 37819688. *Exclude-Intervention*

1795. Tucha L, Sontag TA, Walitza S, et al. Detection of malingered attention deficit hyperactivity disorder. Atten Defic Hyperact Disord. 2009 May;1(1):47-53. doi: 10.1007/s12402-009-0007-1. PMID: 21432579. *Exclude-Intervention*

1796. Tucha O, Mecklinger L, Laufkötter R, et al. Methylphenidate-induced improvements of various measures of attention in adults with attention deficit hyperactivity disorder. J Neural Transm (Vienna). 2006 Oct;113(10):1575-92. doi: 10.1007/s00702-005-0437-7. PMID: 16897610. *Exclude-Intervention*

1797. Turner DC, Blackwell AD, Dowson JH, et al. Neurocognitive effects of methylphenidate in adult attention-deficit/hyperactivity disorder. Psychopharmacology (Berl). 2005 Mar;178(2-3):286-95. doi: 10.1007/s00213-004-1993-5. PMID: 15338103. *Exclude-Intervention*

1798. Turner DC, Clark L, Dowson J, et al. Modafinil improves cognition and response inhibition in adult attention-deficit/hyperactivity disorder. Biol Psychiatry. 2004 May 15;55(10):1031-40. doi: 10.1016/j.biopsych.2004.02.008. PMID: 15121488. *Exclude-Timing*

1799. U.S. Food and Drug Administration. FDA updating warnings to improve safe use of prescription stimulants used to treat ADHD and other conditions. 2023. https://www.fda.gov/drugs/drug-safety-and-availability/fda-updating-warnings-improve-safe-use-prescription-stimulants-used-treat-adhd-and-other-conditions. Accessed on June 10, 2024. *Exclude-Intervention*

1800. Uebel-von Sandersleben H, Mayer A, Ruhmann M, et al. Pharmacokinetics of a modified-release dexamphetamine sulfate formulation following single and multiple dosing in healthy adults: Comparative bioavailability with immediate-release dexamphetamine sulfate, between strengths, assessment of food and meal composition effects. Scandinavian Journal of Child and Adolescent Psychiatry and Psychology. 2023;11(1):132-42. *Exclude-Duplicate*

1801. Uğurpala C, Tükel R, Ziylan EÇ, et al. Social cognition and functioning in patients with social anxiety disorder and/or attention-deficit/hyperactivity disorder. Journal of Nervous and Mental Disease. 2023;211(11):828-34. doi: 10.1097/NMD.0000000000001696. *Exclude-Intervention*

1802. Ulberstad F, Boström H, Chavanon ML, et al. Objective measurement of attention deficit hyperactivity disorder symptoms outside the clinic using the QbCheck: Reliability and validity. Int J Methods Psychiatr Res. 2020 Jun;29(2):e1822. doi: 10.1002/mpr.1822. PMID: 32100383. *Exclude-Population*

1803. Unal M, O’Mahony E, Dunne C, et al. The clinical utility of three visual attention tests to distinguish adults with ADHD from normal controls. Rivista di Psichiatria. 2019;54(5):211-7. doi: 10.1708/3249.32185. *Exclude-Duplicate*

1804. Upadhyaya H, Adler LA, Casas M, et al. Baseline characteristics of European and non-European adult patients with attention deficit hyperactivity disorder participating in a placebo-controlled, randomized treatment study with atomoxetine. Child Adolesc Psychiatry Ment Health. 2013 May 6;7(1):14. doi: 10.1186/1753-2000-7-14. PMID: 23648011. *Exclude-Intervention*

1805. Upadhyaya HP. Managing attention-deficit/hyperactivity disorder in the presence of substance use disorder. J Clin Psychiatry. 2007;68 Suppl 11:23-30. PMID: 18307378. *Exclude-Intervention*

1806. Upadhyaya HP, Brady KT, Sethuraman G, et al. Venlafaxine treatment of patients with comorbid alcohol/cocaine abuse and attention-deficit/hyperactivity disorder: a pilot study. J Clin Psychopharmacol. 2001 Feb;21(1):116-8. doi: 10.1097/00004714-200102000-00025. PMID: 11199938. *Exclude-Comparator*

1807. Upadhyaya HP, Camporeale A, Ramos-Quiroga JA, et al. Safety and tolerability of atomoxetine hydrochloride in a placebo-controlled randomized withdrawal study in adults with attention-deficit/hyperactivity disorder. Neuropsychopharmacology. 2012;38:S318. doi: 10.1038/npp.2012.221. *Exclude-Design*

1808. Upadhyaya HP, Soutullo C, Saito T, et al. Review of atomoxetine efficacy for treatment of attention-deficit/hyperactivity disorder in patients with common comorbidities. European Neuropsychopharmacology. 2014;24:S723-S4. *Exclude-Design*

1809. Vaag JR, Lara-Cabrera ML, Hjemdal O, et al. Psychoeducational groups versus waitlist in treatment of attention-deficit hyperactivity/impulsivity disorder (ADHD) in adults: a protocol for a pilot randomized waitlist-controlled multicenter trial. Pilot Feasibility Stud. 2019;5:17. doi: 10.1186/s40814-019-0401-1. PMID: 30693097. *Exclude-Design*

1810. Vaidya CJ, Austin G, Kirkorian G, et al. Selective effects of methylphenidate in attention deficit hyperactivity disorder: a functional magnetic resonance study. Proceedings of the National Academy of Sciences. 1998;95(24):14494-9. *Exclude-Population*

1811. Vainieri I, Adamo N, Michelini G, et al. Attention regulation in women with ADHD and women with bipolar disorder: An ex-Gaussian approach. Psychiatry Res. 2020 Mar;285:112729. doi: 10.1016/j.psychres.2019.112729. PMID: 31843208. *Exclude-Intervention*

1812. Vainieri I, Michelini G, Adamo N, et al. Event-related brain-oscillatory and ex-Gaussian markers of remission and persistence of ADHD. Psychol Med. 2022 Jan;52(2):352-61. doi: 10.1017/s0033291720002056. PMID: 32611469. *Exclude-Intervention*

1813. Valero S, Ramos-Quiroga A, Gomà-i-Freixanet M, et al. Personality profile of adult ADHD: the alternative five factor model. Psychiatry Res. 2012 Jun 30;198(1):130-4. doi: 10.1016/j.psychres.2011.11.006. PMID: 22386569. *Exclude-Intervention*

1814. Van Ameringen M, Patterson B, Simpson W, et al. Adult ADHD with anxiety disorder and depression comorbidity in a clinical trial cohort. Neuropsychopharmacology. 2016;41:S486-S7. doi: 10.1038/npp.2016.242. *Exclude-Intervention*

1815. van Belle J, van Hulst BM, Durston S. Developmental differences in intra-individual variability in children with ADHD and ASD. J Child Psychol Psychiatry. 2015 Dec;56(12):1316-26. doi: 10.1111/jcpp.12417. PMID: 25871802. *Exclude-Population*

1816. van Belle J, van Raalten T, Bos DJ, et al. Capturing the dynamics of response variability in the brain in ADHD. Neuroimage Clin. 2015;7:132-41. doi: 10.1016/j.nicl.2014.11.014. PMID: 25610775. *Exclude-Intervention*

1817. van de Glind G, van den Brink W, Koeter MWJ, et al. Validity of the Adult ADHD Self-Report Scale (ASRS) as a screener for adult ADHD in treatment seeking substance use disorder patients. Drug and Alcohol Dependence. 2013;132(3):587-96. doi: 10.1016/j.drugalcdep.2013.04.010. *Exclude-Duplicate*

1818. Van de Glind G, van den Brink W, Koeter MWJ, et al. Validity of the Adult ADHD Self-Report Scale (ASRS) as a screener for adult ADHD in treatment seeking substance use disorder patients. Drug and Alcohol Dependence. 2013;132(3):587-96. doi: 10.1016/j.drugalcdep.2013.04.010. *Exclude-Duplicate*

1819. van den Boogert F, Spaan P, Sizoo B, et al. Sensory Processing, Perceived Stress and Burnout Symptoms in a Working Population during the COVID-19 Crisis. Int J Environ Res Public Health. 2022 Feb 11;19(4). doi: 10.3390/ijerph19042043. PMID: 35206231. *Exclude-Intervention*

1820. van der Feltz-Cornelis CM, Aldenkamp AP. Effectiveness and safety of methylphenidate in adult attention deficit hyperactivity disorder in patients with epilepsy: an open treatment trial. Epilepsy Behav. 2006 May;8(3):659-62. doi: 10.1016/j.yebeh.2006.01.015. PMID: 16504592. *Exclude-Design*

1821. van der Linden G, Young S, Ryan P, et al. Attention deficit hyperactivity disorder in adults—experience of the first National Health Service clinic in the United Kingdom. Journal of Mental Health. 2000;9(5):527-35. doi: 10.1080/09638230020005255. *Exclude-Design*

1822. van Emmerik-van Oortmerssen K, Blankers M, Vedel E, et al. Prediction of drop-out and outcome in integrated cognitive behavioral therapy for ADHD and SUD: Results from a randomized clinical trial. Addict Behav. 2020 Apr;103:106228. doi: 10.1016/j.addbeh.2019.106228. PMID: 31838443. *Exclude-Intervention*

1823. van Emmerik-van Oortmerssen K, Vedel E, Koeter MW, et al. Investigating the efficacy of integrated cognitive behavioral therapy for adult treatment seeking substance use disorder patients with comorbid ADHD: study protocol of a randomized controlled trial. BMC Psychiatry. 2013 May 10;13:132. doi: 10.1186/1471-244x-13-132. PMID: 23663651. *Exclude-Duplicate*

1824. van Emmerik-van Oortmerssen K, Vedel E, Kramer FJ, et al. Diagnosing ADHD during active substance use: Feasible or flawed? Drug Alcohol Depend. 2017 Nov 1;180:371-5. doi: 10.1016/j.drugalcdep.2017.07.039. PMID: 28957778. *Exclude-Intervention*

1825. Van Emmerik-van Oortmerssen K, Vedel E, Van Den Brink W, et al. Cognitive behavioural therapy for patients with ADHD and substance use disorders. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S6. doi: 10.1007/s12402-015-0169-y. *Exclude-Population*

1826. van Reekum R, Links PS. N of 1 study: methylphenidate in a patient with borderline personality disorder and attention deficit hyperactivity disorder. Can J Psychiatry. 1994 Apr;39(3):186-7. doi: 10.1177/070674379403900321. PMID: 8033025. *Exclude-Design*

1827. van Rensburg R, Meyer HP, Hitchcock SA, et al. Screening for Adult ADHD in Patients with Fibromyalgia Syndrome. Pain Med. 2018 Sep 1;19(9):1825-31. doi: 10.1093/pm/pnx275. PMID: 29099955. *Exclude-Intervention*

1828. van Steijn DJ, Oerlemans AM, van Aken MA, et al. Match or mismatch? Influence of parental and offspring ASD and ADHD symptoms on the parent-child relationship. J Autism Dev Disord. 2013 Aug;43(8):1935-45. doi: 10.1007/s10803-012-1746-y. PMID: 23263787. *Exclude-Population*

1829. Vannucchi G, Medda P, Pallucchini A, et al. The relationship between attention deficit hyperactivity disorder, bipolarity and mixed features in major depressive patients: Evidence from the BRIDGE-II-Mix Study. J Affect Disord. 2019 Mar 1;246:346-54. doi: 10.1016/j.jad.2018.12.089. PMID: 30597295. *Exclude-Intervention*

1830. Vaughan B, Fegert J, Kratochvil CJ. Update on atomoxetine in the treatment of attention-deficit/hyperactivity disorder. Expert Opin Pharmacother. 2009 Mar;10(4):669-76. doi: 10.1517/14656560902762873. PMID: 19239401. *Exclude-Population*

1831. Vaughan BS, Wetzel MW, Kratochvil CJ. Beyond the 'typical' patient: treating attention-deficit/hyperactivity disorder in preschoolers and adults. Int Rev Psychiatry. 2008 Apr;20(2):143-9. doi: 10.1080/09540260801887751. PMID: 18386204. *Exclude-Design*

1832. Vaziri-Harami R, Khademi M, Zolfaghari A, et al. Patterns of substance use and initiation timing in adults with substance abuse: a comparison between those with and without attention deficit hyperactivity disorder. Ann Med Surg (Lond). 2024 Aug;86(8):4397-401. doi: 10.1097/ms9.0000000000002272. PMID: 39118714. *Exclude-Intervention*

1833. Velásquez-Tirado JD, Peña JA. [Current evidence about atomoxetine. A therapeutic alternative for the treatment of attention deficit hyperactivity disorder]. Rev Neurol. 2005 Oct 16-31;41(8):493-500. PMID: 16224736. *Exclude-Language*

1834. Verbeeck WJC. Attention deficit hyperactivity disorder in adults: Diagnostic imperatives. South African Psychiatry Review. 2003;6(1):7-9. *Exclude-Design*

1835. Vergara-Moragues E, González-Saiz F, Lozano Rojas O, et al. Diagnosing adult attention deficit/hyperactivity disorder in patients with cocaine dependence: discriminant validity of Barkley executive dysfunction symptoms. Eur Addict Res. 2011;17(6):279-84. doi: 10.1159/000329725. PMID: 21912132. *Exclude-Outcome*

1836. Verster JC, Bekker EM, de Roos M, et al. Methylphenidate significantly improves driving performance of adults with attention-deficit hyperactivity disorder: a randomized crossover trial. J Psychopharmacol. 2008 May;22(3):230-7. doi: 10.1177/0269881107082946. PMID: 18308788. *Exclude-Timing*

1837. Verster JC, Bekker EM, De Roos M, et al. Methylphenidate significantly improves driving performance of adults with attention-deficit hyperactivity disorder: A randomized crossover trial. Journal of Psychopharmacology. 2008;22(3):230-7. doi: 10.1177/0269881107082946. *Exclude-Duplicate*

1838. Verster JC, Bekker EM, Kooij JJ, et al. Methylphenidate significantly improves declarative memory functioning of adults with ADHD. Psychopharmacology (Berl). 2010 Oct;212(2):277-81. doi: 10.1007/s00213-010-1952-2. PMID: 20645078. *Exclude-Duplicate*

1839. Verster JC, Roth T. Methylphenidate significantly reduces lapses of attention during on-road highway driving in patients with ADHD. J Clin Psychopharmacol. 2014 Oct;34(5):633-6. doi: 10.1097/jcp.0000000000000174. PMID: 24978156. *Exclude-Timing*

1840. Victor MM, Grevet EH, Salgado CA, et al. Reasons for pretreatment attrition and dropout from methylphenidate in adults with attention-deficit/hyperactivity disorder: the role of comorbidities. J Clin Psychopharmacol. 2009 Dec;29(6):614-6. doi: 10.1097/JCP.0b013e3181c00b1e. PMID: 19910736. *Exclude-Intervention*

1841. Victoria W, Gashirai M, Richard C. Stimulant and non-stimulant drug therapy for people with attention deficit hyperactivity disorder and epilepsy [Cochrane protocol]. 2019. PMID: CRD42019146026. *Exclude-Population*

1842. Vidal R, Castells J, Richarte V, et al. Group therapy for adolescents with attention-deficit/hyperactivity disorder: a randomized controlled trial. J Am Acad Child Adolesc Psychiatry. 2015 Apr;54(4):275-82. doi: 10.1016/j.jaac.2014.12.016. PMID: 25791144. *Exclude-Population*

1843. Vidal R, Valero S, Nogueira M, et al. Emotional lability: the discriminative value in the diagnosis of attention deficit/hyperactivity disorder in adults. Compr Psychiatry. 2014 Oct;55(7):1712-9. doi: 10.1016/j.comppsych.2014.07.001. PMID: 25088514. *Exclude-Language*

1844. Vigo R, Evans SW, Owens JS. Categorization behaviour in adults, adolescents, and attention-deficit/hyperactivity disorder adolescents: A comparative investigation. Q J Exp Psychol (Hove). 2015;68(6):1058-72. doi: 10.1080/17470218.2014.974625. PMID: 25311157. *Exclude-Intervention*

1845. Virta M, Hiltunen S, Mattsson M, et al. The impact of hypnotic suggestions on reaction times in continuous performance test in adults with ADHD and healthy controls. PLoS One. 2015;10(5):e0126497. doi: 10.1371/journal.pone.0126497. PMID: 25962151. *Exclude-Intervention*

1846. Virta M, Salakari A, Antila M, et al. Short cognitive behavioral therapy and cognitive training for adults with ADHD—A randomized controlled pilot study. Neuropsychiatric Disease and Treatment. 2010;6(1). *Exclude-Duplicate*

1847. Virta M, Vedenpää A, Grönroos N, et al. Adults with ADHD benefit from cognitive-behaviorally oriented group rehabilitation: a study of 29 participants. J Atten Disord. 2008 Nov;12(3):218-26. doi: 10.1177/1087054707311657. PMID: 18192618. *Exclude-Outcome*

1848. Visens LS. [Attention deficit hyperactivity disorder (ADHD): an overview]. Vertex. 2012 Sep-Oct;23(105):325-30. PMID: 23269966. *Exclude-Language*

1849. Vitiello B, Perez Algorta G, Arnold LE, et al. Psychotic Symptoms in Attention-Deficit/Hyperactivity Disorder: An Analysis of the MTA Database. J Am Acad Child Adolesc Psychiatry. 2017 Apr;56(4):336-43. doi: 10.1016/j.jaac.2017.01.016. PMID: 28335878. *Exclude-Population*

1850. Vitola ES, Bau CH, Salum GA, et al. Exploring DSM-5 ADHD criteria beyond young adulthood: phenomenology, psychometric properties and prevalence in a large three-decade birth cohort. Psychol Med. 2017 Mar;47(4):744-54. doi: 10.1017/s0033291716002853. PMID: 27866484. *Exclude-Language*

1851. Voigt RG, Llorente AM, Jensen CL, et al. A randomized, double-blind, placebo-controlled trial of docosahexaenoic acid supplementation in children with attention-deficit/hyperactivity disorder. The journal of pediatrics. 2001;139(2):189-96. *Exclude-Population*

1852. Volk HE, Todorov AA, Hay DA, et al. Simple identification of complex ADHD subtypes using current symptom counts. J Am Acad Child Adolesc Psychiatry. 2009 Apr;48(4):441-50. doi: 10.1097/CHI.0b013e31819996ba. PMID: 19318883. *Exclude-Population*

1853. Volkow ND, Wang GJ, Newcorn J, et al. Brain dopamine transporter levels in treatment and drug naïve adults with ADHD. Neuroimage. 2007 Feb 1;34(3):1182-90. doi: 10.1016/j.neuroimage.2006.10.014. PMID: 17126039. *Exclude-Intervention*

1854. Volkow ND, Wang GJ, Newcorn J, et al. Depressed dopamine activity in caudate and preliminary evidence of limbic involvement in adults with attention-deficit/hyperactivity disorder. Arch Gen Psychiatry. 2007 Aug;64(8):932-40. doi: 10.1001/archpsyc.64.8.932. PMID: 17679638. *Exclude-Outcome*

1855. Volkow ND, Wang GJ, Tomasi D, et al. Methylphenidate-elicited dopamine increases in ventral striatum are associated with long-term symptom improvement in adults with attention deficit hyperactivity disorder. J Neurosci. 2012 Jan 18;32(3):841-9. doi: 10.1523/jneurosci.4461-11.2012. PMID: 22262882. *Exclude-Design*

1856. von Wallenberg Pachaly S, Isaksson J, Kouros I, et al. The WHO Adult ADHD self-report Scale used in a clinical sample of patients with overlapping symptoms - psychometric properties of and scoring methods for the Swedish translation. Nord J Psychiatry. 2024 May 1:1-10. doi: 10.1080/08039488.2024.2333079. PMID: 38690774. *Exclude-Language*

1857. von Wirth E, Mandler J, Breuer D, et al. The Accuracy of Retrospective Recall of Childhood ADHD: Results from a Longitudinal Study. Journal of Psychopathology and Behavioral Assessment. 2021;43(2):413-26. doi: 10.1007/s10862-020-09852-1. *Exclude-Intervention*

1858. Vrijen C, Hartman CA, Lodder GM, et al. Lower Sensitivity to Happy and Angry Facial Emotions in Young Adults with Psychiatric Problems. Front Psychol. 2016;7:1797. doi: 10.3389/fpsyg.2016.01797. PMID: 27920735. *Exclude-Intervention*

1859. Waite R. Women and attention deficit disorders: a great burden overlooked. J Am Acad Nurse Pract. 2007 Mar;19(3):116-25. doi: 10.1111/j.1745-7599.2006.00203.x. PMID: 17341278. *Exclude-Design*

1860. Waite R, Ramsay JR. A model for parental ADHD: help-seeking and readiness to change. Issues Ment Health Nurs. 2010 Dec;31(12):793-803. doi: 10.3109/01612840.2010.520406. PMID: 21142600. *Exclude-Intervention*

1861. Waldman ID, Lilienfeld SO. Diagnostic efficiency of symptoms for oppositional defiant disorder and attention-deficit hyperactivity disorder. Journal of Consulting and Clinical Psychology. 1991;59(5):732-8. doi: 10.1037/0022-006X.59.5.732. *Exclude-Population*

1862. Walitza S, Melfsen S, Herhaus G, et al. Association of Parkinson's disease with symptoms of attention deficit hyperactivity disorder in childhood. J Neural Transm Suppl. 2007(72):311-5. doi: 10.1007/978-3-211-73574-9\_38. PMID: 17982908. *Exclude-Population*

1863. Walker DJ, Mason O, Clemow DB, et al. Atomoxetine treatment in adults with attention-deficit/hyperactivity disorder. Postgrad Med. 2015;127(7):686-701. doi: 10.1080/00325481.2015.1081046. PMID: 26343377. *Exclude-Design*

1864. Walker GJ. Personality Assessment Inventory (PAI): Can the PAI distinguish adult Attention-Deficit/Hyperactivity Disorder (ADHD) from other disorders? US: ProQuest Information & Learning; 2014. *Exclude-Outcome*

1865. Wang D, Hong D, Wu Q. Attention Deficit Hyperactivity Disorder Classification Based on Deep Learning. IEEE/ACM Trans Comput Biol Bioinform. 2023 Mar-Apr;20(2):1581-6. doi: 10.1109/tcbb.2022.3170527. PMID: 35471884. *Exclude-Population*

1866. Wang E-C, Sun L, Zhao X-X, et al. Working memory in patients with different early adulthood outcomes of attention-deficit/hyperactivity disorder. Chinese Mental Health Journal. 2014;28(6):423-8. *Exclude-Intervention*

1867. Wang M, Zhu L, Li X, et al. Dynamic functional connectivity analysis with temporal convolutional network for attention deficit/hyperactivity disorder identification. Front Neurosci. 2023;17:1322967. doi: 10.3389/fnins.2023.1322967. PMID: 38148943. *Exclude-Population*

1868. Wang P, Zhang X, Ai X, et al. Modulation of EEG Signals by Visual and Auditory Distractors in Virtual Reality-Based Continuous Performance Tests. IEEE Transactions on Neural Systems and Rehabilitation Engineering. 2024;32:2049-59. doi: 10.1109/TNSRE.2024.3405549. *Exclude-Intervention*

1869. Wang P, Zhao X, Zhong J, et al. Localization and Diagnosis of Attention-Deficit/Hyperactivity Disorder. Healthcare (Basel). 2021 Mar 27;9(4). doi: 10.3390/healthcare9040372. PMID: 33801750. *Exclude-Population*

1870. Wang X, Cao Q, Wang J, et al. The effects of cognitive-behavioral therapy on intrinsic functional brain networks in adults with attention-deficit/hyperactivity disorder. Behaviour Research and Therapy. 2016;76:32-9. *Exclude-Comparator*

1871. Wang Y, Kessel E, Lee S, et al. Causal effects of psychostimulants on neural connectivity: a mechanistic, randomized clinical trial. J Child Psychol Psychiatry. 2022 Nov;63(11):1381-91. doi: 10.1111/jcpp.13585. PMID: 35141898. *Exclude-Population*

1872. Ward MF. The Wender Utah Rating Scale: an aid in the retrospective diagnosis of childhood attention deficit hyperactivity disorder. American journal of Psychiatry. 1993;150:885-. *Exclude-Outcome*

1873. Ware AL, Crocker N, O'Brien JW, et al. Executive function predicts adaptive behavior in children with histories of heavy prenatal alcohol exposure and attention-deficit/hyperactivity disorder. Alcohol Clin Exp Res. 2012 Aug;36(8):1431-41. doi: 10.1111/j.1530-0277.2011.01718.x. PMID: 22587709. *Exclude-Population*

1874. Waschbusch DA, Pelham WE, Jr., Waxmonsky J, et al. Are there placebo effects in the medication treatment of children with attention-deficit hyperactivity disorder? J Dev Behav Pediatr. 2009 Apr;30(2):158-68. doi: 10.1097/DBP.0b013e31819f1c15. PMID: 19363369. *Exclude-Population*

1875. Wasserman T, Wasserman LD. The sensitivity and specificity of neuropsychological tests in the diagnosis of attention deficit hyperactivity disorder. Appl Neuropsychol Child. 2012;1(2):90-9. doi: 10.1080/21622965.2012.702025. PMID: 23428295. *Exclude-Population*

1876. Watson J, Liljequist L. Using the Personality Assessment Inventory to Identify ADHD-Like Symptoms. J Atten Disord. 2018 Sep;22(11):1049-55. doi: 10.1177/1087054714567133. PMID: 25630772. *Exclude-Comparator*

1877. Watters C, Adamis D, McNicholas F, et al. The impact of attention deficit hyperactivity disorder (ADHD) in adulthood: a qualitative study. Ir J Psychol Med. 2018 Sep;35(3):173-9. doi: 10.1017/ipm.2017.21. PMID: 30124180. *Exclude-Intervention*

1878. Waxmonsky JG, Waschbusch DA, Glatt SJ, et al. Prediction of placebo response in 2 clinical trials of lisdexamfetamine dimesylate for the treatment of ADHD. J Clin Psychiatry. 2011 Oct;72(10):1366-75. doi: 10.4088/JCP.10m05979pur. PMID: 21367347. *Exclude-Intervention*

1879. Weaver L, Rostain AL, Mace W, et al. Transcranial magnetic stimulation (TMS) in the treatment of attention-deficit/hyperactivity disorder in adolescents and young adults: a pilot study. J ect. 2012 Jun;28(2):98-103. doi: 10.1097/YCT.0b013e31824532c8. PMID: 22551775. *Exclude-Population*

1880. Weber DA, Reynolds CR. Clinical perspectives on neurobiological effects of psychological trauma. Neuropsychol Rev. 2004 Jun;14(2):115-29. doi: 10.1023/b:nerv.0000028082.13778.14. PMID: 15264712. *Exclude-Population*

1881. Weber J, Siddiqui MA. Lisdexamfetamine dimesylate: in attention-deficit hyperactivity disorder in adults. CNS Drugs. 2009;23(5):419-25. doi: 10.2165/00023210-200923050-00005. PMID: 19453202. *Exclude-Design*

1882. Weber J, Siddiqui MAA. Lisdexamfetamine dimesylate: In attention-deficit hyperactivity disorder in adults. CNS Drugs. 2009;23(5):419-25. doi: 10.2165/00023210-200923050-00005. *Exclude-Duplicate*

1883. Wehmeier PM, Schacht A, Escobar R, et al. Health-related quality of life in ADHD: a pooled analysis of gender differences in five atomoxetine trials. ADHD Attention Deficit and Hyperactivity Disorders. 2012;4:25-35. *Exclude-Population*

1884. Wei YJ, Zhu Y, Liu W, et al. Prevalence of and Factors Associated With Long-term Concurrent Use of Stimulants and Opioids Among Adults With Attention-Deficit/Hyperactivity Disorder. JAMA Netw Open. 2018 Aug 3;1(4):e181152. doi: 10.1001/jamanetworkopen.2018.1152. PMID: 30646105. *Exclude-Design*

1885. Weibel S, Nicastro R, Prada P, et al. Screening for attention-deficit/hyperactivity disorder in borderline personality disorder. J Affect Disord. 2018 Jan 15;226:85-91. doi: 10.1016/j.jad.2017.09.027. PMID: 28964997. *Exclude-Language*

1886. Weiler MD, Bellinger D, Simmons E, et al. Reliability and validity of a DSM-IV based ADHD screener. Child Neuropsychology. 2000;6(1):3-23. doi: 10.1076/0929-7049(200003)6:1;1-B;FT003. *Exclude-Population*

1887. Weinstein CS, Apfel RJ, Weinstein SR. Description of mothers with ADHD with children with ADHD. Psychiatry. 1998 Spring;61(1):12-9. doi: 10.1080/00332747.1998.11024815. PMID: 9595592. *Exclude-Population*

1888. Weisler R, Young J, Mattingly G, et al. Long-term safety and effectiveness of lisdexamfetamine dimesylate in adults with attention-deficit/ hyperactivity disorder. CNS Spectr. 2009 Oct;14(10):573-85. doi: 10.1017/s1092852900024056. PMID: 20095369. *Exclude-Design*

1889. Weisler RH. Safety, efficacy and extended duration of action of mixed amphetamine salts extended-release capsules for the treatment of ADHD. Expert Opinion on Pharmacotherapy. 2005;6(6):1003-17. *Exclude-Intervention*

1890. Weisler RH, Biederman J, Spencer TJ, et al. Long-term cardiovascular effects of mixed amphetamine salts extended release in adults with ADHD. CNS Spectr. 2005 Dec;10(12 Suppl 20):35-43. doi: 10.1017/s109285290000242x. PMID: 16344839. *Exclude-Design*

1891. Weisler RH, Childress AC. Treating attention-deficit/hyperactivity disorder in adults: focus on once-daily medications. Prim Care Companion CNS Disord. 2011;13(6). doi: 10.4088/PCC.11r01168. PMID: 22454805. *Exclude-Design*

1892. Weisler RH, Goodman DW. Assessment and diagnosis of adult ADHD: Clinical challenges and opportunities for improving patient care. Primary Psychiatry. 2008;15(11):53-64. *Exclude-Intervention*

1893. Weisler RH, Stark JG, Sikes C. Fed and Fasted Administration of a Novel Extended-Release Methylphenidate Orally Disintegrating Tablet Formulation for the Treatment of ADHD. Clin Pharmacol Drug Dev. 2018 Feb;7(2):160-7. doi: 10.1002/cpdd.361. PMID: 28544344. *Exclude-Timing*

1894. Weiss M, Childress A, Mattingly G, et al. Relationship Between Symptomatic and Functional Improvement and Remission in a Treatment Response to Stimulant Trial. J Child Adolesc Psychopharmacol. 2018 Oct;28(8):521-9. doi: 10.1089/cap.2017.0166. PMID: 30036076. *Exclude-Population*

1895. Weiss M, Childress A, Nordbrock E, et al. Characteristics of ADHD Symptom Response/Remission in a Clinical Trial of Methylphenidate Extended Release. J Clin Med. 2019 Apr 5;8(4). doi: 10.3390/jcm8040461. PMID: 30959790. *Exclude-Population*

1896. Weiss M, Murray C. Assessment and management of attention-deficit hyperactivity disorder in adults. Cmaj. 2003 Mar 18;168(6):715-22. PMID: 12642429. *Exclude-Design*

1897. Weiss M, Safren SA, Solanto MV, et al. Research forum on psychological treatment of adults with ADHD. J Atten Disord. 2008 May;11(6):642-51. doi: 10.1177/1087054708315063. PMID: 18417729. *Exclude-Design*

1898. Weiss MD. The Unique Aspects of Assessment of ADHD. Primary Psychiatry. 2010;17(5):21. *Exclude-Intervention*

1899. Weiss MD, Gadow K, Wasdell MB. Effectiveness outcomes in attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2006;67 Suppl 8:38-45. PMID: 16961429. *Exclude-Intervention*

1900. Weiss MD, Gibbins C, Goodman DW, et al. Moderators and mediators of symptoms and quality of life outcomes in an open-label study of adults treated for attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2010 Apr;71(4):381-90. doi: 10.4088/JCP.08m04709pur. PMID: 20361900. *Exclude-Design*

1901. Weiss MD, Wasdell M, Gadow KD, et al. Clinical correlates of oppositional defiant disorder and attention-deficit/hyperactivity disorder in adults. Postgrad Med. 2011 Mar;123(2):177-84. doi: 10.3810/pgm.2011.03.2276. PMID: 21474906. *Exclude-Intervention*

1902. Weiss MD, Weiss JR. A guide to the treatment of adults with ADHD. J Clin Psychiatry. 2004;65 Suppl 3:27-37. PMID: 15046533. *Exclude-Design*

1903. Weiyi X, Julie N, Benicio NF, et al. Test-retest Reliability of Standardized Diagnostic Interviews for Adult Psychiatric Disorders: A Systematic Review and Meta-analysis. 2024. PMID: CRD42024517970. *Exclude-Population*

1904. Wender PH. Pharmacotherapy of attention-deficit/hyperactivity disorder in adults. J Clin Psychiatry. 1998;59 Suppl 7:76-9. PMID: 9680056. *Exclude-Design*

1905. Wender PH, Reimherr FW. Bupropion treatment of attention-deficit hyperactivity disorder in adults. Am J Psychiatry. 1990 Aug;147(8):1018-20. doi: 10.1176/ajp.147.8.1018. PMID: 2115746. *Exclude-Design*

1906. Wender PH, Reimherr FW, Wood DR. Attention deficit disorder ('minimal brain dysfunction') in adults. A replication study of diagnosis and drug treatment. Arch Gen Psychiatry. 1981 Apr;38(4):449-56. doi: 10.1001/archpsyc.1981.01780290083009. PMID: 7011250. *Exclude-Intervention*

1907. Wender PH, Wolf LE, Wasserstein J. Adults with ADHD. An overview. Ann N Y Acad Sci. 2001 Jun;931:1-16. PMID: 11462736. *Exclude-Design*

1908. Wender PH, Wood DR, Reimherr FW, et al. An open trial of pargyline in the treatment of attention deficit disorder, residual type. Psychiatry Res. 1983 Aug;9(4):329-36. doi: 10.1016/0165-1781(83)90006-9. PMID: 6359210. *Exclude-Design*

1909. Wennberg B, Janeslätt G, Gustafsson PA, et al. Occupational performance goals and outcomes of time-related interventions for children with ADHD. Scand J Occup Ther. 2021 Feb;28(2):158-70. doi: 10.1080/11038128.2020.1820570. PMID: 32955952. *Exclude-Population*

1910. Wernicke JF, Faries D, Girod D, et al. Cardiovascular effects of atomoxetine in children, adolescents, and adults. Drug Saf. 2003;26(10):729-40. doi: 10.2165/00002018-200326100-00006. PMID: 12862507. *Exclude-Design*

1911. Wesemann D, Van Cleve SN. ADHD: From childhood to young adulthood. Nurse Pract. 2018 Mar 12;43(3):8-15. doi: 10.1097/01.NPR.0000530307.76316.cf. PMID: 29438181. *Exclude-Design*

1912. West SL, Mulsow M, Arredondo R. Factor Analysis of the Attention Deficit Scales for Adults (ADSA) with a clinical sample of outpatient substance abusers. Am J Addict. 2003 Mar-Apr;12(2):159-65. PMID: 12746091. *Exclude-Intervention*

1913. West SL, Mulsow M, Arredondo R. An examination of the psychometric properties of the attention deficit scales for adults with outpatient substance abusers. Am J Drug Alcohol Abuse. 2007;33(5):755-64. doi: 10.1080/00952990600753883. PMID: 17891668. *Exclude-Population*

1914. Westby SA. Test of Variables of Attention (TOVA) utility in differentiating Attention Deficit/Hyperactivity Disorder subtypes. US: ProQuest Information & Learning; 1999. *Exclude-Population*

1915. Wettstein R, Klabbers Y, Romijn E, et al. [Cognitive behavioral therapy in combination with pharmacotherapy for adults with ADHD]. Tijdschr Psychiatr. 2021;63(7):550-6. PMID: 34523707. *Exclude-Language*

1916. Wetzel MW, White ML, Knott NL, et al. Stimulant medications modulate frontal gamma deficits in ADHD adults during a time estimation task. Biological Psychiatry. 2011;69(9):45S. doi: 10.1016/j.biopsych.2011.03.030. *Exclude-Population*

1917. Weyandt LL, Linterman I, Rice JA. Reported prevalence of attentional difficulties in a general sample of college students. Journal of Psychopathology and Behavioral Assessment. 1995;17(3):293-304. doi: 10.1007/BF02229304. *Exclude-Intervention*

1918. Weyandt LL, White TL, Gudmundsdottir BG, et al. Neurocognitive, Autonomic, and Mood Effects of Adderall: A Pilot Study of Healthy College Students. Pharmacy (Basel). 2018 Jun 27;6(3). doi: 10.3390/pharmacy6030058. PMID: 29954141. *Exclude-Population*

1919. Whitaker AM, Bell TS, Houskamp BM, et al. A neurodevelopmental approach to understanding memory processes among intellectually gifted youth with attention-deficit hyperactivity disorder. Appl Neuropsychol Child. 2015;4(1):31-40. doi: 10.1080/21622965.2013.790821. PMID: 24191777. *Exclude-Intervention*

1920. White DJ, Ovsiew GP, Rhoads T, et al. The Divergent Roles of Symptom and Performance Validity in the Assessment of ADHD. J Atten Disord. 2022 Jan;26(1):101-8. doi: 10.1177/1087054720964575. PMID: 33084457. *Exclude-Intervention*

1921. White HA, Shah P. Training attention-switching ability in adults with ADHD. J Atten Disord. 2006 Aug;10(1):44-53. doi: 10.1177/1087054705286063. PMID: 16840592. *Exclude-Outcome*

1922. White JN, Hutchens TA, Lubar JF. Quantitative EEG assessment during neuropsychological task performance in adults with attention deficit hyperactivity disorder. Journal of Adult Development. 2005;12(2-3):113-21. doi: 10.1007/s10804-005-7027-7. *Exclude-Intervention*

1923. Whyte J, Hart T, Schuster K, et al. Effects of methylphenidate on attentional function after traumatic brain injury. A randomized, placebo-controlled trial. Am J Phys Med Rehabil. 1997 Nov-Dec;76(6):440-50. doi: 10.1097/00002060-199711000-00002. PMID: 9431261. *Exclude-Population*

1924. Wiebe A, Aslan B, Brockmann C, et al. Multimodal assessment of adult attention-deficit hyperactivity disorder: A controlled virtual seminar room study. Clin Psychol Psychother. 2023 Sep-Oct;30(5):1111-29. doi: 10.1002/cpp.2863. PMID: 37209018. *Exclude-Intervention*

1925. Wiebe A, Aslan B, Brockmann C, et al. Multimodal assessment of adult attention‐deficit hyperactivity disorder: A controlled virtual seminar room study. Clinical Psychology & Psychotherapy. 2023;30(5):1111-29. doi: 10.1002/cpp.2863. *Exclude-Duplicate*

1926. Wierzbicki M. Reliability and validity of the Wender Utah Rating Scale for college students. Psychological reports. 2005;96(3):833-9. *Exclude-Intervention*

1927. Wigal SB. Laboratory School Protocol Mini-Review: Use of Direct Observational and Objective Measures to Assess ADHD Treatment Response Across the Lifespan. Front Psychol. 2019;10:1796. doi: 10.3389/fpsyg.2019.01796. PMID: 31496966. *Exclude-Population*

1928. Wigal SB, Adjei AL, Childress A, et al. A study of methylphenidate extended-release capsules in a randomized, double-blind, placebo-controlled protocol in children and adolescents with ADHD. CNS Spectrums. 2015;20(1):67-8. doi: 10.1017/S1092852914000765. *Exclude-Population*

1929. Wigal SB, Duong S. Pharmacokinetic evaluation of eltoprazine. Expert Opin Drug Metab Toxicol. 2011 Jun;7(6):775-81. doi: 10.1517/17425255.2011.580275. PMID: 21548716. *Exclude-Design*

1930. Wigal SB, Raja P, Shukla A. An update on lisdexamfetamine dimesylate for the treatment of attention deficit hyperactivity disorder. Expert Opin Pharmacother. 2013 Jan;14(1):137-45. doi: 10.1517/14656566.2013.754013. PMID: 23241144. *Exclude-Design*

1931. Wigal SB, Wigal T, Childress A, et al. The Time Course of Effect of Multilayer-Release Methylphenidate Hydrochloride Capsules: A Randomized, Double-Blind Study of Adults With ADHD in a Simulated Adult Workplace Environment. J Atten Disord. 2020 Feb;24(3):373-83. doi: 10.1177/1087054716672335. PMID: 27756854. *Exclude-Timing*

1932. Wigal SB, Wigal TL. The laboratory school protocol: its origin, use, and new applications. J Atten Disord. 2006 Aug;10(1):92-111. doi: 10.1177/1087054705286049. PMID: 16840597. *Exclude-Population*

1933. Wiggs KK, Chang Z, Quinn PD, et al. Attention-deficit/hyperactivity disorder medication and seizures. Neurology. 2018;90(13):e1104-e10. *Exclude-Intervention*

1934. Wilens T, Adler L, Zhang S, et al. Safety of atomoxetine in ADHD patients with or without comorbid alcohol abuse and dependence. American Journal on Addictions. 2009;18(4):329. doi: 10.1080/10550490902928197. *Exclude-Design*

1935. Wilens T, McBurnett K, Stein M, et al. ADHD treatment with once-daily OROS methylphenidate: final results from a long-term open-label study. J Am Acad Child Adolesc Psychiatry. 2005 Oct;44(10):1015-23. doi: 10.1097/01.chi.0000173291.28688.e7. PMID: 16175106. *Exclude-Population*

1936. Wilens TE. To treat or not to treat attention deficit/ hyperactivity disorder in the context of substance use disorders: That is the question. Journal of the American Academy of Child and Adolescent Psychiatry. 2016;55(10):S25. doi: 10.1016/j.jaac.2016.07.528. *Exclude-Intervention*

1937. Wilens TE, Dodson W. A clinical perspective of attention-deficit/hyperactivity disorder into adulthood. J Clin Psychiatry. 2004 Oct;65(10):1301-13. doi: 10.4088/jcp.v65n1003. PMID: 15491232. *Exclude-Design*

1938. Wilens TE, Faraone SV, Biederman J. "Attention-deficit/hyperactivity disorder in adults": Comment reply. JAMA: Journal of the American Medical Association. 2004;292(18):2214-. doi: 10.1001/jama.292.18.2214-b. *Exclude-Design*

1939. Wilens TE, Hammerness PG, Biederman J, et al. Blood pressure changes associated with medication treatment of adults with attention-deficit/hyperactivity disorder. J Clin Psychiatry. 2005 Feb;66(2):253-9. doi: 10.4088/jcp.v66n0215. PMID: 15705013. *Exclude-Comparator*

1940. Wilens TE, Prince JB, Spencer T, et al. An open trial of bupropion for the treatment of adults with attention-deficit/hyperactivity disorder and bipolar disorder. Biol Psychiatry. 2003 Jul 1;54(1):9-16. doi: 10.1016/s0006-3223(02)01664-5. PMID: 12842303. *Exclude-Comparator*

1941. Wilens TE, Prince JB, Waxmonsky J, et al. An Open Trial of Sustained Release Bupropion for Attention-Deficit/Hyperactivity Disorder in Adults with ADHD plus Substance Use Disorders. J ADHD Relat Disord. 2010 Apr 1;1(3):25-35. PMID: 22500195. *Exclude-Design*

1942. Wilens TE, Spencer TJ, Biederman J, et al. A controlled clinical trial of bupropion for attention deficit hyperactivity disorder in adults. American Journal of Psychiatry. 2001;158(2):282-8. doi: 10.1176/appi.ajp.158.2.282. *Exclude-Duplicate*

1943. Wilens TE, Waxmonsky J, Scott M, et al. An open trial of adjunctive donepezil in attention-deficit/hyperactivity disorder. J Child Adolesc Psychopharmacol. 2005 Dec;15(6):947-55. doi: 10.1089/cap.2005.15.947. PMID: 16379515. *Exclude-Population*

1944. Wilens TE, Zusman RM, Hammerness PG, et al. An open-label study of the tolerability of mixed amphetamine salts in adults with attention-deficit/hyperactivity disorder and treated primary essential hypertension. J Clin Psychiatry. 2006 May;67(5):696-702. doi: 10.4088/jcp.v67n0502. PMID: 16841618. *Exclude-Intervention*

1945. Williams ED, Reimherr FW, Marchant BK, et al. Personality disorder in ADHD Part 1: Assessment of personality disorder in adult ADHD using data from a clinical trial of OROS methylphenidate. Ann Clin Psychiatry. 2010 May;22(2):84-93. PMID: 20445835. *Exclude-Intervention*

1946. Wilson TW, Franzen JD, Heinrichs-Graham E, et al. Broadband neurophysiological abnormalities in the medial prefrontal region of the default-mode network in adults with ADHD. Hum Brain Mapp. 2013 Mar;34(3):566-74. doi: 10.1002/hbm.21459. PMID: 22102400. *Exclude-Intervention*

1947. Wilson TW, Heinrichs-Graham E, White ML, et al. Estimating the passage of minutes: deviant oscillatory frontal activity in medicated and unmedicated ADHD. Neuropsychology. 2013 Nov;27(6):654-65. doi: 10.1037/a0034032. PMID: 24040925. *Exclude-Intervention*

1948. Wilson TW, Wetzel MW, White ML, et al. Gamma-frequency neuronal activity is diminished in adults with attention-deficit/hyperactivity disorder: a pharmaco-MEG study. J Psychopharmacol. 2012 Jun;26(6):771-7. doi: 10.1177/0269881111430731. PMID: 22219219. *Exclude-Intervention*

1949. Wingo AP, Ghaemi SN. A systematic review of rates and diagnostic validity of comorbid adult attention-deficit/hyperactivity disorder and bipolar disorder. J Clin Psychiatry. 2007 Nov;68(11):1776-84. doi: 10.4088/jcp.v68n1118. PMID: 18052572. *Exclude-Population*

1950. Winhusen T, Somoza E, Singal BM, et al. Methylphenidate and cocaine: a placebo-controlled drug interaction study. Pharmacol Biochem Behav. 2006 Sep;85(1):29-38. doi: 10.1016/j.pbb.2006.06.023. PMID: 16916538. *Exclude-Design*

1951. Wiseman R, Barker P, Clarke W, et al. Multimodal Brain Imaging of Methylphenidate Treatment in Patients With ADHD. Neuropsychopharmacology. 2022;47:158. doi: 10.1038/s41386-022-01484-1. *Exclude-Intervention*

1952. Wolf F, Heinzel-Gutenbrunner M, Becker K. [Retrospective recording of childhood ADHD symptoms : Follow-up of adults formerly diagnosed with childhood ADHD and/or childhood conduct disorder]. Nervenarzt. 2018 Mar;89(3):327-34. doi: 10.1007/s00115-017-0321-3. PMID: 28382487. *Exclude-Language*

1953. Wolfers T, Onnink AM, Zwiers MP, et al. Lower white matter microstructure in the superior longitudinal fasciculus is associated with increased response time variability in adults with attention-deficit/ hyperactivity disorder. J Psychiatry Neurosci. 2015 Sep;40(5):344-51. doi: 10.1503/jpn.140154. PMID: 26079698. *Exclude-Intervention*

1954. Wolfers T, van Rooij D, Oosterlaan J, et al. Quantifying patterns of brain activity: Distinguishing unaffected siblings from participants with ADHD and healthy individuals. Neuroimage Clin. 2016;12:227-33. doi: 10.1016/j.nicl.2016.06.020. PMID: 27489770. *Exclude-Population*

1955. Wong IC, Asherson P, Bilbow A, et al. Cessation of attention deficit hyperactivity disorder drugs in the young (CADDY)--a pharmacoepidemiological and qualitative study. Health Technol Assess. 2009 Oct;13(50):iii-iv, ix-xi, 1-120. doi: 10.3310/hta13490. PMID: 19883527. *Exclude-Population*

1956. Wong ICK, Banaschewski T, Buitelaar J, et al. Emerging challenges in pharmacotherapy research on attention-deficit hyperactivity disorder-outcome measures beyond symptom control and clinical trials. Lancet Psychiatry. 2019 Jun;6(6):528-37. doi: 10.1016/s2215-0366(19)30096-3. PMID: 31122482. *Exclude-Intervention*

1957. Wood DR, Reimherr FW, Wender PH. Amino acid precursors for the treatment of attention deficit disorder, residual type. Psychopharmacol Bull. 1985;21(1):146-9. PMID: 3885291. *Exclude-Population*

1958. Wood JE. Probation practice and attention-deficit hyperactivity disorder. Crim Behav Ment Health. 2024 Aug;34(4):373-84. doi: 10.1002/cbm.2348. PMID: 38898659. *Exclude-Intervention*

1959. Woodruff DB, El-Mallakh RS, Thiruvengadam AP. A potential diagnostic blood test for attention deficit hyperactivity disorder. Atten Defic Hyperact Disord. 2011 Sep;3(3):265-9. doi: 10.1007/s12402-011-0057-z. PMID: 21523444. *Exclude-Population*

1960. Woolsey C, Smoldon J, Devney R. Initial development of an attention-deficit/hyperactivity disorder visual analog scale for rapid assessment of medication effects. J Am Assoc Nurse Pract. 2020 Jan;32(1):8-14. doi: 10.1097/jxx.0000000000000209. PMID: 31169786. *Exclude-Design*

1961. Wu G, Zhao X, Luo X, et al. Microstate dynamics and spectral components as markers of persistent and remittent attention-deficit/hyperactivity disorder. Clin Neurophysiol. 2024 May;161:147-56. doi: 10.1016/j.clinph.2024.02.027. PMID: 38484486. *Exclude-Intervention*

1962. Wu JS, Nankoo MMA, Bucks RS, et al. Short form Conners' Adult ADHD Rating Scales: Factor structure and measurement invariance by sex in emerging adults. J Clin Exp Neuropsychol. 2023 May;45(4):345-64. doi: 10.1080/13803395.2023.2246213. PMID: 37610373. *Exclude-Intervention*

1963. Wu X-P, Sun J-H, Li Q-Q, et al. Reliability and validity of Chinese version of Conners' Adult ADHD Rating Scales Self-Report. Chinese Mental Health Journal. 2009;23(5):349-52, 71. *Exclude-Intervention*

1964. Wymbs BT, Molina BSG. Integrative Couples Group Treatment for Emerging Adults With ADHD Symptoms. Cognitive and Behavioral Practice. 2015;22(2):161-71. doi: 10.1016/j.cbpra.2014.06.008. *Exclude-Design*

1965. Wymer JH, Rayls K, Wagner MT. Utility of a clinically derived abbreviated form of the WAIS-III. Arch Clin Neuropsychol. 2003 Dec;18(8):917-27. doi: 10.1016/s0887-6177(02)00221-4. PMID: 14609585. *Exclude-Intervention*

1966. Wyrwich KW, Auguste P, Yu R, et al. Evaluation of Neuropsychiatric Function in Phenylketonuria: Psychometric Properties of the ADHD Rating Scale-IV and Adult ADHD Self-Report Scale Inattention Subscale in Phenylketonuria. Value Health. 2015 Jun;18(4):404-12. doi: 10.1016/j.jval.2015.01.008. PMID: 26091594. *Exclude-Population*

1967. Wyrwich KW, Gries KS, Al-Jassar G, et al. Assessing the content validity of the investigator-rated ADHD rating scale version IV (I-ADHD RS-IV) instrument for use in adults with phenylketonuria (PKU). Quality of Life Research. 2016;25(1):186. doi: 10.1007/s11136-016-1390-7. *Exclude-Population*

1968. Wyrwich KW, Shaffer S, Gries K, et al. Content validity of the ADHD rating scale (ADHD RS-IV) and adult ADHD self-report scale (ASRS) in phenylketonuria. Journal of Inborn Errors of Metabolism and Screening. 2016;4. doi: 10.1177/2326409816639316. *Exclude-Population*

1969. Xiao C, Bledsoe J, Wang S, et al. An integrated feature ranking and selection framework for ADHD characterization. Brain Inform. 2016 Sep;3(3):145-55. doi: 10.1007/s40708-016-0047-1. PMID: 27747592. *Exclude-Design*

1970. Yan L, Zhang J, Yuan Y, et al. Effects of neurofeedback versus methylphenidate for the treatment of attention-deficit/hyperactivity disorder protocol for a systematic review and meta-analysis of head-to-head trials. Medicine (Baltimore). 2018 Sep;97(39):e12623. doi: 10.1097/md.0000000000012623. PMID: 30278582. *Exclude-Design*

1971. Yang CC, Hinshaw SP. Associations Between Dimensional Persistence of ADHD and Adult Sleep Quality in a Prospective Study of Girls. J Atten Disord. 2023 May;27(7):777-85. doi: 10.1177/10870547231155439. PMID: 36799481. *Exclude-Intervention*

1972. Yang HN, Tai YM, Yang LK, et al. Prediction of childhood ADHD symptoms to quality of life in young adults: adult ADHD and anxiety/depression as mediators. Res Dev Disabil. 2013 Oct;34(10):3168-81. doi: 10.1016/j.ridd.2013.06.011. PMID: 23886759. *Exclude-Intervention*

1973. Yang L, Cao Q, Shuai L, et al. Comparative study of OROS-MPH and atomoxetine on executive function improvement in ADHD: a randomized controlled trial. International Journal of Neuropsychopharmacology. 2012;15(1):15-26. *Exclude-Population*

1974. Yang LL, Stiernborg M, Skott E, et al. Proinflammatory mediators and their associations with medication and comorbid traits in children and adults with ADHD. Eur Neuropsychopharmacol. 2020 Dec;41:118-31. doi: 10.1016/j.euroneuro.2020.10.005. PMID: 33160793. *Exclude-Outcome*

1975. Yang Z, Kelly C, Castellanos FX, et al. Neural Correlates of Symptom Improvement Following Stimulant Treatment in Adults with Attention-Deficit/Hyperactivity Disorder. J Child Adolesc Psychopharmacol. 2016 Aug;26(6):527-36. doi: 10.1089/cap.2015.0243. PMID: 27027541. *Exclude-Comparator*

1976. Yao Y, Feng T. A meta-analysis of noninvasive brain stimulation to improve cognitive deficits and clinical symptoms in attention deficit hyperactivity disorder. 2023. PMID: CRD42023457269. *Exclude-Intervention*

1977. Yates WR, Lund BC, Johnson C, et al. Attention-deficit hyperactivity symptoms and disorder in eating disorder inpatients. Int J Eat Disord. 2009 May;42(4):375-8. doi: 10.1002/eat.20627. PMID: 19040267. *Exclude-Intervention*

1978. Yavuz BG, Yavuz M, Onal A. Examining the factors that are correlated with mindfulness with a focus on attention deficit hyperactivity symptoms. Perspect Psychiatr Care. 2018 Oct;54(4):596-602. doi: 10.1111/ppc.12290. PMID: 29774955. *Exclude-Intervention*

1979. Yellin AM, Hopwood JH, Greenberg LM. Adults and adolescents with attention deficit disorder: clinical and behavioral responses to psychostimulants. J Clin Psychopharmacol. 1982 Apr;2(2):133-6. PMID: 7076878. *Exclude-Design*

1980. Yoncheva YN, Somandepalli K, Reiss PT, et al. Mode of Anisotropy Reveals Global Diffusion Alterations in Attention-Deficit/Hyperactivity Disorder. J Am Acad Child Adolesc Psychiatry. 2016 Feb;55(2):137-45. doi: 10.1016/j.jaac.2015.11.011. PMID: 26802781. *Exclude-Intervention*

1981. Young JL, Goodman DW. Adult Attention-Deficit/Hyperactivity Disorder Diagnosis, Management, and Treatment in the DSM-5 Era. Prim Care Companion CNS Disord. 2016 Nov 17;18(6). doi: 10.4088/PCC.16r02000. PMID: 27907271. *Exclude-Design*

1982. Young S. The YAQ-S and YAQ-I: The development of self and informant questionnaires reporting on current adult ADHD symptomatology, comorbid and associated problems. Personality and Individual Differences. 2004;36(5):1211-23. doi: 10.1016/S0191-8869(03)00212-5. *Exclude-Intervention*

1983. Young S. Adult Lifespan Functioning Interview (ALFI). Psychology Services Ltd. Available from: www. psychology-services. uk. com. Accessed November. 2016;19. *Exclude-Outcome*

1984. Young S, Amarasinghe JM. Practitioner review: Non-pharmacological treatments for ADHD: a lifespan approach. J Child Psychol Psychiatry. 2010 Feb;51(2):116-33. doi: 10.1111/j.1469-7610.2009.02191.x. PMID: 19891745. *Exclude-Intervention*

1985. Young S, Bramham J, Tyson C, et al. Inhibitory dysfunction on the Stroop in adults diagnosed with attention deficit hyperactivity disorder. Personality and Individual Differences. 2006;41(8):1377-84. doi: 10.1016/j.paid.2006.01.010. *Exclude-Intervention*

1986. Young S, Emilsson B, Sigurdsson JF, et al. A randomized controlled trial reporting functional outcomes of cognitive–behavioural therapy in medication‑treated adults with ADHD and comorbid psychopathology. European Archives of Psychiatry and Clinical Neuroscience. 2017;267(3):267-76. doi: 10.1007/s00406-016-0735-0. *Exclude-Duplicate*

1987. Young S, Gudjonsson GH. Neuropsychological correlates of the YAQ-S and YAQ-I self- and informant-reported ADHD symptomatology, emotional and social problems and delinquent behaviour. Br J Clin Psychol. 2005 Mar;44(Pt 1):47-57. doi: 10.1348/014466504x197769. PMID: 15826343. *Exclude-Outcome*

1988. Young S, Morris R, Toone B, et al. Planning ability in adults with attention-deficit/hyperactivity disorder. Neuropsychology. 2007 Sep;21(5):581-9. doi: 10.1037/0894-4105.21.5.581. PMID: 17784806. *Exclude-Intervention*

1989. Young S, Sedgwick O, Fridman M, et al. Co-morbid psychiatric disorders among incarcerated ADHD populations: a meta-analysis. Psychol Med. 2015;45(12):2499-510. doi: 10.1017/s0033291715000598. PMID: 25857258. *Exclude-Intervention*

1990. Yozwiak JA. Attention-deficit/hyperactivity disorder: Epidemiology, assessment, and treatment among children, adolescents, and adults. International Journal on Disability and Human Development. 2010;9(2-3):87-95. doi: 10.1515/IJDHD.2010.015. *Exclude-Intervention*

1991. Yu D. Additional brain functional network in adults with attention-deficit/hyperactivity disorder: a phase synchrony analysis. PLoS One. 2013;8(1):e54516. doi: 10.1371/journal.pone.0054516. PMID: 23382908. *Exclude-Intervention*

1992. Yu D, Fang JH. Using artificial intelligence methods to study the effectiveness of exercise in patients with ADHD. Front Neurosci. 2024;18:1380886. doi: 10.3389/fnins.2024.1380886. PMID: 38716252. *Exclude-Design*

1993. Yule AM, Martelon M, Faraone SV, et al. Examining the association between attention deficit hyperactivity disorder and substance use disorders: A familial risk analysis. J Psychiatr Res. 2017 Feb;85:49-55. doi: 10.1016/j.jpsychires.2016.10.018. PMID: 27835739. *Exclude-Population*

1994. Zaman R. The potential role of transcranial magnetic stimulation in the treatment of ADHD. ADHD Attention Deficit and Hyperactivity Disorders. 2015;7:S112. doi: 10.1007/s12402-015-0169-y. *Exclude-Design*

1995. Zamani L, Shahrivar Z, Alaghband-Rad J, et al. Reliability, Criterion and Concurrent Validity of the Farsi Translation of DIVA-5: A Semi-Structured Diagnostic Interview for Adults With ADHD. J Atten Disord. 2021 Oct;25(12):1666-75. doi: 10.1177/1087054720930816. PMID: 32486881. *Exclude-Language*

1996. Zangen A. Resting-state and stimulation train induced EEG activity predict alleviation of ADHD symptoms following deep TMS treatment. Brain Stimulation. 2019;12(2):553. doi: 10.1016/j.brs.2018.12.828. *Exclude-Design*

1997. Zetterqvist J, Asherson P, Halldner L, et al. Stimulant and non‐stimulant attention deficit/hyperactivity disorder drug use: total population study of trends and discontinuation patterns 2006–2009. Acta Psychiatrica Scandinavica. 2013;128(1):70-7. *Exclude-Intervention*

1998. Zhang H, Zeng W, Deng J, et al. Brain Relatively Inert Network: Taking Adult Attention Deficit Hyperactivity Disorder as an Example. Front Neurosci. 2021;15:771947. doi: 10.3389/fnins.2021.771947. PMID: 34924940. *Exclude-Intervention*

1999. Zhang L, Lagerberg T, Chen Q, et al. Prediction of treatment dosage and duration from free-text prescriptions: an application to ADHD medications in the Swedish prescribed drug register. Evid Based Ment Health. 2021 Nov;24(4):146-52. doi: 10.1136/ebmental-2020-300231. PMID: 33795353. *Exclude-Intervention*

2000. Zhang T, Sidorchuk A, Sevilla-Cermeño L, et al. Association of Cesarean Delivery With Risk of Neurodevelopmental and Psychiatric Disorders in the Offspring: A Systematic Review and Meta-analysis. JAMA Netw Open. 2019 Aug 2;2(8):e1910236. doi: 10.1001/jamanetworkopen.2019.10236. PMID: 31461150. *Exclude-Population*

2001. Zhang Y, Feng Y, Liu L, et al. Abnormal prefrontal cortical activation during the GO/NOGO and verbal fluency tasks in adult patients with comorbid generalized anxiety disorder and attention-deficit/hyperactivity disorder: An fNIRS study. J Psychiatr Res. 2024 Apr;172:281-90. doi: 10.1016/j.jpsychires.2024.02.053. PMID: 38428164. *Exclude-Outcome*

2002. Zhao X-X, Sun L, Wang E-C, et al. Working memory performance in high intelligence quotient adults with attention-deficit/ hyperactivity disorder. Chinese Mental Health Journal. 2014;28(6):417-22. *Exclude-Intervention*

2003. Zhou Z, Zhou ZY, Kelkar SS, et al. Medication use in adults with attention deficit/hyperactivity disorder in a commercially-insured population in the United States. Curr Med Res Opin. 2018 Apr;34(4):585-92. doi: 10.1080/03007995.2017.1411792. PMID: 29186993. *Exclude-Intervention*

2004. Zhou Z, Zhou ZY, Kellar SS, et al. Treatment patterns among adults with ADHD receiving long-acting therapy. Am J Manag Care. 2018 Jul;24(8 Spec No.):Sp329-sp37. PMID: 30020748. *Exclude-Intervention*

2005. Zimmerman M, Gorlin E, Dalrymple K, et al. A clinically useful screen for attention-deficit/hyperactivity disorder in adult psychiatric outpatients. Ann Clin Psychiatry. 2017 Aug;29(3):160-6. PMID: 28738095. *Exclude-Intervention*

2006. Zimmermann M, Grabemann M, Mette C, et al. The effects of acute tryptophan depletion on reactive aggression in adults with attention-deficit/hyperactivity disorder (ADHD) and healthy controls. PLoS One. 2012;7(3):e32023. doi: 10.1371/journal.pone.0032023. PMID: 22431971. *Exclude-Intervention*

2007. Zimovetz EA, Joseph A, Ayyagari R, et al. A cost-effectiveness analysis of lisdexamfetamine dimesylate in the treatment of adults with attention-deficit/hyperactivity disorder in the UK. Eur J Health Econ. 2018 Jan;19(1):21-35. doi: 10.1007/s10198-016-0864-4. PMID: 28093662. *Exclude-Intervention*

2008. Zinnow T, Banaschewski T, Fallgatter AJ, et al. ESCAlate - Adaptive treatment approach for adolescents and adults with ADHD: study protocol for a randomized controlled trial. Trials. 2018 May 18;19(1):280. doi: 10.1186/s13063-018-2665-9. PMID: 29776383. *Exclude-Design*

2009. Ziqiang L, Siyuan H, Qiuhao W. A systematic review and meta-analysis of probiotics in patients with ADHD&#xff08;attention deficit hyperactivity disorder&#xff09. 2021. PMID: CRD42021291534. *Exclude-Population*

2010. Zohar AH, Konfortes H. Diagnosing ADHD in Israeli adults: the psychometric properties of the adult ADHD Self Report Scale (ASRS) in Hebrew. Isr J Psychiatry Relat Sci. 2010;47(4):308-15. PMID: 21270505. *Exclude-Language*

2011. Zucker M, Morris MK, Ingram SM, et al. Concordance of self- and informant ratings of adults' current and childhood attention-deficit/hyperactivity disorder symptoms. Psychol Assess. 2002 Dec;14(4):379-89. doi: 10.1037//1040-3590.14.4.379. PMID: 12501563. *Exclude-Population*

2012. Zur M, Magnezi R, Portuguese S, et al. The Impact of Adherence to Treatment for ADHD on the Quality of Military Service - The Israeli Military Experience. Mil Med. 2018 Sep 1;183(9-10):e518-e24. doi: 10.1093/milmed/usy161. PMID: 30007280. *Exclude-Design*

2013. Zwi M, York A. Attention-deficit hyperactivity disorder in adults: validity unknown1. Advances in Psychiatric Treatment. 2004;10(4):248-56. *Exclude-Intervention*

2014. Zylowska L, Ackerman DL, Yang MH, et al. Mindfulness meditation training in adults and adolescents with ADHD: A feasibility study. Journal of attention disorders. 2008;11(6):737-46. *Exclude-Comparator*

Appendix C. Evidence Tables

Table C.1. Evidence table combinations as index test

| **Study ID** | **Population** | **Combination Index Test** | **Results** | **Subgroup** |
| --- | --- | --- | --- | --- |
| Chen, 202157  N = 69  n ADHD = 69  UK  Specialty care | **Target:** ADHD patients in the period between 2014 and 2017 with demographics and a number of validated self-reported screening questionnaires and clinical interviews  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults in the NHS Trust who did not meet DSM-IV diagnostic criteria for ADHD and were assessed as part of standard mental health services​  **Female:** 34.8%  **Age mean (SD):** 33.01 (9.931)  Min age: 18 Max age: 51  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  No COI | **Test description:** Combination of demographics, self-reported assessment, Conner's Adult ADHD Rating Scale (short version) with self and observer model, QbTest, and DIVA (Diagnostic Interview for AHDH in adults), 93 variables, decision tree analysis  Machine learning: Yes  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on structured clinical interviews using the Diagnostic Interview for ADHD in Adults (DIVA) and validated self-reported screening questionnaires collected from a National Health Service specialist mental health provider  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The highest achieved accuracy was 85.5%.  Sensitivity %  Specificity %  PPV:  NPV:  LR+:  LR-:  Accuracy 86  AUC 0.871  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Dvorsky, 201665  N = 86  n ADHD = 59  US  College | **Target:** Undergraduate students at a large public university who self-identified as having attention or concentration difficulties or a prior ADHD diagnosis, required consent for parental interviews, completed a comprehensive ADHD evaluation including structured diagnostic interviews, and met DSM-5 ADHD criteria based on both student and parent ratings  **ADHD presentation:** inattentive : 55.9,combined : 44.1  **Comorbidity:** N/A  **Other:** Undergraduate students at the same university who self-identified with attention or concentration difficulties but did not meet DSM-5 criteria for ADHD based on structured diagnostic interviews and parent ratings  **Female:** 42.4%  **Age mean (SD):** 19.71 (2.72)  Min age: 18 Max age: 27  **Age subgroup**: Adults  **Ethnicity:** Other : ADHD: 0, non-ADHD: 3.7  % Hispanic or Latino : 8.5,Other : 11.1  % Black/African American : 6.8,Other : non-ADHD: 18.5  % White : 76.3,Other : non-ADHD: 55.6  % Multiracial : 8.5,Other : 11.1  Single center  Funding unclear | **Test description:** Combination prediction model with BAARS parent and self rating of current and childhood ADHD diagnosis  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Conners’ Adult ADHD Diagnostic Interview for DSM-IV, which included structured diagnostic interviews separately administered to students and their parents by trained graduate-level clinicians under supervision, requiring endorsement of at least five current symptoms in two or more settings and six childhood symptoms before high school  **Diagnosed by:** Specialist (e.g., mental health) Psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** Parent ratings of childhood inattention had the highest predictive validity (AUC 0.79), outperforming self-report (AUC 0.56).  Self-reports had high sensitivity (89%) but low specificity (30%), leading to a high false-positive rate.  The prediction model with both parent and student ratings of current symptoms and parent ratings of childhood symptoms accurately classified 88.9% of individuals who had a diagnosis of ADHD and 63.3% of individuals who did not have a diagnosis.  Sensitivity 89%  Specificity 63%  PPV: N/A  NPV: N/A  LR+: N/A  LR-: N/A  Accuracy N/A  AUC N/A  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Groom, 201678  N = 57  n ADHD = 33  UK  College | **Target:** Adults who were clinically diagnosed with ADHD by a psychiatrist  **ADHD presentation:** inattentive : 9.09,hyperactive : 3.03,combined : 75.76,N/A : 12.12  **Comorbidity:** N/A  **Other:** Adults diagnosed with Asperger's syndrome as part of autism spectrum disorder by a psychiatrist  **Female:** 39%  **Age mean (SD):** 31.64 (10.17)  Min age: 18 Max age: 60  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Integration of CAARS-E (Conners Adult ADHD Rating Scale - ADHD Index), the AQ10 (Autism Quotient - 10), and the QbTest (computerized Continuous Performance Test with motion tracking) to differentiate ADHD from Autism Spectrum Disorder  Machine learning: No  Validation dataset: Unclear  **Reference standard:** Clinical diagnosis  Participants diagnosed with ADHD by a psychiatrist establishing current and long-term diagnosis using DSM-5  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrist  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** QbTotal yielded the highest AUC value 0.87 (classified as ‘good’). ROCs indicate that at equivalent sensitivity of around 80%, QbTotal demonstrates superior specificity compared with CAARS-E in differentiating ADHD and autism spectrum disorder.  CAARS-E AUC was .77 (‘fair’) in differentating ADHD and autism spectrum disorder.  QbTest added to clinical ratings may improve the differentiation of ADHD and autism spectrum disorder in adults.  Sensitivity 94%  Specificity 84%  PPV:  NPV:  LR+:  LR-:  Accuracy 90  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Kingston, 201398  N = 120  n ADHD = 59  Canada  Specialty care | **Target:** Men assessed at an outpatient forensic psychiatric clinic; individuals are typically referred to this program when they are engaging in aggression or other difficulties associated with anger dysregulation (e.g., relationship breakdown)  **ADHD presentation:** N/A  **Comorbidity:** Other : Aggression dysregulation  **Other:** Men who were assessed at an outpatient forensic psychiatric clinic; individuals are typically referred to this program when they are engaging in aggression or other difficulties associated with anger dysregulation (e.g., relationship breakdown)  **Female:** 0%  **Age mean (SD):** 32.6 (10.3)  Min age: 18 Max age: 64  **Age subgroup**: Adults  **Ethnicity:** Other : Aboriginal: 6.5%  % Hispanic or Latino : 2.8  % Black/African American : 2.8  % White : 78.5  Single center  Industry | **Test description:** Integration of ASRS-v1, CAARS-Self and CAARS-Observer, Brown ADD scale, and WURS in a discriminant function  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  ADHD diagnosis was determined based on DSM-IV-TR criteria following a comprehensive clinical interview and review of relevant available collateral information; interviews were conducted independently by two psychiatrists who were certified in forensic psychiatric practice; final group classification was based on consensus diagnoses and the inter-rater agreement was approximately 90%  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The integrated variables of multiple self reports and an observer report demonstrated particularly good classification accuracy, with high sensitivity (91%) and good specificity (82%).  Sensitivity 91%  Specificity 82%  PPV:  NPV:  LR+:  LR-:  Accuracy 86  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Nikolas, 2019119  N = 246  n ADHD = 109  US  Setting varies | **Target:** Adults diagnosed with ADHD based on a comprehensive clinical interview and standardized psychiatric assessments, required to have symptom onset before age 16, met full DSM-5 diagnostic criteria, provided informant reports verifying symptoms, excluded if they had neurological conditions, learning disabilities, major psychiatric disorders other than depression/anxiety, or substance abuse  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults with a diagnosed unipolar mood disorder (depression) and healthy controls without ADHD or mood disorders, recruited through advertisements, email listservs, and outreach to neuropsychological clinics, with controls matched approximately by age and sex to clinical groups  **Female:** 60.6%  **Age mean (SD):** 24.8 (6.2)  Min age: 18 Max age: 40  **Age subgroup**: Adults  **Ethnicity:**  % White : 83.7,Other : Control: 80, depressed: 86.5  Multicenter  Industry | **Test description:** Combination of self/informant symptom ratings (BAARS-IV), family history, and reactiontime variability from TOVA (Test of Variables of Attention)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a comprehensive clinical interview, standardized psychiatric assessment, and meeting full DSM-5 diagnostic criteria with verification of symptom onset before age 16 using self-report and informant ratings  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** While single test measures provided performed poorly in identifying ADHD participants, analyses revealed that a combined approach using self and informant symptom ratings, a positive family history of ADHD, and a reaction time variability measure correctly classified 87% of cases.  Sensitivity %  Specificity %  PPV:  NPV:  LR+:  LR-:  Accuracy 87.2  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Pettersson, 2018123  N = 108  n ADHD = 60  Sweden  Specialty care | **Target:** Adults referred for ADHD assessment, required availability of a collateral historian to provide information on childhood symptoms, excluded if treated with ADHD medications, had an IQ ≤ 70, or substance-related disorders  **ADHD presentation:** inattentive : 21.7,hyperactive : 7.1,combined : 76.7  **Comorbidity:** N/A  **Other:** Adults referred to the same specialty neuropsychological clinic for assessment, did not meet the diagnostic criteria for ADHD, included individuals with other psychiatric conditions for comparison  **Female:** 46.7%  **Age mean (SD):** 28.18 (9.09)  Min age: 18 Max age: 55  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Model with DIVA report, QbTest cardinal variable Acticity, QbTest cardinal variable Inattention, and CpT II Commission errors, combining neuropsychological tests, DIVA clinician report, and self report ASRS Screener  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Clinical consensus decision by a multidisciplinary assessment team using clinical interviews, neuropsychological test results, self-report measures, collateral historian input, and DSM criteria  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** All instruments showed poor discriminative ability except for the DIVA, which showed a relatively good ability to discriminate between the groups (sensitivity 90.0; specificity 72.9). A logistic regression analysis model with the DIVA and measures of inattention, impulsivity, and activity from continuous performance tests (CPTs) showed a sensitivity of 90.0 and a specificity of 83.3.  Sensitivity 90%  Specificity 83%  PPV:  NPV:  LR+:  LR-:  Accuracy 87  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:**  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Robeva, 2004132  N = 12  n ADHD = 6  US  College | **Target:** Female college students with a current ADHD diagnosis, taking ADHD medication for at least three years, not on anxiety or depression medication, without significant health conditions affecting EEG recordings, diagnosed in childhood according to Utah standards  **ADHD presentation:** combined : 100  **Comorbidity:** N/A  **Other:** Female college students with no history of ADHD or disruptive behavioral disorders, never prescribed or taken stimulant medication, not on anxiety or depression medication, without significant medical conditions affecting EEG data collection, screened to confirm the absence of ADHD symptoms  **Female:** 100%  **Age mean (SD):** 20.7 (1.5)  Min age: 18 Max age: 22  **Age subgroup**: Young  **Ethnicity:** N/A  Single center  Other funding | **Test description:** Bayesian probability model integrated three diagnostic tools (WURS, ConsistencyIndex (EEG), Alpha Blockade Index (EEG)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a prior clinical diagnosis made during childhood following Utah criteria, confirmed through self-report screening using the Brown Attention-Deficit Disorder Scale and the ADHD Symptom Inventory, with additional verification that participants were currently prescribed and taking stimulant medication for ADHD management  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The procedure significantly improved the score separation between ADHD and non-ADHD groups. The final average probabilities for ADHD were 76% for the ADHD group and 8% for the control group. These probabilities correlated (r 0.87) with the Brown ADD scale and (r 0.84) with the ADHD-Symptom Inventory used for screening the participants.  Sensitivity 100%  Specificity 100%  PPV:  NPV:  LR+:  LR-:  Accuracy 100 average probabilities for ADHD: 76%, controls: 8% (p 0.006)  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Van Voorhees, 2011154  N = 269  n ADHD = 184  US  Specialty care | **Target:** Adults seeking evaluation for attention difficulties at an ADHD clinic diagnosed with DSM-IV  **ADHD presentation:** inattentive : 8.9,combined : 33.1  **Comorbidity:** N/A  **Other:** Adults seeking evaluation for attention difficulties at an ADHD clinic not diagnosed with ADHD  **Female:** 38.5%  **Age mean (SD):**  mean 32, median: 28  Min age: 18 Max age: 70  **Age subgroup**: Adults  **Ethnicity:** Other : Race data were only available for 77.8% of the sample  % Hispanic or Latino : 1.8  % Asian : 2.9  % White : 86.4  % Multiracial : 3.7  Single center  Public funding | **Test description:** CAARS-LV combining self-report CAARS:S and observer-report CAARS-O; T-Scores >65 for Conners’ index  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on CAARS, CAADID, and structured clinical interview for DSM-IV (SCID by a doctoral-level clinician  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Later diagnosis | **Diagnostic accuracy summary:** Self- and observer-ratings on the CAARS provide clinically relevant data about attention problems in adults, but the instrument does not effectively distinguish between ADHD and other adult psychiatric disorders. Combining self- and observer-ratings decreased the scales' sensitivity.  Sensitivity 43%  Specificity 83%  PPV:  NPV:  LR+:  LR-:  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** CAARS-S and CAARS-O (ratings from friends, parents, and spouses)  Kappa ICC  0.11-0.37  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |

Table C.2. Evidence table self report as index test

| **Study ID** | **Population** | **Self Report Index Test** | **Results** | **Subgroup** |
| --- | --- | --- | --- | --- |
| Aita, 201846  N = 280  n ADHD = 142  US  Specialty care | **Target:** Individuals from one of two university-affiliated psychology training clinics, diagnosed with ADHD  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Mood/Anxiety Disorder group or Clinic No Diagnosis group: Individuals from one of two university-affiliated psychology training clinics, not diagnosed with ADHD  Control group or ADHD Simulator group: Students were prospectively recruited from three southeastern universities  **Female:** 45.1% Study 1 - ADHD group: 45.1%; ADHD Simulators group: 73.9%; Mood/Anxiety Disorder group: 65.0%; Clinic No Diagnosis group: 42.3%; Healthy Controls group: 69.2%; Study 2 - ADHD group: 43.8%; ADHD Simulators group: 73.9%; Mood/Anxiety Disorder group: 65.4%; Clinic No Diagnosis group: 37.8%; Healthy Controls group: 75.5%  **Age mean (SD):** 20.29 (1.87) Study 1 - ADHD group: 21.77 (3.99); ADHD Simulators group: 19.83 (1.54); Mood/Anxiety Disorder group: 22.71 (4.58); Clinic No Diagnosis group: 22.05 (5.07); Healthy Controls group: 19.18 (1.57)  Study 2 - ADHD group: 22.33 (3.93); ADHD Simulators group: 19.83 (1.54); Mood/Anxiety Disorder group: 21.98 (4.26); Clinic No Diagnosis group: 22.80 (5.13); Healthy Controls group: 19.45 (1.35)  Min age: 18 Max age: 25  **Age subgroup**: Adults  **Ethnicity:** Other : Other Race: Study 1 - ADHD Simulators group: 4.3%; Clinic No Diagnosis group: 0.9%; Healthy Controls group: 3.8%; Study 2 - ADHD Simulators group: 4.3%; Clinic No Diagnosis group: 2.2%; Healthy Controls group: 3.8%  Other : Study 1 - ADHD group: 5.8%; ADHD Simulators group: 7.2%; Mood/Anxiety Disorder group: 1.5%; Clinic No Diagnosis group: 1.8%; Healthy Controls group: 3.8%; Study 2 - ADHD group: 9.6%; ADHD Simulators group: 7.2%; Healthy Controls group: 5.7%  Other : Study 1 - ADHD group: 10.1%; ADHD Simulators group: 10.1%; Mood/Anxiety Disorder group: 8.8%; Clinic No Diagnosis group: 10.8%; Healthy Controls group: 24.1%; Study 2 - ADHD group: 9.6%; ADHD Simulators group: 10.1%; Mood/Anxiety Disorder group: 5.8%; Clinic No Diagnosis group: 8.9%; Healthy Controls group: 9.4%  Other : Study 1 - ADHD group: 1.4%; ADHD Simulators group: 5.8%; Mood/Anxiety Disorder group: 2.2%; Clinic No Diagnosis group: 1.8%; Healthy Controls group: 3.8%; Study 2 - ADHD group: 2.7%; ADHD Simulators: 5.8%; Mood/Anxiety Disorder group: 1.9%; Clinic No Diagnosis group: 4.4%; Healthy Controls group: 1.9%  Other : Study 1 - ADHD group: 82.7%; ADHD Simulators group: 72.5%; Mood/Anxiety Disorder group: 87.6%; Clinic No Diagnosis group: 84.7%; Healthy Controls group: 64.7%; Study 2 - ADHD group: 75.3%; ADHD Simulators: 72.5%; Mood/Anxiety Disorder group: 92.3%; Clinic No Diagnosis group: 84.4%; Healthy Controls: 79.2%  Multicenter  Other funding | **Test description:** PAI (Personality Assessment Inventory), a self-report personality measure comprised of 344 items on a 4-point scale with anchor points of false and very true; items are categorized into 4 scales that assess validity of responding, 11 clinical syndrome scales, 5 treatment scales, and 2 interpersonal scales  Machine learning: No  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  All evaluations were conducted by doctoral graduate students in a clinical psychology program. Evaluations included a thorough clinical interview and all diagnoses were made under the supervision of a licensed psychologist.  **Diagnosed by:** Researcher Doctoral graduate students in a clinical psychology program, under supervision of a licensed psychologist  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The new index's classification accuracy was superior to most existing PAI validity scales across groups. An item-level PAI algorithm had a sensitivity of 85% and specificity of 97% for identifying feigned ADHD.  Sensitivity 92%  Specificity %  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Bakare, 202050  N = 69  n ADHD = 63  UK  Specialty care | **Target:** Participants aged between 30 and 63 were recruited from a series of patients referred to adult ADHD outpatient clinics, adults with moderate or severe learning disabilities, organic brain injury or poor command of English were excluded  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** There were 8 participants who were not diagnosed with ADHD and therefore were the healthy control group  **Female:** 38.3%  **Age mean (SD):** 45 (6.95)  Min age: 30 Max age: 63  **Age subgroup**: Middle age  **Ethnicity:** N/A  Multicenter  No COI | **Test description:** WURS-brief (Wender Utah Rating Sclae); admistered together with the CAADID  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  ICD-10 diagnosis  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The WURS-brief had respectable sensitivity when compared with existing diagnostic tools  Sensitivity 89%  Specificity 11%  PPV 67  NPV 33  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** Agreement WURS-brief and DIVA rating  Kappa 0.006 ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Bastiaens, 201751  N = 140  n ADHD = 70  US  Specialty care | **Target:** Adults with a diagnosis of ADHD and substance use diagnosis  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults without a diagnosis of ADHD but a substance use diagnosis  **Female:** 35.71%  **Age mean (SD):** 33.5 (8.3)  Min age: 24 Max age: 44  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  No COI | **Test description:** ASRS-5 (WHO Adult ADHD Self Report Scale Screener for DSM-5), dimensional scoring with 12 as threshold  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a clinical psychiatric interview using DSM-5 criteria conducted by a child and adolescent psychiatrist  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Both screeners performed equally with no significant difference between them, regardless of the scoring system used. The dimensional scoring method with a cutoff of 12/24 provided the best diagnostic accuracy, achieving sensitivity and negative predictive value above 80%.  Sensitivity 81%  Specificity 71%  PPV 74  NPV 79  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Chiasson, 201258  N = 183  n ADHD = 11  Canada  Specialty care | **Target:** A retrospective study conducted on the profiles of all newly admitted SUD patients in a multidisciplinary rehabilitation center with the ASRS-v1.1 and were later assessed by a psychiatrist specialized in ADHD  **ADHD presentation:** N/A  **Comorbidity:** SUD : all with SUD  **Other:** Family members of suspected ADHD patients were also interviewed to acquire collateral information on patient behavior patterns  **Female:** % N/A  **Age mean (SD):**  N/A  Min age: Max age:  **Age subgroup**: Age unclear  **Ethnicity:** N/A  Single center  Other funding | **Test description:** ASRS-v1.1 ADHD Self-Report Scale  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a psychiatric evaluation by a specialist using DSM-IV criteria, including collateral information from family members and consensus discussion with the clinical team.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The ASRS-v1.1 correctly identified all ADHD cases (100% sensitivity) but had a low specificity, leading to a high false positive rate, with only 26% of those screening positive diagnosed with ADHD by a psychiatrist.  Sensitivity 100%  Specificity %  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Unclear |
| Dakwar, 201262  Notzon, 2020120  N = 102  n ADHD = 25  US  Specialty care | **Target:** Adults seeking outpatient treatment for cocaine dependence, recruited through advertisements, diagnosed with ADHD based on the Conners Adult ADHD Diagnostic Interview for DSM-IV (CAADID), aged 18 years or older, with no exclusion criteria based on comorbid psychiatric conditions or other substance use disorders  **ADHD presentation:** inattentive : 2.9,hyperactive : 2,combined : 9.8  **Comorbidity:** SUD : adults seeking outpatient treatment for cocaine dependence  **Other:** Adults seeking outpatient treatment for cocaine dependence, without a diagnosis of ADHD, recruited from the same specialty care setting, with no exclusion based on comorbid psychiatric conditions or other substance use disorders, serving as a comparison group to differentiate ADHD diagnosis  **Female:** 17%  **Age mean (SD):**  Min age: 18 Max age: 57  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 39  % Black/African American : 33.7  % White : 27.4  Single center  Public funding | **Test description:** WURS/CAARS (Wender Utah Rating Scale / Conners Adult ADHD Rating Scale), meeting criteria for using the WURS or the CAARS; admistered together with ASRS-V1.1 (Adult ADHD Self-Report Scale-Version 1.1; brief 6-item tool developed by the WHO designed for quick ADHD screening in adults)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Conners Adult ADHD Diagnostic Interview for DSM-IV, a validated semistructured interview conducted by trained clinicians to assess symptoms, age of onset, pervasiveness, and impairment.  **Diagnosed by:** Specialist (e.g., mental health) clinicians with either a PhD or MA in clinical psychology  **Timing:** Concurrent | **Diagnostic accuracy summary:** The most sensitive conjunctions arose (96.0%) when WURS and CAARS were administered together, with a suggestive score on any single scale indicating the diagnosis. The CAARS emerged with the highest kappa scores and positive predictive value, but the WURS outperformed the other instruments in regard to sensitivity (87.5%).  Sensitivity 96% WURS 88%; CAARS 80%; ASRS-V1.1 61%  Specificity 65% WURS 75%; CAARS 91%; ASRS-V1.1 86%  PPV 47.06 WURS 52.5%; CAARS 74.07%; ASRS-V1.1 58.33%  NPV 98.04 WURS 95.08%; CAARS 93.06%; ASRS-V1.1 86.76%  LR+ WURS 3.55; CAARS 8.46; ASRS-V1.1 4.20  LR- 0.17 CAARS 0.22; ASRS-V1.1 0.46  Accuracy 68.99 CAARS 74.32; ASRS-V1.1 57.72  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| De Quiros, 200163  N = 48  n ADHD = 48  Multiple countries  Specialty care | **Target:** Adults from a specialty clinic, met DSM-IV criteria for ADHD with at least 6 of 9 inattentive and/or hyperactive/impulsive symptoms, had retrospectively met full DSM-IV criteria for ADHD in childhood, had no other psychiatric disorder that could explain ADHD-like symptoms, had never been diagnosed with ADHD or received stimulant therapy, and were not taking psychoactive medications  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Age-matched adults without ADHD symptoms, recruited as controls, had no history of attention or behavior problems, were not taking psychoactive medications, and were evaluated in the same specialty care setting  **Female:** 47.9%  **Age mean (SD):** 34 (11)  Min age: 23 Max age: 45  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** APQ (Adult Problem Questionnaire), a 43-item self-rating scale that assesses distractibility, impulsivity, and behavioral control using a cutoff score of 2.5 on three key items; admistered together with the CHI (Conners Hyperactivity Index)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria by a behavioral neurologist through clinical interviews with the patient and, when feasible, their spouse or parents, with retrospective confirmation of childhood ADHD symptoms.  **Diagnosed by:** Specialist (e.g., mental health) Behavioral neurologist  **Timing:** Concurrent | **Diagnostic accuracy summary:** Discriminant analysis revealed the APQ correctly classified 83% of ADHD and 90% of controls correctly.  Sensitivity 83% CHI: 81  Specificity 90% CHI: 90  PPV 91 CHI: 91  NPV 82 CHI: 80  LR+ 8.33 CHI: 8.13  LR- 0.19 CHI: 0.21  Accuracy 86 CHI: 85  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Dunlop, 201864  N = 95  n ADHD = 5  US  Specialty care | **Target:** Adults diagnosed with Major Depressive Disorder based on DSM-IV criteria, scoring ≥15 on the Hamilton Depression Rating Scale, off psychiatric medications (except sedative/hypnotic) for one month prior, with ADHD diagnosis confirmed by structured interview and psychiatrist assessment  **ADHD presentation:** inattentive : 40,combined : 60  **Comorbidity:** Depression : Major Depressive Disorder (MDD) as the primary diagnosis  **Other:** The healthy control group consisted of adults without a DSM-IV mental illness diagnosis in the past year, no history of MDD or dysthymia, no psychotropic medication use, scoring ≤7 on the Hamilton Depression Rating Scale, recruited through the same specialty psychiatric care setting  **Female:** 72.5% healthy control: 70.9  **Age mean (SD):** 49.5 (8.1) Healthy control: 44.0 (11.5)  Min age: 18 Max age: 65  **Age subgroup**: Adults  **Ethnicity:**  % Black/African American : 32.5  % White : 47.5  % Multiracial : 20  Single center  Public funding | **Test description:** ASRS-v1.1 (Adult ADHD Self-Report Scale v1.1) a self-administered questionnaire based on the 18 DSM-IV ADHD symptom criteria; Part A contains six questions used as the primary screening tool, with a threshold score of ≥4 indicating a positive ADHD screen; Part B contains 12 additional questions providing further insight into symptom severity but not used for diagnostic purposes  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the ADHD module of the Mini International Neuropsychiatric Interview (MINI), requiring symptoms to meet DSM-IV criteria, including onset before age 7 and functional impairment, confirmed through a structured clinician interview and assessment by a study psychiatrist  **Diagnosed by:** Specialist (e.g., mental health) psychiatrists  **Timing:** Concurrent | **Diagnostic accuracy summary:** The ASRS-v1.1 demonstrated fair performance in identifying full-syndrome DSM-IV ADHD in adults with MDD, with sensitivity of 60%, specificity of 69%, PPV of 21.4%, NPV of 92.3%, and total classification accuracy of 67.5%.  Sensitivity 60% (CI 14.7, 94.7)  Specificity 68.6% (CI 50.7, 83.2)  PPV 21.4 (CI 10.3, 39.4)  NPV 92.3 (CI 80, 97.3)  LR+ 1.91  LR- 0.58  Accuracy 67.5 (CI 50.9, 81.4)  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** ADHD diagnosis (effect of different reference status or comparator),Comorbidity (e.g. anxiety, depression)  A high false-positive rate was observed in participants with Major Depressive Disorder, attributed to overlapping symptoms such as inattention and anxiety, which are common in both conditions. Participants with a positive ADHD screen demonstrated greater functional impairments and higher levels of anxiety compared to those without ADHD, suggesting that functional impairments are more pronounced in those with comorbid conditions. The high false-positive rate was attributed to symptom overlap, particularly with inattention and anxiety in depressive disorders.  MDD participants with ADHD symptomatology reported significantly higher levels of anxiety (Hamilton Anxiety Rating Scale) and rumination compared to those without ADHD, demonstrating the impact of comorbid conditions on symptom scores. |
| Dvorsky, 201665  N = 86  n ADHD = 59  US  College | **Target:** Undergraduate students at a large public university who self-identified as having attention or concentration difficulties or a prior ADHD diagnosis, required consent for parental interviews, completed a comprehensive ADHD evaluation including structured diagnostic interviews, and met DSM-5 ADHD criteria based on both student and parent ratings  **ADHD presentation:** inattentive : 55.9,combined : 44.1  **Comorbidity:** N/A  **Other:** Undergraduate students at the same university who self-identified with attention or concentration difficulties but did not meet DSM-5 criteria for ADHD based on structured diagnostic interviews and parent ratings  **Female:** 42.4%  **Age mean (SD):** 19.71 (2.72)  Min age: 18 Max age: 27  **Age subgroup**: Adults  **Ethnicity:** Other : ADHD: 0, non-ADHD: 3.7  % Hispanic or Latino : 8.5,Other : 11.1  % Black/African American : 6.8,Other : non-ADHD: 18.5  % White : 76.3,Other : non-ADHD: 55.6  % Multiracial : 8.5,Other : 11.1  Single center  Funding unclear | **Test description:** BAARS-IV (Barkley Adult ADHD Rating Scale-IV) self-reported assessment of ADHD symptoms, cut off > 3 symptoms presence  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Conners’ Adult ADHD Diagnostic Interview for DSM-IV, which included structured diagnostic interviews separately administered to students and their parents by trained graduate-level clinicians under supervision, requiring endorsement of at least five current symptoms in two or more settings and six childhood symptoms before high school  **Diagnosed by:** Specialist (e.g., mental health) Psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** Parent ratings of childhood inattention had the highest predictive validity (AUC 0.79), outperforming self-report (AUC 0.56).  Self-reports had high sensitivity (89%) but low specificity (30%), leading to a high false-positive rate.  The prediction model with both parent and student ratings of current symptoms and parent ratings of childhood symptoms accurately classified 88.9% of individuals who had a diagnosis of ADHD and 63.3% of individuals who did not have a diagnosis.  Sensitivity 89%  Specificity 30%  PPV 68  NPV 60  LR+  LR-  Accuracy 61  AUC Total scores on student ratings of current symptoms = inattention: 0.56 (0.41, 0.71), hyperactivity: 0.51 ( 0.37, 0.64), impulsivity: 0.51 (0.37, 0.65)  **Concordance:** N/A  **Rater agreement:** BAARS-IV self report vs BAARS-IV parent ratings  Kappa ICC 0.43 current hyperactivity: 0.31, current impulsivity: 0.32, retrospective children inattention: 0.42, retrospective childhood hyperactivity/impulsivity: 0.37  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Erhardt, 199970  N = 51  n ADHD = 80  US  College | **Target:** Participants were individuals aged 18–60 years who self-reported ADHD symptoms based on DSM-IV criteria, were recruited through university clinics, and had no other primary psychiatric disorders.  **ADHD presentation:** inattentive : 39,hyperactive : 17,combined : 44  **Comorbidity:** N/A  **Other:** Non-ADHD participants included neurotypical individuals without reported ADHD symptoms, matched for age and gender, and recruited from the same university setting for comparison.  **Female:** 29%  **Age mean (SD):** 29.7 (7.8)  Min age: 18 Max age: 60  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Other funding | **Test description:** CAARS:S (Conners' Adult ADHD Rating Scale Self Report), a standardized questionnaire evaluating ADHD symptoms based on DSM-IV criteria, completed by participants to assess inattentive, hyperactive, and combined presentations with cutoff scores applied for diagnostic evaluation  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria through a structured clinical interview conducted by trained clinicians.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Sensitivity and specificity were high, with an overall diagnostic efficiency rate of 85%.  Sensitivity 82%  Specificity 87.2%  PPV 86.49  NPV 82.93  LR+ 6.31  LR- 0.21  Accuracy 84.62  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** Subsample completed the CAARS questionnaire on two separate occasions one month apart  0.89  **Internal consistency:**  Cronbach’s alpha  0.86 (self-concept and impulsivity subscale in different subgroups) to 0.92 (impulsivity, hyperactivity, self-concept subscales in different subgroups)  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** ADHD presentation  Sensitivity and specificity were consistent across ADHD presentationtypes (inattentive, hyperactive, and combined), with no significant differences observed between self-reported and clinically diagnosed participants. Misdiagnosis rates were slightly high |
| Faraone, 201071  N = 370  n ADHD = 206  US  Specialty care | **Target:** Adults recruited through psychiatric clinics and advertisements , met DSM-IV criteria for childhood-onset ADHD or had late-onset ADHD (met all criteria except age-at-onset), excluded if they had deafness, blindness, psychosis, inadequate English proficiency, or IQ <80. 127 individuals who met full DSM-IV criteria for childhood-onset ADHD. 79 individuals who met all criteria except the age-at-onset criterion  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD adults recruited through advertisements, did not meet DSM-IV criteria for ADHD, included subthreshold ADHD participants and neurotypical controls, the setting was community-based rather than clinical  **Female:** 13%  **Age mean (SD):** 34 (N/A)  Min age: 18 Max age: 55  **Age subgroup**: Adults  **Ethnicity:**  % White : 84  Multicenter  Public funding | **Test description:** CBS (Current Behavior Scale), a 99-item questionnaire assessing ADHD-related behaviors with responses ranging from never to very often; Barkley's 9-item algorithm (derived from CBS and DSM-IV symptoms) is a self-report based on difficulties with attention, impulsivity, and organization  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria using the Structured Clinical Interview for DSM-IV Axis I Disorders and modules from the Schedule for Affective Disorders and Schizophrenia for School-Age Children—Epidemiologic Version, administered by trained interviewers and reviewed by a diagnostic committee of board-certified child and adolescent psychiatrists or licensed psychologists (kappa 0.88 for ADHD)  **Diagnosed by:** Specialist (e.g., mental health) Licensed psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** Barkley's 9-item algorithm showed substantial diagnostic efficiency as a predictor of current DSM-IV diagnoses in adults. The best nine items and the best 18 items were not better than Barkley's 9-item algorithm.  Sensitivity 92% calculated from AUC 0.8606)  Specificity 99% calculated from AUC 0.8606)  PPV  NPV  LR+  LR-  Accuracy  AUC 0.8606 9 -item CBS algorithm: 0.8224, 18-item CBS algorithm: 0.8152  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Grogan, 201877  N = 126  n ADHD = 38  Ireland  College | **Target:** Adults with clinical diagnosis of ADHD and ADHD with anxiety recruited from ADHD specialist clinic and support group websites. 22 with ADHD only, 16 with ADHD and anxiety.  **ADHD presentation:** inattentive : 42.3,combined : 30.8  **Comorbidity:** Anxiety  **Other:** Adults with clinical diagnosis of anxiety alone recruited from specialist clinic and support group websites, control group included adults recruited from a university sample  **Female:** 36%  **Age mean (SD):** 30.64 (7.56)  Min age: 18 Max age: 44  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** CAARS (Conners Adult ADHD Rating Scale long version), a 66 item questionnaire, contains 8 subscales regarding inattentive, hyperactive and impulsive issues, and is completed through an online questionnaire form for ADHD evaluation with responses rated on a 4 point scale, cut-off criteria is T scores of 70STAI (State Trait Anxiety Inventory) is also an online questionnaire with 40-items and 2 subscales: state (current anxiety symptoms) and trait (general anxiety symptoms)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Participants diagnosed with ADHD by a multidisciplinary team which included a consultant psychiatrist and clinical psychologist  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** Most of CAARS subscales demonstrated low sensitivity and specificity in diagnosing and differentiating between ADHD and/or anxiety  Sensitivity 53% For CAARS ADHD index  Specificity 87.5% Total sample of CAARS ADHD index  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha 0.982  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Comorbidity (e.g. anxiety, depression)  ADHD group and ADHD + anxiety group had statistically significant higher scores on CAARS subscale of inattention issues (p 0.001) compared to anxiety group alone, however no significant differences amongst the ADHD groups were seen. |
| Groom, 201678  N = 57  n ADHD = 33  UK  College | **Target:** Adults who were clinically diagnosed with ADHD by a psychiatrist  **ADHD presentation:** inattentive : 9.09,hyperactive : 3.03,combined : 75.76,N/A : 12.12  **Comorbidity:** N/A  **Other:** Adults diagnosed with Asperger's syndrome as part of autism spectrum disorder by a psychiatrist  **Female:** 39%  **Age mean (SD):** 31.64 (10.17)  Min age: 18 Max age: 60  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** CAARS-E (Conners Adult ADHD Rating Scale-subscale E)  Machine learning: No  Validation dataset: Unclear  **Reference standard:** Clinical diagnosis  Participants diagnosed with ADHD by a psychiatrist establishing current and long-term diagnosis using DSM-5  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrist  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** QbTotal yielded the highest AUC value 0.87 (classified as ‘good’). ROCs indicate that at equivalent sensitivity of around 80%, QbTotal demonstrates superior specificity compared with CAARS-E in differentiating ADHD and autism spectrum disorder.  CAARS-E AUC was .77 (‘fair’) in differentating ADHD and autism spectrum disorder.  QbTest added to clinical ratings may improve the differentiation of ADHD and autism spectrum disorder in adults.  Sensitivity %  Specificity %  PPV  NPV  LR+  LR-  Accuracy  AUC 0.77 fair  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Harrison, 201986  N = 201  n ADHD = 249  Canada  College | **Target:** University and college students who were diagnosed by clinical psychologists, passed symptom validity testing, and had CAARS scores below eight, they provided evidence to corroborate lifetime impairment, had selfreported deficits in keeping with observed and documented behavioral problems, and provided evidence from reliable collateral informants to confirm that their self-reported impairments were both present and severe  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Students with attention issues who did not meet ADHD criteria but passed the Word Memory Test, and symptom validity testing  **Female:** 37.8%  **Age mean (SD):** 21.1 (4.6)  Min age: 18 Max age: 22  **Age subgroup**: Young  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** CAARS:S ADHD Index (Conners' Adult ADHD Rating Scale Self Report), corresponds to DSM-IV symptoms  Machine learning: No  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical psychologists  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The overall discriminant validity of the CAARS was 69%, and it had an unacceptably high false positive and false negative rate. At lower prevalence rates, a high score on the CAARS has only a 22% chance of accurately identifying individuals with ADHD.  Sensitivity 14%  Specificity 92%  PPV 47  NPV 68  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Houston, 201187  N = 343  n ADHD = 65  US  Primary care | **Target:** Adults at least 18 years old, nonpsychotic, presenting to primary care  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults from primary care who did not meet ADHD diagnostic criteria  **Female:** 60%  **Age mean (SD):** 50 (N/A)  Min age: 18 Max age:  **Age subgroup**: Age unclear  **Ethnicity:** N/A  Multicenter  Industry | **Test description:** PDI-4 (Provisional Diagnostic Instrument-4), a 17-item screening tool designed to assess generalized anxiety disorder, major depressive episode, past/present mania, and adult ADHD; rating of symptom frequency, with a scoring system requiring at least three of four symptom responses within a diagnostic category, and reported functional impairment for a provisional diagnosis  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the SCID (Structured Clinical Interview for DSM-IV) and the ACDS (Adult ADHD Clinician Diagnostic Scale)  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** A comparison of limited symptom-based versus full DSM-IV criteria-based diagnosis showed minimal differences in relative diagnostic accuracy. Sensitivities and specificitieswere 82% and 73% for ADHD.  Sensitivity 82% (70, 90) GAD: 83 (63, 95), MDE: 80 (70, 88), Mania: 83 (63, 95)  Specificity 73% (68, 79) GAD: 75 (70, 80), MDE: 80 (74, 84), Mania: 82 (77, 86)  PPV 42 (33, 51) GAD: 20 (13, 30), MDE: 58 (49, 67), Mania: 26 (17, 38)  NPV 94 (91, 97) GAD: 98 (96, 100), MDE: 92 (87, 95), Mania: 98 (96, 100)  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Kessler, 200592  N = 154  n ADHD =  US  Community | **Target:** Adults from the US National Comorbidity Survey Replication were stratified into four groups based on self-reported childhood ADHD symptoms and persistence into adulthood, assessed using DSM-IV criteria, including those meeting full childhood ADHD criteria and reporting current symptoms; 154 respondents were included in the clinical calibration sample, but the exact number diagnosed with ADHD was not explicitly stated  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults from the general population who denied childhood ADHD symptoms or reported subthreshold symptoms without current persistence were drawn from a nationally representative community sample  **Female:** % N/A  **Age mean (SD):**  N/A  Min age: 18 Max age: 44  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  Public funding | **Test description:** ASRS (Adult ADHD Self-Report Scale), 18 DSM-IV Criterion A symptom questions assessing inattentive and hyperactive-impulsive symptoms over the past 6 months using a 5-point Likert scale (Never, Rarely, Sometimes, Often, Very Often), including a 6-item short-form screener derived using logistic regression for optimal predictive accuracy  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a semi-structured clinical interview using the ADHD Rating Scale and DSM-IV criteria  **Diagnosed by:** Specialist (e.g., mental health) PhD clinical psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** The Adult ADHD Self-Report Scale (ASRS) Full 18-Item Scale distinguished ADHD from non-ADHD participants with 56.3% sensitivity, 98.3% specificity, 96.2% accuracy, and an AUC of 0.77.  The ASRS 6-Item Screener outperformed the full version with 68.7% sensitivity, 99.5% specificity, 97.9% accuracy, and an AUC of 0.84.  Sensitivity 56% 6-item screener 69%  Specificity 98% 6-item screener 99.5%  PPV  NPV  LR+  LR-  Accuracy 96.2 6-item screener 97.9 accuracy; 18-item scale kappa 0.58  AUC 0.77 6-item screener AUC 0.84  **Concordance:**  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:**  **Admin time:** | **Subgroup analysis:** N/A |
| Kessler, 200793  N = 20011  n ADHD = 18  US  Primary care | **Target:** Adults enrolled in a managed care plan in California and Georgia, excluding those receiving treatment for ADHD, screening for DSM-IV ADHD criteria using the ASRS Screener​  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** The study included both ADHD and non-ADHD participants, using a structured ASRS Screener followed by a clinical interview for validation.  **Female:** % N/A  **Age mean (SD):**  N/A  Min age: 18 Max age: N/A  **Age subgroup**: Age unclear  **Ethnicity:** N/A  Multicenter  Industry | **Test description:** ASRS (Adult ADHD Self-Report Scale Screener) is a six-question self-report screening tool evaluated both a dichotomous scoring approach (0–3 vs. 4–6) and a continuous scoring approach (0–24)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Adult ADHD Clinician Diagnostic Scale (ACDS v1.2).  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The diagnostic accuracy of the ASRS Screener in distinguishing adults with ADHD from those without ADHD in a managed care population, finding that the dichotomous scoring approach (cutoff 4–6) had a sensitivity of 39.1%, specificity of 88.3%, and AUC of 0.64, while the continuous scoring approach (cutoff 14+) improved sensitivity to 64.9%, specificity to 94.0%, and AUC to 0.79.  Sensitivity % Dichotomous: 39.1, Continuous: 64.9  Specificity % Dichotomous: 88.3, Continuous: 94.0  PPV Dichotomous: 23.5, Continuous: 49.9  NPV Dichotomous: 94, Continuous: 96.7  LR+  LR-  Accuracy Dichotomous: 84.1, Continuous: 91.5  AUC Dichotomous: 0.64, Continuous: 0.79  **Concordance:** The ASRS Screener was validated against clinical diagnoses made by mental health specialists using the Adult ADHD Clinician Diagnostic Scale (ACDS v1.2)  **Rater agreement:** Agreement between self-reported ASRS scores and clinician-diagnosed ADHD using the ACDS v1.2 in a managed care population​  Kappa ICC  **Test-retest:** Test-retest reliability was assessed using Pearson correlations at three time points: T1-T2 (0.63), T2-T3 (0.67), and T1-T3 (0.47), with retests conducted between 6 months to 1 year apart​  T1-T2: 0.63, T2-T3: 0.67, T1-T3: 0.47  The expected T1-T3 correlation (0.42) was close to the observed correlation (0.47)  **Internal consistency:**  Cronbach’s alpha  T1: 0.63, T2: 0.72, T3: 0.70  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:**  **Admin time:** Less than 2 minutes for completion and scoring​ . | **Subgroup analysis:** N/A |
| Kessler, 201094  N = 345  n ADHD = 90  US  Community | **Target:** ADHD respondents meeting DSM-IV/ACDS criteria for ADHD. 55 met full criteria for both childhood and adult ADHD, and 35 met full adult criteria.  **ADHD presentation:** inattentive : 60.8,inattentive\_other : More predictive of adult persistence,hyperactive : 12.1,hyperactive\_other : Lower persistence compared to inattentive,combined : 34.9,combined\_other : Most common among those who had both subtypes in childhood  **Comorbidity:** N/A  **Other:** Adults without ADHD  **Female:** % N/A  **Age mean (SD):**  ADHD-Combined group: 34.34 (8.78), ADHD-Inattentive group​ 36.08 (11.60)  Min age: 18 Max age: 44  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  Industry | **Test description:** ASRS (Adult ADHD Self-Report Scale), a structured questionnaire designed to assess DSM-IVADHD symptoms in adults, includes inattention and hyperactivity-impulsivity symptom items, with responses based on frequency ratings over the past six months  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria using ACDS  **Diagnosed by:** Specialist (e.g., mental health) PhD-level clinical interviewers trained by board-certified psychiatrists specializing in adult ADHD research  **Timing:** Concurrent | **Diagnostic accuracy summary:** Almost half (45.7%) of individuals with childhood ADHD continued to meet full DSM-IV criteria for adult ADHD, with inattention persisting more strongly than hyperactivity-impulsivity. Executive functioning deficits were the most specific and consistent predictors of DSM-IV adult ADHD.  Sensitivity 70%  Specificity 93%  PPV  NPV  LR+  LR-  Accuracy  AUC 0.93  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Age,Age of diagnosis,ADHD presentation,Comorbidity (e.g. anxiety, depression)  Executive functioning impairments were more predictive of ADHD persistence in older adults, while hyperactivity-impulsivity symptoms were more prevalent in younger adults, suggesting age-related shifts in symptom expression and diagnostic criteria applica  Sensitivity and specificity of ADHD diagnoses were higher in younger adults (18–30 years) compared to older adults (31–44 years), likely due to better recall of childhood symptoms and reduced cognitive decline in memory-based reporting.  The inattention symptoms were more predictive of ADHD persistence into adulthood than hyperactivity-impulsivity symptoms, with 94.9% of persistent ADHD cases meeting inattention criteria, compared to only 34.6% meeting hyperactivity-impulsivity criteria.  Logistic regression predicting 6-month prevalence of any DSM-IV/CIDI mood disorder, anxiety disorder, substance disorder, and behavioral disorder (other than ADHD) from each ACDS item in the four-item scales controlling total ACDS scores. The total ACDS s |
| Kingston, 201398  N = 120  n ADHD = 59  Canada  Specialty care | **Target:** Men assessed at an outpatient forensic psychiatric clinic; individuals are typically referred to this program when they are engaging in aggression or other difficulties associated with anger dysregulation (e.g., relationship breakdown)  **ADHD presentation:** N/A  **Comorbidity:** Other : Aggression dysregulation  **Other:** Men who were assessed at an outpatient forensic psychiatric clinic; individuals are typically referred to this program when they are engaging in aggression or other difficulties associated with anger dysregulation (e.g., relationship breakdown)  **Female:** 0%  **Age mean (SD):** 32.6 (10.3)  Min age: 18 Max age: 64  **Age subgroup**: Adults  **Ethnicity:** Other : Aboriginal: 6.5%  % Hispanic or Latino : 2.8  % Black/African American : 2.8  % White : 78.5  Single center  Industry | **Test description:** ASRS-v1.1-A (Adult ADHD Self-Report Symptom Checklist Part A), a scale of adult attention-deficit/hyperactivity disorder based on nosological criteria and pertain to frequency, rather than severity, of ADHD symptoms; Part A comprises 6 screening questions and is considered to be the most predictive of symptoms consistent with ADHD; adminstered together with ASRS-v1.1 Part B, Brown ADD (Attention Deficit Disorder) Scale, CAARS-Self ADHD Index (Connors Adult ADHD Rating Scale, Long Version, Self-Report), and WURS (Wender Utah Rating Scale)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  ADHD diagnosis was determined based on DSM-IV-TR criteria following a comprehensive clinical interview and review of relevant available collateral information; interviews were conducted independently by two psychiatrists who were certified in forensic psychiatric practice; final group classification was based on consensus diagnoses and the inter-rater agreement was approximately 90%  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The integrated variables of multiple self reports and an observer report demonstrated particularly good classification accuracy, with high sensitivity (91%) and good specificity (82%).  Sensitivity 76% (CI 63, 86) ASRS-v1.1 Part B 66%, Brown ADD Scale 84%, CAARS-Self ADHD Index 63%. WURS 82%  Specificity 84% (CI 71, 92) ASRS-v1.1 Part B 93%, Brown ADD Scale 73%, CAARS-Self ADHD Index 91%, WURS 69%  PPV 83 (CI 70, 92) ASRS-v1.1 Part B 91%, Brown ADD Scale 76%, CAARS-Self ADHD Index 88%, WURS 73%  NPV 77 (CI 64, 86) ASRS-v1.1 Part B 72%, Brown ADD Scale 0.82, CAARS-Self ADHD Index 70%, WURS 79%  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** rater agreement between self-report measures (ASRS-v1.1, CAARS-Self, WURS, and Brown ADD Scale) and observer-rated measures (CAARS-Observer)  Kappa ICC r 0.51  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Kumar, 2011100  N = 110  n ADHD = 6  US  Specialty care | **Target:** Adults recruited from psychiatric inpatient unit of a general hospital with a chart diagnosis of ADHD  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults with different mental disorders recruited from psychiatric inpatient unit of a general hospital  **Female:** 50%  **Age mean (SD):** 36.6 (11.1)  Min age: 25 Max age: 49  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 8  % Black/African American : 16  % White : 64  % Multiracial : 12,Other : other ethnic backgrounds  Single center  Funding unclear | **Test description:** CAARS-S:SV (Conners' Adult ADHD Rating Scales: Screening Version), 30-item self-report tool that screens for ADHD symptoms in adults, using a 4-point rating scale to assess the frequency of symptoms based on DSM-IV criteria, cut off point wasT score>70  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Chart diagnosis, diagnosed with ADHD by board certified psychiatrists after inpatient admission through DSM-IV-TR  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrist  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The CAARS-S–S: SV indicated adequate disrimination.  The MINI ADHD module was most effective for identifying inpatients without ADHD.  Sensitivity 83% (CI 36, 100)  Specificity 69% (CI 59, 78)  PPV 14 (CI 5, 29)  NPV 99 (CI 93, 100)  LR+  LR-  Accuracy 70 (CI 61, 78)  AUC 0.75 (CI 0.6, 0.91)  **Concordance:** N/A  **Rater agreement:** Correlation self report CAARS-S:SV and MINI  Kappa ICC r 0.58  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Age,Sex  ADHD diagnosis based on CAARS-S or MINI were not correlated with age.  ADHD diagnosis based on CAARS-S or MINI were not correlated with sex. |
| Kwan, 2024101  N = 550  n ADHD = 102  Canada  College | **Target:** Community college or university students referred for assessments and diagnosed with ADHD through a comprehensive evaluation that included self-and-observer ratings, historical record reviews, and symptom validity tests  **ADHD presentation:** inattentive : 66.7,hyperactive : 1,combined : 30.4  **Comorbidity:** N/A : currently reported academic difficulties  **Other:** Students from the same educational settings referred for assessments but did not meet ADHD criteria, diagnosed based on a multi-method, multi-informant approach  **Female:** 48%  **Age mean (SD):**  mean 21.5  Min age: 17 Max age: 40  **Age subgroup**: Adults  **Ethnicity:** Other : 3% Middle Eastern; 7% other  % Black/African American : 6  % Asian : 12  % White : 72  Single center  Other funding | **Test description:** CAARS-S:L (Conners’ Adult ADHD Rating Scales–Self-Report: Long Version), a 66-itemquestionnaire to measure symptoms and behaviors associated with ADHD in adults. It uses a 4-point Likert scale (0 = not at all/never, 3 = very much/very frequently) and includes subscales such as Inattention/Memory Problems, Hyperactivity/Restlessness, Impulsivity/Emotional Lability, and Self-Concept Problems. Additional scales align with DSM-IV criteria for Inattentive Symptoms, Hyperactive-Impulsive Symptoms, and Total ADHD Symptoms; tool is designed for screening but not for definitive diagnosis  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a multi-method, multi-informant assessment procedure including historical records, semi-structured clinical interviews using DSM criteria, self-and observer ratings of symptoms, and performance validity tests.  **Diagnosed by:** Specialist (e.g., mental health) Clinical psychologists or supervised graduate students trained in ADHD assessment  **Timing:** Concurrent | **Diagnostic accuracy summary:** Cutoffs of <54 (ADHD Symptoms Total subscale) and <63 (Inattentive Symptoms subscale) were also identified, both with a sensitivity of 0.95 or higher. The analysis found the ADHD Index to be a poor predictor of a negative ADHD diagnosis.  Sensitivity 100%  Specificity 10%  PPV 20  NPV 100  LR+ 1.11  LR- 0  Accuracy 27  AUC 0.767 (CI 0.721, 0.813)  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** ADHD presentation,Comorbidity (e.g. anxiety, depression)  Sensitivity for the inattentive subtype was 100% at a cutoff score of <54 on the Inattentive Symptoms subscale, with specificity at 25%. For the combined subtype, sensitivity and specificity data were not specifically stratified. Misdiagnosis was more pre  The comorbidities, particularly learning disabilities and anxiety, contributed to challenges in specificity, as these conditions often overlap with ADHD symptoms, increasing the likelihood of false positives. Sensitivity remained unaffected, maintaining h |
| Lancaster, 2018102  N = 166  n ADHD = 55  US  Other setting | **Target:** Adult clients who requested ADHD or learning disorder assessment at a university outpatient center, completed the Personality Assessment Inventory (PAI), and provided consent for their data to be used for research purposes; participants with valid PAI profiles and complete intelligence tests were included, with ADHD diagnoses made based on semistructured interviews and Conners' Adult ADHD Rating Scales  **ADHD presentation:** inattentive : 42.27,hyperactive\_other : 3.64,combined : 49.09  **Comorbidity:** N/A  **Other:** Non-ADHD participants were adult clients seeking assessment at a university outpatient center who completed the Personality Assessment Inventory (PAI) and intelligence testing, with no ADHD diagnosis determined based on semistructured interviews and Conners' Adult ADHD Rating Scales; they included individuals with various presenting concerns or no significant clinical conditions.  **Female:** 61.45%  **Age mean (SD):** 24.39 (8.32)  Min age: 18 Max age: 63  **Age subgroup**: Adults  **Ethnicity:**  % Black/African American : 11.45  % White : 83.13  Single center  Funding unclear | **Test description:** PAI (Personality Assessment Inventory), includes 344 items rated on a four-point scale, measuring various psychological domains such as anxiety, depression, and impulsivity, with specific subscales examined for their association with ADHD symptoms  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on semistructured interviews, Conners' Adult ADHD Rating Scales (Self-Report and Observer Report when applicable), and strict adherence to DSM criteria.  **Diagnosed by:** Specialist (e.g., mental health) mental health clinicians  **Timing:** Concurrent | **Diagnostic accuracy summary:** Adding the PAI scales to the criterion variables significantly improved the model's fit, with an overall classification accuracy of 75%.  Sensitivity 55%  Specificity 86%  PPV 65.22  NPV 88.79  LR+ 3.93  LR- 0.523  Accuracy 75  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** ADHD diagnosis (effect of different reference status or comparator),Comorbidity (e.g. anxiety, depression)  Comorbidities such as anxiety and depression were associated with elevated scores on specific PAI subscales (ANX-C, DEP), which may overlap with ADHD symptoms and potentially contribute to misclassification. The findings highlight the importance of considering comorbid conditions during assessment to minimize misdiagnosis and improve diagnostic accuracy.  20% of participants with ADHD had comorbid conditions, including anxiety (7%), depression (5%), and other disorders. Still, these comorbidities did not significantly affect the sensitivity (55%) or specificity (86%) of the PAI scales. |
| Lewandowski, 2008105  N = 534  n ADHD = 38  US  College | **Target:** College students who provided documentation to the university Office of Disability Services verifying a professional ADHD diagnosis, evidence of past and current impairment, patterns of symptoms across the lifespan, and substantial limitations in learning  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD participants were college students recruited from introductory psychology courses representing a neurotypical sample without reported ADHD diagnoses, spanning various academic years and demographic backgrounds  **Female:** 39.47%  **Age mean (SD):**  mean 19.2  Min age: 18 Max age: 49  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 4  % Black/African American : 6.5  % Asian : 6  % White : 81  % Multiracial : 2.5  Single center  Funding unclear | **Test description:** ADHD-items (18 items reflecting ADHD symptom from a DSM-IV Checklist for ADHDs, binary response option (rarely/never vs. often/always) and additional items assessing academic and test-taking concerns  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on professional evaluation, evidence of past and current impairment, patterns of symptoms across the lifespan, and documentation of substantial limitation in learning submitted to the university Office of Disability Services  **Diagnosed by:** Specialist (e.g., mental health) mental health clinician  **Timing:** Concurrent | **Diagnostic accuracy summary:** College students with ADHD reported significantly more ADHD symptoms and academic concerns than their peers without ADHD, but none of the 18 ADHD symptoms or six academic concerns were sensitive and specific to ADHD. Sensitivity (84%) and specificity (70%) of the self-report tool were calculated based on clinical diagnosis as the reference standard, indicating that self-reports were moderately effective at identifying individuals with ADHD but less accurate at ruling out false positives. Functional impairment (academic challenges) was also higher in the ADHD group, although similar complaints were noted among non-ADHD participants, indicating poor specificity for these academic concerns.  Sensitivity 84%  Specificity 70%  PPV 17.7  NPV 98.3  LR+ 2.8  LR- 0.23  Accuracy 71  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** Approximately 15 minutes. | **Subgroup analysis:** N/A |
| Liu, 2023106  N = 955  n ADHD = 432  Canada  Specialty care | **Target:** Adults attending a tertiary mental health center who consented to participate in a retrospective study and completed the EarlyDetect questionnaire; ADHD diagnosis was confirmed by certified psychiatrists based on DSM-5 criteria  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults attending a tertiary mental health center for various mental health concerns, including major depressive disorder, generalized anxiety disorder, bipolar disorder, and alcohol use disorder, and were assessed by certified psychiatrists using DSM-5 criteria to confirm the absence of ADHD  **Female:** 56.4%  **Age mean (SD):** 31.31 (10.66)  Min age: 17 Max age: 76  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** EarlyDetect Questionnaire, comprehensive digital tool incorporating multiple clinical screening instruments, including ASRS-v1.1 Part A (Adult ADHD Self-Report Scale) to assess ADHD symptoms based on DSM criteria and the Sheehan Disability Scale to evaluate functional impairments; assesses mental health history, ADHD-related symptoms, and functional impairments, which were then used as features for machine learning-based ADHD screening  Machine learning: Yes  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-5 criteria through face-to-face assessment by certified psychiatrists blinded to the results of the EarlyDetect screening questionnaire.  **Diagnosed by:** Specialist (e.g., mental health) Mental health clinician  **Timing:** Concurrent | **Diagnostic accuracy summary:** The ADHD classification model using composite scoring achieved a balanced accuracy of 0.788, a 2.1% increase over standalone ADHD screening.  The classification model, including ADHD with comorbidity, was also successful (balanced accuracy = 0.712).  Sensitivity 82%  Specificity 75.3%  PPV 73.3  NPV 83.7  LR+ 3.33  LR- 0.24  Accuracy 78.8  AUC 0.86  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Comorbidity (e.g. anxiety, depression)  The participants with ADHD and comorbid conditions (e.g., major depressive disorder, bipolar disorder, generalized anxiety disorder, alcohol use disorder) exhibited differences in classification accuracy. The model achieved a balanced accuracy of 0.712 in |
| Luty, 2009108  N = 107  n ADHD = 37  UK  Community | **Target:** Adults attending NHS community drug and alcohol services in South East England are able to provide informed consent and complete self-report questionnaires, excluding those unable to complete them due to illiteracy or acute agitation  **ADHD presentation:** N/A  **Comorbidity:** SUD : all teated for opiate dependence and alcohol use disorders  **Other:** Adults attending NHS community drug and alcohol services in South East England without a confirmed diagnosis of ADHD, including individuals with substance use disorders or other mental health conditions, recruited from the same community care settings as the ADHD group  **Female:** 37%  **Age mean (SD):** 37.8 (11.4)  Min age: 18 Max age: 58  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  No COI | **Test description:** CAARS-S:L (Connors Adult ADHDRating Scale Self-report Long version), the WHO Adult ADHD Self-report Screener, and the Wender Utah Adult ADHD Scale, which assess ADHD symptoms in adults, with validation against DSM-IV diagnostic interviews with both the patient and a collateral informant  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria through an interview with the patient and a collateral informant conducted by a trained psychiatrist.  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrist with qualifications such as Member of the Royal College of Psychiatrists  **Timing:** Concurrent | **Diagnostic accuracy summary:** CAARS-S:L had the highest diagnostic accuracy with a cutoff of 91 of 198, yielding 97% sensitivity and 83% specificity.  WHO-ASRS confirmed the optimal cutoff of 12 of 13, achieving 89% sensitivity and 83% specificity.  WURS, though designed for childhood ADHD assessment, demonstrated 88% sensitivity and 70% specificity for diagnosing adult ADHD.  Sensitivity 97% ASRS: 89; WURS: 88  Specificity 83% ASRS: 83; WURS: 70  PPV 78.49 ASRS: 76.99; WURS: 65.22  NPV 97.74 ASRS: 92.19; WURS: 90.12  LR+ 5.71 ASRS: 5.24; WURS: 2.93  LR- 0.036 ASRS: 0.13; WURS: 0.17  Accuracy 88.46 ASRS: 85.34; WURS: 77.02  AUC  **Concordance:** N/A  **Rater agreement:** Agreement between patient’s self-report and the collateral informant's report  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Marchant, 2015109  N = 242  n ADHD = 37  US  Setting varies | **Target:** Adults meeting DSM-IV or Utah Criteria for ADHD, with at least moderate impairment on the Clinical Global Impressions-Severity scale, excluding those with major depressive disorder, panic disorder, bipolar disorder, schizophrenia, psychosis, or recent psychiatric hospitalization  **ADHD presentation:** inattentive : 40  **Comorbidity:** N/A : Emotional Dysregulation Presentation, Inattentive Presentation  **Other:** Couples recruited from community settings without a personal or family history of ADHD, recent Axis I disorders, or psychiatric hospitalization, while anxiety or depression trials involved participants with no ADHD diagnosis as confirmed through retrospective chart review and self-report scales; in addition, participants in anxiety and depression trials with some mental health concerns, even if they do not have a specific diagnosis of ADHD; the normative sample was selected with criteria to exclude ADHD, psychiatric disorders, or recent hospitalization  **Female:** 29%  **Age mean (SD):** 33.7 (11.7)  Min age: 18 Max age: 63  **Age subgroup**: Adults  **Ethnicity:**  % White : 87  Multicenter  Industry | **Test description:** SR-WRAADDS (Self-Report Wender-Reimherr Adult ADHD Scale), a self-administered tool assessing 7 ADHD domains (attention difficulties, hyperactivity/restlessness, temper, affective lability, emotional over-reactivity, disorganization, impulsivity) based on the Utah Criteria for ADHD, cutoff score of ≥15  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical evaluation using the Wender-Reimherr Adult ADHD Scale and DSM-IV or Utah Criteria by trained mental health clinicians with moderate or greater impairment on the Clinical Global Impressions-Severity scale  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The Self-Report Wender-Reimherr Adult Attention Deficit Disorder Scale (SR-WRAADDS) distinguished adults with ADHD from normal controls with 97% sensitivity and 89% specificity. When used to screen for ADHD in individuals with depression or anxiety, the SR-WRAADDS had 87% sensitivity and 49% specificity. The SR-WRAADDS successfully differentiated ADHD inattentive presentation from ADHD emotional dysregulation presentation with 72% agreement compared to the clinician-rated WRAADDS.  Sensitivity 97% screening for ADHD depression or anxiety: 87  Specificity 89% screening for ADHD depression or anxiety: 49  PPV 91.8  NPV 95.9  LR+  LR-  Accuracy 60% of anxiety/depression trial participants for whom evidence of ADHD was lacking had SR-WRAADDS scores above this threshold.  AUC  **Concordance:** N/A  **Rater agreement:** Self reported SR-WRAADDS and investigator-rated WRAADDS  Kappa ICC r 0.51 (p 0.001)  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha 0.78  split-half reliability r 0.92  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| McCann, 2004111  N = 82  n ADHD = 38  US  Specialty care | **Target:** Adults presenting to a university-affiliated ADHD specialty clinic based on suspected ADHD, diagnosed with ADHD through a structured clinical interview incorporating DSM-IV criteria, corroborating documents, and family interviews  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults presenting to the same ADHD specialty clinic for evaluation but diagnosed with non-ADHD conditions through structured clinical interviews, including major depressive disorder, dysthymia, bipolar disorder, anxiety disorders, and other psychiatric conditions  **Female:** 44.7%  **Age mean (SD):** 37.5 (10.1)  Min age: 18 Max age: 59  **Age subgroup**: Adults  **Ethnicity:**  % White : 96.3  Single center  Funding unclear | **Test description:** ADSA (Attention-Deficit Scales for Adults), a 54-item scale with multiple subscales, focusing on Attention-Focus/Concentration and Behavior-Disorganized Activity, using a cutoff corresponding to a T-score of 70; admistered together with the ARS (Adult Rating Scale), 25-item scale based on DSM-III-R criteria measuring inattention, hyperactivity, and impulsivity, scored on a 4-point Likert scale (0 to 3), with a cutoff of 31  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a semistructured clinical interview incorporating DSM-IV criteria, corroborating documents such as school records and performance evaluations, and interviews with significant others  **Diagnosed by:** Specialist (e.g., mental health) Senior psychologist and board-certified psychiatrists  **Timing:** Concurrent | **Diagnostic accuracy summary:** ADSA, ARS, and Symptom Inventory for ADHD were sensitive to the presence of ADHD in adults (correctly identifying 78-92% of patients with ADHD). A high proportion of individuals with non-ADHD diagnosis screened positive (incorrectly identifying between 36 – 67% of non-ADHD patients.  Sensitivity 81% Individuals with ADHD scoring at or above the ARS cutoff was 91.9%  Specificity 46% 67.4% of individuals who do not have ADHD obtain an ARS score suggesting that they do  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  Cronbach's alpha in the ADSA subscales ranged from 0.70 to 0.82; ARS Cronbach's alpha was 0.89  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Comorbidity (e.g. anxiety, depression) |
| Mehringer, 2002112  N = 101  n ADHD = 51  US  Specialty care | **Target:** Adults aged approximately 18-50 years with a history of smoking or cocaine dependence, enriched for ADHD cases by recruiting from smoking and substance use populations, assessed for ADHD diagnosis based on DSM-IV criteria requiring evidence of symptoms in both childhood and adulthood, with no other psychiatric disorders explaining the symptomatology  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults without ADHD, including smokers and cocaine-dependent individuals recruited from specialized research settings, assessed for ADHD diagnosis but not meeting the DSM-IV criteria for childhood or adult ADHD.  **Female:** 26%  **Age mean (SD):** 33.7 (9.7)  Min age: 18 Max age: 50  **Age subgroup**: Adults  **Ethnicity:**  % White : 73  Single center  Public funding | **Test description:** AHA (Assessment of Hyperactivity and Attention), an 18-item self-report pencil-and-paperquestionnaire based on DSM-IV criteria, assessing both childhood and adult ADHD symptoms, with a cutoff score of 4 for adult symptoms and 6 for childhood symptoms  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a semi-structured clinical interview similar to the Structured Clinical Interview for DSM-IV (SCID), requiring at least 6 inattentive or hyperactive/impulsive symptoms in both childhood and adulthood, with no other psychiatric disorders explaining the symptoms  **Diagnosed by:** Specialist (e.g., mental health) psychologists & psychiatrists  **Timing:** Concurrent | **Diagnostic accuracy summary:** AHA results had sensitivity of 0.80, specificity of 0.60, PPV of 0.67, NPV of 0.75, kappa of 50 , AUC of 0.79 with odds ratio of 6.15.  Sensitivity 80%  Specificity 60%  PPV 67  NPV 75  LR+  LR-  Accuracy  AUC 0.79 0.70, 0.88  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Palmer, 2023122  N = 71  n ADHD = 40  UK  Community | **Target:** Autistic young adults recruited from a population-based cohort (SNAP) with parent-informed ADHD research diagnoses based on DSM criteria, including those with varying intellectual functioning. 40 total number of individuals with ADHD based on the parent-reported YAPA diagnostic interviews  **ADHD presentation:** inattentive : 30,hyperactive : 37.5,combined : 32.5  **Comorbidity:** Autism : Autism subgroup includes young autistic adults with varying intellectual functioning  **Other:** Autistic young adults identified through the same cohort and screened as non-ADHD cases  **Female:** 10.1%  **Age mean (SD):** 23.1 (0.77)  Min age: 21.33 Max age: 25.08  **Age subgroup**: Young  **Ethnicity:**  % White : 94.1  Single center  Public funding | **Test description:** CAARS-S (Conners Adult ADHD Rating Scales Self Report) ADHD Index assessed ADHD symptoms with a cutoff of ≥56; adminstered together with the SDQ (Strengths and Difficulties Questionnaire), cutoff of ≥9  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the parent-informed Young Adult Psychiatric Assessment using DSM criteria and conducted by a trained researcher or clinician to ascertain symptom frequency, duration, intensity, and impairment  **Diagnosed by:** Researcher  **Timing:** Concurrent | **Diagnostic accuracy summary:** Although the measures performed at or close to adequate levels (AUC was 0.66 to 0.79 for the parent report and 0.70 to 0.65 for the self-report), no single measure simultaneously met adequate thresholds for sensitivity and specificity in young adults with autism.  Sensitivity 57% (CI 23, 81) SDQ>9: 28%  Specificity 81% (CI 63, 92) SDQ>9: 100%  PPV  NPV  LR+  LR-  Accuracy  AUC 0.70 (CI 0.51, 0.90) SDQ AUC 0.65 (CI 0.44-0.87)  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Pettersson, 2018123  N = 108  n ADHD = 60  Sweden  Specialty care | **Target:** Adults referred for ADHD assessment, required availability of a collateral historian to provide information on childhood symptoms, excluded if treated with ADHD medications, had an IQ ≤ 70, or substance-related disorders  **ADHD presentation:** inattentive : 21.7,hyperactive : 7.1,combined : 76.7  **Comorbidity:** N/A  **Other:** Adults referred to the same specialty neuropsychological clinic for assessment, did not meet the diagnostic criteria for ADHD, included individuals with other psychiatric conditions for comparison  **Female:** 46.7%  **Age mean (SD):** 28.18 (9.09)  Min age: 18 Max age: 55  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** ASRS Screener (Adult ADHD Slef-Report Scale Screener)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Clinical consensus decision by a multidisciplinary assessment team using clinical interviews, neuropsychological test results, self-report measures, collateral historian input, and DSM criteria  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** All instruments showed poor discriminative ability except for the DIVA, which showed a relatively good ability to discriminate between the groups (sensitivity 90.0; specificity 72.9). A logistic regression analysis model with the DIVA and measures of inattention, impulsivity, and activity from continuous performance tests (CPTs) showed a sensitivity of 90.0 and a specificity of 83.3.  Sensitivity 92%  Specificity 27%  PPV 61  NPV 72  LR+  LR-  Accuracy 63  AUC 0.759  **Concordance:**  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:**  **Admin time:** | **Subgroup analysis:** N/A |
| Reimherr, 2021130  Gift, 202176  N = 485  n ADHD = 137  US  Specialty care | **Target:** Adults with a primary diagnosis of ADHD who met criteria for both adult and childhood ADHD, assessed through intake questionnaires and interviews, with patients experiencing comorbidity or incomplete data excluded  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults with primary diagnoses of major depressive disorder or generalized anxiety disorder, and a community control group consisting of neurotypical adults, all recruited from specialty care settings and reviewed through intake processes in clinical trials  **Female:** 43%  **Age mean (SD):** 32.5 (8.7)  Min age: 18 Max age: 59  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  No COI | **Test description:** WURS (Wender Utah Rating Scale), including the WURS-25 and WURS-45 versions, is used to assess symptoms of ADHD and differentiate it from other conditions, with factor scores calculated from item averages and evaluated for diagnostic accuracy using ROC curves and logistic regression  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on intake questionnaires, interviews with a clinic psychiatrist, and review by several clinicians in accordance with diagnostic criteria  **Diagnosed by:** Specialist (e.g., mental health) Clinic psychiatrist  **Timing:** Concurrent | **Diagnostic accuracy summary:** WURS-25 (Total Score) distinguished adults with ADHD from those with MDD/GAD with 62% sensitivity and 86% specificity.  WURS-25 (Factor Scores) improved diagnostic accuracy in distinguishing ADHD from MDD/GAD with 74% sensitivity and 88% specificity.  WURS-45 effectively differentiated ADHD from MDD/GAD with 80% sensitivity and 90% specificity, maintaining strong diagnostic separation with reduced redundancy.  WURS-61 (Full Version) had the highest accuracy in distinguishing ADHD from MDD/GAD, with 84% sensitivity and 94% specificity.  The WURS-25 produced good separation of ADHD subjects from normal controls with ROC (AUC 0.974) and logistic regression (Sensitivity 91%, Specificity 92%). Conversely, the full WURS better separated ADHD subjects from psychiatric controls with both ROC (AUC 0.995) and logistic regression (Sensitivity 84%, Specificity 94%). Use of the full WURS with its five factors proved more successful at distinguishing ADHD from MDD and GAD than did the WURS-25.76  Sensitivity 74% WURS-25 total: 62; WURS-45: 80; WURS-61: 84; For MDD/GAD vs ADHD (WURS-25): 62%; For Non-Clinical Control vs ADHD (WURS-25): 91%  Specificity 88% WURS-25 total: 86; WURS-45: 90; WURS-61: 94; For MDD/GAD vs ADHD (WURS-25): 86%; For Non-Clinical Control vs ADHD (WURS-25): 92%  PPV 79 WURS-25 total: 73; WURS-45: 83; WURS-61: 88; For MDD/GAD vs ADHD (WURS-25): 73%; For Non-Clinical Control vs ADHD (WURS-25): 93%  NPV 85 WURS-25 total: 79; WURS-45: 88; WURS-61: 91; For MDD/GAD vs ADHD (WURS-25): 79%; For Non-Clinical Control vs ADHD (WURS-25): 90%  LR+ For the MDD/GAD vs ADHD (WURS-25): 4.43; For the Non-Clinical Control vs ADHD (WURS-25): 11.38  LR- For the MDD/GAD vs ADHD (WURS-25): 0.44; For the Non-Clinical Control vs ADHD (WURS-25): 0.10  Accuracy For MDD/GAD vs ADHD (WURS-25): 77; For Non-Clinical Control vs ADHD (WURS-25): 91.5  AUC 0.924 WURS-25 total: 0.838; WURS-45: 0.942; For MDD/GAD vs ADHD (WURS-25): AUC = 0.838; For Non-Clinical Control vs ADHD (WURS-25): AUC 0.974  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Reyes, 2019131  N = 379  n ADHD = 29  US  Specialty care | **Target:** Adults diagnosed with alcohol dependence recruited from inpatient and outpatient addiction treatment facilities, excluding those with psychotic disorders, unstable psychiatric or medical conditions, and those not meeting DSM-IV-TR criteria for alcohol dependence or presenting with contraindications to study medication  **ADHD presentation:** N/A  **Comorbidity:** SUD : all alcohol dependence  **Other:** Adults with alcohol dependence who did not meet criteria for ADHD, recruited from addiction treatment settings, including both inpatient and outpatient care, with similar exclusion criteria to ensure comparability  **Female:** 34.6%  **Age mean (SD):** 41.9 (11.7)  Min age: 18 Max age: 80  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 2.4  % Black/African American : 1.6  % American Indian or Alaska Native : 0.3  % Asian : 0.5  % White : 95.2  Single center  Public funding | **Test description:** ASRS-v1.1 (Adult ADHD Self-Report Scale, Version 1.1), a six-item self-administeredscreening tool with a cutoff score of ≥4 to identify symptoms consistent with ADHD diagnosis, focusing on symptoms experienced within the past six months  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Psychiatric Research Interview for Substance and Mental Disorders (PRISM), a semi-structured interview designed to differentiate primary psychiatric disorders from substance-induced effects using DSM criteria.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The positive predictive value (PPV) of the ASRS-v1.1 was 18.1% (95% CI = [12.4, 25.7]), and the negative predictive value (NPV) was 97.6% (95% CI = [94.9, 98.9]). The ASRS-v1.1 demonstrated a sensitivity of 79.3% (95% CI = [61.6, 90.2]) and a specificity of 70.3% (95% CI = [65.3, 74.8]).  Sensitivity 79% 61.6, 90.2  Specificity 70.3% 65.3, 74.8  PPV 18.1 12.4, 25.7  NPV 97.6 94.9, 98.9  LR+  LR-  Accuracy  AUC 0.75 0.67, 0.83  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Robeva, 2004132  N = 12  n ADHD = 6  US  College | **Target:** Female college students with a current ADHD diagnosis, taking ADHD medication for at least three years, not on anxiety or depression medication, without significant health conditions affecting EEG recordings, diagnosed in childhood according to Utah standards  **ADHD presentation:** combined : 100  **Comorbidity:** N/A  **Other:** Female college students with no history of ADHD or disruptive behavioral disorders, never prescribed or taken stimulant medication, not on anxiety or depression medication, without significant medical conditions affecting EEG data collection, screened to confirm the absence of ADHD symptoms  **Female:** 100%  **Age mean (SD):** 20.7 (1.5)  Min age: 18 Max age: 22  **Age subgroup**: Young  **Ethnicity:** N/A  Single center  Other funding | **Test description:** WURS (Wender Utah Rating Scale), a 61-item retrospective questionnaire witha cutoff score of 30 on the short form with higher cutoff values  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a prior clinical diagnosis made during childhood following Utah criteria, confirmed through self-report screening using the Brown Attention-Deficit Disorder Scale and the ADHD Symptom Inventory, with additional verification that participants were currently prescribed and taking stimulant medication for ADHD management  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The procedure significantly improved the score separation between ADHD and non-ADHD groups. The final average probabilities for ADHD were 76% for the ADHD group and 8% for the control group. These probabilities correlated (r 0.87) with the Brown ADD scale and (r 0.84) with the ADHD-Symptom Inventory used for screening the participants.  Sensitivity %  Specificity %  PPV  NPV  LR+  LR-  Accuracy classification less than 85%; <0.5 probabilities with ADHD 0.42, control 0.54 (p 0.02)  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Roy-Byrne, 1997135  N = 143  n ADHD = 46  US  Specialty care | **Target:** Adults presented for ADHD evaluation at a university-based specialty clinic, self-reported inattentiveness, disorganization, distractibility, or procrastination, hyperactivity-impulsivity complaints were variable, must have been able to pay a $385 fee and wait 1-2 months for an appointment. 46 out of 143 (32%) with ADHD  **ADHD presentation:** N/A  **Comorbidity:** Other : Major mood disorder  **Other:** Adults seeking ADHD evaluation at the same specialty clinic who either did not meet ADHD criteria or had ambiguous ADHD features due to a lack of childhood history or confounding psychiatric/substance abuse comorbidity  **Female:** 31.5%  **Age mean (SD):** 33.1 (9.7)  Min age: 18 Max age: 64  **Age subgroup**: Adults  **Ethnicity:**  % White : 95  Single center  Funding unclear | **Test description:** WURS (Wender Utah Rating Scale) evaluating childhood symptoms; a cutoff score of 46  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria using a structured psychiatric interview  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** WURS distinguished ADHD from non-ADHD participants but had high false positives in psychiatric patients (40-60% of patients without ADHD also had high scores on the WURS). CPT showed group differences, but no diagnostic accuracy data were reported. WRAT-R identified lower reading scores in ADHD patients, suggesting learning disability associations but was not used for ADHD diagnosis.  Sensitivity 72%  Specificity % 61% specificity in clear non-ADHD sample and 39% in unclear sample  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** Comprehensive exam that included self report: $385 in 1997  **Admin time:** N/A | **Subgroup analysis:** Comorbidity (e.g. anxiety, depression)  More ADHD patients had learning disabilities (37%) than Possible ADHD (15.7%) and Non-ADHD (13%). Lifetime major mood disorder was highly prevalent across all groups (>50%), but current substance use disorder was significantly more common in the Possible |
| Singh, 2015141  N = 113  n ADHD = 43  UK  Specialty care | **Target:** Adults recruited from an inpatient psychiatric assessment facility, excluding those unable to give written informed consent due to acute mental illness, incapacity, or poor language skills, or those detained under the Mental Health Act. 17 with the inattentive type, 10 with the hyperactive-impulse type, 16 with the combined type  **ADHD presentation:** inattentive : 14.2,hyperactive : 8.4,combined : 36.1  **Comorbidity:** N/A  **Other:** Adults from an inpatient psychiatric assessment facility, primarily with diagnoses of depression, anxiety disorders, personality disorders, or other psychiatric conditions, excluding those with acute mental illness, incapacity, or poor language skills  **Female:** 42%  **Age mean (SD):** 34 (11.4)  Min age: 18 Max age: 60  **Age subgroup**: Adults  **Ethnicity:**  % White : 91  Single center  No COI | **Test description:** IPDE-SQ (International Personality Disorder Examination screening questionnaire), 59-item designed to assess personality traits across multiple domains (interpersonal relations, impulsivity, and mood regulation, 11-item subscale was derived from the IPDE-SQ to identify adult ADHD, cutoff score of 5 on the 11-item subscale  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the DSM-IV clinical interview conducted by a mental health clinician, assessing all 18 core criteria for ADHD subtypes and their associated impairment across multiple life domains  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrist  **Timing:** Concurrent | **Diagnostic accuracy summary:** An 11-item subscale from the IPDE-SQ shows potential as a screening instrument for ADHD in an adult psychiatric population.  Sensitivity 84%  Specificity 82%  PPV  NPV  LR+  LR-  Accuracy  AUC 0.873 0.805–0.942  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** ADHD presentation,Comorbidity (e.g. anxiety, depression),Any additional description/clarification of subgroup reported on this form : The study analyzed ADHD presentation (inattentive, hyperactive-impulsive, and combined) and comorbid conditions such as p  Diagnostic accuracy did not significantly vary across ADHD presentations/subtypes (inattentive, hyperactive-impulsive, and combined). However, the study noted that combined type ADHD was the most frequently identified subtype, which could influence overal  The study noted a high prevalence of comorbid conditions, including depression (51%), anxiety disorders (28%), and personality disorders (23%), among participants and the authors did highlight the potential for symptom overlap between ADHD and personality |
| Skirrow, 2013142  N = 88  n ADHD = 41  UK  Specialty care | **Target:** Male adults meeting DSM-IV criteria for ADHD, recruited from a National Adult ADHD Clinic with no current or past Axis I or II comorbid psychiatric disorders (except for recurrent or current major depressive disorder), no history of substance abuse or frequent substance use, no neurological conditions, no IQ below 70, and no recent exposure to psychoactive medication (minimum washout period of 1 month for stimulants and 6 months for other psychoactive medication)  **ADHD presentation:** inattentive : 19.5,combined : 80.5  **Comorbidity:** N/A  **Other:** Male adults recruited from hospital volunteer databases, local community advertisements, and university settings, screened to ensure they did not meet ADHD criteria using the Barkley Adult ADHD Rating Scale, with no current or past psychiatric conditions, neurological conditions, substance abuse history, or frequent substance use  **Female:** 0%  **Age mean (SD):** 28.5 (9.5)  Min age: 18 Max age: 65  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** ALS-SF (Affective Lability Scale-Short Form) to measure emotional lability, which is often associated with ADHD  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a structured clinical interview using DSM-IV criteria conducted by a consultant adult psychiatrist specializing in ADHD, incorporating the CAADID (Conners Adult ADHD Diagnostic Interview for DSM-IV), confirming symptom onset and chronicity before age 7 and meeting criteria for at least six symptoms of hyperactivity-impulsivity and/or inattention in adulthood  **Diagnosed by:** Specialist (e.g., mental health) Consultant adult psychiatrist specializing  **Timing:** Concurrent | **Diagnostic accuracy summary:** For ALS-SF (AUC 91), a mean score of 1.86 corresponded to a sensitivity of 85 and a specificity of 81. Similar results were found for CNS-LS (AUC 93), with a mean score of 1.06, corresponding to a sensitivity of 88 and a specificity of 83.  Sensitivity 85% CNS-LS 88  Specificity 85% CNS-LS 83  PPV  NPV  LR+  LR-  Accuracy  AUC 91 88-98 CNS-LS AUC 93, CI 85-97  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Solanto, 2004145  N = 93  n ADHD = 70  US  Specialty care | **Target:** Adults diagnosed with ADHD by clinical evaluation based on DSM-IV criteria, excluding individuals with neurological disorders, intellectual disabilities, or severe substance use disorders, and requiring stable medication use or no psychotropic medications during the assessment timeframe. 44 had the combined subtype (ADHD-CB) and 26 had predominantly inattentive subtype (ADHD-IA).  **ADHD presentation:** inattentive : 25.24,combined : 47.42  **Comorbidity:** N/A  **Other:** Adults recruited from the same specialty care setting, with diagnoses of other psychiatric conditions such as anxiety, depression, or adjustment disorders, but who did not meet the diagnostic criteria for ADHD  **Female:** % male: ADHD combined (24); ADHD Inattentive (18); Other Psychiatric (16)  **Age mean (SD):**  ADHD combined 34.34 (8.78); ADHD Inattentive 36.08(11.60); Other psychiatric 44.39(10.35)  Min age: 25 Max age: 60  **Age subgroup**: Adults  **Ethnicity:**  Other : ADHD combined (2.2); ADHD Inattentive (0); other psychiatric (0)  Other : ADHD combined (2.2); ADHD Inattentive (0); other psychiatric (4.3)  Other : ADHD combined (11.1); ADHD Inattentive (3.8); other psychiatric (4.3)  Other : ADHD combined (84.1); ADHD Inattentive (96.2); other psychiatric (91.3)  Single center  Funding unclear | **Test description:** BADDS (Brown Attention-Deficit Disorder Scale), assesses executive and adaptive functioning across five clusters (Activation, Attention, Effort, Affect, and Memory), cutoff 50; adminstered together with CAARS (Conners Adult ADHD Rating Scale) , cutoff ≥65 for inattention, hyperactivity-impulsivity, and total ADHD scores  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria through a comprehensive clinical interview conducted by experienced psychologists, supplemented with developmental history, school records, standardized test reports  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** For the Brown scales, sensitivity to a diagnosis of ADHD was 92% and specificity in identifying adults in the Other Psychiatric group was 33%, yielding an overall correct classification rate of 74%. For the CPT scores, sensitivity to a diagnosis of ADHD-Inattentive type was 47% and specificity was 86%, yielding an overall correct classification rate of 70%. The results indicate a need for closer examination of executive and adaptive functioning in adults with ADHD compared with those with internalizing disorders to identify features that could assist in differential diagnosis.  Sensitivity 92%  Specificity 33%  PPV 76  NPV 67  LR+  LR-  Accuracy 74  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha 0.93  Cluster-specific coefficient alphas ranged from 0.79 to 0.92 for the Brown ADD Scale  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** ADHD diagnosis (effect of different reference status or comparator),Age  Sensitivity and specificity for self-report measures were high when comparing ADHD-diagnosed participants to the general population but were less effective when distinguishing ADHD from other psychiatric conditions, with overlapping scores noted for anxiety and depression.  Age was inversely correlated with scores on the Brown ADD Scale for attention and effort, suggesting that older participants exhibited fewer ADHD-related symptoms, potentially reflecting developmental improvements in executive functioning. |
| Suhr, 2008148  N = 85  n ADHD = 15  US  Primary care | **Target:** Adults who showed evidence of childhood ADHD symptoms from at least two sources (self-report, parent report, school records, prior medical/psychological records), exhibited clinically significant current ADHD symptoms confirmed by self-report and either collateral report or behavioral observation, and passed the Word Memory Test (WMT) assessing credible performance  **ADHD presentation:** inattentive : 47,combined : 53  **Comorbidity:** N/A  **Other:** Adults with psychological diagnoses other than ADHD who reported no evidence of childhood ADHD-related impairment, had psychological conditions (commonly major depressive disorder), and were evaluated in a university-based psychology specialty clinic.  **Female:** 40%  **Age mean (SD):** 25.4(9.8)  Min age: 18 Max age: 56  **Age subgroup**: Adults  **Ethnicity:**  % Black/African American : 5  % White : 94  % Multiracial : 1  Single center  Funding unclear | **Test description:** WURS (Wender Utah Rating Scale) using a cutoff score of 46 and CAARS (Conners' Adult ADHD Rating Scale) particularly subscale F for hyperactive/impulsive symptoms were used to assess ADHD symptoms through self-report in a specialty clinic setting​  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  DSM-IV  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Self-report measures (WURS and CAARS) could not reliably distinguish ADHD from psychological controls, with substantial overlap in symptom endorsement between groups.  Neuropsychological tests did not reliably distinguish ADHD from psychological controls, except for the Stroop Interference score where ADHD participants performed worse.  Feigning ADHD was effectively identified by the Word Memory Test (WMT), with a 31% failure rate among referrals, and WMT failure associated with worse neuropsychological performance and higher symptom self-report across groups.  Sensitivity %  Specificity %  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** WMT failure was associated with increased symptom reporting and worse neuropsychological performance, suggesting noncredible performance may distort both self-report and objective cognitive testing results.  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Ustun, 2017152  N = 637  n ADHD = 268  US  Setting varies | **Target:** Adults with ADHD (DSM-5); Sample 1: Household sample from the National Comorbidity Survey Replication, a national face-to-face survey; Sample 2: Managed care sample based on a telephone survey of subscribers to a large managed health care plan; Sample 3: Clinical sample included patients who were either obtaining a free evaluation through the Adult ADHD Program at NYU Langone based on mass media recruitment and referrals. 44 from NCS-R, 51 from managed care, 173 NYU clinic.  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults with no current ADHD symptoms; Sample 1: Household sample from the National Comorbidity Survey Replication (NCS-R), a national face-to-face survey; Sample 2: Managed care sample based on a telephone survey of subscribers to a large managed health care plan; Sample 3: Recruited from primary care waiting rooms near the NYU Langone campus  **Female:** % N/A  **Age mean (SD):**  ADHD group: 33.1 (11.4) years  Min age: 18 Max age: 44  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  Other funding | **Test description:** ASRS (Adult ADHD Self-Report Scale) screening scale developed to generate 1 fully structured question for each DSM-IV Criterion A1-A2 symptom of inattention and hyperactivity-impulsivity plus 11 non–DSM-IV symptoms of deficits in higher-level executive function believed to be relevant to adult ADHD similar to the Utah Criteria for adult ADHD, each question asked how often the symptom occurred over the past 6 months with responses of never, rarely, sometimes, often, and very often  Machine learning: Yes  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  Clinical diagnoses of DSM-5 adult ADHD were made based on semistructured interviews using version 1.2 of the adult ADHD Clinical Diagnostic Scale.  **Diagnosed by:** Researcher The ACDS was administered in the NCS-R by 4 experi- enced PhD-level clinical interviewers who received 40 hours of training from 2 board certified psychiatrists specializing in adult ADHD research (L.A.A. and T.J.S.). Each interviewer had to complete 5 pr  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The new ADHD screening scale is short, easily scored, detects the vast majority of general population cases at a threshold that also has high specificity and PPV.  Sensitivity 91% Pooled National Comorbidity Survey Replication and managed care development samples: 91.4%; NYU Langone validation sample: 91.9%  Specificity 96% Pooled National Comorbidity Survey Replication and managed care development samples: 96.0%; NYU Langone validation sample: 74.0%  PPV 67.3 Pooled National Comorbidity Survey Replication and managed care development samples: 67.3; NYU Langone validation sample: 82.8%  NPV  LR+  LR-  Accuracy  AUC Pooled National Comorbidity Survey Replication and managed care development samples: 0.94; NYU Langone validation sample: 0.83  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| van de Glind, 2013153  N = 1138  n ADHD = 148  Multiple countries  Specialty care | **Target:** Adults with ADHD recruited from an international ADHD in SUD prevalence study, seeking treatment for SUD during the study period, excluding those with inadequate language skills, severe physical or psychiatric issues, or who declined informed consent  **ADHD presentation:** N/A  **Comorbidity:** SUD : all treatment seeking  **Other:** Adults without ADHD recruited from an international ADHD in SUD prevalence study, seeking treatment for SUD during the study period, excluding those with inadequate language skills, severe physical or psychiatric issues, or who declined informed consent  **Female:** 26%  **Age mean (SD):** 35.7 (10.2)​  Min age: 18 Max age: 65  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  Industry | **Test description:** ASRS (Adult ADHD Self-Report-Scale), a 6 item validated self-report screening tool designed for optimal alignment with clinical classifications, with scores ranging from 0 to 24 based on the sum of the first six item, cut off score 14 or more  Machine learning: No  Validation dataset: N/A  **Reference standard:** Other  Diagnosis of ADHD based on CAADID (Conners’ ADHD Adult Diagnostic Interview for DSM-IV)  **Diagnosed by:** Unclear/NR Principal investigator of study trained site co-ordinators and local addiction treatment professionals to use CAADID as reference standard in this study  **Timing:** Later diagnosis | **Diagnostic accuracy summary:** Sensitivity was 84% and specificity 66%.  Sensitivity 84% CI 76, 88)(  Specificity 66% (CI 63, 69)  PPV 26 (CI 22, 30)  NPV 97 (CI 96, 98)  LR+ 2.44  LR- 0.19  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** Agreement between the Adult ADHD Self-Report Scale (ASRS) at baseline (t1)and after 1–2 weeks (t2) in the same individuals  55% scored negative on the ASRS both at t1 and t2 and 29% scored positive at both time points; 8% scored positive at t1 but negative at t2 and 8% scored negative at t1 and positive at t2; findings indicate a stable result in 84% and a change of results in  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Comorbidity (e.g. anxiety, depression)  Specificity was significantly higher in patients with alcohol use disorders at 0.76 compared to 0.56 in patients with drug use disorders, while sensitivity remained similar across both groups (0.80 and 0.85). |
| Van Voorhees, 2011154  N = 269  n ADHD = 184  US  Specialty care | **Target:** Adults seeking evaluation for attention difficulties at an ADHD clinic diagnosed with DSM-IV  **ADHD presentation:** inattentive : 8.9,combined : 33.1  **Comorbidity:** N/A  **Other:** Adults seeking evaluation for attention difficulties at an ADHD clinic not diagnosed with ADHD  **Female:** 38.5%  **Age mean (SD):**  mean 32, median: 28  Min age: 18 Max age: 70  **Age subgroup**: Adults  **Ethnicity:** Other : Race data were only available for 77.8% of the sample  % Hispanic or Latino : 1.8  % Asian : 2.9  % White : 86.4  % Multiracial : 3.7  Single center  Public funding | **Test description:** CAARS:S (Conners’ Adult ADHD Rating Scales, Self Rating, Long Version), 66-items rated on a 4-point scale (0 to 3)  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on CAARS, CAADID, and structured clinical interview for DSM-IV (SCID by a doctoral-level clinician  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Later diagnosis | **Diagnostic accuracy summary:** Self- and observer-ratings on the CAARS provide clinically relevant data about attention problems in adults, but the instrument does not effectively distinguish between ADHD and other adult psychiatric disorders. Combining self- and observer-ratings decreased the scales' sensitivity.  Sensitivity 65%  Specificity 61%  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** Self-reports (CAARS-S) and observer reports (CAARS-O including ratings from friends, parents, and spouses)  Kappa ICC Ranged from r 0.24 (“distractible”) through r 0.46 (“on the go/driven by a motor”)  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Vizgaitis, 2023155  N = 122  n ADHD = 27  US  Other setting | **Target:** Archival data from adults (>18years) seeking ADHD assessment, including those who consented to research participation, and completed a comprehensive ADHD assessment battery including the CAARS-S:L  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Not ADHD, similar to ADHD group  **Female:** 44.4%  **Age mean (SD):** 23 (7.81)  Min age: 18 Max age: 67  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 3.3  % Black/African American : 1.6  % Asian : 11.5  % White : 75.4  % Multiracial : 8.2  Multicenter  No COI | **Test description:** CAARS-S:L (Conners’ Adult ADHD Rating Scale—Self-Report: Long Version), a 66-itemself-report tool rated on a 4-point scale, assessing ADHD symptoms across four primary and four composite subscales  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnoses made utilizing multiple self-report scales and interview assessments and confirmed by doctorate-level psychology trainees and a licensed psychologist  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Later diagnosis | **Diagnostic accuracy summary:** The CAARS-S:L may be useful for screening purposes in some cases but should not be the main method used for diagnostic purposes.  Sensitivity 56%  Specificity 62.1%  PPV 29.4  NPV 83.1  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Sex  Stratified by gender, the outcome measures for the ADHD index were for males: sensitivity 53.3%, specificity 72.7%, PPV 40%, NPV 82.1%; and for females: sensitivity 58.2%, specificity 52%, PPV 22.6%, NPV 83.9%. |
| Williamson, 2014159  N = 76  n ADHD = 44  US  College | **Target:** Adults with a history of ADHD diagnosis confirmed by a mental health practitioner based on more than self-reported symptoms, to have received their diagnosis before age 18, and to have abstained from stimulant medication for 12 hours prior to the study. 22 with ADHD only (ADHD-O). 22 with ADHD and comorbid psychological disorder  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Neurotypical individuals without a history of diagnosed or suspected ADHD, learning disorders, neurological disorders, or psychological disorders, recruited from an introductory psychology participant pool or a university disability resource center, with a subset instructed to feign ADHD  **Female:** 36.36%  **Age mean (SD):** 19.05 (1.29)  Min age: 18 Max age: 23  **Age subgroup**: Young  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** WAIS-IV PSI (Wechsler Adult Intelligence Scale-IV Processing Speed) lower than 97, administered together with the Woodcock-Johnson III Test of Achievement, and the CTIP (Computerized Test of Information Processing) assessed cognitive abilities such as processing speed, reading fluency, and attention control under controlled conditions  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on evaluation by a mental health practitioner using clinical interviews, self-report symptom scales, and cognitive or neuropsychological testing, with diagnosis required to be established before age 18  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Sensitivity of the WAIS-IV PSI was 65% for feigning ADHD, specificity for detecting ADHD decreased from 73% to 59% in a subgroup of participants with comorbidity. Performance validity tests such as the Test of Memory Malingering (TOMM), the Letter Memory Test (LMT), and the Nonverbal Medical Symptom Validity Test (NV-MSVT) were effective in differentiating both ADHD groups from normal participants feigning ADHD.  Sensitivity 72%  Specificity 72% in comorbid participants 59%  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Young, 2016164  N = 392  n ADHD = 96  UK  Other setting | **Target:** All-male sample recruited from a UK prison through flyers and letters, interviewed through DIVA-2 (structured interview for ADHD)  **ADHD presentation:** inattentive : 14.4,hyperactive : 13.1,combined : 18  **Comorbidity:** N/A  **Other:** All-male sample without ADHD, recruited from a UK prison through flyers and letters  **Female:** 0%  **Age mean (SD):** 30.3 (N/A)  Min age: 28 Max age: 50  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** BAARS-IV ( Barkley Adult ADHD Rating Scale) is a self-rating scale and assesses18 current and childhood ADHD symptoms, onset age, and impairment domains cutoff value > or = to 3  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on Diagnostic Interview for ADHD in Adults (DIVA-2) interview by mental health professional  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The brief screening tool for ADHD demonstrated improved diagnostic accuracy among UK prison inmates, with a sensitivity of 0.82, specificity of 0.84, and overall accuracy of 0.84. This tool outperformed the original BAARS-IV scale, offering a more efficient and reliable method for identifying ADHD in correctional settings.  Sensitivity 84% Based on BAARS-IV brief screening tool  Specificity 82.2% Based on BAARS-IV brief screening tool  PPV  NPV  LR+  LR-  Accuracy 83.6 Based on BAARS-IV brief screening tool  AUC 0.89  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Young, 2023163  N = 897  n ADHD = 30  US  Specialty care | **Target:** Adults seeking outpatient psychiatric care with suspected ADHD, aged 18-71, screened for ADHD using the ASSET-BS, Brown EF/A, and CAARS scales, inclusion required elevated T-scores across these measures and no validity flags on CAARS assessments  **ADHD presentation:** combined : 74.26  **Comorbidity:** N/A  **Other:** Adults seeking outpatient psychiatric care for a wide range of DSM-5 psychiatric conditions, including generalized anxiety disorder, major depressive disorder, social phobia, and bipolar disorders, assessed in a specialty care setting  **Female:** % Study 1: 83.9; Study 2: 52; Study 3: 64  **Age mean (SD):**  Study 1: 32.02 (12.22); Study 2: 39.13 (12.54); Study 3: 30.26 (11.38)  Min age: 18 Max age: 71  **Age subgroup**: Adults  **Ethnicity:** Other : Study 3: 1.5  Other : study 2: 15  Other : Study 1: 5.8; Study 2: 9.5; Study 3: 3  Other : Study 2: 1.2  Other : Study 1: 4.5; Study 2: 3.9; Study 3: 3.7  Other info : Study 2: 0.3  Other : Study 1: 83.9; Study 2: 65.8; Study 3; 91  Other : Study 2: 2.9  Single center  Funding unclear | **Test description:** ASSET-BS (ADHD Symptom and Side Effect Tracking - Baseline Scale), a 10-itemself-report screening tool designed to measure the impact of ADHD symptoms on daily functioning using a 6-point Likert scale  Machine learning: No  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on elevated T-scores across the Brown Executive Function/Attention Scales, Conners’ Adult ADHD Rating Scales, and clinician referral for ADHD evaluation, with no validity flags triggered on the CAARS assessments  **Diagnosed by:** Specialist (e.g., mental health) Clinicians  **Timing:** Concurrent | **Diagnostic accuracy summary:** The scale demonstrated effectiveness in screening for ADHD in a psychiatric outpatient population.  Sensitivity 80% ASSET BS Factor at 4.04: 96.7  Specificity 80.2% ASSET BS Factor at 4.04: 65.9  PPV 57.14 ASSET BS Factor at 4.04: 47.54  NPV 92.6 ASSET BS Factor at 4.04: 98.39  LR+  LR- 0.13 - 0.49  Accuracy  AUC 0.895 0.835 - 0.954  **Concordance:** N/A  **Rater agreement:** self-reported ASSET-BS scores with CAARS Observer-Report scores  Kappa ICC r 0.55  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha 0.899  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Sex  Sensitivity and specificity of the ASSET-BS did not significantly vary between sexes. |

Table C.3. Evidence table peer report as index test

| **Study ID** | **Population** | **Peer Report Index Test** | **Results** | **Subgroup** |
| --- | --- | --- | --- | --- |
| Dvorsky, 201665  N = 86  n ADHD = 59  US  College | **Target:** Undergraduate students at a large public university who self-identified as having attention or concentration difficulties or a prior ADHD diagnosis, required consent for parental interviews, completed a comprehensive ADHD evaluation including structured diagnostic interviews, and met DSM-5 ADHD criteria based on both student and parent ratings  **ADHD presentation:** inattentive : 55.9,combined : 44.1  **Comorbidity:** N/A  **Other:** Undergraduate students at the same university who self-identified with attention or concentration difficulties but did not meet DSM-5 criteria for ADHD based on structured diagnostic interviews and parent ratings  **Female:** 42.4%  **Age mean (SD):** 19.71 (2.72)  Min age: 18 Max age: 27  **Age subgroup**: Adults  **Ethnicity:** Other : ADHD: 0, non-ADHD: 3.7  % Hispanic or Latino : 8.5,Other : 11.1  % Black/African American : 6.8,Other : non-ADHD: 18.5  % White : 76.3,Other : non-ADHD: 55.6  % Multiracial : 8.5,Other : 11.1  Single center  Funding unclear | **Test description:** BAARS-IV (Barkley Adult ADHD Rating Scale-IV) parent report  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Conners’ Adult ADHD Diagnostic Interview for DSM-IV, which included structured diagnostic interviews separately administered to students and their parents by trained graduate-level clinicians under supervision, requiring endorsement of at least five current symptoms in two or more settings and six childhood symptoms before high school  **Diagnosed by:** Specialist (e.g., mental health) Psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** Parent ratings of childhood inattention had the highest predictive validity (AUC 0.79), outperforming self-report (AUC 0.56).  Self-reports had high sensitivity (89%) but low specificity (30%), leading to a high false-positive rate.  The prediction model with both parent and student ratings of current symptoms and parent ratings of childhood symptoms accurately classified 88.9% of individuals who had a diagnosis of ADHD and 63.3% of individuals who did not have a diagnosis.  Sensitivity 60%  Specificity 77%  PPV 80  NPV 50  LR+  LR-  Accuracy 63  AUC Total scores parent ratings of current symptoms = inattention: 0.68 (0.56, 0.81), hyperactivity: 0.50 (0.31, 0.61), impulsivity: 0.51 (0.37, 0.65); parent ratings of childhood symptoms = inattention: 0.78 (0.66, 0.89), hyperactivity/impulsivity: 0.54 (0.41, 0.67)  **Concordance:** N/A  **Rater agreement:** Parent ratings were compared against student self-reports for both current and childhood ADHD symptoms using Pearson correlations, intraclass correlations (ICCs), and mean differences.  Kappa ICC Current inattention ICC 0.43, current hyperactivity ICC 0.31, current impulsivity ICC 0.32, retrospective children inattention ICC 0.42, retrospective childhood hyperactivity/impulsivity ICC 0.37  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Unintended consequences:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Kingston, 201398  N = 120  n ADHD = 59  Canada  Specialty care | **Target:** Men assessed at an outpatient forensic psychiatric clinic; individuals are typically referred to this program when they are engaging in aggression or other difficulties associated with anger dysregulation (e.g., relationship breakdown)  **ADHD presentation:** N/A  **Comorbidity:** Other : Aggression dysregulation  **Other:** Men who were assessed at an outpatient forensic psychiatric clinic; individuals are typically referred to this program when they are engaging in aggression or other difficulties associated with anger dysregulation (e.g., relationship breakdown)  **Female:** 0%  **Age mean (SD):** 32.6 (10.3)  Min age: 18 Max age: 64  **Age subgroup**: Adults  **Ethnicity:** Other : Aboriginal: 6.5%  % Hispanic or Latino : 2.8  % Black/African American : 2.8  % White : 78.5  Single center  Industry | **Test description:** CAARS-O ADHD Index (Observer), observer report, a 66-item measure that contains 9 empirically-derived scales related to adult ADHD symptoms  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  ADHD diagnosis was determined based on DSM-IV-TR criteria following a comprehensive clinical interview and review of relevant available collateral information; interviews were conducted independently by two psychiatrists who were certified in forensic psychiatric practice; final group classification was based on consensus diagnoses and the inter-rater agreement was approximately 90%  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The integrated variables of multiple self reports and an observer report demonstrated particularly good classification accuracy, with high sensitivity (91%) and good specificity (82%).  Sensitivity 76% (CI 0.61, 0.86)  Specificity 75% (CI 0.57, 0.87)  PPV 80 (CI 0.66, 0.90)  NPV 69 (CI 0.52, 0.82)  LR+  LR-  Accuracy  AUC  **Concordance:**  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Unintended consequences:** N/A  **Cost:**  **Admin time:** | **Subgroup analysis:** N/A |
| Palmer, 2023122  N = 71  n ADHD = 40  UK  Community | **Target:** Autistic young adults recruited from a population-based cohort (SNAP) with parent-informed ADHD research diagnoses based on DSM criteria, including those with varying intellectual functioning. 40 total number of individuals with ADHD based on the parent-reported YAPA diagnostic interviews  **ADHD presentation:** inattentive : 30,hyperactive : 37.5,combined : 32.5  **Comorbidity:** Autism : Autism subgroup includes young autistic adults with varying intellectual functioning  **Other:** Autistic young adults identified through the same cohort and screened as non-ADHD cases  **Female:** 10.1%  **Age mean (SD):** 23.1 (0.77)  Min age: 21.33 Max age: 25.08  **Age subgroup**: Young  **Ethnicity:**  % White : 94.1  Single center  Public funding | **Test description:** CAARS-P (Conners Adult ADHD Rating Scales Peer Report) parent report, ADHD Index cutoff >56; administered together with ABC (Aberrant Behavior Checklist) Hyperactivity/Non-compliance subscale (a cutoff of ≥3), parent-report to measure hyperactive and non-compliant behaviors in individuals with developmental disabilities  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the parent-informed Young Adult Psychiatric Assessment using DSM criteria and conducted by a trained researcher or clinician to ascertain symptom frequency, duration, intensity, and impairment  **Diagnosed by:** Researcher  **Timing:** Concurrent | **Diagnostic accuracy summary:** Although the measures performed at or close to adequate levels (AUC was 0.66 to 0.79 for the parent report and 0.70 to 0.65 for the self-report), no single measure simultaneously met adequate thresholds for sensitivity and specificity in young adults with autism.  Sensitivity 94% (CI 85, 100) ABC scale: 91%  Specificity 57% (CI 34, 80) ABC scale: 42%  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Unintended consequences:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |

Table C.4. Evidence table neuropsychological tests as index test

| **Study ID** | **Population** | **Neuropsychological Tests as Index Test** | **Results** | **Subgroup** |
| --- | --- | --- | --- | --- |
| Adamou, 202245  N = 69  n ADHD = 38  UK  Specialty care | **Target:** Adults over the age of 18 years with good comprehension of the English language, and IQ within normal range (>70), diagnosed with ADHD. 20 without comorbidity, 18 with comorbidity  **ADHD presentation:** inattentive\_other : ADHD group, N=45, M(SD) scores for DIVA - symptoms of attention-deficit: 8.6 (0.6),hyperactive\_other : ADHD group, N=45, M(SD) scores for DIVA - symptoms of hyperactivity-impulsivity: 7.6 (1.8)  **Comorbidity:** N/A  **Other:** Adults over the age of 18 years with a good comprehension of the English language, and IQ within normal range (>70), not diagnosed with ADHD after full assessment in the study  **Female:** 34.8%  **Age mean (SD):** 33 (9.9)  Min age: 23 Max age: 42  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Other funding | **Test description:** QbTest, a continuous performance test measuring inattention, impulsivity, and hyperactivity combined with activity levels which are measured by an infrared motion tracking camera; consists of unconditional identical pair paradigm to avoid floor to ceiling effects; participants are asked to sit 1m from a monitor which the infrared motion tracking camera is attached to, and to hold a handheld responder; participants are instructed (by standardized instruction on the screen, and verbally) that there will be time for a 5-minute practice before they begin, and that accuracy and speed is the objective; consists of 600 stimuli presented on the monitor, each stimulus is present for 200ms, followed by an interval of 2000ms; stimulus consists of red or blue circles and squares; participants are instructed to only press the responder when the stimuli they see matches the previous stimuli in color or shape; attention is measured by number of correctly identified targets, reaction time, and variability of reaction time. Impulsivity is measured by incorrect responses, and hyperactivity is measured using the motion- tracking system using the infrared camera (captures movement by tracking a reflective headband); camera captures movement throughout the whole of the task at a frequency of 50 samples a second and with spatial resolution of 1/27 mm per infrared camera unit  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with DIVA interview by a doctor with expertise in ADHD and General Psychiatry  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** N/A | **Diagnostic accuracy summary:** The QbTest+ demonstrated 70% sensitivity and 43% specificity, failing to effectively differentiate between those diagnosed with ADHD and those without a diagnosis after full clinical assessment.  Sensitivity 70%  Specificity 43%  PPV 60  NPV 54  LR+  LR-  Accuracy  AUC  Concordance: N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 20 minutes on average. | **Subgroup analysis:** N/A |
| Biederman, 201754  N = 60  n ADHD = 34  US  Specialty care | **Target:** Adults aged 18 to 55 years with a DSM-IV diagnosis of ADHD, onset of symptoms in childhood, persistence into adulthood, unmedicated for at least 1 week before the study, and no active symptoms of depression or anxiety  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Healthy adults aged 18 to 55 years without ADHD or other psychiatric disorders, recruited as controls to differentiate ADHD from neurotypical individuals in a specialty care setting  **Female:** 23.33%  **Age mean (SD):** 30.06 (10.76)  Min age: 18 Max age: 55  **Age subgroup**: Adults  **Ethnicity:**  % White : 82  Single center  Industry | **Test description:** Go/NoGo task errors, participants were seated in a dimly lit room at a distance of 70 cm from a 17-inch CRT screen; Go stimuli were white letters appearing in equal proportions, the NoGo stimulus was a white x symbol, stimuli were presented on the center of a black background computer screen for 150 ms and were located between 2 vertical white lines, 10 trial practice block, analyzed reaction time, error rates (commission and misses)  Machine learning: Yes  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria through clinical evaluation and ADHD module of the K-SAD-E conducted by clinicians with expertise in ADHD diagnosis and treatment  **Diagnosed by:** Specialist (e.g., mental health) clinicians  **Timing:** Concurrent | **Diagnostic accuracy summary:** EEG Brain Network Activation analysis demonstrated high diagnostic accuracy in distinguishing adults with ADHD from neurotypical controls, with an AUC of 0.92, sensitivity of 0.86, and specificity of 0.95 in the Go condition, and an AUC of 0.84, sensitivity of 0.76, and specificity of 0.91 in the NoGo condition.  Neuropsychological tests alone showed no high discriminability for any of the indicators.  Sensitivity %  Specificity %  PPV  NPV  LR+  LR-  Accuracy  AUC 0.67 hit RT AUC 0.52; commission RT AUC 0.43; percent misses AUC 0.61; percent commission AUC 0.64  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 12 minutes across all tests. | **Subgroup analysis:** N/A |
| Brunkhorst-Kanaan, 202055  N = 114  n ADHD = 94  Germany  Specialty care | **Target:** ADHD group composed of 94 (82.5%) patients who met the criteria for an ADHD diagnosis.  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD-Group where adult ADHD was ruled out during the diagnostic process, consists of 20 patients (17.5%)  **Female:** 42.6%  **Age mean (SD):** 34.7 (11.05)  Min age: 23 Max age: 48  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** QbTest  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Diagnostic Interview for Adult ADHD (DIVA 2.0), which assessed current and childhood ADHD symptoms, impairment in multiple domains of functioning, and additional childhood symptom information from the Wender Utah Rating Scale (WURS-K), with final diagnosis confirmed through clinical judgment​  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The QbTest demonstrated limited clinical utility in differentiating adult ADHD from other psychiatric conditions, with hyperactivity being the only parameter showing some discriminative ability (AUC 0.65). Despite a sensitivity of 68% and specificity of 48%, its low accuracy suggests it is not a reliable standalone diagnostic tool in real-world outpatient settings.  Sensitivity 68%  Specificity 48%  PPV  NPV  LR+  LR-  Accuracy  AUC 0.65  Concordance: N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 20 minutes | **Subgroup analysis:** Age,Sex,Comorbidity (e.g. anxiety, depression)  Age represented as independent variable in a multiple regression did not significantly influence parameters measured by the QbTest.  Sex represented as independent variable in a multiple regression did not significantly influence parameters measured by the QbTest.  Psychiatric disorders represented as independent variable in a multiple regression did not significantly influence parameters measured by the QbTest. The QbTest had poor sensitivity (68%) and specificity (48%) for ADHD diagnosis, with outcomes largely unaffected by participant comorbidities. |
| Cohen, 200759  N = 58  n ADHD = 28  US  Setting varies | **Target:** Adults aged 19 to 25, recruited through psychology classes, the university disabilities office, and local medical offices; ADHD diagnosis confirmed via self-report, scores on the Conners’ Adult ADHD Rating Scale exceeded 1.5 standard deviations above the mean on the DSM-IV Inattentive or Hyperactive-Impulsive Symptoms Scales, excluded if on psychoactive medication other than ADHD medication  **ADHD presentation:** inattentive : 54,hyperactive : 4,combined : 43  **Comorbidity:** N/A  **Other:** Neurotypical adults with no history of ADHD diagnosis, scores within one standard deviation on the Conners’ Adult ADHD Rating Scale, recruited from the same university setting, excluded if on psychoactive medication  **Female:** 68%  **Age mean (SD):** 20.46 (1.71)  Min age: 19 Max age: 25  **Age subgroup**: Young  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** Model combined Flicker task commission errors and C-CPT reaction time standard error;Flicker task measures change blindness and focused attention by requiring participants to detect changes between alternating images separated by a blank screen; metrics include the number of cycles needed to detect changes, variability, and accuracy; administered together with the C-CPT (Conners’ Continuous Performance Test) assessing sustained attention, impulsivity, and response inhibition through a computerized Go/NoGo task in which participants respond to all letters except "X " to measure reaction time, omission and commission errors and variability in response  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on self-reported diagnosis, supported by scores exceeding 1.5 standard deviations above the mean on the DSM-IV Inattentive or Hyperactive-Impulsive Symptoms Scales using the Conners’ Adult ADHD Rating Scale, confirmed through demographic screening and clinician evaluation.  **Diagnosed by:** Specialist (e.g., mental health) clinician  **Timing:** Concurrent | **Diagnostic accuracy summary:** Integration showed a sensitivity of 75% and specificity of 80%.  Flicker task did not demonstrate better discriminative utility than the C-CPT, although it supported the robust nature of change blindness.  The CCPT exhibited only modest utility for discriminating performance in adults with and without ADHD, with weak sensitivity and moderate specificity.  Sensitivity 75% Flicker Task: 57; C-CPT: 71  Specificity 80% Flicker Task: 87; C-CPT: 77  PPV 78 Flicker Task: 80; C-CPT: 74  NPV 77 Flicker Task: 68; C-CPT: 74  LR+ 3.75 Flicker Task: 4.38; C-CPT: 3.09  LR- 0.3125 Flicker Task: 0.49; C-CPT: 0.38  Accuracy 77.6 Flicker Task: 72; C-CPT: 74  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 10-15 minutes, depending on participant performance | **Subgroup analysis:** N/A |
| Edebol, 201266  Edebol, 201367  N = 341  n ADHD = 55  Sweden  Specialty care | **Target:** Adults diagnosed with ADHD based on DSM-IV criteria, requiring symptoms to be present since childhood, assessed at neuropsychiatric clinics using clinical interviews, psychological testing, and QbTest-Plus, excluding those with clinically unstable psychiatric conditions  **ADHD presentation:** inattentive : 3.8,combined : 88.7,N/A : 7.5  **Comorbidity:** N/A  **Other:** Neurotypical adults without psychiatric diagnoses recruited from universities, workplaces, and music organizations  **Female:** 54.55%  **Age mean (SD):** 33.35 (8.84)​  Min age: 18 Max age: 64  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  No COI | **Test description:** QbTest-Plus plus motion tracking, objectively measures hyperactivity by tracking head movements during a 20-minute continuous performance test, records movement distance, frequency, and variability, providing a quantitative measure of motor activity that helps differentiate ADHD from non-ADHD participants  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria through clinical interviews, psychological testing, self-report scales, and corroborative information from relatives conducted by mental health clinicians  **Diagnosed by:** Specialist (e.g., mental health) mental health clinicians  **Timing:** Concurrent | **Diagnostic accuracy summary:** The QbTest-Plus, combining a Continuous Performance Test and Motion Tracking System, distinguished ADHD from non-ADHD normative participants with 87% sensitivity and 85% specificity. The Prediction of ADHD variable, developed from QbTest-Plus data, identified ADHD with 86% sensitivity and 83% specificity.  Sensitivity 86%  Specificity 83%  PPV 57.32  NPV 95.43  LR+ 5.06  LR- 0.17  Accuracy  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 20 minutes | **Subgroup analysis:** Comorbidity (e.g. anxiety, depression)  Misdiagnosis was more common in individuals with overlapping symptoms of borderline personality disorder and bipolar disorder, reducing specificity to 36% in these subgroups. The QbTest-Plus was effective in differentiating ADHD from normative participants, with functional impairment and standardized symptom scores aligning well with clinical diagnoses in specialty care settings​. |
| Elbaum, 202068  N = 85  n ADHD = 43  Israel  College | **Target:** Undergraduate adult ADHD students with normal or corrected to normal vision without any learning disabilities and/or other neuropsychiatric issues  **ADHD presentation:** hyperactive : 4.4,N/A : Assessed attention = 94.4% impulsivity= 4.82%  **Comorbidity:** N/A  **Other:** Healthy control undergraduate students with normal or corrected to normal vision without any potential ADHD indicators  **Female:** 60.5%  **Age mean (SD):** 23.84 (2.28)  Min age: 21 Max age: 26  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Industry | **Test description:** MOXO-dCPT (continuous performance test) uses varying visual and auditory distractors to simulate real-world challenges and assess performance, and it's integrated with the EyeLink 1000 eye tracker, monitoring eye movements with calibration performed for each participant before the task  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-5 by licensed clinician  **Diagnosed by:** Other care provider (e.g., primary care physician) Licensed/trained clinician  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The findings indicate the utility of eye tracker-integrated CPTs and their enhanced diagnostic precision.  Sensitivity 69%  Specificity 69%  PPV  NPV  LR+  LR-  Accuracy  AUC 0.78  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 18.7 minutes | **Subgroup analysis:** N/A |
| Emser, 201869  N = 136  n ADHD = 68  Germany  Specialty care | **Target:** Participants with ADHD were clinically referred, met DSM-IV criteria for ADHD (combined, inattentive, or hyperactive/impulsive subtype), had IQ ≥ 80, and were free from other medical conditions causing inattention, hyperactivity, or impulsivity such as hyperthyroidism or brain disorders  **ADHD presentation:** inattentive : 10.5,hyperactive : 2.6,combined : 81.6  **Comorbidity:** N/A  **Other:** Non-ADHD participants were age- and gender-matched controls recruited from local universities and advertisements, had no established or suspected ADHD diagnosis or family history of ADHD, and were neurotypical without significant medical or psychiatric conditions. 38 adults with ADHD. 30 children with ADHD​  **Female:** 34.2% children with ADHD: 30  **Age mean (SD):** 35.1 (11.7)  Min age: Max age: 63  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  No COI | **Test description:** Model with objective measures from QbTest+ and TAP task (variables used in over85% of predictions: overall omission errors made at the subtest sustained attention in the TAP; QbTest+: omission errors, error rate, normalized reaction time variance, normalized reaction time variance without outliers, and the ability of the patient to distinguish between target and non-target); assessment included QbTest variables, motion tracker, and Qb+ (Quantified BehaviorTest), a continuous performance task combined with motion tracking that evaluates sustained attention, impulsivity, and hyperactivity to capture reaction time, omission/commission errors, and physical activity (distance traveled, area covered, micro-movements); and TAP (Test Battery of Attention), a neuropsychological battery for assessing selective attention, divided attention, and sustained attention, subtests include Go/NoGo Task assesses response inhibition and selective attention, Divided Attention Task evaluates the ability to process visual and auditory stimuli simultaneously, Sustained Attention Task measures attentiveness over a prolonged period  Machine learning: Yes  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical interviews conducted by experienced clinicians using DSM-IV criteria, including the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL) for children and the Wender Reimherr Interview (WRI) for adults  **Diagnosed by:** Specialist (e.g., mental health) clinicians  **Timing:** Concurrent | **Diagnostic accuracy summary:** The diagnostic accuracy using only objective data showed 79% accuracy. Predicting an ADHD diagnosis using both subjective and objective measures exceeded the accuracy of objective measures for adults (89.5%) with the subjective variables proving to be the most relevant.  Sensitivity 82%  Specificity 76%  PPV  NPV  LR+  LR-  Accuracy 79  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 20 minutes | **Subgroup analysis:** N/A |
| Galloway-Long, 202275  N = 133  n ADHD = 353  US  College | **Target:** Adults met full DSM criteria for ADHD based on the Conners’ Adult ADHD Diagnostic Interview, recruited from counties, required cross-situational severity and impairment based on standardized behavior rating scales, stimulant medication use was discontinued 24–48 hours prior, exclusions included sensorimotor disabilities, neurological disorders, autism, psychosis, non-stimulant ADHD medication use, and low estimated IQ. Preschool sample: 75. School-aged sample: 216. Adult sample: 62  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults never diagnosed with or treated for ADHD, recruited from the same counties, reported fewer than two inattentive or hyperactive/impulsive symptoms and fewer than three total ADHD symptoms, exclusions matched those for the ADHD group including neurological disorders and low estimated IQ  **Female:** % pre-school: 30.67, school-aged: 33.80, adult: 56.45  **Age mean (SD):** 21.13 (1.80)  Min age: Max age: 25  **Age subgroup**: Young  **Ethnicity:** N/A  Multicenter  Public funding | **Test description:** Go/NoGo task, percentage of failed inhibits on Go/NoGo Task; reaction time variabilitymeasures were used to assess inhibitory control and attention in ADHD; Go/NoGo task involved responding to frequent Go stimuli while withholding responses to infrequent NoGo stimuli and assessing response inhibition; reaction time variability, including standard deviation of reaction time ex-Gaussian parameters analyzed to determine cognitive processing differences between ADHD and non-ADHD participants  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Diagnostic Interview Schedule for Children version IV for children or the Conners’ Adult ADHD Diagnostic Interview for adults, required cross-situational severity and impairment based on standardized behavior rating scales, including parent and teacher reports for children and self-report for adults, stimulant medication use was discontinued 24–48 hours prior, exclusions included neurological disorders, autism, psychosis, and low estimated IQ  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Go-no-go percentage of failed inhibits successfully discriminated between adults with and without ADHD.  Sensitivity %  Specificity %  PPV  NPV  LR+  LR-  Accuracy  AUC 0.73  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** Approximately 15 minutes. | **Subgroup analysis:** N/A |
| Groom, 201678  N = 57  n ADHD = 33  UK  College | **Target:** Adults who were clinically diagnosed with ADHD by a psychiatrist  **ADHD presentation:** inattentive : 9.09,hyperactive : 3.03,combined : 75.76,N/A : 12.12  **Comorbidity:** N/A  **Other:** Adults diagnosed with Asperger's syndrome as part of autism spectrum disorder by a psychiatrist  **Female:** 39%  **Age mean (SD):** 31.64 (10.17)  Min age: 18 Max age: 60  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** QbTest is a computerized continuous performance test with infra-red motion tracking system, designed to assess attention, impulsivity, and activity levels; participants respond to stimuli on a screen while their movements are tracked, and scores are calculated based on attention accuracy, reaction time, and movement data, standardized against a normative sample  Machine learning: No  Validation dataset: Unclear  **Reference standard:** Clinical diagnosis  Participants diagnosed with ADHD by a psychiatrist establishing current and long-term diagnosis using DSM-5  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrist  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** QbTotal yielded the highest AUC value 0.87 (classified as ‘good’). ROCs indicate that at equivalent sensitivity of around 80%, QbTotal demonstrates superior specificity compared with CAARS-E in differentiating ADHD and autism spectrum disorder.  CAARS-E AUC was .77 (‘fair’) in differentating ADHD and autism spectrum disorder.  QbTest added to clinical ratings may improve the differentiation of ADHD and autism spectrum disorder in adults.  Sensitivity 84%  Specificity 80%  PPV  NPV  LR+  LR-  Accuracy  AUC 0.87 good  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** Approximately 20 minutes. | **Subgroup analysis:** N/A |
| Katz, 199890  N = 78  n ADHD = 58  US  Specialty care | **Target:** Diagnosed with ADHD based on DSM-III-R criteria following a structured clinical interview, no history of major neurological disorder, no evidence of intellectual disability, no comorbid major psychiatric illness, not currently taking psychoactive medication  **ADHD presentation:** N/A  **Comorbidity:** Depression  **Other:** Adults with a primary diagnosis of depression based on DSM-III-R criteria and structured clinical interview, and healthy controls with no history of psychiatric or neurological disorder  **Female:** 21.9%  **Age mean (SD):** 29.06(11.96)  Min age: 18 Max age: 42  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** Measures of attention, executive functioning, and memory; Stroop Color-Word Test, Trail Making Test, Wisconsin Card Sorting Test, and WAIS-R subtests  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  DSM-IV criteria  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Neuropsychological tests correctly classified 82.1% of adults as having ADHD or depression based on performance in attention, executive functioning, and memory tasks.  Sensitivity %  Specificity %  PPV  NPV  LR+  LR-  Accuracy 82.1  AUC  Concordance: N/A  **Rater agreement:** N/A  Kappa ICC N/A  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Khan, 202295  N = 317  n ADHD = 226  US  Specialty care | **Target:** Adults referred for outpatient neuropsychological evaluation for suspected or confirmed ADHD, reported English as their primary language, underwent a standardized diagnostic protocol including record review, clinical interview, and neuropsychological testing, and were evaluated for ADHD using DSM-5 criteria  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD participants included adults referred for neuropsychological evaluation who failed performance validity tests, with evaluations conducted in a specialty care setting focused on diagnostic clarification for conditions other than ADHD  **Female:** 62.46%  **Age mean (SD):** 27.7 (6.67)  Min age: 18 Max age: 60  **Age subgroup**: Adults  **Ethnicity:** Other : 5  % Black/African American : 24  % Asian : 10  % White : 46  Single center  Funding unclear | **Test description:** SCWT WR raw (Stroop Color and Word Test word reading trial), SCWT assesses cognitive flexibility and processing speed through 3 trials: word reading, color naming, and color-word interference, cut of 75 or less  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-5 criteria by a board-certified clinical neuropsychologist  **Diagnosed by:** Specialist (e.g., mental health) Clinical neuropsychologist  **Timing:** Concurrent | **Diagnostic accuracy summary:** The embedded validity indicators from the Stroop Color and Word Test were effective in determining validity status. Word Reading and Color Naming trials demonstrated acceptable classification accuracy (AUCs 0.750–0.794), with optimal cut scores of WR raw ≤75 (54% sensitivity, 89-90% specificity), WR T score ≤28 (54% sensitivity, 87-88% specificity), CN raw ≤57 (42% sensitivity, 90% specificity), and CN T score ≤30 (40% sensitivity, 90% specificity).  Sensitivity 54% range for subscores 37 to 54%  Specificity 89% range for subscores 82 to 90%  PPV  NPV  LR+  LR-  Accuracy  AUC 0.775 range 0.75 to 0.79  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Kingston, 201398  N = 120  n ADHD = 59  Canada  Specialty care | **Target:** Men assessed at an outpatient forensic psychiatric clinic; individuals are typically referred to this program when they are engaging in aggression or other difficulties associated with anger dysregulation (e.g., relationship breakdown)  **ADHD presentation:** N/A  **Comorbidity:** Other : Aggression dysregulation  **Other:** Men who were assessed at an outpatient forensic psychiatric clinic; individuals are typically referred to this program when they are engaging in aggression or other difficulties associated with anger dysregulation (e.g., relationship breakdown)  **Female:** 0%  **Age mean (SD):** 32.6 (10.3)  Min age: 18 Max age: 64  **Age subgroup**: Adults  **Ethnicity:** Other : Aboriginal: 6.5%  % Hispanic or Latino : 2.8  % Black/African American : 2.8  % White : 78.5  Single center  Industry | **Test description:** IVA+Plus-FSRCQ (Integrated Visual and Auditory Continuous Performance Test Full Scale Response Control Quotient), a computerized continuous performance test utilizing visual and auditory stimuli to assess response control; constant and sustained attention is required, as participants respond or inhibit their response to 500 counterbalanced trials; and FSRCQ (Full Scale Attention Quotient), measures impulsivity and commission errors, normative quotient scores have a mean of 100 and a standard deviation of 15  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  ADHD diagnosis was determined based on DSM-IV-TR criteria following a comprehensive clinical interview and review of relevant available collateral information; interviews were conducted independently by two psychiatrists who were certified in forensic psychiatric practice; final group classification was based on consensus diagnoses and the inter-rater agreement was approximately 90%  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The integrated variables of multiple self reports and an observer report demonstrated particularly good classification accuracy, with high sensitivity (91%) and good specificity (82%).  Sensitivity 30% (CI 17, 45) IVA+Plus-FSAQ 39% (29, 54)  Specificity 74% (CI 58, 86) IVA+Plus-FSAQ 69% (53, 82)  PPV 54 CI (33, 74) IVA+Plus-FSAQ 57% (38, 74)  NPV 50 (CI 37, 63) IVA+Plus-FSAQ 52% (38, 65)  LR+  LR-  Accuracy  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Kovner, 199899  N = 29  n ADHD = 19  US  Specialty care | **Target:** Adults diagnosed with ADHD based on DSM-IV criteria, without known medical or neurological conditions that could account for ADHD symptoms, not on psychoactive medication, and evaluated independently by a psychiatrist, neurologist, and neuropsychologist using historical, questionnaire, and interview data  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults with no ADHD diagnosis but with other non-psychotic psychiatric disorders (depression, generalized anxiety, narcissistic personality disorder) or pre-diagnosed learning disabilities, recruited from a specialty clinic setting and assessed similarly to the ADHD group using independent psychiatric, neurological, and neuropsychological evaluations  **Female:** 26.32%  **Age mean (SD):** 33.1 (11.3)  Min age: 18 Max age: 57  **Age subgroup**: Adults  **Ethnicity:**  % White : 100  Single center  Funding unclear | **Test description:** Model with DGBR and HSST4MNR (Digits Backwards from Digit Span subtest of WAIS-R and mean reaction time from the 4h set of the Shifting Sets Test, based on Digit Span Subtest of the WAIS-R measured working memory and inhibitory control; Shifting Sets Test assessed cognitive flexibility, response inhibition, and reaction time; Continuous Performance Tests (Connors CPT and repeated stimuli CPT) evaluated sustained attention and impulse control; Recognition Memory Tests (Warrington Recognition Memory Test) gauged memory recall and incidental learning; Boston Naming Test evaluated language processing and naming ability; (WRAT-R (Wide Range Achievement Test-Revised ) measured academic skills like reading, spelling, and arithmetic  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria following evaluation by a psychiatrist, neurologist, and neuropsychologist, incorporating clinical interviews, rating scales, historical records, and neuropsychological testing.  **Diagnosed by:** Specialist (e.g., mental health) psychiatrist, neurologist, neuropsychologist  **Timing:** Concurrent | **Diagnostic accuracy summary:** Three measures significantly (p < 0.01) distinguished the groups: Digits Backwards from the WAIS-R and two reaction time measures from a computerized task modeled after Luria's Competing Motor Programs. ROC curve analyses indicated that, in combination, these measures had greater than 90% accuracy for classifying ADHD and non-ADHD patients.  Sensitivity %  Specificity %  PPV  NPV  LR+  LR-  Accuracy  AUC probability of classifying someone with ADHD and someone without ADHD was between 90.5 and 93.3%  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 2.5 hours | **Subgroup analysis:** N/A |
| Lev, 2022104  N = 66  n ADHD = 33  Israel  College | **Target:** Adults with a previous ADHD diagnosis by a licensed clinician confirmed using the Structured Clinical Interview for DSM-5, undergraduate students with normal or corrected-to-normal vision, no significant neuropsychiatric comorbidities, and no learning disabilities  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Neurotypical adults matched by age and education to the ADHD group, undergraduate students with normal or corrected-to-normal vision, no reported attentional impairments and a total score below 37 on the Adult ADHD Self-Report Scale (ASRS)  **Female:** 67%  **Age mean (SD):** 23.3 (2.13)  Min age: 20 Max age: 26  **Age subgroup**: Young  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** MOXO-dCPT with eye tracking measures included gaze duration at different areas of interest and task area of interest visit count  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD by a licensed clinician using the Structured Clinical Interview for DSM-5 criteria and confirmation of prior diagnosis.  **Diagnosed by:** Specialist (e.g., mental health) Clinician  **Timing:** Concurrent | **Diagnostic accuracy summary:** Integrating an eye tracker with CPTs is a feasible way of enhancing diagnostic precision and shows initial promise for clarifying the cognitive profile of ADHD patients.  Sensitivity 76%  Specificity 82%  PPV  NPV  LR+  LR-  Accuracy  AUC 0,826  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 18.7 minutes | **Subgroup analysis:** N/A |
| Lovejoy, 1999107  N = 52  n ADHD = 26  US  Specialty care | **Target:** Adults diagnosed with ADHD based on DSM-IV criteria through clinical interview by a board-certified psychiatrist specializing in ADHD, currently taking stimulant medication (methylphenidate or dextroamphetamine) and reporting these medications as "very helpful" for addressing ADHD symptoms, with no comorbid psychiatric disorders, substance abuse history, or neurological disease, and with an estimated IQ of 85 or higher based on WAIS-R  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD participants were recruited from clinic waiting rooms in medical practice settings and through referrals, endorsed three or fewer ADHD symptoms on a DSM-IV checklist, had no history of taking stimulant medications for attentional difficulties, and met the same criteria as ADHD participants for IQ (≥85), absence of psychiatric or neurological conditions, and absence of learning disabilities.  **Female:** 50%  **Age mean (SD):**  median 41 (N/A)  Min age: 21 Max age: 55  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** SNST (Stroop Neuropsychological Screening Test) evaluates cognitive inhibition and impulsivity; cutoff score 20th-21st percentile for ages 18-49 and 11th percentile for age 50+; Trail Making Test (Parts A and B) assesses attention, cognitive flexibility, and working memory; clinical cutoff 1 standard deviation below the normative mean; California Verbal Learning Test (CVLT) measures verbal memory and organization; cutoff 2 standard deviations below the normative mean for Short-Delay Free Recall; Controlled Oral Word Association Test (COWA) evaluates verbal fluency and executive functioning, clinical cutoff below 16th percentile; WAIS-R Freedom From Distractibility Factor (Digit Span and Arithmetic) assesses attention-concentration and working memory, cutoff 1 standard deviation below the normative mean  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a clinical interview by a board-certified psychiatrist specializing in ADHD using DSM-IV criteria and confirmation through participant self-report of sufficient symptoms for inattentive, hyperactive-impulsive, or combined subtype.  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrists  **Timing:** Concurrent | **Diagnostic accuracy summary:** Individual neuropsychological tests showed high positive predictive power (PPP) (83–100%), but negative predictive power (NPP) was lower.  When considering the entire test battery, classification accuracy improved significantly  Sensitivity % COWA: 58, CVLT: 38, SNST: 23, Trails A: 19, Trails B 96, WAIS:38  Specificity % COWA: 92, CVLT: 92, SNST: 1.0, Trails A: 1.0, Trails B 96, WAIS:1.0  PPV COWA: 88, CVLT: 83, SNST: 1.0, Trails A: 1.0, Trails B 86, WAIS:1.0  NPV COWA: 69, CVLT: 60, SNST: 57, Trails A: 55, Trails B 56, WAIS:62  LR+  LR-  Accuracy  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Mostert, 2015114  N = 265  n ADHD = 133  Netherlands  Specialty care | **Target:** Adults diagnosed with persistent ADHD present since childhood by a psychiatrist according to DSM-IV criteria, aged 18–60 years, with no psychosis, alcohol or substance addiction in the last six months, current major depression, IQ <70, neurological disorders, or sensorimotor disabilities, and no non-Caucasian ethnicity  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Neurotypical adults recruited as healthy controls from the community and university settings, with no history of psychiatric or neurological disorders and no first-degree relatives with such disorders, matched for age, gender, and estimated IQ  **Female:** 57.9%  **Age mean (SD):**  mean 36  Min age: 18 Max age: 59  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Model with Digit span (forward), Flanker (total SD of RT), SAdots (SD series errors and response bias), Delay discounting (k100) and Time estimation (absolute median deviation from 1000ms) based on a battery of tasks assessing executive functioning (working memory, attention, inhibition), delay discounting, time estimation, and reaction time variability; tasks included measures like the WAIS-III Digit Span, Flanker Task, SART (Sustained Attention to Response Task), and a delay discounting task chosen to align with ADHD-related cognitive pathways; variability in errors, reaction times, and impulsivity parameters analyzed  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a structured Diagnostic Interview for ADHD in Adults (DIVA) and prior clinical diagnosis by a psychiatrist according to DSM-IV criteri  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrist  **Timing:** Concurrent | **Diagnostic accuracy summary:** A combined predictive model incorporating 6 neuropsychological measures achieved 82.1% specificity and 64.9% sensitivity in diagnosing ADHD.  Sensitivity 65%  Specificity 82%  PPV  NPV  LR+  LR-  Accuracy  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** Prior to MRI: 1.5 hours; Post-MRI: 1 hour | **Subgroup analysis:** N/A |
| Nielsen, 2011118  N = 60  n ADHD = 30  Denmark  Specialty care | **Target:** Adults aged 18–43 referred to a regional outpatient psychiatric center for ADHD evaluation, diagnosed with ADHD based on DSM-IV-TR and ICD-10 criteria, with no prior ADHD medication use, including individuals with substance abuse, personality disorders, or other co-morbidities  **ADHD presentation:** combined : 70  **Comorbidity:** N/A  **Other:** Neurotypical adults aged 18–43 recruited from the urban community, matched by age and sex with the ADHD group, with no history of neuropsychiatric disorders or recent changes in daily habits  **Female:** 53.3%  **Age mean (SD):** 28.3 (6.6)  Min age: 18 Max age: 43  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Other funding | **Test description:** AQT (A Quick Test of Cognitive Speed) evaluates single- and dual-dimension naming speed (color, form, and color-form combination) and processing efficiency (overhead), cutoffs of ≥60 seconds for dual-dimension naming and ≥6 seconds for processing efficiency  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV-TR and ICD-10 criteria using a psychiatric interview and behavioral rating scales  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** When using fail criteria for dual-dimension naming (60s) and overhead (processing efficiency) (6s) together, the sensitivity was 93% and specificity 100%.  Sensitivity 93%  Specificity 100%  PPV  NPV  LR+  LR-  Accuracy  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Nikolas, 2019119  N = 246  n ADHD = 109  US  Setting varies | **Target:** Adults diagnosed with ADHD based on a comprehensive clinical interview and standardized psychiatric assessments, required to have symptom onset before age 16, met full DSM-5 diagnostic criteria, provided informant reports verifying symptoms, excluded if they had neurological conditions, learning disabilities, major psychiatric disorders other than depression/anxiety, or substance abuse  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults with a diagnosed unipolar mood disorder (depression) and healthy controls without ADHD or mood disorders, recruited through advertisements, email listservs, and outreach to neuropsychological clinics, with controls matched approximately by age and sex to clinical groups  **Female:** 60.6%  **Age mean (SD):** 24.8 (6.2)  Min age: 18 Max age: 40  **Age subgroup**: Adults  **Ethnicity:**  % White : 83.7,Other : Control: 80, depressed: 86.5  Multicenter  Industry | **Test description:** TOVA ommission errors, cutoff <95  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a comprehensive clinical interview, standardized psychiatric assessment, and meeting full DSM-5 diagnostic criteria with verification of symptom onset before age 16 using self-report and informant ratings  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** While single test measures provided performed poorly in identifying ADHD participants, analyses revealed that a combined approach using self and informant symptom ratings, a positive family history of ADHD, and a reaction time variability measure correctly classified 87% of cases.  Sensitivity 50%  Specificity 85%  PPV  NPV  LR+  LR-  Accuracy  AUC 0.66 Youden 0.35; AUC ranged from 0.43 for Numbers and letter efficiency to 0.55 for TOVA reaction time variability and TOVA omission errors.  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Pettersson, 2018123  N = 108  n ADHD = 60  Sweden  Specialty care | **Target:** Adults referred for ADHD assessment, required availability of a collateral historian to provide information on childhood symptoms, excluded if treated with ADHD medications, had an IQ ≤ 70, or substance-related disorders  **ADHD presentation:** inattentive : 21.7,hyperactive : 7.1,combined : 76.7  **Comorbidity:** N/A  **Other:** Adults referred to the same specialty neuropsychological clinic for assessment, did not meet the diagnostic criteria for ADHD, included individuals with other psychiatric conditions for comparison  **Female:** 46.7%  **Age mean (SD):** 28.18 (9.09)  Min age: 18 Max age: 55  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Model with CPT II Commission errors, QbTest cardinal variable Inattention, and QbTest cardinal variable Activity  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Clinical consensus decision by a multidisciplinary assessment team using clinical interviews, neuropsychological test results, self-report measures, collateral historian input, and DSM criteria  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** All instruments showed poor discriminative ability except for the DIVA, which showed a relatively good ability to discriminate between the groups (sensitivity 90.0; specificity 72.9). A logistic regression analysis model with the DIVA and measures of inattention, impulsivity, and activity from continuous performance tests (CPTs) showed a sensitivity of 90.0 and a specificity of 83.3.  Sensitivity 80% QBTest Act 77%; QBTest Ina 58%; QBTest Omi 73%, QBTest RT Var 43%; PASAT tot 33%; CPT II Com 33%, CPT II Var 27%  Specificity 67% QBTest Act 44%; QBTest Ina 67%; QBTest Omi 56%, QBTest RT Var 75%; PASAT tot 77%; CPT II Com 92%, CPT II Var 85%  PPV QBTest Act 63%; QBTest Ina 69%; QBTest Omi 68%, QBTest RT Var 68%; PASAT tot 65%; CPT II Com 83%, CPT II Var 70%  NPV QBTest Act 60%; QBTest Ina 56%; QBTest Omi 63%, QBTest RT Var 51%; PASAT tot 48%; CPT II Com 52%, CPT II Var 48%  LR+  LR-  Accuracy QBTest Act 62%; QBTest Ina 62%; QBTest Omi 66%, QBTest RT Var 57%; PASAT tot 53%; CPT II Com 59%, CPT II Var 53%  AUC 74.1 QBTest Act 66%; QBTest Ina 67%; QBTest Omi 73%, QBTest RT Var 67%; PASAT tot 66%; CPT II Com 74%, CPT II Var 71%  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 20 minutes | **Subgroup analysis:** N/A |
| Rogers, 2021134  N = 147  n ADHD = 73  US  College | **Target:** Adults with a prior clinical diagnosis of ADHD, assessed using comprehensive psychological evaluations, with common comorbidities including major depressive disorder, learning disorders, and anxiety disorders  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Undergraduate students enrolled in psychology courses, with no history of ADHD or ADHD medication use, instructed to simulate ADHD symptoms for the purpose of the study  **Female:** 54.8%  **Age mean (SD):** 25.59 (4.17)  Min age: 18 Max age: 34  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 23.8  % Black/African American : 10.2  % Asian : 4.8  % White : 51  % Multiracial : 6.1  Single center  No COI | **Test description:** DS FE-90 (Digit Span) assessed with Matrix Reasoning WAIS-IV (Wechsler Adult Intelligence Scale–4h Edition), WAIS assesses cognitive functioning through subtests such as Digit Span, Matrix Reasoning, Visual Puzzles, and Coding, targeting attention, working memory, and processing speed  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on comprehensive psychological assessments conducted by clinicians, including clinical interviews and standardized testing to confirm the diagnosis.  **Diagnosed by:** Specialist (e.g., mental health) Clinician mental specialist  **Timing:** Concurrent | **Diagnostic accuracy summary:** Very large effect sizes (Cohen’s ds from 1.66 to 1.90) differentiated between genuine and feigned ADHD. Two strategies (significantly below-chance performance and floor effect) showed strong promise if cross-validated for other feigning presentations.  Sensitivity 73%  Specificity 83%  PPV  NPV  LR+  LR-  Accuracy 81  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Schreiber, 1999137  N = 36  n ADHD = 18  US  Specialty care | **Target:** Adults diagnosed with ADHD by independent evaluations from a neuropsychologist and psychiatrist, fulfilling DSM-IV criteria, without comorbid psychiatric disorders or learning disabilities predominantly of the inattentive type, with assessments conducted before any medication trial.  **ADHD presentation:** inattentive : 89,combined : 2  **Comorbidity:** N/A  **Other:** The non-ADHD participants were neurotypical adults without a history of neurological, psychiatric, developmental, or learning disorders, matched to the ADHD group on gender, age, and education level, and recruited from university, community center, and clinical settings  **Female:** 50%  **Age mean (SD):** 30.3 (10.4)  Min age: 18 Max age: 52  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** BQSS (Boston Qualitative Scoring System) for the Rey-Osterrieth Complex Figure to assess executive functioning deficits, performance was compared on configurable accuracy, planning, neatness, and perseveration measures  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on independent evaluations by a neuropsychologist and psychiatrist using DSM-IV criteria, supported by clinical interviews, Barkley's ADHD-IV Self-Report of Current Behavior, third-party confirmation of childhood symptoms, and neuropsychological assessments focusing on attention, executive functioning, and learning  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The BQSS may be a useful tool contributing to the neuropsychological evaluation of adults with ADHD, sensitivity was 75% and specificity 81%.  Sensitivity 75% ROCF 36 point score: 68  Specificity 81% ROCF 36 point score: 71  PPV  NPV  LR+  LR-  Accuracy  AUC  Concordance: N/A  **Rater agreement:** N/A  Kappa ICC The six summary scores had good to excellent reliability.  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Shepler, 2024140  N = 140  n ADHD = 61  US  Specialty care | **Target:** Adults referred for evaluation at two private psychology practices, diagnosed with ADHD or ADHD comorbid with psychiatric disorders based on DSM-5 criteria, comprehensive clinical interviews, rating scales, and standardized test performance. 17 with ADHD only and 44 with ADHD and at least one other psychiatric disorder  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults referred to the same private psychology practices, diagnosed with psychiatric disorders other than ADHD, including mood, anxiety, or learning disorders, using similar diagnostic criteria and assessments  **Female:** 41.18%  **Age mean (SD):** 35.31 (14.18)  Min age: 18 Max age: 65  **Age subgroup**: Adults  **Ethnicity:** Other : 1.4 Albanian and Jamaican  % Hispanic or Latino : 0.7  % Black/African American : 3.6  % Asian : 0.7  % White : 85  % Multiracial : 0.7  Multicenter  Other funding | **Test description:** Model combining WMI, PSI and 5 CTMT trail scores; CTMT (Comprehensive Trail Making Test) to assess executive functioning, including tasks related to set-shifting, visual search, and attentional control, alongside the WMI (WAIS-IV Working Memory Index) and PSI (Processing Speed Index) to evaluate cognitive performance​  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-5 criteria, comprehensive clinical interviews, review of patient and informant rating scales, and performance on standardized neuropsychological tests.  **Diagnosed by:** Specialist (e.g., mental health) Clinicians & clinical psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** Logistic regression analyses indicated that WMI and CTMT trail 5 scores were individually useful indicators in identifying the presence of ADHD. The best model showed a sensitivity of 67% and a specificity of 79%.  Sensitivity 67%  Specificity 79%  PPV 75  NPV 72  LR+ 3.19  LR- 0.42  Accuracy 73  AUC WMI: 0.708; PSI: 0.632; CTMT: 0.701  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Soederstroem, 2014144  N = 61  n ADHD = 41  Sweden  Specialty care | **Target:** Adults referred for neuropsychological assessment at a specialty clinic, aged 18 years or older, with suspected ADHD based on clinical evaluation and presenting with ADHD symptoms, excluding those on ADHD-specific medications during the assessment timeframe  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults referred to a specialty care neuropsychological clinic for psychiatric evaluation, including those with comorbid conditions such as mood disorders, anxiety disorders, and substance dependence but who did not meet the diagnostic criteria for ADHD  **Female:** 56.1% 60%  **Age mean (SD):** 32.46 (8.99)  Min age: 18 Max age: 54  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Model with QbTest Plus QbInattention and QbActivity, assessed with QbTest Plus, a computerized neuropsychological test designed to assess ADHD symptoms  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical interviews, self-report scales, cognitive screening, and a general psychiatric assessment evaluating Axis I and II disorders  **Diagnosed by:** Specialist (e.g., mental health) Mental health specialist  **Timing:** Concurrent | **Diagnostic accuracy summary:** The discriminant validity of self-rating scales and the more objective measure of ADHD symptoms are poor and should be integrated generally with other sources of data. The combination function yielded an overall correct classification of 72.1% and the cross-validated classification showed the same result; the classification correctly identified 87.8% of the patients diagnosed with ADHD and 40.0% of the patients not diagnosed with ADHD.  Sensitivity 88%  Specificity 40%  PPV  NPV  LR+  LR-  Accuracy 72  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 20 minutes | **Subgroup analysis:** N/A |
| Solanto, 2004145  N = 93  n ADHD = 70  US  Specialty care | **Target:** Adults diagnosed with ADHD by clinical evaluation based on DSM-IV criteria, excluding individuals with neurological disorders, intellectual disabilities, or severe substance use disorders, and requiring stable medication use or no psychotropic medications during the assessment timeframe. 44 had the combined subtype (ADHD-CB) and 26 had predominantly inattentive subtype (ADHD-IA).  **ADHD presentation:** inattentive : 25.24,combined : 47.42  **Comorbidity:** N/A  **Other:** Adults recruited from the same specialty care setting, with diagnoses of other psychiatric conditions such as anxiety, depression, or adjustment disorders, but who did not meet the diagnostic criteria for ADHD  **Female:** % male: ADHD combined (24); ADHD Inattentive (18); Other Psychiatric (16)  **Age mean (SD):**  ADHD combined 34.34 (8.78); ADHD Inattentive 36.08(11.60); Other psychiatric 44.39(10.35)  Min age: 25 Max age: 60  **Age subgroup**: Adults  **Ethnicity:**  Other : ADHD combined (2.2); ADHD Inattentive (0); other psychiatric (0)  Other : ADHD combined (2.2); ADHD Inattentive (0); other psychiatric (4.3)  Other : ADHD combined (11.1); ADHD Inattentive (3.8); other psychiatric (4.3)  Other : ADHD combined (84.1); ADHD Inattentive (96.2); other psychiatric (91.3)  Single center  Funding unclear | **Test description:** C-CPT (Conners Continuous Performance Test), a 14-minute computerized task where participants respond to non-target stimuli  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria through a comprehensive clinical interview conducted by experienced psychologists, supplemented with developmental history, school records, standardized test reports  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** For the Brown scales, sensitivity to a diagnosis of ADHD was 92% and specificity in identifying adults in the Other Psychiatric group was 33%, yielding an overall correct classification rate of 74%. For the CPT scores, sensitivity to a diagnosis of ADHD-Inattentive type was 47% and specificity was 86%, yielding an overall correct classification rate of 70%. The results indicate a need for closer examination of executive and adaptive functioning in adults with ADHD compared with those with internalizing disorders to identify features that could assist in differential diagnosis.  Sensitivity 47%  Specificity 86%  PPV  NPV  LR+  LR-  Accuracy  AUC  Concordance: N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 15 minutes | **Subgroup analysis:** ADHD diagnosis (effect of different reference status or comparator),Age  Sensitivity and specificity for self-report measures were high when comparing ADHD-diagnosed participants to the general population but were less effective when distinguishing ADHD from other psychiatric conditions, with overlapping scores noted for anxie  Age was inversely correlated with scores on the Brown ADD Scale for attention and effort, suggesting that older participants exhibited fewer ADHD-related symptoms, potentially reflecting developmental improvements in executive functioning. |
| Sollman, 2010146  N = 73  n ADHD = 29  US  College | **Target:** College students with a verifiable diagnosis of ADHD confirmed through neuropsychological or psychological evaluation, including corroborative interviews with parents or teachers, medication washout for 12 hours before testing, excluding those with comorbid learning disabilities, psychiatric or neurological conditions, or substance abuse  **ADHD presentation:** inattentive : 20,hyperactive : 5,combined : 75  **Comorbidity:** N/A  **Other:** College students recruited from the same university setting, divided into two groups: a normal honest-responding group with no history of ADHD or related disorders, and a feigning group instructed to simulate ADHD based on provided materials; participants were screened to exclude those with learning disabilities, psychiatric or neurological conditions, or substance abuse  **Female:** 44.8%  **Age mean (SD):** 19.40 (1.21)  Min age: 18 Max age: 21  **Age subgroup**: Young  **Ethnicity:**  % Black/African American : 6.90  % Asian : 0  % White : 86.20  % Multiracial : 6.90  Single center  Funding unclear | **Test description:** C-CPT (Conner's Continuous Performance Test-II) detectability index  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a comprehensive clinical evaluation including neuropsychological testing, symptom self-report measures, corroborative interviews with parents or teachers, and confirmation of developmental origin of symptoms  **Diagnosed by:** Specialist (e.g., mental health) Mental health clinicians  **Timing:** Concurrent | **Diagnostic accuracy summary:** The detectability index in Connor's CPT-II had a sensitivity of 17% to detect ADHD and a specificity of 90% for feigning ADHD. Failing 1 or more, 2 or more, 3 or more, 4 or more cognitive feigning test indices lowered the sensitivity from 63 to 50, 47, and 35%, while the specificity increased from 82, to 93, 100%, and 100%. Indicates limited sensitivity in distinguishing ADHD from controls and susceptible to manipulation by feigning participants; results point to a need for a thorough evaluation of history, cognitive and emotional functioning, and the consideration of exaggerated symptomatology in the diagnosis of ADHD.  Sensitivity 17%  Specificity 90%  PPV  NPV  LR+  LR-  Accuracy  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Suhr, 2008148  N = 85  n ADHD = 15  US  Primary care | **Target:** Adults who showed evidence of childhood ADHD symptoms from at least two sources (self-report, parent report, school records, prior medical/psychological records), exhibited clinically significant current ADHD symptoms confirmed by self-report and either collateral report or behavioral observation, and passed the Word Memory Test (WMT) assessing credible performance  **ADHD presentation:** inattentive : 47,combined : 53  **Comorbidity:** N/A  **Other:** Adults with psychological diagnoses other than ADHD who reported no evidence of childhood ADHD-related impairment, had psychological conditions (commonly major depressive disorder), and were evaluated in a university-based psychology specialty clinic.  **Female:** 40%  **Age mean (SD):** 25.4(9.8)  Min age: 18 Max age: 56  **Age subgroup**: Adults  **Ethnicity:**  % Black/African American : 5  % White : 94  % Multiracial : 1  Single center  Funding unclear | **Test description:** A battery of neuropsychological tests, including AVLT (Auditory Verbal Learning Test) learning and recall scores, WAIS-III Processing Speed Index and Working Memory Index, TMT (Trail Making Test) Parts A and B, verbal fluency, and Stroop Color and Word Test (interference score) was used to assess cognitive functioning related to ADHD in adults referred for specialty evaluation  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  DSM-IV  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Self-report measures (WURS and CAARS) could not reliably distinguish ADHD from psychological controls, with substantial overlap in symptom endorsement between groups.  Neuropsychological tests did not reliably distinguish ADHD from psychological controls, except for the Stroop Interference score where ADHD participants performed worse.  Feigning ADHD was effectively identified by the Word Memory Test (WMT), with a 31% failure rate among referrals, and WMT failure associated with worse neuropsychological performance and higher symptom self-report across groups.  Sensitivity %  Specificity %  PPV  NPV  LR+  LR-  Accuracy  AUC  Concordance: N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** WMT failure was associated with increased symptom reporting and worse neuropsychological performance, suggesting noncredible performance may distort both self-report and objective cognitive testing results.  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Unal, 2019151  N = 44  n ADHD = 14  Ireland  Other setting | **Target:** Aged between 18 and 65 years of age with minimum of 5 years of education and literate in English, diagnosed with ADHD  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Healthy volunteers recruited from the staff working in the hospital and from medical students aged between 18 and 65 years of age with minimum of 5 years of education and literate in English  **Female:** 50%  **Age mean (SD):**  ADHD group: 47.29 (9.03) years; Control group: 41.57 (11.42) years  Min age: 18 Max age: 65  **Age subgroup**: Middle age  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Stroop Test accuracy; assessed with Stroop Color-Word, Stroop Plus Test to measure selective attention, Perceptual Selectivity Test  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD by using the Connor's Adult ADHD Diagnostic Interview for DSM-IV (CAADID)  **Diagnosed by:** Unclear/NR  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** Adults with ADHD have a longer response time and perform less accurately than controls. The data suggest that there is a use for objective visual attention tests in the diagnosis of adult ADHD.  Sensitivity % Sensitivity is not available  Specificity % Specificity is not available  PPV  NPV  LR+  LR-  Accuracy  AUC 0.814 CI 0.679, 0.949) Stroop Test (response time): 0.810; Stroop Plus Test (accuracy): 0.723; Stroop Plus Test (response time): 0.724; Perceptual Selectivity Test (accuracy): 0.707; Perceptual Selectivity Test (response time): 0.783  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** Total run time was 10 minutes. | **Subgroup analysis:** N/A |
| Wiig, 2012158  N = 134  n ADHD = 64  Denmark  Specialty care | **Target:** Adults referred to a regional outpatient psychiatric clinic for evaluation of possible ADHD, diagnosed with ADHD based on ICD-10 and DSM-IV criteria, including those with impaired academic achievement, difficulties with employment, and comorbidities such as substance abuse or mild personality disorders  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults referred to a regional outpatient psychiatric clinic, diagnosed with mild psychiatric disorders such as personality disorders, addiction, affective disorders, or obsessive-compulsive disorder based on ICD-10 criteria; this group excluded individuals with ADHD, autism spectrum disorder, organic brain disorders, or bipolar disorder  **Female:** 43.8%  **Age mean (SD):** 31.14 (9.7)  Min age: 17 Max age: 55  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** AQT (A Quick Test of Cognitive Speed) involving tasks of single-dimension naming (color and form) and dual-dimension naming (color-form combinations) to measure processing speed and efficiency, with specific fail criteria applied for diagnosing ADHD  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on ICD-10 and DSM-IV criteria through structured psychiatric interviews conducted by a mental health clinician at a regional outpatient clinic.  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrist  **Timing:** Concurrent | **Diagnostic accuracy summary:** Results support AQT as a possible complement to psychiatric intake procedures to differentiate adults with ADHD from those with mild psychiatric disorders.  Sensitivity 89%  Specificity %  PPV  NPV  LR+  LR-  Accuracy  AUC  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha The study mentions that AQT tests are highly reliable with test-retest reliability coefficients ranging from 0.91 to 0.95  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Woods, 2002160  N = 52  n ADHD = 26  US  Specialty care | **Target:** ADHD participants were recruited through their psychiatrists, met DSM-IV criteria, and were evaluated after a 12-hour medication break, and were excluded if they had other Axis I diagnoses, use of non-stimulant psychoactive medications, intellectual scores <85, substance abuse, neurological issues, learning disabilities, or ineffective response to stimulant medication  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Control group participants were included if they were matched to ADHD participants based on age and gender, with no more than three ADHD symptoms, no current or prior ADHD diagnosis, intellectual scores ≥85, and no history of substance abuse, no neurological disease, or head injury, or prior diagnosis or special education for a learning disability  **Female:** 50%  **Age mean (SD):** 38.38 (9.27)  Min age: 21 Max age: 55  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** DII (Discrepancy Impairment Index) assesses cognitive impairment by comparing test performance to an individual’s estimated IQ; 6 scores: COWA total, CVLT Short-Delay Free Recall, Color-Word from SNST, TMT A time, TMT B time, average age-adjusted WAIS-R FD index, highlighting cognitive deficits beyond IQ, cutoff >2 measures impaired  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosis based on DSM-IV criteria by board certified psychiatrist  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrist  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** These results support the consideration of discrepancies between intellectual ability and frontal/executive functioning in the assessment of adult ADHD.  Sensitivity % 38 -100  Specificity % 23 - 100  PPV 57 - 100  NPV 44 - 100  LR+  LR-  Accuracy  AUC 0.8373  Concordance: N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |

Table C.5. Evidence table neuroimaging as index test

| **Study ID** | **Population** | **Clinician Tools Index Test** | **Results** | **Subgroup** |
| --- | --- | --- | --- | --- |
| Amen, 200847  N = 47  n ADHD = 27  US  Specialty care | **Target:** Patients diagnosed with ADHD based on structured interviews, DSM-IV criteria, and psychiatrist-confirmed diagnosis, no current major depressive disorder diagnosis, provided informed consent for use of clinical and imaging data  **ADHD presentation:** inattentive : 85,combined : 15  **Comorbidity:** N/A  **Other:** Healthy, right-handed, age-matched adults without psychiatric, psychological, neurological conditions, or substance abuse history, recruited through University of California Irvine psychology department and web postings, screened using MMPI, SCID, and Mental Skills Test  **Female:** 33%  **Age mean (SD):** 57.1 (5.1)  Min age: 50 Max age:  **Age subgroup**: Middle age  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** SPECT (Single Photon Emission Computed Tomography) imaging of regional cerebral blood flow at rest and during a concentration task (Connors Continuous Performance Test), visually rated by trained clinicians using a semi-quantitative scale to assess perfusion deficits in 14 cortical and 7 subcortical regions based on the Mai Atlas of the Human Brain  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  DSM-IV criteria  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** Brain SPECT imaging distinguished older adults with ADHD from healthy controls based on significantly lower prefrontal cortical perfusion during concentration tasks, with a sensitivity of 0.81 and specificity of 0.70 for left prefrontal orbit activity.  Sensitivity % Left POC: 0.81; Right POC: 0.74;L/R PFP: 0.74; Right Parietal Lobe: 0.70; Left PFL:0.56; Right PFL: 0.41; L/R Cerebella: 0.37; Right Occipital: 0.37  Specificity % Left POC: 0.70; Right POC: 0.75;L/R PFP: 0.75; Right Parietal Lobe: 0.65; Left PFL:0.85; Right PFL: 0.90; L/R Cerebella: 0.95; Right Occipital: 0.95  PPV Left POC: 0.79; Right POC: 0.80;L/R PFP: 0.80; Right Parietal Lobe: 0.73; Left PFL:0.83; Right PFL: 0.85; L/R Cerebella: 0.91; Right Occipital: 0.91  NPV Left POC: 0.74; Right POC: 0.68;L/R PFP: 0.68; Right Parietal Lobe: 0.62; Left PFL:0.59; Right PFL: 0.53; L/R Cerebella: 0.53; Right Occipital: 0.53  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa  ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Amen, 202148  N = 1135  n ADHD = 1006  US  Specialty care | **Target:** Participants from a multidisciplinary group of psychiatric clinics that incorporate single-photon emission computed tomography (SPECT) neuroimaging into diagnostic assessment and treatment, met the DSM-IV criteria for ADHD and no other diagnoses  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Participants did not meet criteria for any psychiatric condition and had not history of traumatic or toxic brain injury; recruited using local advertisements in newspapers and local colleges; met clinical criteria for a healthy brain subject based on authors' criteria that included the absence of current medical illnesses, brain trauma, family history of psychiatric illness, drug/alcohol abuse and no current or past evidence of behavioral or psychiatric issues as measured by a detailed clinical history, Minnesota Multiphase Personality Inventory and Structured Clinical Interview for Diagnosis for DSM-IV  **Female:** 34% ADHD group: 34% female; control group: % female not reported  **Age mean (SD):** 37.7 (15.5)  Min age: 22 Max age: 72  **Age subgroup**: Adults  **Ethnicity:** Other : ADHD group: 33% non-caucasian; Control group: race information not reported  Multicenter  Industry | **Test description:** Brain perfusion SPECT (single-photon emission computed tomography), photon emission was captured using a high-resolution Picker Prism 3000 triple-headed gamma camera with fan beam collimator with data collected in 128 × 128 matrices, yielding 120 images per scan separated by 3 degrees spanning 360 degrees; a low pass filter applied with a high cutoff and Chang attenuation correction; patients sat upright in a quiet, dimly lit room with open eyes, and the bolus was injected after 10 min, patients sat for an additional 10 minutes after  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Clinical diagnosis based on DSM-IV by specialists at the Amen Clinics, Incorporated branches  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** SPECT Functional Neuroimaging distinguishes adult ADHD patients without comorbidities from healthy controls with 100% sensitivity and specificity in post-hoc ROI analysis.  Visual reads of SPECT scans showed 100% sensitivity and >97% specificity in distinguishing adult ADHD from healthy controls.  Sensitivity 100%  Specificity 97%  PPV  NPV  LR+  LR-  Accuracy  AUC 97.6  **Concordance:** N/A  **Rater agreement:** Rater agreement in visual interpretations of SPECT scans by multiple nuclear medicine physicians and radiologists by analyzing regional cerebral blood flow (rCBF) in 14 cortical and 7 subcortical regions  Kappa 0.79  ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Chaim-Avancini, 201756  N = 116  n ADHD = 67  Brazil  Specialty care | **Target:** Stimulant-naive men with ADHD  **ADHD presentation:** inattentive : 53.7,combined : 46.2  **Comorbidity:** N/A  **Other:** 66 healthy controls (44 men)  **Female:** 22.39% non-ADHD: 33.33  **Age mean (SD):** 27 (6.0)  Min age: 18 Max age: 50  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Structural MRI and diffusion tensor imaging, 1.5T Espree system  Machine learning: Yes  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Structured Clinical Interview for DSM-IV and ADHD-related items from an adapted version of the Schedule for Affective Disorders and Schizophrenia for School-Aged Children (K-SADS-E), requiring at least 6 inattention or hyperactivity/impulsivity symptoms persisting from childhood into adulthood with impairment in multiple domains  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The combination of T1-weighted MRI and DTI features achieved an AUC of 0.71 and diagnostic accuracy of 65.4% (P 0.005) in a mixed-gender ADHD group.  Sensitivity 65% 53, 78 Male only: 73 (62, 86)  Specificity 86% Male only: 86 (77, 97)  PPV 68.6 Male only: 79.1  NPV 63.1 Male only: 71.1  LR+  LR-  Accuracy 65.4 Male only: 73.8  AUC 0.71 Male only: 0.74  **Concordance:** N/A  **Rater agreement:** N/A  Kappa  ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Sex  In a male-only ADHD subgroup, the combination of T1-weighted MRI and DTI features improved classification accuracy to 74% (P 0.0001), with an AUC of 0.74. Classification performance was higher in the male-only subgroup compared to the mixed-gender subgroup, suggesting that male ADHD patients may have more significant neuroanatomical deviations from controls​. However, the authors cautioned that they could not conduct female-only analyses due to the limited sample size, and the observed differences might reflect the use of a more homogeneous sample rather than actual sex-based differences in diagnostic performance​. |
| Schneider, 2014136  N = 427  n ADHD = 170  Canada  Specialty care | **Target:** Participants with a clinical DSM-IV diagnosis of ADHD identified through community-based psychiatric clinics and offices, presenting with complex or refractory cases requiring further diagnostic clarification, ranging in age from teenage to geriatric. 39.8% of 427 patients had a clinical DSM-IV diagnosis of ADHD.  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Individuals with various psychiatric and neuropsychiatric disorders other than ADHD, identified through the same community-based psychiatric clinics and offices, representing a mix of general and specialty care settings  **Female:** 51%  **Age mean (SD):** 40.9 (15.7)  Min age: 14 Max age: 82  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** 3D thresholded SPECT (Single Photon Emission Computed Tomography), which discards areas below 55% of maximum activity to evaluate regional cerebral blood flow; Tc99m radiotracers following baseline or concentration protocols, and a nuclear medicine physician interpreted them without formal blinding  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical DSM-IV criteria evaluated by community-based psychiatrists using clinical interviews and patient history  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** 3D thresholded SPECT provides a stronger signal for ADHD detection in clinical settings and may outperform conventional SPECT in sensitivity while maintaining reasonable specificity.  Sensitivity 54% (CI 46, 61) Conventional SPECT: 4%  Specificity 76% (CI 71, 81) Conventional SPECT: 97%  PPV  NPV  LR+  LR-  Accuracy 67 computed  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa  ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** Approximately 15-20 minutes. | **Subgroup analysis:** N/A |
| Wang, 2013157  N = 46  n ADHD = 23  China  College | **Target:** Adults (>18 years) with combined lifetime ADHD  **ADHD presentation:** inattentive : 73.9,hyperactive : 56.5  **Comorbidity:** N/A  **Other:** Adults (>18years) without ADHD, gender and age matched to ADHD group  **Female:** 21.7%  **Age mean (SD):** 31.54 (9.75) VC: 32.04 (9.23)  Min age: 18 Max age: 35  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Resting-state fMRI and structural MRI images were collected while subjects relaxed, with voxel-wise ReHO (regional homogeneity) used to extract signals as model inputs to differentiate patterns amongst ADHD group and control group  Machine learning: Yes  Validation dataset: Unclear  **Reference standard:** Other  Unclear how reference standard test was completed and unclear if conducted by appropriate clinician  **Diagnosed by:** Unclear/NR  **Timing:** N/A | **Diagnostic accuracy summary:** ADHD brain regions were more activated than normal controls during resting state. Linear support vector classifier can provide useful discriminative information of altered ReHo patterns for ADHD; and feature selection can improve the performances of classification.  Sensitivity 87%  Specificity 74%  PPV  NPV  LR+  LR-  Accuracy 80  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa  ICC Correlation coefficient map amongst the ADHD-RS scores and the most discriminative ReHo features, Inattentive scores showed positive correlation with ReHo, while hyperactive/impulsive results demonstrated negative correlation with ReHo  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Yao, 2018161  N = 251  n ADHD = 112  China  Other setting | **Target:** Participants with ADHD recruited from clinics, required to be drug-naïve for stimulants and psychotropic drugs, have an IQ score greater than 80, and be right-handed. 112 ADHD, 77 healthy controls  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD participants were age-matched healthy controls recruited from local universities, with no history of psychiatric or neurological disorders, and were selected to match the ADHD participants in demographics and handedness  **Female:** 25.3%  **Age mean (SD):** 25.93 (4.86)  Min age: Max age: 34  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  Public funding | **Test description:** Resting state-fMRI (functional MRI) to analyze functional connectivity patterns across 246 brain regions, identifying potential biomarkers for ADHD diagnosis; a novel feature selection method, FS\_RIEL, was applied to reduce dimensionality and improve classification accuracy  Machine learning: Yes  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical evaluation conducted by mental health clinicians at Peking University Sixth Hospital following established diagnostic criteria.  **Diagnosed by:** Specialist (e.g., mental health) Mental health clinician  **Timing:** Concurrent | **Diagnostic accuracy summary:** The method achieved 80% accuracy in distinguishing ADHD from healthy controls.  Sensitivity 91%  Specificity 65%  PPV  NPV  LR+  LR-  Accuracy 80  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa  ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |

Table C.6. Evidence table EEG as index test

| **Study ID** | **Population** | **EEG as Index Test** | **Results** | **Subgroup** |
| --- | --- | --- | --- | --- |
| Baghdassarian, 201889  N = 108  n ADHD = 24  Sweden  Specialty care | **Target:** Adults, unmedicated for at least 24 hours prior to testing, meeting DSM-IV criteria through multidisciplinary assessment, with a history of ADHD symptoms from before age 7, excluding those with psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, autism spectrum disorders, brain damage, epilepsy, ongoing substance misuse, or neurological disorders  **ADHD presentation:** inattentive : 37.5,combined : 58.3  **Comorbidity:** N/A  **Other:** Adults recruited from healthy controls (primarily students and hospital personnel, screened to rule out ADHD, psychosis, or prodromal syndromes) and patients with schizophrenia diagnosed using DSM-IV criteria; healthy controls were neurotypical with no significant mental or neurological conditions, while schizophrenia patients were stably medicated, had a duration of illness of at least one year, recruited from a psychosis hospital unit  **Female:** 50%  **Age mean (SD):** 29.5 (8.1)  Min age: 18 Max age: 50  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Auditory Brainstem Response profiling tests using disease-specific traits derived from auditory waveform characteristics to differentiate ADHD from other conditions and healthy controls. The cutoff for a positive diagnosis was a disease index ≥50%  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria through multidisciplinary assessments conducted at a neuropsychiatric outpatient clinic using structured clinical interviews and consensus best estimate diagnosis methods  **Diagnosed by:** Specialist (e.g., mental health) psychiatrists and neuropsychiatric experts  **Timing:** Concurrent | **Diagnostic accuracy summary:** Profiling identified adult ADHD versus controls with a sensitivity of 87.5% and a specificity of 91.4%. 1/26 schizophrenia patients was a false positive for ADHD.  Sensitivity 88%  Specificity 91%  PPV 80.8  NPV 94.6  LR+ 10.2  LR- 0.14  Accuracy 90.2 DOR 72.8  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** About 40 minutes. | **Subgroup analysis:** Sex  The sensitivity for the ABR profiling test was lower in females (83.3%) compared to males (91.6%) for ADHD diagnosis. |
| Biederman, 201754  N = 60  n ADHD = 34  US  Specialty care | **Target:** Adults aged 18 to 55 years with a DSM-IV diagnosis of ADHD, onset of symptoms in childhood, persistence into adulthood, unmedicated for at least 1 week before the study, and no active symptoms of depression or anxiety  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Healthy adults aged 18 to 55 years without ADHD or other psychiatric disorders, recruited as controls to differentiate ADHD from neurotypical individuals in a specialty care setting  **Female:** 23.33%  **Age mean (SD):** 30.06 (10.76)  Min age: 18 Max age: 55  **Age subgroup**: Adults  **Ethnicity:**  % White : 82  Single center  Industry | **Test description:** Event-related potential data to analyze brain activity patterns during Go/NoGo task, Go condition  Machine learning: Yes  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria through clinical evaluation and ADHD module of the K-SAD-E conducted by clinicians with expertise in ADHD diagnosis and treatment  **Diagnosed by:** Specialist (e.g., mental health) clinicians  **Timing:** Concurrent | **Diagnostic accuracy summary:** EEG Brain Network Activation analysis demonstrated high diagnostic accuracy in distinguishing adults with ADHD from neurotypical controls, with an AUC of 0.92, sensitivity of 0.86, and specificity of 0.95 in the Go condition, and an AUC of 0.84, sensitivity of 0.76, and specificity of 0.91 in the NoGo condition.  Neuropsychological tests alone showed no high discriminability for any of the indicators.  Sensitivity 86% NoGo condition 76%; cross-validation data: NoGo 68%, Go 62%  Specificity 95% NoGo condition 91%; cross-validation data: NoGo 80%, Go 69%  PPV 0.93 NoGo condition 0.90%; cross-validation data: NoGo 0.77, Go 0.69  NPV 0.85 NoGo condition 0.80%; cross-validation data: NoGo 0.72, Go 0.65  LR+  LR-  Accuracy  AUC 0.92 NoGo condition AUC 0.84  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** 12 minutes across all tests. | **Subgroup analysis:** N/A |
| Hadas, 202180  N = 108  n ADHD = 56  Israel  College | **Target:** Adults with confirmed diagnosis of ADHD without other co-morbidites, with no use of psychoactive medications 1 week prior to study  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Fit and healthy adults recruited from university advertisement boards or online newsletter  **Female:** 33%  **Age mean (SD):** 26 (0.3)  Min age: 17 Max age: 30  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Other funding | **Test description:** EEG (Electroencephalography) was recorded during transcranial magnetic stimulation (TMS) targeting the right prefrontal cortex and during the Stop Signal Task.  Stop Signal Task assesses the response inhibition and cognitive control by responding to visual cues and pressing corresponding buttons, the test serves as a paradigm to elicit neural activity for EEG recordings.  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosis of ADHD confirmed with psychiatrist through clinical  interview  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** Significant reductions in transcranial magnetic stimulation-evoked potentials (TEPs) and event-related potentials (ERPs) in individuals with ADHD compared to healthy controls, as well as significant correlations between ADHD severity and TEP.  Sensitivity 88%  Specificity 54%  PPV  NPV  LR+  LR-  Accuracy 72  AUC 0.73  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Kaur, 202091  N = 97  n ADHD = 47  India  College | **Target:** ADHD diagnosis is confirmed in 48 cases after clinical assessment, group must fulfill DSM-5 criteria of ADHD diagnosis  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Age matched adults not having ADHD or any other psychopathology  **Female:** 20.3%  **Age mean (SD):** 20.3 (1.12)  Min age: 19 Max age: 23  **Age subgroup**: Young  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** EEG (electroencephalography) to record brain activity from 19 scalp electrodes under 3 conditions: eyes-open, eyes-closed, and during the CPT (Continuous Performance Test); EEG signals were preprocessed to remove artifacts, and phase space reconstruction features were extracted to classify ADHD and control adults using machine learning classifiers  Machine learning: Yes  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-5 criteria  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** EEG in the CPT condition provided the highest accuracy, achieving 100% sensitivity and specificity with the Neural Dynamic Classifier NDC; testing accuracy was 93.3% under the eyes-open, 90% under the eyes-closed, and 100% under the CPT condition.  Sensitivity 100% Eyes open condition: 100, Eyes closed condition: 93.3, CPT: 100  Specificity 87% Eyes open condition: 86.7, Eyes closed condition: 86.7, CPT: 100  PPV  NPV  LR+  LR-  Accuracy 93.3 Eyes open condition: 93.3, Eyes closed condition: 90, CPT: 100  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** 17 minutes | **Subgroup analysis:** N/A |
| Kiiski, 202096  N = 134  n ADHD = 38  Ireland  Specialty care | **Target:** Adults with ADHD  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** 1st degree relatives of people with ADHD (18 siblings, 27 parents) and healthy controls recruited from the general population, support groups and a secondary mental health care service  **Female:** 50%  **Age mean (SD):** 27.1 (10.4)  Min age: 27 Max age: 38  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Resting-state EEG functional connectivity to assess brain network differences, connectivity patterns analyzed across the delta, theta, alpha, beta, and gamma frequency bands using the weighted phase lag index and machine learning models  Machine learning: Yes  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Conners’ Adult ADHD Rating Scale and the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) criteria​.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** While EEG connectivity could predict ADHD symptom severity, it did not reliably classify ADHD, 1st-degree relatives, and controls, with modest classification performance (AUC up to 0.669); EEG may serve as a neuromarker for ADHD symptoms, but its diagnostic utility remains limited due to variability in classification accuracy.  Sensitivity 73% Eyes open (ADHD vs relatives 70.13, Control vs relatives 49), Eyes closed (ADHD vs relatives 69.12, Controls vs relatives 49)  Specificity 37% Eyes open (ADHD vs relatives 46.41, Control vs relatives 63.1), Eyes closed (ADHD vs relatives 57.79, Controls vs relatives 63.1)  PPV  NPV  LR+  LR-  Accuracy  AUC 0.575 Eyes open (ADHD vs relatives 0.578, Control vs relatives 0.548), Eyes closed (ADHD vs relatives 0.669, Controls vs relatives 0.617)  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** 6 minutes | **Subgroup analysis:** N/A |
| Kim, 202197  N = 79  n ADHD = 34  Korea  Specialty care | **Target:** Participants with ADHD (DSM-V) from the Department of Psychiatry in a hospital, all were drug-naïve  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Healthy controls with no history of disorders  **Female:** 17.6%  **Age mean (SD):** 24.76 (7.02)  Min age: 18 Max age: 45  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Mismatch negativity sensor level plus source level, an event-related potential component representing pre-attentive auditory processing closely associated with cognitive status assessed via EEG (electroencephalography); source localization was performed using standardized low-resolution brain electromagnetic tomography to estimate cortical distributions of mismatch negativity activity in the frontal, temporal, and limbic lobes  Machine learning: Yes  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on full DSM-V criteria evaluated by a board-certified psychiatrist specializing in adult ADHD  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The best classification performance showed an 81.01% accuracy, 82.35% sensitivity, and 80.00% specificity based on source activity features; results suggest that abnormal mismatch negativity reflects the adult ADHD patients’ pathophysiological characteristics and might serve clinically as a neuromarker of adult ADHD.  Sensitivity 82%  Specificity 80%  PPV  NPV  LR+  LR-  Accuracy 81  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** About 10 minutes | **Subgroup analysis:** N/A |
| Mueller, 2011115  N = 167  n ADHD = 75  Multiple countries  Setting varies | **Target:** Adults aged 20-50 diagnosed with ADHD based on DSM-IV criteria, including combined, inattentive, or hyperactive-impulsive subtypes, unmedicated or off methylphenidate for 24 hours before testing, no history of neurological or systemic medical diseases, no psychosis symptoms, no significant head injuries  **ADHD presentation:** inattentive : 56,hyperactive : 12,combined : 32  **Comorbidity:** N/A  **Other:** Age- and sex-matched neurotypical adults from the community with no ADHD diagnosis, no significant head injuries, no neurological or systemic medical diseases, scoring below clinical significance on the Brief Symptom Inventory, and not receiving medication  **Female:** 49.33%  **Age mean (SD):** 36.05 (8.42)  Min age: 20 Max age: 50  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  Public funding | **Test description:** Event-related potentials recorded while participants performed a visual two-stimulus go/no-go task  Machine learning: Yes  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria assessed through a structured clinical interview conducted by trained psychologists  **Diagnosed by:** Specialist (e.g., mental health) Psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** A classification accuracy of 91% using a 10-fold cross-validation approach to differentiate adult ADHD patients from controls based on independent ERP components.  The predictive power of the SVM was validated with an independent ADHD sample, achieving a classification accuracy of 94%.  Sensitivity 91%  Specificity 91%  PPV  NPV  LR+  LR-  Accuracy 91  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Mueller, 2020116  N = 328  n ADHD = 181  Switzerland  Setting varies | **Target:** Adults diagnosed with ADHD based on DSM-5 criteria, recruited via media advertisements, local psychiatrists, and ADHD associations, excluding those with IQ <80, neuropsychological performance quotient <75, history of brain injury requiring rehabilitation, epilepsy, primary mental disorders other than ADHD, or insufficient knowledge of German or French.  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Neurotypical adults recruited through media, schools, companies, and associations, excluding those with psychiatric diagnoses or histories of psychotropic medication intake.  **Female:** 49.72%  **Age mean (SD):** 34.54 (10.16)  Min age: 18 Max age: 60  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  Other funding | **Test description:** EEG/ERP measures to capture brain activity patterns analyzed using a machine-learning framework, incorporating spectral power, event-related potential amplitudes, and latencies  Machine learning: Yes  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-5 criteria verified by a psychiatric specialist through clinical interviews, ADHD screening questionnaires, and structured diagnostic assessments.  **Diagnosed by:** Specialist (e.g., mental health) Psychiatric specialists  **Timing:** Concurrent | **Diagnostic accuracy summary:** ADHD patients and healthy controls could be classified with a sensitivity of 75% to 83% and a specificity of 71% to 77%. In the analysis of the repeated measurements, sensitivity values of the selected logistic regression model remained high (72% and 76%), while specificity values slightly decreased over time (64% and 67%).  Sensitivity 75% after 12 months: 72; after 24 months: 76  Specificity 77% after 12 months: 64; after 24 month: 67  PPV  NPV  LR+  LR-  Accuracy  AUC 0.84 after 12 months: 0.68; after 24 months: 0.72  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:** Measurment 1 or 2 years later  0.623 CI (0.560, 0.683), good consistency of classification performance over time  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** 26 minutes | **Subgroup analysis:** N/A |
| Poil, 2014125  N = 49  n ADHD = 48  Switzerland  Specialty care | **Target:** Adults diagnosed with ADHD using clinical interviews and standardized diagnostic tools  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Neurotypical individuals recruited from personal contacts and public science presentations, with no current or past neurological or psychiatric diagnoses, matched for demographic variables and IQ to the ADHD group  **Female:** 55% 37.5 in larger group  **Age mean (SD):** 37.9 (11.3)  Min age: Max age: 61  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** Resting-state EEG was recorded during a 2.5-minute eyes-closed session using 60 scalp electrode positions, analyzing spectral power and central frequency across delta, theta, alpha-1, alpha-2, beta, and gamma frequency bands to identify diagnostic biomarkers for ADHD.  Machine learning: Yes  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical interviews conducted by experienced psychiatrists for adults and the Kiddie-SADS-PL for children following standardized diagnostic criteria  **Diagnosed by:** Specialist (e.g., mental health) psychiatrists  **Timing:** Concurrent | **Diagnostic accuracy summary:** Support vector machine classification of ADHD adults versus controls yielded a notable cross validated sensitivity of 67% and specificity of 83% using power and central frequency from all frequency bands.  Sensitivity 67%  Specificity 83%  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** 2.5 minutes | **Subgroup analysis:** N/A |
| Ponomarev, 2014126  N = 472  n ADHD = 96  Multiple countries  College | **Target:** Adults aged 20–50 with symptoms meeting modified DSM-IV criteria for ADHD (at least 4 inattention and/or hyperactivity/impulsivity symptoms in childhood and the past 6 months), no head injury or neurological/systemic medical diseases, mostly unmedicated, with 63 meeting full DSM-IV criteria and 33 classified as subclinical  **ADHD presentation:** inattentive : 23.96,hyperactive : 7.29,combined : 68.75  **Comorbidity:** N/A  **Other:** Neurotypical adults recruited from university students, research staff, and general community members, with no neurological or psychiatric conditions, average or better academic performance, no current medication or substance use, and normal mental and physical development  **Female:** 48%  **Age mean (SD):** 36.4 (8.36)  Min age: 20 Max age: 50  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  Other funding | **Test description:** EEG (electroencephalography) with group independent component analysis and current source density  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed based on DSM-IV criteria assessed through clinical interviews and ADHD questionnaires conducted by an independent psychiatrist, including retrospective recall of childhood symptoms and current symptomatology  **Diagnosed by:** Specialist (e.g., mental health) psychiatrist  **Timing:** Concurrent | **Diagnostic accuracy summary:** Spectral power of local EEG activity isolated by gICA or CSD in the fronto-central areas may be a suitable marker for discrimination of ADHD and healthy adults.  Sensitivity 94%  Specificity 90%  PPV  NPV  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Robeva, 2004132  N = 12  n ADHD = 6  US  College | **Target:** Female college students with a current ADHD diagnosis, taking ADHD medication for at least three years, not on anxiety or depression medication, without significant health conditions affecting EEG recordings, diagnosed in childhood according to Utah standards  **ADHD presentation:** combined : 100  **Comorbidity:** N/A  **Other:** Female college students with no history of ADHD or disruptive behavioral disorders, never prescribed or taken stimulant medication, not on anxiety or depression medication, without significant medical conditions affecting EEG data collection, screened to confirm the absence of ADHD symptoms  **Female:** 100%  **Age mean (SD):** 20.7 (1.5)  Min age: 18 Max age: 22  **Age subgroup**: Young  **Ethnicity:** N/A  Single center  Other funding | **Test description:** EEG-based physiological markers  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a prior clinical diagnosis made during childhood following Utah criteria, confirmed through self-report screening using the Brown Attention-Deficit Disorder Scale and the ADHD Symptom Inventory, with additional verification th  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The procedure significantly improved the score separation between ADHD and non-ADHD groups. The final average probabilities for ADHD were 76% for the ADHD group and 8% for the control group. These probabilities correlated (r 0.87) with the Brown ADD scale and (r 0.84) with the ADHD-Symptom Inventory used for screening the participants.  Sensitivity %  Specificity %  PPV  NPV  LR+  LR-  Accuracy classification less than 85%  AUC  **Concordance:**  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:**  **Admin time:** | **Subgroup analysis:** N/A |
| Shahaf, 2012139  N = 26  n ADHD = 13  Israel  Specialty care | **Target:** Adults diagnosed with the combined subtype of ADHD based on DSM-IV criteria, aged-matched and gender-matched, right-handed, with normal hearing and vision or corrected-to-normal vision, screened to exclude co-morbid disorders such as depression, anxiety, substance abuse, or learning disabilities, with 24-hour medication washout for those receiving methylphenidate therapy​  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Neurotypical adults without ADHD recruited as student volunteers from the Institute of Technology, who underwent comprehensive neurological and neuropsychological evaluation, matching the ADHD group in age and gender​  **Female:** % N/A  **Age mean (SD):** 29.2 (6.1)  Min age: 18 Max age: 39  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** Brain network activation utilizes EEG-based neurophysiological markers to analyze event-related potentials (ERPs) to identify patterns of brain activity associated with ADHD  Machine learning: Yes  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria using clinical interviews, confirmed by fulfilling ADHD symptoms on the Conners Adult ADHD Rating Scales and excluding co-morbid disorders through comprehensive neurological and neuropsychological evaluation​  **Diagnosed by:** Specialist (e.g., mental health) Specialists in the Neuro-Cognitive Unit at Rambam Health Care Campus​  **Timing:** Concurrent | **Diagnostic accuracy summary:** The ADHD group was more characterized by the process of exerting attention in the early monitoring stages of the No-go signal, while the controls were more characterized by the process of inhibiting the response to that signal.  Sensitivity 84%  Specificity 92%  PPV 91.67 computed  NPV 85.71 computed  LR+ 11 computed  LR- 0.17 computed  Accuracy 88 computed  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |

Table C.7. Evidence table biomarkers as index test

| **Study ID** | **Population** | **Clinician Tools Index Test** | **Results** | **Subgroup** |
| --- | --- | --- | --- | --- |
| Andrikopoulos, 202449  N = 76  n ADHD = 32  Greece  Specialty care | **Target:** Adults diagnosed with ADHD based on DSM-5 criteria, aged 18 years or older, IQ above 70, proficient in Greek, willing and able to provide informed consent, without major psychiatric disorders, significant neurological conditions, or severe learning disabilities  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Neurotypical adults without an ADHD diagnosis, recruited from the same specialty care setting, meeting the same inclusion criteria as the ADHD group except for the diagnosis, including being aged 18 years or older, IQ above 70, proficient in Greek, and without major psychiatric disorders, significant neurological conditions, or severe learning disabilities  **Female:** 34.38%  **Age mean (SD):** 33.26 (12.18)  Min age: 18 Max age: 59  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Other funding | **Test description:** Physiological data, including electrodermal activity, heart rate variability, and skin temperature, using a wrist-worn wearable device during neuropsychological evaluations; biomarkers were analyzed using machine learning algorithms  Machine learning: Yes  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-5 criteria through a semi-structured Diagnostic Interview for ADHD in Adults (DIVA) conducted by an experienced psychiatrist, complemented by a psychiatric examination and additional information from relatives.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Results indicate that the SVM-based model yielded the optimal performance, achieving 81.6% accuracy, maintaining a balance between the experimental and control groups, with sensitivity and specificity of 81.4% and 81.9%, respectively  Sensitivity 81%  Specificity 82%  PPV  NPV  LR+  LR-  Accuracy 82  AUC  **Concordance:** N/A  **Rater agreement:**  N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Grünblatt, 201279  N = 143  n ADHD = 108  Germany  College | **Target:** Adults diagnosed with ADHD recruited from outpatient clinics at the university's psychiatry department  **ADHD presentation:** inattentive : 21.3,hyperactive : 5.5,combined : 70.4  **Comorbidity:** N/A  **Other:** Control participants recruited from newspaper ad  **Female:** 45.7%  **Age mean (SD):** 34.7 (1.61) non-ADHD 39.6 (9.49)  Min age: 24 Max age: 50  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** Gene expression levels of 4 ADHD-associated genes—SLC6A3, DRD5, TPH1, and SNAP25—in peripheral blood, cut-off point 0.69  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD by team of psychiatrists through retrospective assessment using DSM-IV during structured clinical interview  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** Combining the gene expression levels of SLC6A3, DRD5, TPH1, and SNAP25 as predictors in a regression model resulted in sensitivity and specificity of over 80% (ROC: max R² 0.587, AUC 0.917, p < 0.001, 95% CI 0.900–0.985), distinguishing adult ADHD from healthy controls.  Sensitivity 81% SLC6A3 70%, DRD5 75%, SNAP25 64, TPH1 78  Specificity 82% SLC6A3 65%, DRD5 63%, SNAP25 62%, TPH1 71%  PPV  NPV  LR+  LR-  Accuracy  AUC 0.917 0.9-0.985 SLC6A3 0.694, DRD5 0.749, SNAP25 0.689, TPH1 0.812  **Concordance:** N/A  **Rater agreement:**  N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Jimenez, 202188  N = 144  n ADHD = 108  Multiple countries  Specialty care | **Target:** Adults aged 18-65 diagnosed with ADHD without mental retardation, fluent in Spanish or English, no history of head injury or neurological illness, assessed with DSM criteria and confirmed through psychiatric and psychological evaluations  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Age- and sex-matched clinical participants with conduct disorder diagnoses, recruited from specialty care clinics and hospitals in Spain and the UK  **Female:** 37.5%  **Age mean (SD):** 29.4 (12.4)  Min age: 18 Max age: 65  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  Public funding | **Test description:** Eye tracker, measuring modulation in the angle of eye vergence during an attention task using the BGaze eye-tracking system; participants were to maintain fixation on a central point while responding to visual stimuli, and the vergence angle (convergence or divergence of the eyes) was calculated using gaze vector data; a random forest classifier analyzed signals based on differential patterns in their eye vergence responses  Machine learning: Yes  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Diagnostic and Statistical Manual of Mental Disorders criteria through psychiatric and psychological evaluations, including a semistructured interview, assessment of symptom onset before 12 years of age, and persistence of dysfunction in at least two settings  **Diagnosed by:** Specialist (e.g., mental health) Clinical psychiatrists and psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** Eye Vergence Responses showed a diagnostic accuracy of 79%, with an AUC of 0.77, a false positive rate of 25%, and a false negative rate of 20.55%.  Sensitivity 80%  Specificity 83%  PPV 4.8  NPV 56  LR+ 72.92  LR- 0.24  Accuracy 72.92  AUC 0.77  **Concordance:** N/A  **Rater agreement:**  N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** Approximately 15 minutes | **Subgroup analysis:** N/A |
| Selek, 2012138  N = 87  n ADHD = 50  Turkey  Specialty care | **Target:** Adults aged 18–45 years diagnosed with ADHD using Turgay’s Turkish version of the DSM-IV Adult ADD/ADHD Diagnostic Screening and Rating Scale, free from stimulant or ADHD medications, without severe organic conditions, epilepsy, infectious diseases, excessive obesity, or use of antioxidant agents, and scoring below 2 on the Clinical Global Impression-Severity Scale.  **ADHD presentation:** inattentive : 34,hyperactive : 16,combined : 38,combined\_other : 12  **Comorbidity:** N/A  **Other:** Non-ADHD participants were healthy adults from the same hospital, including doctors and staff, free of medication for at least six weeks, and without a history or family history of psychiatric disorders.  **Female:** 30%  **Age mean (SD):** 24.7 (7.5)  Min age: 18 Max age: 45  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Other funding | **Test description:** Blood total oxidative status levels above 9.8575 mmol H₂O₂ Eqv./L  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on Turgay’s Turkish version of the DSM-IV Adult ADD/ADHD Diagnostic Screening and Rating Scale conducted by two psychiatrists.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** ADHD can be predicted for TOS over 9.8575 mmol H2O2 Eqv./L level with 86% positive predictive value and 100% negative predictive value.  Sensitivity %  Specificity %  PPV 86  NPV 100  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Age  The study reported a positive correlation between age and oxidative biomarkers (TOS and OSI) in ADHD patients, suggesting that oxidative stress may increase with the duration of the disease, but this correlation was not observed in the control group. |
| Udal, 2024150  N = 115  n ADHD = 91  Norway  Specialty care | **Target:** Adults referred to a psychiatric outpatient clinic for diagnostic assessment, excluding those with schizophrenia, psychotic disorders, ongoing drug abuse, rheumatic, orthopedic, or neurological disorders, or medications affecting motor function  **ADHD presentation:** inattentive : 34.1,combined : 65.0  **Comorbidity:** N/A  **Other:** Adults from a psychiatric outpatient clinic presenting with various psychiatric diagnoses or subthreshold ADHD symptoms but not meeting full diagnostic criteria for ADHD  **Female:** 59.3%  **Age mean (SD):** 33.0 (9.9)  Min age: 18 Max age: 66  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Other funding | **Test description:** MFNU (Motor Function Neurological Assessment), neuromuscular assessment, assessing neuroromuscular dysregulation, analyzing maximum summed problem score  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Mini International Neuropsychiatric Interview (MINI-plus) and/or the Diagnostic Interview for ADHD in Adults 2.0 (DIVA-2.0) following structured clinical interviews conducted by a physician or clinical psychologist.  **Diagnosed by:** Specialist (e.g., mental health) Physician or clinical psychologist  **Timing:** Concurrent | **Diagnostic accuracy summary:** A MFNU-TS cut-off score of 13.5 yielded a near 98% sensitivity for ADHD diagnosis, both when including and excluding those with subthreshold ADHD symptoms.  Sensitivity 98% 98% when excluding subthreshold from control group  Specificity 25% 77% when excluding subthreshold ADHD from control group  PPV  NPV  LR+  LR-  Accuracy Youden index 0.23 (0.74 when excluding subthreshold ADHD from control group)  AUC 0.66 AUC 0.90 when excluding subthreshold ADHD from control group  **Concordance:** N/A  **Rater agreement:**  N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** ADHD diagnosis (effect of different reference status or comparator)  Participants with subthreshold ADHD symptoms had MFNU scores similar to the ADHD group, suggesting possible diagnostic overlap and the need for further evaluation in these cases. |

Table C.8. Evidence table clinician tools as index test

| **Study ID** | **Population** | **Clinician Tools Index Test** | **Results** | **Subgroup** |
| --- | --- | --- | --- | --- |
| Kumar, 2011100  N = 110  n ADHD = 6  US  Specialty care | **Target:** Adults recruited from psychiatric inpatient unit of a general hospital with a chart diagnosis of ADHD  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults with different mental disorders recruited from psychiatric inpatient unit of a general hospital  **Female:** 50%  **Age mean (SD):** 36.6 (11.1)  Min age: 25 Max age: 49  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 8  % Black/African American : 16  % White : 64  % Multiracial : 12,Other : other ethnic backgrounds  Single center  Funding unclear | **Test description:** MINI (International Neuropsychiatric Interview), a short, structured diagnostic interview designed to assess a range of different mental health disorders  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Chart diagnosis, diagnosed with ADHD by board certified psychiatrists after inpatient admission through DSM-IV-TR  **Diagnosed by:** Specialist (e.g., mental health) Psychiatrist  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The CAARS-S–S: SV indicated adequate disrimination.  The MINI ADHD module was most effective for identifying inpatients without ADHD.  Sensitivity 83% (CI 36, 100)  Specificity 52% (CI 42, 62)  PPV 9 (CI 3, 20)  NPV 98 (CI 90, 100)  LR+  LR-  Accuracy 54 (CI 44, 63)  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 10-25 minutes. | **Subgroup analysis:** Age,Sex  ADHD diagnosis based on CAARS-S or MINI were not correlated with age.  ADHD diagnosis based on CAARS-S or MINI were not correlated with sex. |
| Palma-Alvarez, 2023121  N = 1263  n ADHD = 179  Multiple countries  Setting varies | **Target:** Adults aged 18–65 years starting a new treatment episode in addiction treatment centers, screened for ADHD using the MINI-Plus ADHD module, with no severe cognitive impairment, substance intoxication, acute psychiatric crisis, or severe somatic problems, and who provided informed consent​  **ADHD presentation:** N/A  **Comorbidity:** SUD : seeking treatment for SUD  **Other:** Adults in addiction treatment centers who did not meet ADHD criteria based on the CAADID, with similar inclusion settings focusing on treatment for substance use disorders​  **Female:** 26.5%  **Age mean (SD):**  mean 39.98  Min age: 18 Max age: 65  **Age subgroup**: Adults  **Ethnicity:** Other : 9.7  % White : 90.3  Multicenter  Public funding | **Test description:** MINI-Plus (Mini International Neuropsychiatric Interview), a structured diagnostic interview designed to assess psychiatric disorders, including ADHD, based on DSM-IV and ICD-10 criteria targeting core symptoms of inattention and hyperactivity-impulsivity, without differentiating ADHD subtypes  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on the Conners’ Adult ADHD Diagnostic Interview for DSM-IV conducted by trained clinicians  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Sensitivity of the MINI-Plus ADHD module was 74%, specificity was 91%.  Sensitivity 75% (CI 68, 80)  Specificity 91% (CI 90, 93)  PPV 60 (CI 52, 65)  NPV 95.6 (CI 95, 97)  LR+  LR-  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Pettersson, 2018123  N = 108  n ADHD = 60  Sweden  Specialty care | **Target:** Adults referred for ADHD assessment, required availability of a collateral historian to provide information on childhood symptoms, excluded if treated with ADHD medications, had an IQ ≤ 70, or substance-related disorders  **ADHD presentation:** inattentive : 21.7,hyperactive : 7.1,combined : 76.7  **Comorbidity:** N/A  **Other:** Adults referred to the same specialty neuropsychological clinic for assessment, did not meet the diagnostic criteria for ADHD, included individuals with other psychiatric conditions for comparison  **Female:** 46.7%  **Age mean (SD):** 28.18 (9.09)  Min age: 18 Max age: 55  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Public funding | **Test description:** DIVA (Diagnostic Interview for ADHD in Adults), dichotomized as ADHD if 6 or more symptom criteria in both adulthood and childhood, and in either or both of the domains Attention Deficit and Hyperactivity–Impulsivity, and as non-ADHD if fewer than 6 symptom criteria  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Clinical consensus decision by a multidisciplinary assessment team using clinical interviews, neuropsychological test results, self-report measures, collateral historian input, and DSM criteria  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** All instruments showed poor discriminative ability except for the DIVA, which showed a relatively good ability to discriminate between the groups (sensitivity 90.0; specificity 72.9). A logistic regression analysis model with the DIVA and measures of inattention, impulsivity, and activity from continuous performance tests (CPTs) showed a sensitivity of 90.0 and a specificity of 83.3.  Sensitivity 90%  Specificity 73%  PPV 81  NPV 85  LR+  LR-  Accuracy 82  AUC 0.828  **Concordance:**  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:**  **Admin time:** | **Subgroup analysis:** N/A |

Table C.9. Evidence table feigning ADHD

| **Study ID** | **Population** | **Feigning ADHD** | **Results** | **Subgroup** |
| --- | --- | --- | --- | --- |
| Abramson, 202344  N = 242  n ADHD = 175  US  College | **Target:** Adult patients referred for neuropsychological evaluation at an academic medical center from 2018 to 2021, with clinical diagnosis of ADHD based on the comprehensive protocol of the study  **ADHD presentation:** inattentive : 45,combined : 55  **Comorbidity:** N/A  **Other:** Adult patients referred for neuropsychological evaluation at an academic medical center from 2018 to 2021, constituting the invalid group (failed two or more criterion measures of the performance validity test)  **Female:** 58%  **Age mean (SD):** 27.47 (6.89)  Min age: 21 Max age: 35  **Age subgroup**: Adults  **Ethnicity:** Other : 7% were other race/ethnicity  % Hispanic or Latino : 22  % Black/African American : 12  % Asian : 9  % White : 49  Single center  Other funding | **Test description:** DCT (Dot Counting Test), a freestanding performance validity test  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  (1) a full medical/psychiatric record review (including review of prior ADHD evaluations/diagnostic work ups, when available); (2) a semistructured clinical interview which systematically gathered all relevant background information (e.g., ADHD symptom onset/course and associated functional impairment; medical, psychiatric, substance use, developmental, academic, and psychosocial history) and thoroughly assessed formal DSM-5 ADHD diagnostic criteria as well as comorbid psychopathology; (3) administration of an ADHD symptom inventory (i.e., Clinical Assessment of Attention Deficit—Adult [CAT-A]), which contains embedded symptom validity scales to identify noncredible symptom reporting and provides objective, normative-based qualification of ADHD symptomatology in both childhood and adulthood; (4) administration of a standardized core neuropsychological test battery which comprehensively assessed examinees’ cognition across all major cognitive domains; and (5) administration of a validity-controlled inventory of personality and psychopathology (i.e., Minnesota Multiphasic Personality Inventory-2-Restructured Form [MMPI-2-RF]) to objectively assess for active comorbid psychological symptoms  **Diagnosed by:** Unclear/NR  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** Classification accuracy was excellent, with 54.3% sensitivity and 92% specificity at optimal cut-scores of ≥14 (rounded) and ≥13.38.  Sensitivity 54%  Specificity 92%  PPV  NPV  +LR  -LR  Accuracy  AUC 0.843  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** Brief administration time and scoring procedures. | **Subgroup analysis:** ADHD presentation,Comorbidity (e.g. anxiety, depression)  A series of ANOVAs revealed nearly identical test performance between ADHD subtypes (i.e., predominately inattentive vs combined), suggesting that these clinical factors did not meaningfully affect DCT performance.  A series of ANOVAs revealed nearly identical test performance between the presence/absence of comorbid psychopathology, suggesting that these clinical factors did not meaningfully affect DCT performance. |
| Aita, 201846  N = 280  n ADHD = 142  US  Specialty care | **Target:** Individuals from one of two university-affiliated psychology training clinics, diagnosed with ADHD  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Mood/Anxiety Disorder group or Clinic No Diagnosis group: Individuals from one of two university-affiliated psychology training clinics, not diagnosed with ADHD  Control group or ADHD Simulator group: Students were prospectively recruited from three southeastern universities  **Female:** 45.1% Study 1 - ADHD group: 45.1%; ADHD Simulators group: 73.9%; Mood/Anxiety Disorder group: 65.0%; Clinic No Diagnosis group: 42.3%; Healthy Controls group: 69.2%; Study 2 - ADHD group: 43.8%; ADHD Simulators group: 73.9%; Mood/Anxiety Disorder group: 65.4%; Clinic No Diagnosis group: 37.8%; Healthy Controls group: 75.5%  **Age mean (SD):** 20.29 (1.87) Study 1 - ADHD group: 21.77 (3.99); ADHD Simulators group: 19.83 (1.54); Mood/Anxiety Disorder group: 22.71 (4.58); Clinic No Diagnosis group: 22.05 (5.07); Healthy Controls group: 19.18 (1.57)  Study 2 - ADHD group: 22.33 (3.93); ADHD Simulators group: 19.83 (1.54); Mood/Anxiety Disorder group: 21.98 (4.26); Clinic No Diagnosis group: 22.80 (5.13); Healthy Controls group: 19.45 (1.35)  Min age: 18 Max age: 25  **Age subgroup**: Adults  **Ethnicity:** Other : Other Race: Study 1 - ADHD Simulators group: 4.3%; Clinic No Diagnosis group: 0.9%; Healthy Controls group: 3.8%; Study 2 - ADHD Simulators group: 4.3%; Clinic No Diagnosis group: 2.2%; Healthy Controls group: 3.8%  Other : Study 1 - ADHD group: 5.8%; ADHD Simulators group: 7.2%; Mood/Anxiety Disorder group: 1.5%; Clinic No Diagnosis group: 1.8%; Healthy Controls group: 3.8%; Study 2 - ADHD group: 9.6%; ADHD Simulators group: 7.2%; Healthy Controls group: 5.7%  Other : Study 1 - ADHD group: 10.1%; ADHD Simulators group: 10.1%; Mood/Anxiety Disorder group: 8.8%; Clinic No Diagnosis group: 10.8%; Healthy Controls group: 24.1%; Study 2 - ADHD group: 9.6%; ADHD Simulators group: 10.1%; Mood/Anxiety Disorder group: 5.8%; Clinic No Diagnosis group: 8.9%; Healthy Controls group: 9.4%  Other : Study 1 - ADHD group: 1.4%; ADHD Simulators group: 5.8%; Mood/Anxiety Disorder group: 2.2%; Clinic No Diagnosis group: 1.8%; Healthy Controls group: 3.8%; Study 2 - ADHD group: 2.7%; ADHD Simulators: 5.8%; Mood/Anxiety Disorder group: 1.9%; Clinic No Diagnosis group: 4.4%; Healthy Controls group: 1.9%  Other : Study 1 - ADHD group: 82.7%; ADHD Simulators group: 72.5%; Mood/Anxiety Disorder group: 87.6%; Clinic No Diagnosis group: 84.7%; Healthy Controls group: 64.7%; Study 2 - ADHD group: 75.3%; ADHD Simulators: 72.5%; Mood/Anxiety Disorder group: 92.3%; Clinic No Diagnosis group: 84.4%; Healthy Controls: 79.2%  Multicenter  Other funding | **Test description:** PAI (Personality Assessment Inventory), a self-report personality measure comprised of 344 items on a 4-point scale with anchor points of false and very true; items are categorized into 4 scales that assess validity of responding, 11 clinical syndrome scales, 5 treatment scales, and 2 interpersonal scales  Machine learning: No  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  All evaluations were conducted by doctoral graduate students in a clinical psychology program. Evaluations included a thorough clinical interview and all diagnoses were made under the supervision of a licensed psychologist.  **Diagnosed by:** Researcher Doctoral graduate students in a clinical psychology program, under supervision of a licensed psychologist  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The new index's classification accuracy was superior to most existing PAI validity scales across groups. An item-level PAI algorithm had a sensitivity of 85% and specificity of 97% for identifying feigned ADHD.  Sensitivity 46%  Specificity %  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Becke, 202352  N = 117  n ADHD = 57  Netherlands  Setting varies | **Target:** Individuals with suspected ADHD referred to the Department of Psychiatry and Psychotherapy for clinical evaluation, clinical interviews, gathering corroborating evidence of ADHD-realted impairments via asking parents, partners and/or employees  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Students who reported low levels of ADHD symptoms currently and retrospectively, differing significantly from the ADHD group; in addition to a group randomly assigned to 3 simulation instructions (general instructions to feign ADHD with no additional information, symptom-coached simulators who were given the DSM diagnostic criteria of ADHD, and fully coached simulators who received information on both the neuropsychological assessment of ADHD and its diagnostic criteria  **Female:** 33%  **Age mean (SD):** 32 (12)  Min age: 20 Max age: 44  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** WAFS CE (Perceptual and Attention Functions selective attention assessed with VTS (Vienna Test System), a computerized neuropsychological test battery for assessing cognitive functions in adult ADHD evaluates cognitive domains such as attention and executive functions, aiding in diagnosing ADHD and treatment planning  Machine learning: Yes  Validation dataset: Yes  **Reference standard:** Other  Diagnosed with ADHD based on clinical interviews conducted by two experienced professionals using the Diagnostic and Statistical Manual of Mental Disorders criteria, with corroborating evidence gathered from parents, partners, and employers when available​  **Diagnosed by:** Researcher  **Timing:** Later diagnosis | **Diagnostic accuracy summary:** Although all ensured at least 90% specificity in the ADHD Group, sensitivity differed significantly between tests, ranging from 0% to 64.9%. Tests of selective attention, vigilance, and inhibition were most useful in detecting the instructed simulation of adult ADHD, whereas figural fluency and task switching lacked sensitivity.  Sensitivity 65%  Specificity 91%  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Berger, 202153  N = 189  n ADHD = 96  Israel  Setting varies | **Target:** Undergraduate students with a diagnosis of ADHD confirmed using the Structured Clinical Interview for DSM-5 (SCID-5) were excluded if they had neurological or psychiatric disorders. Study 1: 49, Study 2: 47  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Healthy controls who feigned ADHD and histoic healthy controls  **Female:** 63.83%  **Age mean (SD):** 23.79 (2.17)  Min age: 18 Max age: 65  **Age subgroup**: Adults  **Ethnicity:** N/A  Multicenter  No COI | **Test description:** MOXO-d-CPT  Machine learning: No  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a previous diagnosis by a licensed clinician (psychiatrist and/or clinical psychologist) following DSM-5 criteria, confirmed using the Structured Clinical Interview for DSM-5 (SCID-5-RV) upon study entry  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Simulators performed significantly worse on all MOXO-d-CPT indices than healthy controls and ADHD patients. Three MOXO-d-CPT indices (attention, hyperactivity, impulsivity) and a scale combining these indices showed adequate discriminative capacity.  Sensitivity 62%  Specificity 91%  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** 18.2 minutes | **Subgroup analysis:** ADHD diagnosis (effect of different reference status or comparator)  No significant differences were found between archival and prospective data of ADHD patients. |
| Cook, 201660  N = 86  n ADHD = 4  US  College | **Target:** Adults aged 18 and older referred to a university psychology training clinic for neuropsychological evaluation for concerns about ADHD and/or a learning disability, with exclusion criteria including any self-reported history of neurological illness or injury  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Adults without ADHD, referred to a university psychology training clinic for evaluation of mood disorders, anxiety disorders, adjustment disorders, substance abuse disorders, learning disabilities, or schizotypal personality disorders, with the setting being a specialty care clinic focused on neuropsychological assessment  Participants with non-credible performance were identified with a Word Memory Test  **Female:** 53%  **Age mean (SD):** 22 (5)  Min age: 18 Max age: 42  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 2.3  % Black/African American : 3.5  % Asian : 3.5  % White : 79.1  Single center  No COI | **Test description:** CII (Conner’s Adult Attention Deficit/Hyperactivity Rating Scale Infrequency Index) to identify non-credible symptom reporting  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a comprehensive neuropsychological evaluation conducted by advanced graduate students under the supervision of a licensed psychologist in a university psychology training clinic  **Diagnosed by:** Specialist (e.g., mental health) licensed psychologist  **Timing:** Concurrent | **Diagnostic accuracy summary:** The CII was 52% sensitive to extreme scores on CAARS DSM symptom subscales (with 97% specificity) and 20%-36% sensitive to invalid responding on MMPI-2-RF validity scales (with near 90% specificity), providing further evidence for the interpretation of the CII as an indicator of non-credible ADHD symptom report. However, the CII detected only 18% of individuals who failed a standalone performance validity test (WordMemoryTest), with 87.8% specificity, and was not accurate in detecting non-credible performance using embedded digit span cutoffs.  Sensitivity %  Specificity %  PPV  NPV  +LR  -LR  Accuracy  AUC 0.87  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Courrege, 201961  N = 402  n ADHD = 83  US  Community | **Target:** Participants with ADHD were included based on self-reported history of ADHD diagnosis, diagnosis details such as the type of professional providing the assessment, methods used in the assessment (interviews, symptom questionnaires, cognitive testing), and whether medication was prescribed  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD participants included control individuals without ADHD, individuals who suspected they had ADHD but were not diagnosed, and simulators instructed to feign ADHD symptoms; participants were recruited online through Amazon Mechanical Turk and completed assessments in a general, non-clinical setting  **Female:** 60.37%  **Age mean (SD):** 36 (13.0)  Min age: 19 Max age: 75  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 4  % Black/African American : 5.3  % American Indian or Alaska Native : 1.3  % Asian : 5.3  % White : 81.5  % Multiracial : 2.6  Single center  Funding unclear | **Test description:** ASIS INF (Infrequency Scale), tool to assess self-reported ADHD symptoms and identify exaggeration or feigned responses, scales map onto DSM-5 criteria and items designed to detect symptom infrequency  Machine learning: No  Validation dataset: Partially  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on self-reported history, details of prior assessments including the type of professional conducting the evaluation, methods such as interviews, symptom questionnaires, cognitive testing, and whether medication was prescribed.  **Diagnosed by:** Specialist (e.g., mental health) psychiatrists, physicians, and psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** Demonstrated strong sensitivity (.79–.86) and excellent specificity (.89) in detecting feigned ADHD symptoms compared to a sample of individuals self-reporting a history of ADHD diagnosis. Using a malingering base rate of 29%, the ASIS INF scale achieved a positive predictive value of .71–.79 and a negative predictive value of .92–.93, indicating strong diagnostic accuracy in differentiating simulated from genuine ADHD.  Sensitivity 79%  Specificity 89%  PPV 71  NPV 92  +LR 7.18  -LR 0.24  Accuracy 79  AUC 0.92  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha 0.96  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Finley, 202372  Finley, 202473  N = 599  n ADHD = 600  US  Other setting | **Target:** Adults referred to a Midwestern academic medical center for neuropsychological evaluation diagnosed with ADHD based on clinical interviews, self-reported symptom questionnaires, and neurocognitive testing according to DSM criteria. Finley 2023: 176 individuals were diagnosed with ADHD out of 585 total participants​. 161 individuals were diagnosed with ADHD only, and 263 with ADHD plus a comorbid psychiatric disorder  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Individuals with psychiatric disorders such as depression, anxiety, PTSD, or no mental health diagnosis, evaluated in a specialty care setting; exclusions: intellectual disabilities, major neurocognitive disorders, severe mental illnesses, or invalid inconsistency scores to ensure accurate comparisons; participants were categorized into invalid and valid performance groups determined by scores from empirical performance validity indicators.  **Female:** 62%  **Age mean (SD):** 28.12 (6.85)  Min age: 18 Max age: 60  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 22  % Black/African American : 15  % Asian : 10  % White : 47  % Multiracial : 6  Single center  Funding unclear | **Test description:** Integrating 6 indicators - Combination of WAIS-IV Symbol Search age-corrected scaled score (equal to smaller than 6), WAIS-IV Coding age-corrected scaled score (equal or smaler than6), WAIS-IV Letter-Number Sequencing age-corrected scaled score (equal or smaller than 7), SCWT Word Reading T-score (equal or smaller than 25), TMT-B T-score (equal or smaller than 34), and Lexical Fluency FAS T-score (equl or smaller than 34); cut-off failing 2; adminstered together with the NI (Negative Impression), IF (Infrequency), and PI (Positive Impression) scales  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical interview, review of medical and academic records, symptom questionnaires, and neurocognitive testing following DSM criteria. Comprehensive neuropsychological evaluation and symptom questionnaires were key components of the diagnostic process. Both studies used a clinical diagnosis from mental health clinicians as the gold standard  **Diagnosed by:** Specialist (e.g., mental health) psychiatrists, neuropsychologists, and psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** AUC was 0.86 for the integrated neuropsychological test indicators.  Self report results varied (Negative Impression scale ≤51; 30% sensitivity / 90% specificity; Infrequency scale ≥4; 18% sensitivity / 90% specificity; Positive Impression scale ≥27; 36% sensitivity / 90% specificity).73  Sensitivity 60% NI scale: 30%, IF scale: 18%  Specificity 91% NI scale: 90%, IF scale: 90%  PPV  NPV  +LR  -LR  Accuracy  AUC 0.86 IF scale: 0.64 and 0.58  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Fuermaier, 201674  N = 329  n ADHD = 62  Germany  Other setting | **Target:** Adults diagnosed with ADHD referred by psychiatrists or neurologists meeting DSM-IV criteria confirmed by psychiatric interviews, scoring above cutoff on standardized self-report scales, and demonstrating objective impairments and multiple informant support for diagnosis. Fifty-one adults diagnosed with ADHD participated in the main sample. 11 adults in an independent validation sample.  **ADHD presentation:** inattentive : 43.21,hyperactive : 2,combined : 54.9  **Comorbidity:** N/A  **Other:** Non-ADHD participants recruited through public announcements and word-of-mouth, selected to match the ADHD participants in age, gender, and intellectual functioning; in addition, undergraduate students were randomly assigned to a control group, a naive simulation group, a symptom-coached simulation group, or a test-coached simulation group  **Female:** 41%  **Age mean (SD):** 34.0 (11.3)  Min age: 18 Max age: 56  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Other funding | **Test description:** Embedded Figures Test developed for the detection of feigned ADHD in adulthood  Machine learning: No  Validation dataset: Yes  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical interviews according to DSM-IV criteria, including retrospective assessment of childhood symptoms and evidence from multiple informants such as employer and partner reports  **Diagnosed by:** Specialist (e.g., mental health) Mental health specialists  **Timing:** Concurrent | **Diagnostic accuracy summary:** The EFT (Embedded Figures Test) developed in the study demonstrated strong performance in distinguishing between individuals with genuine ADHD and those feigning ADHD. The test showed high sensitivity (88%) and specificity (90%). The EFT demonstrated excellent discriminatory power with an AUC of 0.948  Sensitivity 88%  Specificity 90%  PPV 89.8  NPV 88.2  +LR 8.8  -LR 0.13  Accuracy 89  AUC 0.948  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Harp, 201181  N = 88  n ADHD = 38  US  College | **Target:** Participants with ADHD were college students with written documentation of an ADHD diagnosis from a licensed professional, diagnosed using cognitive testing, structured interview, or classroom observation, without comorbid psychiatric, neurological, reading, or intellectual disorders, and who abstained from stimulant medication for at least 12 hours prior to testing​  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** College students without psychiatric diagnoses, recruited from a university subject pool, who reported no ADHD diagnosis and no comorbid psychiatric, neurological, reading, or intellectual disabilities​  **Female:** 54.5%  **Age mean (SD):** 19.3 (1.28)  Min age: 18 Max age: 22  **Age subgroup**: Young  **Ethnicity:** Other : HON:10.7, ADHD: 5  Other : FGN: 18.2  Other : HON:21.4, FGN:18.2  Other : HON:67.9, FGN:77.3, ADHD:95, EXAG:100  Single center  Public funding | **Test description:** MMPI-2-RF (Minnesota Multiphasic Personality Inventory—2 Restructured Form) validity scales (specifically Fp-r, F-r, and Fs) were used as symptom validity tests to detect feigned or exaggerated ADHD symptoms​  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on written documentation by a licensed professional using cognitive testing structured interview or classroom observation  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** MMPI-2-RF validity scales assessed the ability to distinguish participants feigning ADHD from honest participants, with the Fp-r scale at an experimental cut score of ≥77, achieving a sensitivity of 64% and specificity of 96%.  Sensitivity % Fp-r (≥77) FGN: 63.6, EXAG: 16.7  Specificity % Fp-r (≥77) HON: 100, ADHD:90  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Harrison, 200784  N = 142  n ADHD = 72  Canada  College | **Target:** College or university students diagnosed using DSM-IV ADHD criteria with evidence of childhood and current impairments corroborated by collateral informants showing substantial academic or life impairments  **ADHD presentation:** inattentive : 47.2,hyperactive : 52.8  **Comorbidity:** N/A  **Other:** University undergraduates without ADHD, including a group instructed to simulate ADHD symptoms (Faking group) and a control group instructed to perform tasks honestly (Honest Normals)  **Female:** 54.17%  **Age mean (SD):** 22.90 (7.01)  Min age: 17 Max age: 22  **Age subgroup**: Young  **Ethnicity:** Other : Student population self-identify as visible minorities  Single center  Public funding | **Test description:** Integrated CAARS, Reading Fluency subtest, and the 2 Processing Speed subtests from the Woodcock Johnson Psychoeducational Battery-III  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-IV criteria, including objective evidence of childhood impairment, self-reported symptoms consistent with observed and documented behavioral problems, and confirmation from reliable collateral informants  **Diagnosed by:** Specialist (e.g., mental health) Clinical psychologists  **Timing:** Concurrent | **Diagnostic accuracy summary:** There was 75% correct classification across all groups. ADHD symptoms can be easily fabricated, with individuals feigning ADHD scoring higher on self-report measures (CAARS) and performing worse on cognitive tests (WJPB-III) than genuine ADHD participants.  Sensitivity %  Specificity %  PPV  NPV  +LR  -LR  Accuracy 75 normal group 80%, ADHD group 78%, faking group 66% correct classifications  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Harrison, 201682  N = 608  n ADHD = 171  Canada  College | **Target:** Students (>17 years) diagnosed with ADHD by a clinical psychologist using DSM-IV, participants recruited from community colleges or universities  **ADHD presentation:** inattentive : 24.6,hyperactive : 5.2,combined : 20.7,combined\_other : exaggerating, feigning responses  **Comorbidity:** N/A  **Other:** Students seeking treatment diagnosed with other non-ADHD mental disorders eg anxiety, depression  **Female:** 44.4%  **Age mean (SD):** 21.4 (4.5)  Min age: 17 Max age: 38  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** E-CAARS (Experimental Conners’ Adult ADHD Rating Scale) added 18 items on atypical dissociative symptoms to capture exaggerated symptom responses, items were adapted to a 4-point CAARS format, cutoff >3  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Students diagnosed with ADHD by a clinical psychologist following DSM-IV criteria  **Diagnosed by:** Specialist (e.g., mental health) Psychologist  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** While the tool demonstrated high specificity (97%), reducing false positives, its low sensitivity (24%) resulted in a significant number of false negatives, limiting its effectiveness in accurately identifying all true ADHD cases.  Sensitivity 24%  Specificity 97%  PPV 0.58  NPV 0.88  +LR  -LR  Accuracy 86 correct classification rate  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Harrison, 201985  N = 331  n ADHD = 111  Canada  College | **Target:** Post-secondary students (age >17) from an archival database who sought assessment for ADHD as a possible cause of their reported difficulties, completed the PAI, were administered a PVT, and consented to their data being used for research  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Post-secondary students with no formal diagnosis served as no diagnosis group, students with primary mental health Non-ADHD condition served as clinical controls, students with definite malingering condition were in the malingering group  **Female:** 36.9%  **Age mean (SD):** 21.9 (5.3)  Min age: 17 Max age: 57  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** PAI (Personality Assessment Inventory), a 344-item self-report inventory rated on a four-point Likert scale, providing clinicians with data on four validity scales, 11 clinical scales, five treatment scales, and two interpersonal scales to detect feigned ADHD  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on all five criteria listed in DSM-IV or DSM-5 depending on the date assessed, with assessments conducted by a licensed clinical psychologist or a graduate student trainee under supervision​.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The two proposed PAI algorithms were found to have poor positive predictive value (.19 and .17). Self-report validity measures from the Connors’ Adult Attention Rating Scale, and the Negative Impression Management scale on the PAI returned more positive results.  Sensitivity %  Specificity %  PPV 19  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Harrison, 202083  N = 245  n ADHD = 13  Canada  College | **Target:** Emerging adults referred to a university-based ADHD screening clinic, no prior ADHD diagnosis, seeking evaluation due to self-reported difficulties, completed measures including TOVA and CAARS, provided evidence of substantial impairment in multiple major life activities prior to age 12 and currently  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Emerging adults referred to a university-based ADHD screening clinic, presenting with self-reported ADHD-like symptoms but not meeting diagnostic criteria for ADHD, included those with good effort scores on validity testing and no substantial impairments documented in major life activities  **Female:** 49.4%  **Age mean (SD):** 20.4 (1.8)  Min age: 17 Max age: 24  **Age subgroup**: Young  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** TOVA ACS score, Test of Variables of Attention as an embedded performance validity measure administered with CAARS measures  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a comprehensive clinical assessment including a semi-structured interview, retrospective symptom ratings from parents/caregivers, review of childhood report cards, documentation of substantial impairment in major life activities prior to age 12 and currently, and evaluation of DSM criteria.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Of all TOVA and CAARS measures, the Attention Comparison Score had excellent discrimination; AUC was 0.797 (sensitivity 90%, specificity 47%). Commission Errors in the first half of the TOVA also showed good AUC and specificity but not sensitivity (AUC 0.818, sensitivity 12%, specificity 92%). Results support the use of the TOVA as an embedded performance validity measure in assessing late adolescents/emerging adults and support previous findings that symptom reports alone cannot distinguish credible from noncredible ADHD presentation.  Sensitivity 47%  Specificity 90%  PPV  NPV  +LR  -LR  Accuracy  AUC 0.797  **Concordance:** N/A  **Rater agreement:** Rater agreement between self-reported ADHD symptoms (CAARS) and objective performance validity measures (TOVA)  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Khan, 202295  N = 317  n ADHD = 226  US  Specialty care | **Target:** Adults referred for outpatient neuropsychological evaluation for suspected or confirmed ADHD, reported English as their primary language, underwent a standardized diagnostic protocol including record review, clinical interview, and neuropsychological testing, and were evaluated for ADHD using DSM-5 criteria  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD participants included adults referred for neuropsychological evaluation who failed performance validity tests, with evaluations conducted in a specialty care setting focused on diagnostic clarification for conditions other than ADHD  **Female:** 62.46%  **Age mean (SD):** 27.7 (6.67)  Min age: 18 Max age: 60  **Age subgroup**: Adults  **Ethnicity:** Other : 5  % Black/African American : 24  % Asian : 10  % White : 46  Single center  Funding unclear | **Test description:** SCWT (Stroop Color and Word Test) assesses cognitive flexibility and processing speed through 3 trials: word reading, color naming, and color-word interference; the word reading and color naming trials were used as embedded performance validity tests to evaluate the validity of neuropsychological test performance  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-5 criteria by a board-certified clinical neuropsychologist  **Diagnosed by:** Specialist (e.g., mental health) Clinical neuropsychologist  **Timing:** Concurrent | **Diagnostic accuracy summary:** The embedded validity indicators from the Stroop Color and Word Test were effective in determining validity status. Word Reading and Color Naming trials demonstrated acceptable classification accuracy (AUCs 0.750–0.794), with optimal cut scores of WR raw ≤75 (54% sensitivity, 89-90% specificity), WR T score ≤28 (54% sensitivity, 87-88% specificity), CN raw ≤57 (42% sensitivity, 90% specificity), and CN T score ≤30 (40% sensitivity, 90% specificity).  Sensitivity %  Specificity %  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Lee Booksh, 2010103  N = 166  n ADHD = 56  US  College | **Target:** Patients diagnosed with ADHD with clinical data obtained from previous archival records  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Undergraduate students (>18years) enrolled in psychology courses without ADHD or learning disabilities, screened for the absence of ADHD symptoms and neurological issues, were assigned to either control or simulated ADHD group  **Female:** 70%  **Age mean (SD):** 21.11 (3.1) ADHD group age data collected retrospectively  Min age: 18 Max age: 29  **Age subgroup**: Adults  **Ethnicity:** Other : This is the ethnicity data for ADHD group  % Black/African American : 5.4  % Asian : 1.8  % White : 93  Single center  Funding unclear | **Test description:** WMT (Word Memory Test) evaluates verbal memory and effort by presenting participants with a list of 20 word pairs on a computer to learn  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD by a psycho-educational team in a university psychological clinic  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** Simulators successfully feigned ADHD symptoms on a retrospective self-report measure. Knowledge of ADHD was unrelated to objective attentional measure performance. Participants who simulated ADHD on some objective measures (i.e., specific Wechsler Adult Intelligence Scale–III [WAISIII] subtests) showed similar performance to the clinical ADHD comparison sample.  Sensitivity % There are no established cut scores or validity measures specific to ADHD assessment that provide guidance on specificity or sensitivity values  Specificity % There are no established cut scores or validity measures specific to ADHD assessment that provide guidance on specificity or sensitivity values  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Marshall, 2010110  N = 268  n ADHD = 80  US  Specialty care | **Target:** Patients referred for ADHD assessment in a neuropsychological clinic, without neurological conditions, head injuries, learning disabilities, psychiatric disorders other than depression or anxiety, substance abuse dependence, or physical illnesses causing cognitive deficits, minimum estimated IQ of 70.  **ADHD presentation:** inattentive : 45,combined : 36  **Comorbidity:** N/A  **Other:** Patients referred for ADHD assessment in a neuropsychological clinic, many had other mental health conditions such as depression or anxiety, and it included patients suspected of exaggerating sypmptoms  **Female:** 39%  **Age mean (SD):** 27.8 (9.1)  Min age: 17 Max age: 55  **Age subgroup**: Adults  **Ethnicity:** Other : 10  % Hispanic or Latino : 10  % Black/African American : 9  % American Indian or Alaska Native : 10  % Asian : 10  % White : 81  Single center  Funding unclear | **Test description:** Word Memory test immediate recall  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on cognitive testing, behavior rating scales, and clinical interviews.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The Word Memory test immediate recall and consistency score (both 64%), TOVA omission errors (63%) and reaction time variability (54%), CAT-A infrequency scale (58%), and b Test (47%) had good sensitivity as well as at least 90% specificity.  Sensitivity %  Specificity %  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Morey, 2019113  N = 368  n ADHD = 32  US  College | **Target:** Participants self-identified with ADHD, with 32 indicating a current diagnosis, 29 having received medication for ADHD, and 21 holding a current prescription  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD participants included neurotypical college students without a history of ADHD, divided into standard instruction and feigning instruction groups, recruited from an introductory psychology pool in a university setting  **Female:** 56.3%  **Age mean (SD):** 18.9 (1.38)  Min age: 18 Max age: 21  **Age subgroup**: Young  **Ethnicity:**  % Hispanic or Latino : 22.3  % Black/African American : 6.3  % Asian : 7.6  % White : 55.2  Single center  Funding unclear | **Test description:** Integrating PAI (Personality Assessment Inventory) and TOAD (Tests of Attentional Distraction) NIM (Negative Impression) T-score ≥ 64 or TOAD total error rate ≥ 3.67%  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Self-reported ADHD diagnosis confirmed by a history of medication use, with clinically significant attention problems inferred from a Conners Adult Attention Rating Scale-Self-Report Short Version raw score of 21  **Diagnosed by:** Unclear/NR  **Timing:** Concurrent | **Diagnostic accuracy summary:** Moderate to large effects differentiating the feigning group from control participants, both ADHD and non-ADHD, were observed for both the TOAD and PAI indicators. The disjunction rule enhances sensitivity beyond that of the invididual procesures at the expense of a decrease in specificity.  Sensitivity 59%  Specificity 82%  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Musso, 2016117  N = 779  n ADHD = 142  US  College | **Target:** Individuals aged 17-29, diagnosed with ADHD or ADHD with comorbid mood or anxiety disorders, who completed psychoeducational evaluations and were assessed using the PAI validity indices  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Undergraduate college students aged 18-25 with no reported history of psychopathology, learning disorders, or ADHD, recruited from a large university in the Southeastern United States for extra credit, and instructed to simulate ADHD symptoms or respond honestly  **Female:** 33.6%  **Age mean (SD):** 21.16 (2.91) Student volunteers: 19.72 (1.42)  Min age: 17 Max age: 29  **Age subgroup**: Adults  **Ethnicity:** Other : Clinical:1.7; student volunteers: 2.9  % Hispanic or Latino : Clinical: 3.2; student volunteers: 5.8  % Black/African American : Clinical: 9.1; student volunteers: 7.9  % Asian : Clinical: 1.5; student volunteers: 4.2  % White : Clinical: 84.4; student volunteers:79.2  Multicenter  Other funding | **Test description:** Effort tests and symptoms validity tests are designed to assess the credibility of self-reported symptoms and detect intentional exaggeration or malingering. These tests include validity indices like the Negative Impression Management (NIM), Malingering Index (MAL), and Rogers Discriminant Function (RDF) in the Personality Assessment Inventory (PAI), which evaluate patterns of responses to identify response distortion. By analyzing these patterns, the tests differentiate genuine cases of ADHD from individuals feigning symptoms, providing insights into the reliability of the reported symptoms.  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a comprehensive psychoeducational evaluation conducted by clinical graduate students under the supervision of a licensed psychologist using diagnostic criteria and standardized assessments  **Diagnosed by:** Specialist (e.g., mental health) clinical graduate students under the supervision of a licensed psychologist  **Timing:** Concurrent | **Diagnostic accuracy summary:** The alternative cutoff scores of ≥77 on the Negative Impression Management (NIM) scale, ≥ three on the Malingering Index (MAL), and ≥ one on the Rogers Discriminant Function (RDF) yielded excellent specificity in all groups and sensitivities of 33, 30, and 20%, respectively.  Sensitivity 33% MAL cutoff >3: 22; RDF cutoff>1: 30  Specificity 98% MAL cutoff >3: 98; RDF cutoff>1: 96  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** Comparing self-reported ADHD symptoms (from ADHD simulators) to clinical data from individuals diagnosed with ADHD  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** Comorbidity (e.g. anxiety, depression)  Misdiagnosis was more likely in individuals presenting with comorbid psychiatric conditions, such as anxiety or depression, as these conditions impacted validity index scores, potentially complicating differentiation between genuine and feigned symptoms. |
| Phillips, 2023124  N = 317  n ADHD = 229  US  Specialty care | **Target:** Adults referred for outpatient neuropsychological evaluation of known or suspected ADHD, the majority were actively enrolled college students, diagnoses based on DSM-5 criteria using a standardized multimodal diagnostic assessment protocol including history, symptom questionnaires, clinical interviews, and neuropsychological testing  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD participants included adults referred for outpatient neuropsychological evaluation who had attention complaints but did not meet DSM-5 criteria for ADHD, evaluated in a specialty care setting using standardized diagnostic protocols; participants were classified as having valid or invalid test performance based on performance validity tests  **Female:** 61%  **Age mean (SD):** 27.7 (6.67)  Min age: 18 Max age: 45  **Age subgroup**: Adults  **Ethnicity:** Other : 5  % Hispanic or Latino : 24  % Black/African American : 15  % American Indian or Alaska Native : 46  % Asian : 10  Single center  Funding unclear | **Test description:** RAVLT (Rey Auditory Verbal Learning Test), which assesses verbal/auditory learning and memory, and the BVMT-R (Brief Visuospatial Memory Test-Revised), which evaluates visuospatial learning and memory; incorporates embedded PVTs (performance validity tests) to differentiate valid from invalid cognitive performance among individuals referred for ADHD evaluation  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on DSM-5 criteria using a standardized multimodal diagnostic assessment protocol that included a detailed clinical interview, review of medical and psychiatric history, symptom questionnaires, and a comprehensive neuropsychological test battery  **Diagnosed by:** Specialist (e.g., mental health) Primary care physicians or psychiatrists  **Timing:** Concurrent | **Diagnostic accuracy summary:** These memory-based RAVLT and BVMT-R PVTs were able to accurately identify invalid neuropsychological test performance among adults undergoing evaluation for ADHD, regardless of whether diagnostic criteria for ADHD were met.  Sensitivity 43% FC<14: 49; RD<5: 35  Specificity 90% FC<14: 92; RD<5: 90  PPV  NPV  +LR  -LR  Accuracy  AUC 0.74 FC<14: 0.70; RD<5: 0.63  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Potts, 2022127  N = 68  n ADHD = 34  US  College | **Target:** Participants with ADHD were young adults recruited from undergraduate psychology classes, diagnosed by a qualified professional with symptom onset before age 12, elevated scores on CAT-A symptom indexes, and substantial impairment in academic, occupational, or social areas  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD participants included young adults from the same undergraduate psychology classes instructed to feign ADHD symptoms for the purpose of the study  **Female:** 52.9%  **Age mean (SD):** 18.82 (1.51)  Min age: 18 Max age: 20  **Age subgroup**: Young  **Ethnicity:**  % Black/African American : 5.9  % Asian : 5.9  % White : 88.2  % Multiracial : 5.9  Single center  Other funding | **Test description:** MARS Symptom Validity Index 4 (SV-index 4) and CAT-A Infrequency Scale evaluate whether individuals over-endorse unlikely ADHD symptoms. Effort tests like the Word Memory Test (WMT) assess cognitive performance consistency to detect poor effort.  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a semi-structured clinical interview conducted by a licensed psychologist or advanced doctoral student, confirming diagnosis by a qualified professional with symptom onset before age 12, substantial functional impairment, and elevated T-scores on relevant symptom scales  **Diagnosed by:** Specialist (e.g., mental health) Psychologist  **Timing:** Concurrent | **Diagnostic accuracy summary:** The MARS SV index-4 demonstrated higher sensitivity rates for simulated malingering (61.8%) at close to optimal specificity (88.2%) compared to two published tests (which had sensitivity <42% at specificity >90%).  Sensitivity 61.8%  Specificity 88.2%  PPV 84  NPV 69.8  +LR 5.2  -LR 0.4  Accuracy 75  AUC 0.79 0.68, 0.90  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Quinn, 2003128  N = 60  n ADHD = 16  US  College | **Target:** Undergraduate students previously diagnosed with ADHD by a trained psychiatrist using DSM criteria, aged 17-29 years, recruited through a university disability office, with 50% currently prescribed stimulant medication but refraining for at least 12 hours prior to testing  **ADHD presentation:** inattentive : 25,combined : 75  **Comorbidity:** N/A  **Other:** Neurotypical undergraduate psychology students aged 17-29 years, randomly assigned to control or simulated malingerer conditions, with the control group instructed to perform accurately and malingerers instructed to convincingly simulate ADHD symptoms  **Female:** 50%  **Age mean (SD):** 19.8 (N/A)  Min age: 17 Max age: 29  **Age subgroup**: Adults  **Ethnicity:**  % Black/African American : 25  % Asian : 12.5  % White : 62.5  Single center  Funding unclear | **Test description:** Self-report (ADHD Behavior Checklist) and neuropsychological testing (IVA CPT) are both used to assess feigning ADHD. Malingerers successfully faked symptoms on self-reports but overcompensated on the IVA CPT. The IVA CPT served as a symptom validity test by detecting inconsistencies in response patterns and reaction times. Effort testing was implicit in the CPT, as malingerers exhibited unnatural response patterns.  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD by a trained psychiatrist using DSM criteria, based on clinical interview and self-report questionnaire, with some participants previously assessed using a Continuous Performance Test (CPT)  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** IVA CPT could not be faked on 81% of its scales. The CPT’s impairment index results revealed: sensitivity 94%, specificity 91%, PPP 88%, NPP 95%.  Sensitivity 94%  Specificity 91%  PPV 88  NPV 95  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Ramachandran, 2019129  N = 637  n ADHD = 102  US  College | **Target:** Participants self-reported a previous formal diagnosis of ADHD, provided details about the approximate time since diagnosis, the time spent during their first diagnostic appointment, and the specialty of the diagnosing practitioner; individuals with ADHD were asked to respond honestly to the survey  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD participants were either instructed to respond honestly (control group) or to feign ADHD symptoms (malingering group); the sample consisted of college students recruited from a university setting, primarily through online recruitment and incentives such as class credit  **Female:** 49.5%  **Age mean (SD):** 20.9 (2.12)  Min age: 18 Max age: 25  **Age subgroup**: Young  **Ethnicity:** Other : 1.9  % Hispanic or Latino : 1.9  % Black/African American : 5.8  % Asian : 1.9  % White : 85.4  % Multiracial : 2.9  Single center  Other funding | **Test description:** SAMS (Subtle ADHD Malingering Screener), a symptom validity test designed to detect individuals feigning ADHD symptoms through a self-report measure, evaluates effort and response patterns by distinguishing genuine ADHD from exaggerated or fabricated symptom presentations; administered together with the PAI (Personality Assessment Inventory cut offNIM score 92 or above or a Malingering Index score greater than 3)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on self-reported previous formal diagnosis, time since diagnosis, duration of the diagnostic appointment, and the specialty of the diagnosing practitioner  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** SAMS showed a sensitivity of 90% and specificity of 80%. The PAI was found to have a sensitivity of 51% and a specificity of 89%; the PAI’s rate of false positives (10.8%) was somewhat lower than the SAMS, but the rate of false negatives (49.0%) was much higher.  Sensitivity 90.3%  Specificity 80.1%  PPV  NPV  +LR  -LR  Accuracy  AUC 0.901  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Robinson, 2023133  N = 201  n ADHD = 109  US  College | **Target:** Adults referred to a university-affiliated clinic for psychoeducational evaluations due to concerns related to ADHD and/or specific learning disorder, assessed using the Conners Continuous Performance Test-3 and multiple performance validity tests, credible participants failed 0 performance validity tests  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Non-ADHD included individuals referred to the same specialty care clinic for psychoeducational evaluations who did not meet the ADHD diagnostic criteria, including those assessed for specific learning disorders or presenting with unrelated concerns, non-credible participants failed 2 or more paerformance validity tests  **Female:** 72.4%  **Age mean (SD):** 23.04 (6.80)  Min age: 18 Max age: 50  **Age subgroup**: Adults  **Ethnicity:** Other : 83.3  % Hispanic or Latino : 23  % Black/African American : 66.7  % Asian : 66.7  % White : 81.4  Single center  Other funding | **Test description:** CPT-3 (Conners Continuous Performance Test-3) as an embedded validity indicator (EVI) to detect non-credible responders, which includes individuals feigning ADHD.  PVTs used as the reference standard, with non-credible responders classified based on failure of ≥2 PVTs. The CPT-3 indicators, including omissions, commissions, detectability, variability, and reaction time measures, are tested for their ability to distinguish between credible and feigned ADHD presentations.  CPT-3 indicators classification accuracy threshold (AUC ≥ 0.70)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a combination of clinical interview, psychoeducational evaluation, and performance validity tests using established cutoffs to classify credible and non-credible responders  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Receiver operating characteristic curves (ROC) revealed that 5/9 individual indicators and 2/4 composite indicators met a minimally acceptable classification accuracy of ≥ 0.70 (AUC = 0.43–0.78). Individual (0.16–0.45) and composite indicators (0.23–0.35) demonstrated low sensitivity when using cutoffs that maintained specificity ≥90%.  Sensitivity 45% Omission>59: 38; Commission>68: 36; VAR>59: 38; HRTSD>65: 29  Specificity 90% Omission>59: 91; Commission>68: 90; VAR>59: 90; HRTSD>65: 91  PPV  NPV  +LR  -LR  Accuracy  AUC 0.76 Omission>59: 0.72; Commission>68: 0.70; VAR>59: 0.78; HRTSD>65: 0.73  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Rogers, 2021134  N = 147  n ADHD = 73  US  College | **Target:** Adults with a prior clinical diagnosis of ADHD, assessed using comprehensive psychological evaluations, with common comorbidities including major depressive disorder, learning disorders, and anxiety disorders  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Undergraduate students enrolled in psychology courses, with no history of ADHD or ADHD medication use, instructed to simulate ADHD symptoms for the purpose of the study  **Female:** 54.8%  **Age mean (SD):** 25.59 (4.17)  Min age: 18 Max age: 34  **Age subgroup**: Adults  **Ethnicity:**  % Hispanic or Latino : 23.8  % Black/African American : 10.2  % Asian : 4.8  % White : 51  % Multiracial : 6.1  Single center  No COI | **Test description:** WAIS-IV (Wechsler Adult Intelligence Scale–4h Edition)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on comprehensive psychological assessments conducted by clinicians, including clinical interviews and standardized testing to confirm the diagnosis.  **Diagnosed by:** Specialist (e.g., mental health) Clinician mental specialist  **Timing:** Concurrent | **Diagnostic accuracy summary:** Very large effect sizes (Cohen’s ds from 1.66 to 1.90) differentiated between genuine and feigned ADHD. Two strategies (significantly below-chance performance and floor effect) showed strong promise if cross-validated for other feigning presentations.  Sensitivity %  Specificity %  PPV  NPV  +LR  -LR  Accuracy 64  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Smith, 2017143  N = 129  n ADHD = 63  US  College | **Target:** Participants were diagnosed with ADHD through a semi-structured clinical interview assessing DSM criteria, including at least six symptoms of inattention or hyperactivity/impulsivity in at least two domains, evidence of impairment before age 7, and verification through self-reported ADHD diagnosis or treatment history. 22 undergraduate students who met diagnostic criteria for ADHD based on clinical interviews and semi-structured evaluations. 41 individuals from an archival sample diagnosed at a university psychology clinic  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** The non-ADHD participants included individuals recruited from a university psychology research pool, with one group instructed to simulate ADHD symptoms and another consisting of archival clinical records of individuals evaluated for ADHD at a university psychology training clinic  **Female:** 45.5% male: 54.5  **Age mean (SD):** 18.77 (1.19)  Min age: 18 Max age: 23  **Age subgroup**: Young  **Ethnicity:** Other : Simulation sample: 7.60; clinical comparison procedure: 4.5; archival comparison sample: 4.9  Other : Simulation sample: 21.20; clinical comparison procedure: 4.5; archival comparison sample:26.8  Other : Simulation sample: 1.5; archival conparison sample: 22  Other : Simulation sample: 69.70; clinical comparison: 90.0; archival comparisoon: 46.3  Single center  Funding unclear | **Test description:** PAI (Personality Assessment Inventory) to evaluate symptom validity and distinguish between genuine and simulated ADHD presentations  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a semi-structured clinical interview assessing DSM criteria, including six or more symptoms of inattention or hyperactivity/impulsivity in at least two domains, evidence of impairment before age 7, and verification through self-reported diagnosis or treatment history.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The PAI may be informative as an indicator of potentially exaggerated or malingered symptom presentation, but alternative cut scores for symptom validity indicators may be necessary to maximize its utility in these particular types of psychological evaluations.  Sensitivity 68% NIM(27.3); INF(65.2); MAL(76.2); PIM(56.1)  Specificity 83% NIM(95.2); INF(74.6); MAL(60.9); PIM(68.3)  PPV  NPV  +LR  -LR  Accuracy  AUC 0.75 (CI 0.67, 0.83) NIM(0.75); INF(0.75); MAL(0.64); PIM(0.67)  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Sollman, 2010146  N = 73  n ADHD = 29  US  College | **Target:** College students with a verifiable diagnosis of ADHD confirmed through neuropsychological or psychological evaluation, including corroborative interviews with parents or teachers, medication washout for 12 hours before testing, excluding those with comorbid learning disabilities, psychiatric or neurological conditions, or substance abuse  **ADHD presentation:** inattentive : 20,hyperactive : 5,combined : 75  **Comorbidity:** N/A  **Other:** College students recruited from the same university setting, divided into two groups: a normal honest-responding group with no history of ADHD or related disorders, and a feigning group instructed to simulate ADHD based on provided materials; participants were screened to exclude those with learning disabilities, psychiatric or neurological conditions, or substance abuse  **Female:** 44.8%  **Age mean (SD):** 19.40 (1.21)  Min age: 18 Max age: 21  **Age subgroup**: Young  **Ethnicity:**  % Black/African American : 6.90  % Asian : 0  % White : 86.20  % Multiracial : 6.90  Single center  Funding unclear | **Test description:** CAARS and Conner's Continuous Performance Test-II  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on a comprehensive clinical evaluation including neuropsychological testing, symptom self-report measures, corroborative interviews with parents or teachers, and confirmation of developmental origin of symptoms  **Diagnosed by:** Specialist (e.g., mental health) Mental health clinicians  **Timing:** Concurrent | **Diagnostic accuracy summary:** The detectability index in Connor's CPT-II had a sensitivity of 17% to detect ADHD and a specificity of 90% for feigning ADHD. Failing 1 or more, 2 or more, 3 or more, 4 or more cognitive feigning test indices lowered the sensitivity from 63 to 50, 47, and 35%, while the specificity increased from 82, to 93, 100%, and 100%. Indicates limited sensitivity in distinguishing ADHD from controls and susceptible to manipulation by feigning participants; results point to a need for a thorough evaluation of history, cognitive and emotional functioning, and the consideration of exaggerated symptomatology in the diagnosis of ADHD.  Sensitivity 63%  Specificity 83%  PPV 78.6  NPV 69.3  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Spenceley, 2022147  N = 150  n ADHD = 30  US  College | **Target:** College students with a prior professional diagnosis of ADHD confirmed through self-report at multiple time points and reporting significant current symptoms of inattention or hyperactivity/impulsivity (at least four symptoms meeting the 95th percentile per a symptom checklist)  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** College students recruited from a midsized public university and a midsized private college, including a control group instructed to respond honestly and a simulated group instructed to feign ADHD symptoms for the purpose of the study  **Female:** 50%  **Age mean (SD):** 19.93 (2.32)  Min age: 18 Max age: 23  **Age subgroup**: Young  **Ethnicity:**  % Hispanic or Latino : 3.3,Other : Simulated ADHD group: 8.3, control group: 3.3  % Black/African American : 3.3,Other : Simulated ADHD group: 13.3, control group: 21.7  % Asian : 0,Other : Simulated ADHD group: 5, control group: 5  % Native Hawaiian or Pacific Islander : 0,Other info : Simulated ADHD group: 1.7, control group: 0  % White : 76.7,Other : Simulated ADHD group: 63.3, control group: 58.3  % Multiracial : 16.7,Other : Simulated ADHD group: 8.3, control group: 11.7  Multicenter  Other funding | **Test description:** Medical Symptom Validity Test admistered together with the Woodcock-Johnson IV Tests of Cognitive Abilities (assess neuropsychological functioning, specifically focusing on processing speed, working memory, and cognitive efficiency as potential markers for feigned ADHD)and the BAARS (Barkley Adult ADHD Rating Scale IV)  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD by a physician, psychologist, or other health professional, confirmed through participant self-report at multiple time points and screened with an ADHD symptom checklist to ensure significant current symptoms at or above the 95th percentile  **Diagnosed by:** Specialist (e.g., mental health) The ADHD diagnosis was made by a physician, psychologist, or other mental health professional  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** Medical Symptom Validity Test showed the best performance (AUC 0.89, sensitivity 0.78, specificity 97). Several processing speed and working memory scores from the WJ-IV effectively identified students feigning ADHD, detecting at least 50% of those students at score cutoffs that also maintained specificity of 90% or more, close to the efficiency of the standalone PVT. The study found that individuals simulating ADHD showed significantly lower scores on these measures compared to those with genuine ADHD, suggesting that working memory and processing speed deficits may help detect feigned ADHD.  Sensitivity 78%  Specificity 97%  PPV  NPV  +LR  -LR  Accuracy  AUC 0.89 0.58 - 0.89  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Suhr, 2008148  N = 85  n ADHD = 15  US  Primary care | **Target:** Adults who showed evidence of childhood ADHD symptoms from at least two sources (self-report, parent report, school records, prior medical/psychological records), exhibited clinically significant current ADHD symptoms confirmed by self-report and either collateral report or behavioral observation, and passed the Word Memory Test (WMT) assessing credible performance  **ADHD presentation:** inattentive : 47,combined : 53  **Comorbidity:** N/A  **Other:** Adults with psychological diagnoses other than ADHD who reported no evidence of childhood ADHD-related impairment, had psychological conditions (commonly major depressive disorder), and were evaluated in a university-based psychology specialty clinic.  **Female:** 40%  **Age mean (SD):** 25.4(9.8)  Min age: 18 Max age: 56  **Age subgroup**: Adults  **Ethnicity:**  % Black/African American : 5  % White : 94  % Multiracial : 1  Single center  Funding unclear | **Test description:** WMT (Word Memory Test) used as a symptom validity test to assess noncredible performance by measuring recognition memory under easy conditions with failure cutoffs at ≤82.5% for the first three subtests and ≤70% for the fourth subtest, conducted during neuropsychological evaluation at a university psychology clinic.  Machine learning: No  Validation dataset: N/A  **Reference standard:** Clinical diagnosis  DSM-IV  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Self-report measures (WURS and CAARS) could not reliably distinguish ADHD from psychological controls, with substantial overlap in symptom endorsement between groups.  Neuropsychological tests did not reliably distinguish ADHD from psychological controls, except for the Stroop Interference score where ADHD participants performed worse.  Feigning ADHD was effectively identified by the Word Memory Test (WMT), with a 31% failure rate among referrals, and WMT failure associated with worse neuropsychological performance and higher symptom self-report across groups.  Sensitivity %  Specificity %  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** WMT failure was associated with increased symptom reporting and worse neuropsychological performance, suggesting noncredible performance may distort both self-report and objective cognitive testing results.  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Suhr, 2011149  N = 1297  n ADHD = 71  US  College | **Target:** Participants self-reported a prior ADHD diagnosis were either university students participating in research or individuals seeking psychological evaluation at a university clinic; inclusion required documented evidence of childhood impairment, clinically significant current ADHD symptoms from multiple sources, and passing a cognitive validity test  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** University students without an ADHD diagnosis and individuals seeking psychological evaluation at a university clinic; categorized into a psychological control group (diagnosed with/treatment for a non-ADHD psychological condition or meeting criteria for a psychological disorder) and a normal control group (no history of ADHD or psychological disorders)  **Female:** 47%  **Age mean (SD):**  mean 19  Min age: 18 Max age: 59  **Age subgroup**: Adults  **Ethnicity:** N/A  Single center  Other funding | **Test description:** CII (CAARS Infrequency Index) for detecting feigned ADHD (not for diagnosing ADHD). A cutoff score of ≥21 was used to indicate noncredible symptom reporting  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical evaluation, including evidence of childhood impairment, clinically significant current ADHD symptoms from multiple sources (self-report, behavioral observation, collateral report), and passing a cognitive validity test.  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** The CAARS Infrequency Index (CII) demonstrated moderate sensitivity (30-80%) but high specificity (>99%) in identifying feigned ADHD based on extreme scores on CAARS DSM-IV subscales, with an AUC of 0.92 for the Hyperactive/Impulsive Subscale (F). The Word Memory Test (WMT) showed low sensitivity (24%) but high specificity (95%) for detecting noncredible cognitive performance, distinguishing individuals feigning ADHD from those with genuine ADHD.  Sensitivity 24% CAARS Inattentive Subscale E: 30, Hyperactive/Impulsive Subscale F: 80  Specificity 95% CAARS Inattentive Subscale E: >99, CAARS Hyperactive/Impulsive Subscale F: 93  PPV  NPV  +LR  -LR  Accuracy 67 Distinguishing feigned ADHD vs. genuine ADHD  AUC CAARS E scores: 0.78, CAARS F scores: 0.92  **Concordance:**  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha 0.86  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:**  **Admin time:** | **Subgroup analysis:** Sex  Males scored higher than females on the CAARS Infrequency Index (CII), suggesting possible gender differences in noncredible symptom reporting and a higher cutoff (≥22) may be needed for males to maintain specificity. |
| Walls, 2017156  N = 139  n ADHD = 21  US  College | **Target:** Diagnosed with ADHD before age 12 by a mental health professional, no comorbid psychiatric, neurological, or intellectual disorders, no history of significant brain injury, asked to abstain from stimulant medication for 12 hours prior to testing  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Neurotypical developing undergraduate students, randomly assigned to honest responding, feigning ADHD, or random responding conditions  **Female:** 42.9%  **Age mean (SD):** 18.90 (0.94)  Min age: 18 Max age: 22  **Age subgroup**: Young  **Ethnicity:** Other : HON: 3.4, FGN: 11.4, FR: 3.6  Other : HON: 3.4, ADHD: 9.5, FGN: 2.9, FR: 7.  Other : HON: 17.2, ADHD: 4.8, FGN: 25.7, HR: 23.1, FR: 10.7  Other : HON: 10.3, , FGN: 5.7, FR: 7.1  Other : HON: 65.5, ADHD: 85.7, FGN: 54.30, HR: 76.9, FR: 71.4  Single center  Other funding | **Test description:** CAARS (Conners’ Adult ADHD Rating Scale), focusing on the validity scales: Inconsistency Index (INC) and Conners' Infrequency Index (CII), used to detect feigned ADHD symptoms; cutoff for CII was ≥21 for identifying feigning, cutoff for INC was ≥8 for random responding  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD by a mental health professional before age 12 based on clinical evaluation  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Prior diagnosis | **Diagnostic accuracy summary:** The CAARS Infrequency Index (CII) demonstrated excellent specificity (95%) but low sensitivity (34%) for distinguishing adults instructed to feign ADHD from adults with a genuine ADHD diagnosis.  The CAARS Inconsistency Index (INC) showed fair to moderate sensitivity (44–63%) and high specificity (86–91%) for detecting random responding among participants.  Sensitivity % INC: .44-.63, CII: .31-.46  Specificity % INC: .86-.91, CII: .91-.95  PPV  NPV  +LR  -LR  Accuracy INC: .69-.76, CII: .57-.69  AUC  **Concordance:** N/A  **Rater agreement:** N/A  Kappa ICC  **Test-retest:** N/A  **Internal consistency:**  Cronbach’s alpha  N/A  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Williamson, 2014159  N = 76  n ADHD = 44  US  College | **Target:** Adults with a history of ADHD diagnosis confirmed by a mental health practitioner based on more than self-reported symptoms, to have received their diagnosis before age 18, and to have abstained from stimulant medication for 12 hours prior to the study. 22 with ADHD only (ADHD-O). 22 with ADHD and comorbid psychological disorder  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Neurotypical individuals without a history of diagnosed or suspected ADHD, learning disorders, neurological disorders, or psychological disorders, recruited from an introductory psychology participant pool or a university disability resource center, with a subset instructed to feign ADHD  **Female:** 36.36%  **Age mean (SD):** 19.05 (1.29)  Min age: 18 Max age: 23  **Age subgroup**: Young  **Ethnicity:** N/A  Single center  Funding unclear | **Test description:** WAIS-IV PSI (Wechsler Adult Intelligence Scale-IV Processing Speed Index) lower than 97, administered together with the Woodcock-Johnson III Test of Achievement, and the CTIP (Computerized Test of Information Processing) assessed cognitive abilities such as processing speed, reading fluency, and attention control under controlled conditions  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on evaluation by a mental health practitioner using clinical interviews, self-report symptom scales, and cognitive or neuropsychological testing, with diagnosis required to be established before age 18  **Diagnosed by:** Specialist (e.g., mental health)  **Timing:** Concurrent | **Diagnostic accuracy summary:** Sensitivity of the WAIS-IV PSI was 65% for feigning ADHD, specificity for detecting ADHD decreased from 73% to 59% in a subgroup of participants with comorbidity. Performance validity tests such as the Test of Memory Malingering (TOMM), the Letter Memory Test (LMT), and the Nonverbal Medical Symptom Validity Test (NV-MSVT) were effective in differentiating both ADHD groups from normal participants feigning ADHD.  Sensitivity 65%  Specificity %  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:**  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |
| Young, 2011162  N = 69  n ADHD = 34  US  College | **Target:** Adults aged 18-25 diagnosed with ADHD through clinical interviews, third-person symptom reports, intelligence and achievement measures, personality questionnaires, behavior checklists, and team-based faculty-supervised assessments at a campus psychological assessment center  **ADHD presentation:** N/A  **Comorbidity:** N/A  **Other:** Clinical sample and neurotypical adults recruited from a university setting, including a control group with no history of ADHD or psychological disorders and a malingering group instructed to feign ADHD symptoms  **Female:** % MMPI-2: 21 female (30.4%); WAIS-III 9 female (26.5%)  **Age mean (SD):**  MMPI-2: 18.97 (1.29); WAIS-III: 20.29 (1.87)  Min age: 18 Max age: 25  **Age subgroup**: Young  **Ethnicity:**  Other : MMPI-2: 1%  Other : MMPI-2: 20%; WAIS-III: 3%  Other info : MMPI-2: 6%  Other : MMPI-2: 72%; WAIS-III: 97%  Single center  Funding unclear | **Test description:** The MMPI-2 (Minnesota Multiphasic Personality Inventory-2), focusing on validity scales such as the Infrequency-Psychopathology (Fp), Fake Bad Scale (FBS), Response Bias Scale (RBS), and Henry–Heilbronner Index (HHI) to detect response bias and differentiate between genuine ADHD and malingering.  Machine learning: No  Validation dataset: No  **Reference standard:** Clinical diagnosis  Diagnosed with ADHD based on clinical interviews, third-person symptom reports, intelligence and achievement measures, personality questionnaires, and behavior checklists conducted by a faculty-supervised assessment team at a campus psychological assessment center  **Diagnosed by:** Specialist (e.g., mental health) Faculty-supervised assessment team at a campus psychological assessment center  **Timing:** Concurrent | **Diagnostic accuracy summary:** The MMPI-2 offers a number of validity indices that may assist in detecting individuals attempting to feign ADHD.  Sensitivity 59% Sensitivity was calculated for the Infrequency-Psychopathology (Fp) scale at a cutoff of ≥5, which showed the highest balance of sensitivity and specificity among the MMPI-2 validity scales.  Specificity 94% Specificity was calculated for the Fp scale at a cutoff of ≥5 and was the highest among scales evaluated in this study.  PPV  NPV  +LR  -LR  Accuracy  AUC  **Concordance:** N/A  **Rater agreement:** Compares self-reported ADHD symptoms with MMPI-2 validity scale results  Kappa ICC  **Test-retest:**  **Internal consistency:**  Cronbach’s alpha  **Misdiagnosis impact:** N/A  **Diagnosis impact:** N/A  **Labeling:** N/A  **Side effects:** N/A  **Cost:** N/A  **Admin time:** N/A | **Subgroup analysis:** N/A |

Appendix D. Critical Appraisal and Applicability Tables

Table D.1. Critical appraisal for included studies

| **Author, year** | **Patient selection and confounding** | **Tool/Index test** | **Reference standard** | **Flow and timing** | **Overall RoB** |
| --- | --- | --- | --- | --- | --- |
| Abramson, 202344 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Adamou, 202245 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Aita, 201846 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Amen, 200847 | High risk | High risk | Low risk | High risk | High risk |
| Amen, 202148 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Andrikopoulos, 202449 | High risk | High risk | Low risk | High risk | High risk |
| Baghdassarian, 201889 | Low risk | High risk | Low risk | High risk | High risk |
| Bakare, 202050 | Low risk | Low risk | Low risk | High risk | High risk |
| Bastiaens, 201751 | Low risk | Low risk | Unclear risk | Low risk | Moderate risk |
| Becke, 202352 | Low risk | High risk | Unclear risk | High risk | Moderate risk |
| Berger, 202153 | Low risk | Low risk | Low risk | Low risk | Low risk |
| Biederman, 201754 | High risk | High risk | Low risk | High risk | Moderate risk |
| Brunkhorst-Kanaan, 202055 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Chaim-Avancini, 201756 | Low risk | Low risk | Low risk | Low risk | Moderate risk |
| Chen, 202157 | Low risk | Low risk | Low risk | Low risk | Low risk |
| Chiasson, 201258 | High risk | High risk | Low risk | Low risk | Moderate risk |
| Cohen, 200759 | High risk | High risk | High risk | Unclear risk | High risk |
| Cook, 201660 | High risk | High risk | Low risk | High risk | High risk |
| Courrege, 201961 | High risk | High risk | High risk | High risk | High risk |
| Dakwar, 201262 | High risk | High risk | Low risk | Low risk | Moderate risk |
| De Quiros, 200163 | Unclear risk | High risk | Low risk | High risk | High risk |
| Dunlop, 201864 | High risk | High risk | Low risk | High risk | High risk |
| Dvorsky, 201665 | High risk | High risk | Low risk | Low risk | Moderate risk |
| Edebol, 201266 | High risk | High risk | Low risk | High risk | High risk |
| Elbaum, 202068 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Emser, 201869 | High risk | High risk | Low risk | High risk | High risk |
| Erhardt, 199970 | Unclear risk | High risk | Low risk | High risk | High risk |
| Faraone, 201071 | High risk | High risk | Low risk | Unclear risk | Moderate risk |
| Finley, 202372 | Low risk | High risk | Low risk | High risk | Moderate risk |
| Fuermaier, 201674 | High risk | High risk | Low risk | Unclear risk | Moderate risk |
| Galloway-Long, 202275 | Low risk | High risk | Low risk | High risk | Moderate risk |
| Grogan, 201877 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Groom, 201678 | Unclear risk | Unclear risk | Low risk | Unclear risk | Moderate risk |
| Grünblatt, 201279 | Unclear risk | Unclear risk | Low risk | Unclear risk | Moderate risk |
| Hadas, 202180 | Unclear risk | Unclear risk | High risk | Unclear risk | Moderate risk |
| Harp, 201181 | High risk | High risk | Low risk | High risk | High risk |
| Harrison, 200784 | High risk | High risk | Low risk | High risk | High risk |
| Harrison, 201682 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Harrison, 201985 | High risk | High risk | High risk | High risk | High risk |
| Harrison, 201986 | High risk | High risk | Low risk | Low risk | High risk |
| Harrison, 202083 | High risk | High risk | Low risk | High risk | High risk |
| Houston, 201187 | Low risk | Low risk | Low risk | Low risk | Low risk |
| Jimenez, 202188 | High risk | Low risk | Low risk | High risk | High risk |
| Katz, 199890 | High risk | High risk | Low risk | High risk | High risk |
| Kaur, 202091 | High risk | Low risk | Low risk | High risk | Moderate risk |
| Kessler, 200592 | Low risk | High risk | Low risk | Unclear risk | Moderate risk |
| Kessler, 200793 | High risk | High risk | Low risk | Unclear risk | High risk |
| Kessler, 201094 | High risk | Low risk | Low risk | Unclear risk | Moderate risk |
| Khan, 202295 | Low risk | High risk | Low risk | Unclear risk | Moderate risk |
| Kiiski, 202096 | Low risk | Low risk | Low risk | Low risk | Low risk |
| Kim, 202197 | Low risk | Low risk | Low risk | Low risk | Low risk |
| Kingston, 201398 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Kovner, 199899 | High risk | High risk | Low risk | High risk | High risk |
| Kumar, 2011100 | Unclear risk | Unclear risk | High risk | Unclear risk | High risk |
| Kwan, 2024101 | High risk | High risk | Low risk | High risk | High risk |
| Lancaster, 2018102 | High risk | High risk | Low risk | High risk | High risk |
| Lee Booksh, 2010103 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Lev, 2022104 | High risk | High risk | Low risk | High risk | High risk |
| Lewandowski, 2008105 | High risk | High risk | Low risk | High risk | High risk |
| Liu, 2023106 | High risk | High risk | Low risk | High risk | High risk |
| Lovejoy, 1999107 | High risk | High risk | Low risk | High risk | High risk |
| Luty, 2009108 | High risk | Unclear risk | Low risk | Unclear risk | Moderate risk |
| Marchant, 2015109 | Unclear risk | High risk | Unclear risk | High risk | High risk |
| Marshall, 2010110 | High risk | High risk | High risk | High risk | High risk |
| McCann, 2004111 | High risk | High risk | Low risk | High risk | High risk |
| Mehringer, 2002112 | High risk | High risk | Low risk | Low risk | Moderate risk |
| Morey, 2019113 | Unclear risk | High risk | High risk | High risk | High risk |
| Mostert, 2015114 | Low risk | High risk | Low risk | High risk | Moderate risk |
| Mueller, 2011115 | Low risk | Low risk | Low risk | High risk | Moderate risk |
| Mueller, 2020116 | Low risk | Low risk | Low risk | Unclear risk | Low risk |
| Musso, 2016117 | High risk | High risk | Low risk | High risk | High risk |
| Nielsen, 2011118 | High risk | High risk | Low risk | High risk | High risk |
| Nikolas, 2019119 | Unclear risk | High risk | Low risk | High risk | Moderate risk |
| Palma-Alvarez, 2023121 | Low risk | High risk | Low risk | Low risk | Moderate risk |
| Palmer, 2023122 | Low risk | High risk | Low risk | Low risk | Moderate risk |
| Pettersson, 2018123 | Low risk | High risk | High risk | High risk | High risk |
| Phillips, 2023124 | High risk | High risk | Low risk | High risk | High risk |
| Poil, 2014125 | Unclear risk | High risk | Low risk | High risk | High risk |
| Ponomarev, 2014126 | Unclear risk | High risk | Low risk | High risk | High risk |
| Potts, 2022127 | High risk | High risk | Low risk | High risk | High risk |
| Quinn, 2003128 | Unclear risk | High risk | Low risk | Unclear risk | Moderate risk |
| Ramachandran, 2019129 | Unclear risk | High risk | High risk | High risk | High risk |
| Reimherr, 2021130 | High risk | High risk | Low risk | High risk | High risk |
| Reyes, 2019131 | Low risk | Low risk | Low risk | Unclear risk | Low risk |
| Robeva, 2004132 | High risk | High risk | Unclear risk | High risk | High risk |
| Robinson, 2023133 | Unclear risk | High risk | Unclear risk | High risk | High risk |
| Rogers, 2021134 | High risk | High risk | Low risk | High risk | High risk |
| Roy-Byrne, 1997135 | High risk | High risk | Unclear risk | High risk | High risk |
| Schneider, 2014136 | High risk | High risk | High risk | High risk | High risk |
| Schreiber, 1999137 | High risk | High risk | Low risk | High risk | High risk |
| Selek, 2012138 | High risk | High risk | Low risk | High risk | High risk |
| Shahaf, 2012139 | Unclear risk | High risk | Low risk | High risk | High risk |
| Shepler, 2024140 | High risk | High risk | Low risk | High risk | High risk |
| Singh, 2015141 | High risk | High risk | Low risk | High risk | High risk |
| Skirrow, 2013142 | High risk | Low risk | Low risk | High risk | High risk |
| Smith, 2017143 | High risk | High risk | Low risk | High risk | High risk |
| Soederstroem, 2014144 | High risk | High risk | Low risk | High risk | High risk |
| Solanto, 2004145 | High risk | High risk | Low risk | High risk | High risk |
| Sollman, 2010146 | Low risk | Low risk | Low risk | High risk | Low risk |
| Spenceley, 2022147 | High risk | High risk | High risk | High risk | High risk |
| Suhr, 2008148 | High risk | High risk | Unclear risk | High risk | High risk |
| Suhr, 2011149 | High risk | High risk | Low risk | High risk | High risk |
| Udal, 2024150 | Unclear risk | High risk | Low risk | Unclear risk | Moderate risk |
| Unal, 2019151 | Unclear risk | Unclear risk | High risk | Unclear risk | High risk |
| Ustun, 2017152 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| van de Glind, 2013153 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Van Voorhees, 2011154 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Vizgaitis, 2023155 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Walls, 2017156 | High risk | High risk | Unclear risk | High risk | High risk |
| Wang, 2013157 | Unclear risk | Unclear risk | High risk | Unclear risk | Moderate risk |
| Wiig, 2012158 | High risk | High risk | Low risk | High risk | High risk |
| Williamson, 2014159 | High risk | High risk | Low risk | High risk | High risk |
| Woods, 2002160 | Unclear risk | Unclear risk | Low risk | Unclear risk | Moderate risk |
| Yao, 2018161 | Unclear risk | High risk | Low risk | High risk | High risk |
| Young, 2011162 | Unclear risk | High risk | Low risk | High risk | High risk |
| Young, 2016164 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Moderate risk |
| Young, 2023163 | High risk | High risk | Low risk | High risk | High risk |

Table D.2. Applicability ratings for included studies

| **Author, year** | **Population** | **Test** | **Reference standard** | **Outcome** | **Setting** |
| --- | --- | --- | --- | --- | --- |
| Abramson, 202344 | N/A | N/A | N/A | N/A | N/A |
| Adamou, 202245 | N/A | N/A | N/A | N/A | N/A |
| Aita, 201846 | N/A | N/A | N/A | N/A | N/A |
| Amen, 200847 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Amen, 202148 | N/A | N/A | N/A | N/A | N/A |
| Andrikopoulos, 202449 | Narrow eligibility criteria | Test not used as common in current practice | N/A | N/A | Level of care different from that in the community |
| Baghdassarian, 201889 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Bakare, 202050 | N/A | N/A | N/A | N/A | Level of care different from that in the community |
| Bastiaens, 201751 | Narrow eligibility criteria | N/A | N/A | N/A | Level of care different from that in the community |
| Becke, 202352 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Berger, 202153 | Narrow eligibility criteria | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Biederman, 201754 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Brunkhorst-Kanaan, 202055 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Chaim-Avancini, 201756 | Narrow eligibility criteria | Highly selected team or test not representative | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Chen, 202157 | Narrow eligibility criteria | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Chiasson, 201258 | More complex patients than typical of the community | N/A | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Cohen, 200759 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Cook, 201660 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Courrege, 201961 | Narrow eligibility criteria | Test not used as common in current practice | Other | Surrogate outcomes | Level of care different from that in the community |
| Dakwar, 201262 | More complex patients than typical of the community | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| De Quiros, 200163 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Dunlop, 201864 | More complex patients than typical of the community | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Dvorsky, 201665 | Narrow eligibility criteria | N/A | N/A | N/A | Level of care different from that in the community |
| Edebol, 201266 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Elbaum, 202068 | Narrow eligibility criteria | Test not used as common in current practice | N/A | N/A | N/A |
| Emser, 201869 | Narrow eligibility criteria | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Erhardt, 199970 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Faraone, 201071 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Finley, 202372 | Narrow eligibility criteria | N/A | N/A | Surrogate outcomes | Level of care different from that in the community |
| Fuermaier, 201674 | More complex patients than typical of the community | Test not used as common in current practice | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Galloway-Long, 202275 | Narrow eligibility criteria | N/A | N/A | Surrogate outcomes | Level of care different from that in the community |
| Grogan, 201877 | More complex patients than typical of the community | N/A | N/A | N/A | N/A |
| Groom, 201678 | Narrow eligibility criteria | N/A | N/A | N/A | N/A |
| Grünblatt, 201279 | Narrow eligibility criteria | Test not used as common in current practice | N/A | N/A | N/A |
| Hadas, 202180 | Narrow eligibility criteria | Treatment may distort test results | Other | Other issues | N/A |
| Harp, 201181 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Harrison, 200784 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Harrison, 201682 | Narrow eligibility criteria | N/A | N/A | N/A | N/A |
| Harrison, 201985 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Harrison, 201986 | N/A | N/A | N/A | N/A | N/A |
| Harrison, 202083 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Houston, 201187 | N/A | N/A | N/A | N/A | N/A |
| Jimenez, 202188 | Narrow eligibility criteria | Highly selected team or test not representative | N/A | Surrogate outcomes | Level of care different from that in the community |
| Katz, 199890 | N/A | N/A | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Kaur, 202091 | Narrow eligibility criteria | Test not used as common in current practice | N/A | N/A | Level of care different from that in the community |
| Kessler, 200592 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | N/A | N/A |
| Kessler, 200793 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | N/A | N/A |
| Kessler, 201094 | Narrow eligibility criteria | Test not used as common in current practice | N/A | N/A | Level of care different from that in the community |
| Khan, 202295 | Narrow eligibility criteria | N/A | N/A | N/A | Level of care different from that in the community |
| Kiiski, 202096 | Narrow eligibility criteria | Test not used as common in current practice | N/A | N/A | Level of care different from that in the community |
| Kim, 202197 | Narrow eligibility criteria | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Kingston, 201398 | N/A | N/A | N/A | N/A | N/A |
| Kovner, 199899 | Narrow eligibility criteria | Highly selected team or test not representative | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Kumar, 2011100 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | N/A | N/A |
| Kwan, 2024101 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Lancaster, 2018102 | Narrow eligibility criteria | N/A | N/A | N/A | Level of care different from that in the community |
| Lee Booksh, 2010103 | Narrow eligibility criteria | N/A | N/A | Surrogate outcomes | N/A |
| Lev, 2022104 | Narrow eligibility criteria | Test not used as common in current practice | N/A | N/A | Level of care different from that in the community |
| Lewandowski, 2008105 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Liu, 2023106 | More complex patients than typical of the community | N/A | N/A | N/A | Level of care different from that in the community |
| Lovejoy, 1999107 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Luty, 2009108 | More complex patients than typical of the community | N/A | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Marchant, 2015109 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Marshall, 2010110 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| McCann, 2004111 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Mehringer, 2002112 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Morey, 2019113 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Mostert, 2015114 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Mueller, 2011115 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Mueller, 2020116 | N/A | N/A | N/A | N/A | Level of care different from that in the community |
| Musso, 2016117 | Narrow eligibility criteria | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Nielsen, 2011118 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Nikolas, 2019119 | Narrow eligibility criteria | N/A | N/A | Surrogate outcomes | Level of care different from that in the community |
| Palma-Alvarez, 2023121 | More complex patients than typical of the community | N/A | N/A | N/A | Level of care different from that in the community |
| Palmer, 2023122 | More complex patients than typical of the community | N/A | N/A | N/A | Level of care different from that in the community |
| Pettersson, 2018123 | Narrow eligibility criteria | N/A | N/A | N/A | Level of care different from that in the community |
| Phillips, 2023124 | Narrow eligibility criteria | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Poil, 2014125 | Narrow eligibility criteria | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Ponomarev, 2014126 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Potts, 2022127 | Narrow eligibility criteria | N/A | N/A | N/A | Level of care different from that in the community |
| Quinn, 2003128 | Narrow eligibility criteria | N/A | N/A | Surrogate outcomes | Level of care different from that in the community |
| Ramachandran, 2019129 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Reimherr, 2021130 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Reyes, 2019131 | More complex patients than typical of the community | N/A | N/A | Surrogate outcomes | Level of care different from that in the community |
| Robeva, 2004132 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Robinson, 2023133 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Rogers, 2021134 | Narrow eligibility criteria | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Roy-Byrne, 1997135 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Schneider, 2014136 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Schreiber, 1999137 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Selek, 2012138 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Shahaf, 2012139 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Shepler, 2024140 | More complex patients than typical of the community | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Singh, 2015141 | More complex patients than typical of the community | Test not used as common in current practice | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Skirrow, 2013142 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Smith, 2017143 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Soederstroem, 2014144 | More complex patients than typical of the community | Test not used as common in current practice | N/A | Surrogate outcomes | Level of care different from that in the community |
| Solanto, 2004145 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Sollman, 2010146 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Spenceley, 2022147 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Suhr, 2008148 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Suhr, 2011149 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Udal, 2024150 | Narrow eligibility criteria | N/A | N/A | Surrogate outcomes | Level of care different from that in the community |
| Unal, 2019151 | N/A | N/A | N/A | N/A | N/A |
| Ustun, 2017152 | N/A | N/A | N/A | N/A | N/A |
| van de Glind, 2013153 | More complex patients than typical of the community | N/A | DSM-5 diagnosis unclear | Other issues | N/A |
| Van Voorhees, 2011154 | More complex patients than typical of the community | N/A | N/A | N/A | N/A |
| Vizgaitis, 2023155 | More complex patients than typical of the community | N/A | N/A | N/A | N/A |
| Walls, 2017156 | Narrow eligibility criteria | N/A | DSM-5 diagnosis unclear | N/A | Level of care different from that in the community |
| Wang, 2013157 | More complex patients than typical of the community | N/A | DSM-5 diagnosis unclear | N/A | N/A |
| Wiig, 2012158 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Williamson, 2014159 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Woods, 2002160 | Narrow eligibility criteria | N/A | N/A | N/A | N/A |
| Yao, 2018161 | Narrow eligibility criteria | Highly selected team or test not representative | N/A | Surrogate outcomes | Level of care different from that in the community |
| Young, 2011162 | Narrow eligibility criteria | Test not used as common in current practice | DSM-5 diagnosis unclear | Surrogate outcomes | Level of care different from that in the community |
| Young, 2016164 | Narrow eligibility criteria | N/A | N/A | N/A | N/A |
| Young, 2023163 | Narrow eligibility criteria | Highly selected team or test not representative | N/A | N/A | Level of care different from that in the community |