ADHD in Adults
GP Update, 2026

Your guide to what has changed for Queensland GPs in the management of ADHD in adults.

Overview

→ ADHD is a neurodevelopmental disorder, often persisting into adulthood.
→ 3 subtypes: inattentive, hyperactive/impulsive, or combined.
→ Diagnosis is complex: requires developmental, mental health, and medical history, rating scales, and exclusion of mimicking conditions (e.g. thyroid dysfunction, learning disabilities, substance use, foetal alcohol spectrum disorders, etc).

Assessment

- Review early milestones, academic performance, and social development.
- Adult patients often show symptoms in childhood: difficulty with attention, talking excessively, interrupting, and social boundary issues.
- Investigate previous interventions; some adults may have childhood diagnoses but were untreated.

Diagnostic tools

- Rating scales:
  - Children: Vanderbilt (6–12y), SNAP-IV (6–18y)
  - Adults: Adult Self-Report Scale (ASRS), Connors
  - Multiple reporters recommended (parents, teachers, employers, team coaches) for collateral information
- Psychometric/neuropsychological evaluation may be required for diagnostic uncertainty.
- Exclude conditions: epilepsy, lead poisoning, personality disorders, thyroid disease, acquired brain injury, substance use.
- Expect 2–3 hours for comprehensive assessment, often split across psychologists, paediatricians, psychiatrists.

Queensland-specific considerations

- GPs in Queensland now have pathways to diagnose adults, but collaboration with psychiatrists or paediatricians may still be required for prescribing.
- Bulk billing can be challenging due to time-intensive assessment; out-of-pocket costs may reach $2,500 for a full diagnostic and treatment pathway.
- GP role: Coordinate care, collect collateral information, support patient understanding and expectation management.

Treatment planning

- Individualised plans based on symptom severity, strengths, preferences, co-occurring conditions, life stage.
- Pharmacological: Consider medications per local prescribing guidelines; follow shared-care or specialist advice as needed.
- Non-pharmacological:
  - Sleep hygiene, structured routines, exercise, family/caregiver training
  - Cognitive behavioural therapy (psychologist-led)
  - ADHD coaching (specialised psychologists)
  - Online resources for practical tips

Patient expectations

- Discuss possible disappointment if diagnosis is not met; manage expectations early.
- Encourage patients to avoid “shopping” for diagnosis, which may lead to repeated consultations and costs.
- Use GP chronic condition management plans and shared-care models to coordinate interventions.

Workflow tips for GPs

→ Collect developmental, academic, and social history incrementally; past reports are highly informative.
→ Use rating scales as part of a broader assessment, not standalone.
→ Coordinate multi-disciplinary referrals early to streamline care.
→ Reassess regularly and tailor interventions to life stage and functional needs.

Clinical pearls

- ADHD often overlaps with anxiety, depression, personality traits; treat co-occurring conditions concurrently.
- Female presentations may be under-recognised; school reports may understate symptoms.
- Early identification improves long-term functional outcomes.

Where to next

🎓 For further learning, explore HealthCert’s new ADHD in General Practice short course. $195, online, CPD accredited.
🌐 **Coming soon — join waitlist >**