Consensus Recommendations for Assessing and Monitoring Associated Features of Attention-Deficit/Hyperactivity Disorder in Clinical Practice

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BACKGROUND

Inattention and hyperactivity/impulsivity remain central to attention-deficit/hyperactivity disorder (ADHD) diagnosis.[1] However, patients often report broader challenges across school, work, home, and relationships. Difficulties with executive function and emotional regulation may further affect their ability to manage daily demands, regulate behavior and emotions, and function effectively across settings.[2,3] Despite their clinical relevance, these associated features lack a widely adopted, brief, standardized approach for assessment and longitudinal monitoring across pediatric and adult practice. Consequently, clinicians have limited practical guidance for identifying their contribution to functional impairment and tracking meaningful change over time.[4,5] This unmet need provided the rationale for the modified Delphi consensus study.

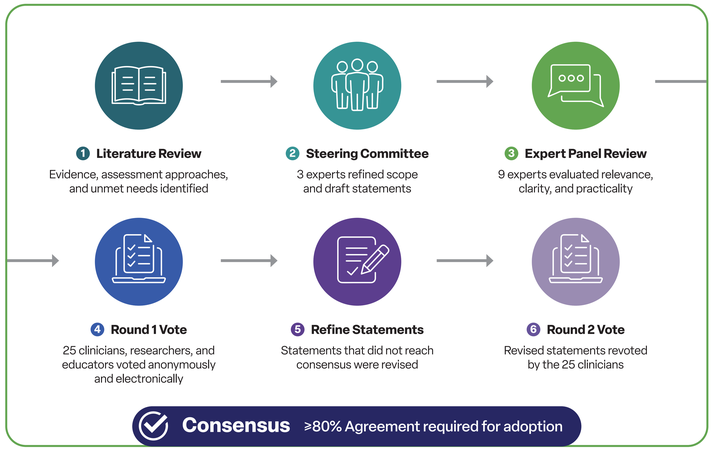
OBJECTIVE

To develop practical, consensus-based recommendations for assessing and monitoring associated features of ADHD and their functional impact across pediatric and adult presentations.

METHODS

Modified Delphi Process

- A literature review identified evidence, current assessment approaches, and gaps related to the assessment of executive function and emotional regulation in patients with ADHD, as well as the associated functional impairment.
- A 3-member steering committee refined the scope and draft statements. Nine ADHD experts reviewed relevance, clarity, and practicality of the draft statements.
- Twenty-five leading clinicians, researchers, and educators in the ADHD field completed 2 rounds of anonymous electronic voting. Statements reaching at least 80% agreement were adopted; others were revised for a revote.



RESULTS

ADHD-Related Impairment

1.	Use patient-centered, non-stigmatizing language.	100%
2.	Assess functional impairment beyond core symptoms.	100%
3.	ADHD-related impairment involves emotional regulation and executive function difficulties.	100%
4.	Emotional regulation and executive function difficulties contribute to functional impairment beyond ADHD core symptoms.	100%
5.	Evaluate for underlying ADHD when emotional regulation impairment is present.	89.7%
6.	Consider ADHD when mood/anxiety coexist with chronic reactivity, executive challenges, or functional impairment.	96.6%

Domains for Assessment

7.	Assess function across the Roles, Responsibilities, Relationships, Recreation, and Resilience (5Rs; Table 1).	96.6%
8.	Ask "why now?" What changed in demands, stressors, and/or environment?	96.6%
9.	Tailor assessment to age and life stage.	100%
10.	Assess executive function based on abilities in Planning, Organization, Time management, and Self-monitoring (POTS; Table 2).	96.6%
11.	Assess emotional regulation across Positive And Negative DomainS (PANS; Table 3).	89.7%
12.	Assessment of emotional regulation should include responses to Rejection, Understimulation, and Frustration (RUF; Table 4).	96.6%

Practical Implementation and Monitoring

13.	Assess ADHD-related impairment on a continuum.	96.6%
14.	Comprehensive rating scales for executive function and emotional regulation may be impractical for routine clinical care but can identify relevant domains for assessment.	96.6%
15.	For each domain, repeat patient-specific questions over time.	100%
16.	Individuals with ADHD may function adequately in some domains yet experience underachievement or use compensatory effort in others.	100%
17.	Seek collateral input when feasible without delaying care.	100%

Table 1. Functional domains that should be included in mental health assessment

Domain	Clinical examples
Roles	Expectations related to: school, work, family, or community life
Responsibilities	Daily: tasks, obligations, deadlines, and follow-through; self-care
Relationships	Family, peer, romantic/intimate, parenting, social, and workplace
Recreation	Hobbies, leisure activities, and interests
Resilience	Healthy vs unhealthy coping skills and mechanisms

Table 2. Domains that should be included in the assessment of executive function

Domain	Clinical examples
Planning	Anticipating steps, preparing ahead, estimating effort
Organization	Managing: tasks, materials, information, priorities, and recall
Time management	Estimating time, meeting deadlines, arriving on time
Self-monitoring	Recognizing when to shift, stop, adjust, or complete a task

Table 3. Emotional valence domains that should be included in the assessment of emotional regulation

Emotional domain	Clinical examples
Positive	Excessive exuberance, overexcitement, talking too much, or difficulty reading the room
Negative	Irritability, frustration intolerance, emotional reactivity, or prolonged recovery

Table 4. Emotional trigger domains that should be included in the assessment of emotional regulation

Domain	Clinical examples
Rejection	Heightened sensitivity to criticism, exclusion, or disappointment; perceived failure
Understimulation	Increased distress or avoidance; difficulty sustaining effort; excessive attempts to avoid boredom
Frustration	Inappropriate intensity, timing, or impact of frustration responses

Disclosures

Craig Chepke, MD, DFAPA: Advisory Board—AbbVie, Acadia, Alkermes, Axsome, Biogen, Bristol Myers Squibb, Corium, Idorsia, Intra-Cellular, Johnson & Johnson, Lundbeck, Moderna, Neurocrine, Noven, Otsuka, Sage, Sumitomo, Teva; Advisory Board (spouse): Bristol Myers Squibb, Otsuka; Consultant—AbbVie, Acadia, Alkermes, Axsome, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Corium, Intra-Cellular, Johnson & Johnson, Lundbeck, MediPanel, Moderna, Neurocrine, Noven, Otsuka, Sage, Sumitomo, Spouse, Teva; Research/Grant Support—Acadia, Axsome, Harmony, Neurocrine, Teva; Speaker's Bureau—AbbVie, Acadia, Alkermes, Axsome, Boehringer Ingelheim, Bristol Myers Squibb, Corium, Intra-Cellular, Johnson & Johnson, Lundbeck, Merck, Neurocrine, Noven, Otsuka, Sumitomo, Teva

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Greg Mattingly, MD: Consultant—AbbVie, Acadia, Akili, Alkermes, Angelini, Axsome, Biogen, Boehringer Ingelheim, Cerevel, Colegium, Corium, Eisai, Intracellular, Johnson & Johnson, Liva Nova, Lumos Labs, Lundbeck, Neurocrine, Noven, Otsuka, Redax, Relmada, Revibe, Roche, Sage, Sirona, Sunovion, Supernus, Takeda, Teva, and Tris Pharma; Research—AbbVie Inc., Acadia, Alkermes, Akili, Alto Therapeutics, Avanir, Axsome, Boehringer Ingelheim, Cingulate, Click Therapeutics, Corium, Emalex, Idorsia, Intracellular, Johnson & Johnson, Lumos Labs, Medgenics, Neurocrine, NLS Pharma, Redax, Relmada, Roche, Sage, Sirtsei, Sumitomo, Sunovion, Supernus, Takeda, and Teva; Speakers Bureau—AbbVie Inc., Alkermes, Angelini, Axsome, Corium, Intracellular, Ironshore, Johnson & Johnson, Lundbeck, Neurocrine, Noven, Otsuka, Sunovion, Supernus, Takeda, Teva and Tris Pharma

CONCLUSION

- **The Delphi panel reached consensus on 17 statements supporting a broader, function-focused approach to assessing ADHD-associated impairment.**
- **The recommendations emphasize patient-centered language, individualized assessment across functional domains, and consideration of developmental stage, changing demands, emotional regulation, executive function, and compensatory effort.**
- **Repeating relevant, patient-specific questions over time may help clinicians identify less visible impairment and track meaningful real-world change across pediatric and adult practice.**

Recommendations for Clinical Practice

1. **Use patient-centered language**
   Use understandable, culturally appropriate, non-stigmatizing terms, and explain concepts such as emotional regulation and executive function.
2. **Assess impairment beyond core symptoms**
   Evaluate clinically meaningful functional impairment across school, work, home, relationships, recreation, and coping.
3. **Evaluate associated features of ADHD**
   Assess how difficulties with executive function and emotional regulation contribute to impairment, and consider whether they may indicate underlying ADHD.
4. **Individualize and repeat**
   Use relevant patient-specific questions that can be revisited over time to monitor treatment response.
5. **Look beyond apparent adequacy**
   Ask about underachievement, avoidance, reliance on supports, and excessive or exhausting compensatory effort.
6. **Seek collateral input when feasible**
   Include at least one informant, when possible, but do not delay clinically appropriate evaluation or care if no informant is available.

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This program was independently developed with funding from Otsuka Pharmaceuticals.

Presented at Psych Congress 2026; September 15-19, 2026; New Orleans, Louisiana. Poster #229