

Appendix A. Complete survey (translated)

Q1 Profession¹

Profession/educational background

Medical doctor/child and adolescent psychiatrist in training
Child and adolescent psychiatrist
Clinical psychologist
Clinical psychologist with specialization in child and adolescent psychology
Nurse
Social worker
Educationalist
Learning disability nurse
Other

Q2 Experience

Total work experience in child and adolescent mental health services

< 5 years
5 - 15 years
> 15 years

Q3 Frequency¹

How often do you see patients with suspected or diagnosed ADHD?

Approx. daily
Approx. weekly
Approx. monthly
Less [than monthly]

¹ Required question

Q4

Which examinations and screening tools does your team use in the assessment of ADHD?

[Options: Always – Often – Sometimes – Never]

- Comprehensive review of medical history
- Personally meet with patient
- Interview/dialogue with caregivers
- Interview/dialogue with teacher
- Onsite observation of patient in school
- Observation of caregiver-child interaction
- Observation in playroom if patient is a child
- Broad-spectrum assessment tool (e.g., Kiddie-SADS, DAWBA)
- Specific symptom scales for ADHD (e.g., ADHD-RS, SNAP-IV)
- Trauma assessment
- Assessment of patient's drug use
- Assessment of caregivers' drug use
- Assessment for specific learning disorders
- Medical evaluation by physician
- Evaluation of sensory disorders/defects
- Examination of neuromotoric function with standardized test
- Blood tests
- Testing response to ADHD medication
- Intelligence/cognitive ability test, e.g., WISC BRIEF
- Continuous performance tests, e.g., T.O.V.A.
- Other neuropsychological tests
- Other (please specify below)

Q5

In your daily work, are there practical limitations that influence the quality of the assessment and differential diagnostic evaluation of ADHD?

[Options: Always – Often – Sometimes – Never]

- Lack of time
- Lack of adequate assessment tools
- Insufficient availability of competent professionals
- Instruction from leader or local professional practice standards restricts assessment
- Other (please specify)

Q6 Certainty

Opinions differ regarding how certain one needs to be in order to diagnose ADHD. What is your opinion?

- It must be considered >95 % likely that the patient has ADHD
- It must be considered >75 % likely that the patient has ADHD
- It must be considered >50 % likely that the patient has ADHD
- Diagnosis can be made on an even more uncertain basis if it is assumed that the patient will benefit from pharmacological treatment

Q7 Await

Sometimes the clinical presentation corresponds to ADHD, but ruling out alternative causes for the symptoms is difficult. In the following cases, how often will you postpone making the diagnostic decision?

[Options: Always – Often – Sometimes – Never]

- Considerable psychosocial challenges
- History or presence of trauma
- Considerable health problems in close family
- Diagnosed sensory deficit (sight, hearing)
- Diagnosed neurological conditions
- Intellectual functioning deviating from normal range
- Other diagnosed developmental disorders
- Other (please specify)

Q8 Over/undertreatment

There is disagreement regarding the best way to manage children with ADHD symptoms in the child and adolescent mental health services. Some fear that we are medicalizing normal conditions and that too many receive a diagnosis and medication. Others think the opposite, suggesting more children should be prescribed medication.

What is your opinion about the situation in Norway today?

- Overtreatment is most prevalent
- Undertreatment is most prevalent
- Both over and undertreatment occurs, about equally frequently
- Neither over nor undertreatment occurs to a significant degree

Q9 Ideal

Imagine the ideal scenario where all children live under optimal psychosocial conditions, having involved and caring caregivers, receiving appropriate support and accommodations in school, etc. Assume also that health and social services has access to ample resources and competent professionals.

Compared to today, what do you think the prevalence of ADHD among children and adolescents would be in the ideal scenario?

- Considerably higher
- Somewhat higher
- Unchanged
- Somewhat lower
- Considerably lower
- ADHD would not exist

Q10 Medication

We would like your opinions on the following statements regarding the treatment of ADHD.

[Options:] *Strongly agree* *Somewhat agree* *Somewhat disagree* *Strongly disagree*

- Medication is the only real option in the treatment of ADHD
- If the patient responds well to medication, there is no need to initiate additional interventions
- Psychosocial intervention is an effective form of treatment
- I am worried about the long-term consequences of using medication in ADHD treatment
- Medication is a prerequisite for enabling psychosocial interventions to work
- The side effects of ADHD medications are stronger than many clinicians acknowledge
- The use of medications in the treatment of children should be reduced as much as possible
- Medication is an effective form of treatment
- Medication appears in many instances to become an excuse for institutions and adults surrounding the child not to take further action, so that other important interventions are neglected
- If the patient first responds well to psychosocial interventions, initiating medication is unnecessary
- Psychosocial interventions are a prerequisite for enabling medication to work

Q11

Lastly, we have two questions regarding the instances where medication is not used in the treatment of ADHD.

In your experience, how often are the following the cause of **medication not being initiated**?

[Options:] *Almost always* *Often* *Sometimes* *Almost never*

- The symptoms are managed satisfactorily without medication or other interventions
- Clinician does not find sufficient indication for medication
- Non-pharmacological treatment interventions are sufficient
- Patient disagrees with the diagnosis
- Caregiver(s) disagree with the diagnosis
- Medication is primarily requested by school staff
- Patient worries about side effects
- Caregiver(s) worry about side effects
- Caregiver(s) worry about medicalization or stigmatization
- Patient worries about medicalization or stigmatization
- Clinician has reservations toward medication
- Patient has reservations toward medication
- Caregiver(s) have reservations toward medication
- Somatic condition, e.g., the patient has cardiovascular disease
- Expectation that patient will not tolerate the medication well
- Patient is already prescribed multiple medications
- Other (please specify)

Q12

In your experience, how often are the following factors the cause of medication not being continued after initial trial?

[Options:]

Almost always

Often

Sometimes

Almost never

Lack of effect

Side effects

Patient's wish

Caregiver's wish

Caregiver has inadequate compliance with treatment

Other (please specify)

Appendix to:

Variation in attitudes toward diagnosis and medication of ADHD: a survey among clinicians in the Norwegian child and adolescent mental health services. *Eur Child Adolesc Psychiatry*

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