

In March 2018, NICE updated recommendations on information and support, managing ADHD (including non-pharmacological treatment), medication, follow-up and monitoring, adherence, and review of medication and discontinuation. Review protocols on pages 9 to 21 are greyed out because these were updated.

## Appendices

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## Appendix 1: Review protocols

<b>Relevant questions</b>	<b>Q1.1 – Diagnosis and Assessment</b> 1.1.1 Is there a consistent pattern of signs and symptoms demarcating ADHD from other disorders? <ul style="list-style-type: none"> <li>▪ 1.1.2 is this pattern associated with clinically meaningful impairment?</li> <li>▪ 1.1.3 is this pattern of signs and symptoms the same in children than in adults?</li> <li>▪ 1.1.4 can the clinical features and impairments of ADHD be distinguished from another diagnosis?</li> </ul>
<b>Chapter</b>	5 Diagnosis and Assessment
<b>Sub-section</b>	
<b>Topic Group</b>	TG1 Diagnosis
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	1 <sup>st</sup> search: OS, empirical reviews [high spec] 2 <sup>nd</sup> search: Diagnosis, ER, OS
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	
• Comparator	
• Population (including age, gender etc)	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
• Outcomes  (see Outcomes document for definitions)	- validity of ADHD category
• Study design	SR, observational studies, cross-sectional studies, cohort studies, factor analytic studies
• Publication status	[Published and unpublished (if criteria met)]

• Year of study	[Any]
• Dosage	[Any]
• Minimum sample size	n > 10
• Study setting	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	<b>Q1.1 - Diagnosis and Assessment</b> 1.2 Does ADHD have a characteristic course?
<b>Chapter</b>	5 Diagnosis and Assessment
<b>Sub-section</b>	
<b>Topic Group</b>	TG1 Diagnosis
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	1 <sup>st</sup> search: OS, empirical reviews [high spec] 2 <sup>nd</sup> search: OS
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	
• Comparator	
• Population (including age, gender etc)	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD (oppositional defiant disorder, conduct disorder and/or disruptive behaviour).
• Outcomes  (see Outcomes document for definitions)	- continuity of ADHD diagnosis
• Study design	SR, observational studies, cross-sectional studies, cohort studies
• Publication	[Published and unpublished (if criteria met)]

status	
• Year of study	[Any]
• Dosage	[Any]
• Minimum sample size	n > 10
• Study setting	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	<p><b>Q1.1 - Diagnosis and Assessment</b></p> <p>Is there any evidence of:</p> <ul style="list-style-type: none"> <li>▪ 1.3.1 heritability of ADHD from family and genetic studies?</li> <li>▪ 1.3.2 neurobiological underpinning of ADHD?</li> </ul> <p><i>to consider:</i></p> <ul style="list-style-type: none"> <li>- neurotransmitters</li> <li>- brain structure (MRI) and function (fMRI/ERP)</li> </ul> <p>1.3.3 is the neurobiological evidence linked to core signs/symptoms?</p>
<b>Chapter</b>	5 Diagnosis and Assessment
<b>Sub-section</b>	
<b>Topic Group</b>	TG1 Diagnosis
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	OS, empirical reviews [high spec]
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	
• Comparator	
• Population (including age, gender etc)	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD (oppositional defiant disorder, conduct disorder and/or disruptive

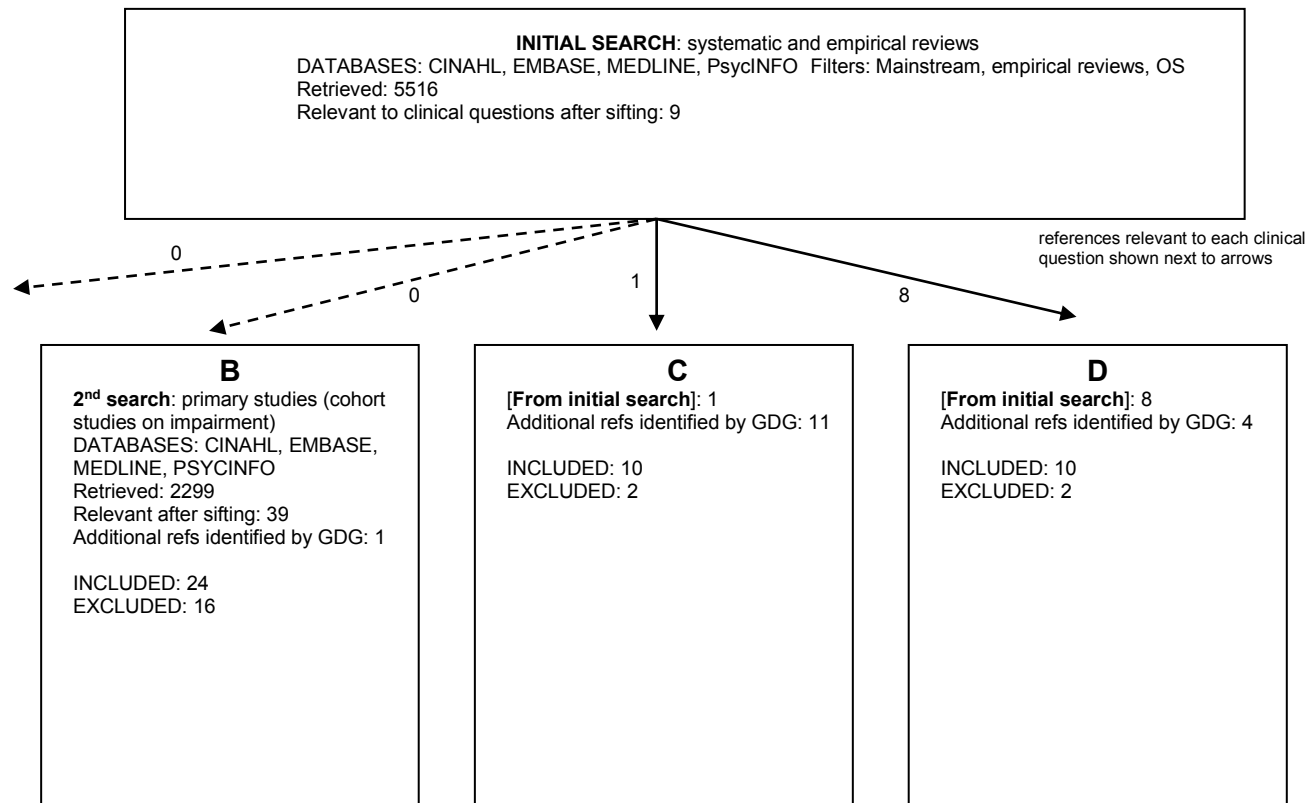
	behaviour).
<ul style="list-style-type: none"> <li>• Outcomes</li> </ul> (see Outcomes document for definitions)	- gene associations in people with ADHD
<ul style="list-style-type: none"> <li>• Study design</li> </ul>	SR of genetic studies
<ul style="list-style-type: none"> <li>• Publication status</li> </ul>	[Published and unpublished (if criteria met)]
<ul style="list-style-type: none"> <li>• Year of study</li> </ul>	[Any]
<ul style="list-style-type: none"> <li>• Dosage</li> </ul>	[Any]
<ul style="list-style-type: none"> <li>• Minimum sample size</li> </ul>	n > 10
<ul style="list-style-type: none"> <li>• Study setting</li> </ul>	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	<p><b>Q1.1 – Diagnosis and Assessment</b></p> <p>1.4 Is there evidence of the social context (environmental, familial [not including genetics] and/or educational factors) influencing ADHD?</p> <p>1.5 Is there evidence of over/under-diagnosis in some groups?</p> <p>1.6.1 What is the most reliable way of diagnosing the three sub-types of ADHD plus Hyperkinetic Disorder?</p> <ul style="list-style-type: none"> <li>▪ 1.6.2 should the diagnosis be given by specialists only?</li> <li>▪ 1.6.3 what is the minimum required assessment for a diagnosis to be given?</li> <li>▪ 1.6.4 should sub-typing be based on cross-sectional assessment of symptoms only (e.g. last 6 months) or also consider sub-type at onset?</li> <li>▪ 1.6.5 is the diagnostic approach different in adults compared to children?</li> </ul> <p>1.7 What are the criteria that trigger the use of this guideline (i.e. which children, young people and adults should be included in this guideline and which should not)? (severity of symptoms)</p>
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<b>Chapter</b>	5 Diagnosis and Assessment
<b>Sub-section</b>	
<b>Topic Group</b>	TG1 Diagnosis
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	OS, empirical reviews [high spec]
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	
• Comparator	
• Population (including age, gender etc)	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD (oppositional defiant disorder, conduct disorder and/or disruptive behaviour).
• Outcomes  (see Outcomes document for definitions)	- validity of ADHD diagnosis
• Study design	SR
• Publication status	[Published and unpublished (if criteria met)]
• Year of study	[Any]
• Dosage	[Any]
• Minimum sample size	n > 10
• Study setting	[Any]
<b>Additional assessments</b>	

**Searches made for Diagnosis and Assessment**

<b>A1</b>
<p><b>2<sup>nd</sup> search:</b> primary studies (factor analyses)            DATABASES: CINAHL, EMBASE, MEDLINE, PSYCINFO            Retrieved: 188            Relevant after sifting: 4            Additional refs identified by GDG: 20            INCLUDED: 24            EXCLUDED: 0</p>
<b>A2</b>
<p><b>2<sup>nd</sup> search:</b> primary studies (cohort studies on ADHD &amp; CD/ODD)            DATABASES: CINAHL, EMBASE, MEDLINE, PSYCINFO; Filters OS            Retrieved: 575            Relevant after sifting: 13            From A1 search: 8            Additional refs identified by GDG: 4</p>
<b>A3</b>
<p><b>2<sup>nd</sup> search:</b> primary studies (diagnostic studies)            DATABASES: CINAHL, EMBASE, MEDLINE, PSYCINFO            Retrieved: 164            Relevant after sifting: 1            From A2 search: 2            Additional refs identified by GDG: 8            INCLUDED: 11            EXCLUDED: 4</p>



<b>B</b>
<p><b>2<sup>nd</sup> search:</b> primary studies (cohort studies on impairment)            DATABASES: CINAHL, EMBASE, MEDLINE, PSYCINFO            Retrieved: 2299            Relevant after sifting: 39            Additional refs identified by GDG: 1</p> <p>INCLUDED: 24            EXCLUDED: 16</p>

<b>C</b>
<p><b>[From initial search]:</b> 1            Additional refs identified by GDG: 11</p> <p>INCLUDED: 10            EXCLUDED: 2</p>

<b>D</b>
<p><b>[From initial search]:</b> 8            Additional refs identified by GDG: 4</p> <p>INCLUDED: 10            EXCLUDED: 2</p>

Total papers sifted: 10273  
 Total papers identified by GDG: 48  
 Total papers quality assessed: 123  
 Total papers included: 101



<b>Relevant questions</b>	<b>Q2.1 – Psychological interventions</b>
<b>Chapter</b>	6 Psychological interventions and parent training
<b>Sub-section</b>	
<b>Topic Group</b>	TG2 Psychology
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	RCT
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	<ul style="list-style-type: none"> <li>• Family therapy (systemic/ psychodynamic, behavioural)</li> <li>• CBT (individual behavioural therapy, individual cognitive therapy)</li> <li>• Environmental manipulation and management</li> </ul>
• Comparator	Waiting lists, standard care, other psychological interventions, medication
• Population (including age, gender etc)	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
• Outcomes (see Outcomes document for definitions)	<ul style="list-style-type: none"> <li>- Improvement on score of Conners Rating Test (including all variations of this test and subscales)</li> <li>- Improvement on score of ADHD Rating Scale</li> <li>- Improvement on score of DuPaul Test</li> <li>- Improvement on score of SKAMP Test</li> <li>- Improvement on score of SNAP Test</li> <li>- Improvement on academic performance</li> <li>- Improvement on social skills</li> <li>- Reduction of impairment</li> <li>- Leaving study early</li> </ul>
• Study design	RCT
• Publication status	[Published and unpublished (if criteria met)]

• Year of study	[Any]
• Dosage	[Any]
• Minimum sample size	n > 10
• Study setting	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	<p><b>Q2.1 – Psychological interventions</b></p> <p>2.2 When should psychological treatment* be initiated? does the waiting for a treatment influence outcome?</p> <p>2.3 What is the optimum duration of treatment*? what are the long-term consequences of treatment?</p> <p>2.4 What approaches can be used to optimise adherence with psychological treatment?</p>
<b>Chapter</b>	6 Psychological interventions and parent training
<b>Sub-section</b>	
<b>Topic Group</b>	TG2 Psychology
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	OS, empirical reviews [high spec]
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	
• Comparator	
• Population (including age, gender etc)	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
• Outcomes	- Duration, discontinuation of psychological treatment and treatment adherence

(see Outcomes document for definitions)	
• Study design	Observational studies
• Publication status	[Published and unpublished (if criteria met)]
• Year of study	[Any]
• Dosage	[Any]
• Minimum sample size	n > 10
• Study setting	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	<b>Q3.1 – Intervention for carers</b>
<b>Chapter</b>	6 Psychological interventions and parent training
<b>Sub-section</b>	
<b>Topic Group</b>	TG2 Psychology
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	RCT
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	<ul style="list-style-type: none"> <li>• Psychoeducational interventions (advice/information, parental guidance) for carers</li> <li>• Parent effectiveness training</li> <li>• Counselling for carers</li> </ul>

	<ul style="list-style-type: none"> <li>• CBT for carers</li> </ul>
<ul style="list-style-type: none"> <li>• Comparator</li> </ul>	
<ul style="list-style-type: none"> <li>• Population (including age, gender etc)</li> </ul>	Parents of children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
<ul style="list-style-type: none"> <li>• Outcomes</li> </ul> (see Outcomes document for definitions)	<ul style="list-style-type: none"> <li>- Improvement on score of Conners Rating Test (including all variations of this test and subscales)</li> <li>- Improvement on score of ADHD Rating Scale</li> <li>- Improvement on score of DuPaul Test</li> <li>- Improvement on score of SKAMP Test</li> <li>- Improvement on score of SNAP Test</li> <li>- Improvement on social skills</li> <li>- Improvement on academic performance</li> <li>- Reduction of impairment</li> <li>- Leaving study early</li> </ul> * as in the rest of the clinical questions, outcomes are taken from children and young people with ADHD regardless if the interventions are directed at carers
<ul style="list-style-type: none"> <li>• Study design</li> </ul>	RCT
<ul style="list-style-type: none"> <li>• Publication status</li> </ul>	[Published and unpublished (if criteria met)]
<ul style="list-style-type: none"> <li>• Year of study</li> </ul>	[Any]
<ul style="list-style-type: none"> <li>• Dosage</li> </ul>	[Any]
<ul style="list-style-type: none"> <li>• Minimum sample size</li> </ul>	n > 10
<ul style="list-style-type: none"> <li>• Study setting</li> </ul>	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	<b>Q4.1 - Drug Treatment</b> (stimulants)
<b>Chapter</b>	9 Pharmacology
<b>Sub-section</b>	Stimulants (methylphenidate, dexamphetamine)
<b>Topic Group</b>	TG3 Pharma
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO

<b>Existing reviews</b>	
• Updated	
• Not updated	NICE Report (2000), Technology Appraisal Report (2006)
<b>General search filter used</b>	RCT
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	<ul style="list-style-type: none"> <li>• Methylphenidate (including modified-release preparations)</li> <li>• Dexamphetamine</li> </ul>
• Comparator	Waiting lists, placebo; active comparator (head-to-head trials, for example, atomoxetine, TCAs, etc.)
• Population (including age, gender etc)	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
• Outcomes (see Outcomes document for definitions)	<ul style="list-style-type: none"> <li>- Improvement on score of Conners Rating Test (including all variations of this test and subscales)</li> <li>- Improvement on score of ADHD Rating Scale</li> <li>- Improvement on score of DuPaul Test</li> <li>- Improvement on score of SKAMP Test</li> <li>- Improvement on score of SNAP Test</li> <li>- Improvement on academic performance</li> <li>- Reduction of impairment</li> <li>- Side effects (e.g. s)</li> <li>- Leaving the study early</li> </ul>
• Study design	RCT (efficacy, acceptability, tolerability, adverse events)
• Publication status	[Published and unpublished (if criteria met)]
• Year of study	[Any]
• Dosage	[Any]
• Minimum sample size	n > 10
• Study setting	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	Q4.1- Drug treatment (atomoxetine)
<b>Chapter</b>	9 Pharmacology
<b>Sub-section</b>	Atomoxetine
<b>Topic Group</b>	TG3 Pharma
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	NICE Report (2000), Technology Appraisal Report (2006)
<b>General search filter used</b>	RCT
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	• Atomoxetine
• Comparator	Waiting lists, placebo; active comparator (head to head trials, e.g. atomoxetine, TCAs, etc.)
• Population (including age, gender etc)	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
• Outcomes (see Outcomes document for definitions)	- Improvement on score of Conners Rating Test (including all variations of this test and subscales) - Improvement on score of ADHD Rating Scale - Improvement on score of DuPaul Test - Improvement on score of SKAMP Test - Improvement on score of SNAP Test - Improvement on academic performance - Reduction of impairment - Side effects (e.g. ) - Leaving the study early
• Study design	RCT (efficacy, acceptability, tolerability, side effects)
• Publication status	Published and unpublished (if criteria met)

• Year of study	[Any]
• Dosage	[Any]
• Minimum sample size	n > 10
• Study setting	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	<b>Q4.1 - Drug Treatment</b> (other medication)
<b>Chapter</b>	9 Pharmacology
<b>Sub-section</b>	Other medication
<b>Topic Group</b>	TG3 Pharma
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	RCT
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	<ul style="list-style-type: none"> <li>• TCAs</li> <li>• Bupropion</li> <li>• Nicotine (as skin patches)</li> <li>• Atypical antipsychotics</li> <li>• Modafinil</li> <li>• Clonidine</li> </ul>
• Comparator	Waiting lists, placebo; active comparator (head to

	head trials, e.g. atomoxetine, TCAs, etc.)
<ul style="list-style-type: none"> <li>Population (including age, gender etc)</li> </ul>	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
<ul style="list-style-type: none"> <li>Outcomes (see Outcomes document for definitions)</li> </ul>	<ul style="list-style-type: none"> <li>- Improvement on score of Conners Rating Test (including all variations of this test and subscales)</li> <li>- Improvement on score of ADHD Rating Scale</li> <li>- Improvement on score of DuPaul Test</li> <li>- Improvement on score of SKAMP Test</li> <li>- Improvement on score of SNAP Test</li> <li>- Improvement on academic performance</li> <li>- Reduction of impairment</li> <li>- Side effects (e.g. )</li> <li>- Leaving the study early</li> </ul>
<ul style="list-style-type: none"> <li>Study design</li> </ul>	RCT (efficacy, acceptability, tolerability, side effects)
<ul style="list-style-type: none"> <li>Publication status</li> </ul>	Published and unpublished (if criteria met)
<ul style="list-style-type: none"> <li>Year of study</li> </ul>	[Any]
<ul style="list-style-type: none"> <li>Dosage</li> </ul>	[Any]
<ul style="list-style-type: none"> <li>Minimum sample size</li> </ul>	n > 10
<ul style="list-style-type: none"> <li>Study setting</li> </ul>	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	<p><b>Q4.2 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Line Treatment</b>  (including 4.2.1: Which drugs should be used as a 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> line treatment?  4.2.2: How should drug treatment be initiated, dose titrated and effectiveness evaluated?  4.2.3: What is the optimum duration of drug treatment?  4.2.4: When is discontinuation attempted?  4.2.5: What advice is given for discontinuation?)</p>
<b>Chapter</b>	9 Pharmacology
<b>Sub-section</b>	
<b>Topic Group</b>	TG3 Pharma
<b>Sub-section lead</b>	



<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	RCT
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	
• Comparator	Waiting lists, placebo; active comparator (head to head trials, e.g. atomoxetine, TCAs, etc.)
• Population (including age, gender etc)	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
• Outcomes  (see Outcomes document for definitions)	- Improvement on score of Conners Rating Test (including all variations of this test and subscales) - Improvement on score of ADHD Rating Scale - Improvement on score of DuPaul Test - Improvement on score of SKAMP Test - Improvement on score of SNAP Test - Improvement on academic performance - Reduction of impairment - Side effects (e.g. ) - Leaving the study early
• Study design	RCTs (efficacy outcomes/ acceptability/ tolerability/ side effects)
• Publication status	Published and unpublished (if criteria met)
• Year of study	[Any]
• Dosage	[Any]
• Minimum sample size	n > 10
• Study setting	[Any]
<b>Additional</b>	

<b>assessments</b>	
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<b>Relevant questions</b>	<b>Q5.1 - Combination treatments</b>
<b>Chapter</b>	10 Combined interventions
<b>Sub-section</b>	
<b>Topic Group</b>	TG2 Psychology
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	RCT
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	• Combination of medication and psychological intervention with medication alone or psychological intervention alone
• Comparator	Waiting lists, placebo; medication, psychological intervention
• Population (including age, gender etc)	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
• Outcomes (see Outcomes document for definitions)	- Improvement on score of Conners Rating Test (including all variations of this test and subscales) - Improvement on score of ADHD Rating Scale - Improvement on score of DuPaul Test - Improvement on score of SKAMP Test - Improvement on score of SNAP Test - Improvement on academic performance - Improvement on social skills - Reduction of impairment - Side effects - Leaving the study early
• Study design	RCTs (efficacy outcomes/ acceptability/ tolerability/ side effects)

• Publication status	Published and unpublished (if criteria met)
• Year of study	[Any]
• Dosage	[Any]
• Minimum sample size	n > 10
• Study setting	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	<b>Q6.1 - Education interventions</b>
<b>Chapter</b>	7 Education
<b>Sub-section</b>	
<b>Topic Group</b>	TG4 Education
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO, ERIC
<b>Existing reviews</b>	
• Updated	
• Not updated	
<b>General search filter used</b>	OS, [NR]
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
• Intervention	<ul style="list-style-type: none"> <li>• School screening</li> <li>• Teacher training on ADHD</li> <li>• Curriculum modification</li> <li>• Classroom management</li> <li>• Remedial teaching</li> <li>• Multi-agency partnership with other schools and other agencies</li> </ul>
• Comparator	Standard education, health interventions

<ul style="list-style-type: none"> <li>Population (including age, gender etc)</li> </ul>	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
<ul style="list-style-type: none"> <li>Outcomes</li> </ul> (see Outcomes document for definitions)	<ul style="list-style-type: none"> <li>- Improvement on score of Conners Rating Test (including all variations of this test and subscales)</li> <li>- Improvement on score of ADHD Rating Scale</li> <li>- Improvement on score of DuPaul Test</li> <li>- Improvement on score of SKAMP Test</li> <li>- Improvement on score of SNAP Test</li> <li>- Improvement on academic performance</li> <li>- Reduction of impairment</li> <li>- Reading</li> <li>- Mathematics</li> </ul>
<ul style="list-style-type: none"> <li>Study design</li> </ul>	RCT, cluster RCT (efficacy)
<ul style="list-style-type: none"> <li>Publication status</li> </ul>	[Published and unpublished (if criteria met)]
<ul style="list-style-type: none"> <li>Year of study</li> </ul>	[Any]
<ul style="list-style-type: none"> <li>Dosage</li> </ul>	[Any]
<ul style="list-style-type: none"> <li>Minimum sample size</li> </ul>	n > 10
<ul style="list-style-type: none"> <li>Study setting</li> </ul>	[Any]
<b>Additional assessments</b>	

<b>Relevant questions</b>	<b>Q7.1 – Dietary Interventions</b>
<b>Chapter</b>	8 Dietary
<b>Sub-section</b>	
<b>Topic Group</b>	TG5 Dietary
<b>Sub-section lead</b>	
<b>Search strategy</b>	<b>Databases:</b> CINAHL, EMBASE, MEDLINE, OLD MEDLINE, PsycINFO
<b>Existing reviews</b>	
<ul style="list-style-type: none"> <li>Updated</li> <li>Not updated</li> </ul>	
<b>General search filter used</b>	RCT

<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>Eligibility criteria</b>	
<ul style="list-style-type: none"> <li>• Intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Elimination diets</li> <li>• Supplementation diets</li> </ul>
<ul style="list-style-type: none"> <li>• Comparator</li> </ul>	Waiting lists, placebo
<ul style="list-style-type: none"> <li>• Population (including age, gender etc)</li> </ul>	Children, adolescents, and adults with ADHD, ADD, MBD, comorbid ADHD.
<ul style="list-style-type: none"> <li>• Outcomes (see Outcomes document for definitions)</li> </ul>	<ul style="list-style-type: none"> <li>- Improvement on score of Conners Rating Test (including all variations of this test and subscales)</li> <li>- Improvement on score of ADHD Rating Scale</li> <li>- Improvement on score of DuPaul Test</li> <li>- Improvement on score of SKAMP Test</li> <li>- Improvement on score of SNAP Test</li> <li>- Improvement on academic performance</li> <li>- Reduction of impairment</li> <li>- Side effects</li> <li>- Leaving the study early</li> </ul>
<ul style="list-style-type: none"> <li>• Study design</li> </ul>	RCT (efficacy outcomes/ acceptability/ tolerability/ side effects)
<ul style="list-style-type: none"> <li>• Publication status</li> </ul>	[Published and unpublished (if criteria met)]
<ul style="list-style-type: none"> <li>• Year of study</li> </ul>	[Any]
<ul style="list-style-type: none"> <li>• Dosage</li> </ul>	[Any]
<ul style="list-style-type: none"> <li>• Minimum sample size</li> </ul>	n > 10
<ul style="list-style-type: none"> <li>• Study setting</li> </ul>	[Any]
<b>Additional assessments</b>	

## Appendix 2: Search strategies for the identification of diagnostic studies, clinical studies and reviews

<b>Search:</b> ADHD – Diagnosis Q1.2, 1.7, 1.8	
<b>Interface:</b> OVID	<b>Databases:</b> CINAHL, EMBASE, MEDLINE, PSYCINFO
<b>Notes: ER filter modified for more specificity</b>	
1	(attenti\$ or disrupt\$ or impulsiv\$ or inattenti\$.sh.
2	((attenti\$ or disrupt\$) adj3 (adolescenc\$ or adult\$ or behav\$ or child\$ or class or classes or classroom\$ or condition\$ or difficult\$ or disorder\$ or learn\$ or people or person\$ or poor or problem\$ or process\$ or youngster\$)).tw.
3	disruptive\$.tw,it,tm.
4	impulsiv\$.tw.
5	inattentiv\$.tw.
6	adhd.tw.
7	addh.tw.
8	ad hd.tw.
9	ad??hd.tw.
10	(attenti\$ adj3 deficit\$).tw.
11	hyperactiv\$.mp.
12	(hyper adj1 activ\$).tw.
13	hyperkin\$.mp.

14	(hyper adj1 kin\$.tw.
15	hkd.tw.
16	overactiv\$.tw. not overactive bladder\$.ti.
17	(over adj1 activ\$.tw. not overactive bladder\$.ti.
18	(minimal adj1 brain).tw.
19	or/1-18
20	*"attention deficit and disruptive behavior disorders"/ di or attention deficit disorder with hyperactivity/ di or *attention deficit disorder/ di or *attention deficit hyperactivity disorder/ di
21	exp "sensitivity and specificity"/
22	likelihood functions/ or maximum likelihood/
23	exp diagnostic error/ or exp diagnostic errors/
24	(area under curve or area under the curve).sh.
25	(reproducibility of results or reproducibility).sh.
26	(diagnos\$ or differential diagnosis\$ or misdiagnos\$ or psychodiagnos\$).sh.
27	(sensitivity\$ or specificit\$).tw.
28	predictive value\$.tw.
29	likelihood ratio\$.tw.
30	(false adj (negative\$ or positive\$)).tw.
31	(valid\$ adj3 (adhd or attention deficit\$ or hyperkin\$ or diagnos\$)).tw.
32	or/20-31
33	early diagnosis.sh.

34	((early\$ or initial or onset or preclinical or pre clinical) adj3 (detect\$ or diagnos\$ or distinguish\$ or identif\$ or intervention\$ or recogni\$ or therap\$ or treat\$)).tw.
35	or/33-34
36	((early or under) adj3 diagnos\$).tw.
37	19 and (or/32,35-36)
38	(clinical study or cohort analysis or correlational studies or cross sectional studies or epidemiologic studies or family study or longitudinal study or nonconcurrent prospective studies or prospective studies or prospective study or retrospective study).sh.
39	exp case control studies/ or exp case control studies/ or exp cohort studies/
40	(cohort adj (study or studies)).mp.
41	((cohort or cross sectional or epidemiologic\$ or follow?up or follow up or observational) adj (study or studies)).tw.
42	(case control or cohort analy\$ or cross sectional or longitudinal or retrospective).tw.
43	case\$.pt.
44	or/38-43
45	and/37,44
46	remove duplicates from 45
47	(empiric\$ and review\$).mp,pt,dt. or (data collection or health statistics or health survey\$1 or psychological report\$1 or report\$1 or statistics).sh.
48	limit 37 to (2260 research methods & experimental design or "0400 empirical study") [Limit not valid in: CINAHL,EMBASE,Ovid MEDLINE(R); records were retained]
49	limit 37 to (2200 psychometrics & statistics & methodology or 2240 statistics & mathematics) [Limit not valid in: CINAHL,EMBASE,Ovid MEDLINE(R); records were retained]



50	limit 37 to (report or research or research instrument or research term definition or short survey) [Limit not valid in: CINAHL,EMBASE,Ovid MEDLINE(R),PsycINFO; records were retained]
51	or/48-50
52	37 and (47 or (51 and review\$.mp,pt,dt.))
53	remove duplicates from 52
54	limit 37 to "0400 empirical study" [Limit not valid in: CINAHL,EMBASE,Ovid MEDLINE(R); records were retained] <a href="#">CINAHL - Cumulative Index to Nursing &amp; Allied Health Literature &lt;1982 to September Week 3 2006&gt;</a> (880) <a href="#">EMBASE &lt;1980 to 2006 Week 37&gt;</a> (9543) <a href="#">Ovid MEDLINE(R) &lt;1966 to September Week 2 2006&gt;</a> (11566) <a href="#">PsycINFO &lt;1806 to September Week 3 2006&gt;</a> (2745)
55	53 and 54
56	from 55 keep 3625-3708
57	37 and (or/47,56)
58	remove duplicates from 57
59	from 58 keep 1-515

<b>Search:</b> ADHD - Diagnosis Q1.3, 1.4, 1.5, 1.6	
<b>Interface:</b> OVID	<b>Databases:</b> CINAHL, EMBASE, MEDLINE, PSYCINFO
1	(attention deficit\$ or attention disturbance or disruptive behavior).sh.
2	adhd.tw.
3	addh.tw.
4	ad hd.tw.
5	ad??hd.tw.
6	((adult\$ or child\$) adj2 add\$1).tw.
7	(attenti\$ adj3 deficit\$).tw.
8	hyperactiv\$.mp.
9	(hyper adj1 activ\$).tw.
10	hyperkin\$.mp.
11	(hyper adj1 kin\$).tw.
12	hkd.tw.
13	(minimal adj1 brain).tw.
14	(brain dysfunction and (ritalin or methylphenidate)).mp.
15	((child\$ or adult\$) adj3 (disrupt\$ or attention\$ or inattent\$ or impulsiv\$ or overactiv\$)).tw.
16	or/1-15
17	comorbid\$.mp.
18	((dysfunction\$ or function\$) adj2 (change\$ or executive\$ or deficit\$ or impair\$)).tw.
19	(neuropsychopatholog\$ or psychopatholog\$ or pathophysiolog\$).mp.
20	prevalen\$.mp. and (diagnos\$.mp. or di.fs.)
21	((neuropsychological test\$ or psychiatric status rating scales or psychological test\$ or psychometrics or mental status schedule or mental test or neuropsychological assessment or psychometry or rating scale\$ or scales or test\$).sh. or (DSM-IV and ICD-10).tw.) and (diagnos\$.mp. or di.fs.)
22	"Diagnostic and Statistical Manual"/ or "Diagnostic and Statistical Manual of Mental Disorders"/

23	(affective symptoms or behavioral symptoms or clinical feature or symptom or symptoms).sh.
24	attention deficit disorder/ss or attention deficit disorder with hyperactivity/ss or hyperkinesis/ss or hyperkinesia/ss
25	(attention deficit disorder/di or attention deficit disorder with hyperactivity/di or hyperkinesis/di or hyperkinesia/di) and symptom\$.mp.
26	((adhd or attention deficit\$ or hyperactiv\$ or hyperkin\$ or detect\$ or diagnos\$ or identif\$ or pattern\$ or recogni\$ or warning\$) adj2 (signs or symptom\$)).tw.
27	(clinical adj (feature\$ or characteristic\$) adj2 (adhd or attention deficit\$ or hyperactiv\$ or hyperkines\$)).tw.
28	(symptom\$ adj3 (impulsiv\$ or inattenti\$ or overactiv\$)).tw.
29	or/17-28
30	persistence.mp. and (age factors or age of onset or aging).sh.
31	(persist\$ adj3 (adhd or attention deficit\$ or hyperactiv\$ or hyperkin\$ or minimal brain\$ or age or aging or adulthood)).tw.
32	(age\$ adj3 (decline\$ or less\$ or reduc\$)).tw.
33	or/30-32
34	attention deficit disorder/rf or attention deficit disorder with hyperactivity/rf or hyperkinesis/rf or hyperkinesia/rf
35	(prediction or predictive\$.sh.
36	((predict\$ or development\$) adj3 (adhd or attention deficit or hyperactiv\$ or hyperkin\$ or minimal brain)).tw.
37	(trajector\$ adj2 (development\$ or symptom\$)).tw.
38	"age of onset".sh. and (rf or di).fs.
39	or/34-38
40	(environment or home environment or social environment or genetic\$ or heredity).sh.
41	((continuity or change\$) adj3 symptom\$).tw.
42	((environment\$ or gene or genes or genetics or heredit\$ or heritabl\$ or social environment) adj3 (symptom\$ or adhd or attention deficit\$ or hyperactiv\$ or hyperkin\$ or minimal brain\$)).tw.
43	or/40-42
44	(cognition or cognitive ability or mental performance or neuropsychology

	or neuropsychological test\$ or psychometric\$).sh. and di.fs.
45	((neurocognitiv\$ or neuropsychological\$) adj2 (performance\$ or measure\$ or test\$) adj10 diagnos\$).tw.
46	or/44-45
47	(familial disease or family or family characteristics or relatives).sh.
48	(famil\$ adj2 (subform\$ or subtype\$ or antisocial\$ or psychopatholog\$)).tw.
49	((subform\$ or subtype\$) adj2 (adhd or attention deficit or hyperactiv\$ or hyperkin\$ or minimal brain)).tw.
50	or/47-49
51	("Diagnostic and Statistical Manual"/ or "Diagnostic and Statistical Manual of Mental Disorders"/) and (validity or validation\$ or reproducibility or results).sh.
52	(dsm-iv adj5 valid\$).tw.
53	or/51-52
54	(disease course or genetic heterogeneity or symptom chronology).sh.
55	((course adj2 (clinical or disease\$ or disorder\$ or progressive or longitudinal or naturalistic or recurrent)) or disease progression or symptom chronology).tw.
56	risk\$.mp. or attention deficit disorder/ rf or attention deficit disorder with hyperactivity/ rf or hyperkinesis/ rf or hyperkinesia/ rf
57	or/54-56
58	or/33,39,43,46,50,53,57
59	(environment\$ or genetic\$ or genome\$ or heredit\$ or molecular genetic\$ or social environment).sh.
60	attention deficit disorder/ ge or attention deficit disorder with hyperactivity/ ge or hyperkinesis/ ge or hyperkinesia/ ge
61	((environment\$ or gene or genes or genetic\$ or genome\$ or heredit\$ or heritabl\$ or environment\$ or sibling\$) adj5 (adhd or attention deficit\$ or hyperactiv\$ or hyperkin\$ or minimal brain)).tw.
62	or/59-61
63	exp magnetic resonance imaging/ or exp nuclear magnetic resonance imaging/
64	(magnetic resonance imag\$ or magneti? transfer imag\$ or ((mr or nmr) adj imag\$) or mri\$1).tw.

65	(positron-emission tomography or positron emission tomography or tomography, emission-computed).sh.
66	((positron adj2 tomograph\$) or (pet adj2 scan\$)).tw.
67	exp computer assisted tomography/ or exp tomography, x-ray computed/
68	((comput\$ adj2 tomograph\$) or cat scan\$).tw.
69	(single photon emission computer tomography or tomography, emission-computed, single-photon).sh.
70	(single photon emission comput\$ tomograph\$ or spect\$1).tw.
71	exp electroencephalography/ or exp electroencephalogram/
72	((brain adj (activity or wave or electric activit\$)) or eeg\$1 or electr\$ encephalogram).tw.
73	neuroimag\$.mp.
74	or/63-73
75	(familial disease or family or family background or family characteristics or family life or heredity or relatives).sh.
76	(environment or environmental factor\$ or environmental stress or family environment\$ or home environment or social environment or environmental exposure).sh.
77	((family or families or heredit\$ or heritabl\$) adj3 (adversity or contribut\$ or effect\$ or factor\$ or influence\$)).tw.
78	(environment\$ adj3 (adversity or contribut\$ or effect\$ or factor\$ or influence\$)).tw.
79	(education\$ adj3 (adversity or contribut\$ or effect\$ or factor\$ or influence\$)).tw.
80	or/75-79
81	or/62,74,80
82	or/29,58,81

<b>Search:</b> ADHD RCTs	
<b>Interface:</b> OVID	<b>Databases:</b> Medline, Embase, CINAHL, PsycINFO)
<b>1. Guideline topic search filter</b>	

1	(attenti\$ or disrupt\$ or impulsiv\$ or inattenti\$.sh.
2	((attenti\$ or disrupt\$) adj3 (adolescenc\$ or adult\$ or behav\$ or child\$ or class or classes or classroom\$ or condition\$ or difficult\$ or disorder\$ or learn\$ or people or person\$ or poor or problem\$ or process\$ or youngster\$)).tw.
3	disruptive\$.tw,it,tm.
4	impulsiv\$.tw.
5	inattentiv\$.tw.
6	adhd.tw.
7	addh.tw.
8	ad hd.tw.
9	ad??hd.tw.
10	(attenti\$ adj3 deficit\$.tw.
11	hyperactiv\$.mp.
12	(hyper adj1 activ\$.tw.
13	hyperkin\$.mp.
14	(hyper adj1 kin\$.tw.
15	hkd.tw.
16	overactiv\$.tw. not overactive bladder\$.ti.
17	(over adj1 activ\$.tw. not overactive bladder\$.ti.
18	(minimal adj1 brain).tw.
19	or/1-18
	<b><i>2. Randomised controlled trial search filter</i></b>
20	exp clinical trials/ or exp clinical trial/ or exp controlled clinical trials/
21	exp crossover procedure/ or exp cross over studies/ or exp crossover design/
22	exp double blind procedure/ or exp double blind method/ or exp double blind studies/ or exp single blind procedure/ or exp single blind method/ or exp single blind studies/
23	exp random allocation/ or exp randomization/ or exp random assignment/ or exp random sample/ or exp random sampling/
24	exp randomized controlled trials/ or exp randomized controlled trial/

25	(clinical adj2 trial\$.tw.
26	(crossover or cross over).tw.
27	(((single\$ or doubl\$ or trebl\$ or tripl\$) adj5 (blind\$ or mask\$ or dummy)) or (singleblind\$ or doubleblind\$ or trebleblind\$)).tw.
28	(placebo\$ or random\$.mp.
29	(clinical trial\$ or random\$.pt. or (random\$ or clinical control trial).sd.
30	animals/ not (animals/ and human\$.mp.)
31	animal\$/ not (animal\$/ and human\$/)
32	(animal not (animal and human)).po.
33	(or/20-29) not (or/30-32)
34	case study/
35	abstract report/ or letter/
36	case report.tw.
37	letter.pt.
38	historical article.pt.
39	review\$.pt.
40	33 not (or/34-39)
41	and/19,40
42	remove duplicates from 42

<b>Search:</b> ADHD Systematic reviews	
<b>Interface:</b> OVID	<b>Databases:</b> Medline, Embase, CINAHL, PsycINFO, CDSR, DARE
	<b>1. Guideline topic search filter</b>
1	(attenti\$ or disrupt\$ or impulsiv\$ or inattenti\$.sh.
2	((attenti\$ or disrupt\$) adj3 (adolescens\$ or adult\$ or behav\$ or child\$ or class or classes or classroom\$ or condition\$ or difficult\$ or disorder\$ or learn\$ or people or person\$ or poor or problem\$ or process\$ or youngster\$)).tw.
3	disruptive\$.tw,it,tm.
4	impulsiv\$.tw.

5	inattentiv\$.tw.
6	adhd.tw.
7	addh.tw.
8	ad hd.tw.
9	ad??hd.tw.
10	(attenti\$ adj3 deficit\$.tw.
11	hyperactiv\$.mp.
12	(hyper adj1 activ\$.tw.
13	hyperkin\$.mp.
14	(hyper adj1 kin\$.tw.
15	hkd.tw.
16	overactiv\$.tw. not overactive bladder\$.ti.
17	(over adj1 activ\$.tw. not overactive bladder\$.ti.
18	(minimal adj1 brain).tw.
19	or/1-18
	<b>2. Systematic review search filter</b>
20	exp meta analysis/ or exp systematic review/ or exp literature review/ or exp literature searching/ or exp cochrane library/ or exp review literature/
21	((systematic or quantitative or methodologic\$) adj5 (overview\$ or review\$)).mp.
22	(metaanaly\$ or meta analy\$.mp.
23	(research adj (review\$ or integration)).mp.
24	reference list\$.ab.
25	bibliograph\$.ab.
26	published studies.ab.
27	relevant journals.ab.
28	selection criteria.ab.
29	(data adj (extraction or synthesis)).ab.
30	(handsearch\$ or ((hand or manual) adj search\$)).ti,ab.
31	(mantel haenszel or peto or dersimonian or der simonian).ti,ab.
32	(fixed effect\$ or random effect\$).ti,ab.



33	((bids or cochrane or index medicus or isi citation or psyclit or psychlit or scisearch or science citation or (web adj2 science)) and review\$).mp.
34	(systematic\$ or meta\$).pt.
35	or/20-34
36	and/19,35

