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is estimated that between 9 and 10% of children are affected by this disorder, but less than half of these individuals go on to demonstrate clinically significant symptoms of ADHD. ² Despite the fact that symptoms become less debilitating with age, research estimates that about 20% of the disabled college student population is diagnosed with ADHD ³ and postsecondary institutions have witnessed a dramatic increase in the number of students presenting to disability services offices (DOs) with a diagnosis of ADHD from their family physicians. ⁴ This might reflect the fact that family physicians are now increasingly faced with patients coming to their offices with questions about the diagnosis and treatment of ADHD. However, in such instances there are no accompanying test data to objectively demonstrate that the students are substantially impaired in performing academic tasks, or the medications fail to effectively mitigate academic impairments. The cases difficulties for DO staff charged with providing academic accommodations to these students, as it is not clear in which areas and to what extent ADHDs affecting learning. Indeed, there is no single typical accommodation profile for these diagnosed with ADHD

to others at the postsecondary level. The following is a review of the challenges facing clinicians, physicians, and disability service providers when determining which, if any, accommodations should be provided to students diagnosed with ADHD at the postsecondary level.

Quality of evidence

We synthesized information from consultations with other experts at postsecondary DSOs and from relevant research in this area. Specifically, PsycLIT, PsychINFO, and MEDLINE databases were searched for systematic reviews and meta-analyses from January 1990 to June 2009, using key words including *ADHD*, *hyperactivity*, *adults*, *accommodation*, *diagnosis*, and *post-secondary education*. Most evidence included was level III.

Diagnostic criteria and challenges

C f m a i f m m . In order to be diagnosed with ADHD, the student must first demonstrate at least 6 of 9 symptoms of inattention or 6 of 9 symptoms of hyperactivity and impulsivity, as outlined in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, (*DSM-IV*).⁵ However, some research has suggested that in the adult population this criterion is overly restrictive and relies on child-centric symptoms.⁶ At minimum, in addition to confirming that the patient met the diagnostic criteria in childhood, the adult student must currently demonstrate at least 5 symptoms in 1 of the aforementioned areas.⁷ The presence of these symptoms alone, however, is not sufficient for diagnosis, as research has shown that a large proportion of students⁸ and adults⁹ report experiencing at least 5 ADHD symptoms on a regular basis. While clinicians or medical doctors employ self-report scales to measure the frequency and severity of symptoms, this alone is not sufficient for a diagnosis.²

Im ai me . The second criterion necessary for adult diagnosis of ADHD is that these symptoms must substantially impair the person's ability to function in more than 1 main life area (ie, not just in school). Symptoms must also be shown to occur more frequently than is typical for others of the same age.¹⁰ Distinguishing between normal and abnormal behaviour is extremely difficult when evaluating adolescents and young adults (eg, differentiating between developmentally normal and abnormal levels of procrastination, disorganization, distractibility, and academic underachievement, and school problems secondary to poor attendance or low self-esteem).¹¹ It is therefore important that the evaluator conduct a comprehensive assessment to determine whether the intensity and frequency of reported symptoms is abnormal relative to the peer group in question, and whether these behavioural problems substantially impair the person in performing *main* life functions.

Furthermore, there has been much recent controversy about the "average-person standard" as a benchmark

for determining the presence of cognitive disabilities in postsecondary education.^{12,13} This requires that an indi-



for the observed difficulties. Documentation should also note the degree to which symptoms are causing impairment, so that suitable accommodations can be provided (eg, how much extra time is required). Finally, if stimulant medication is already being taken, it is important to document how academic functioning is still impaired while taking this medication.

Who can diagnose?

Family physicians are able to diagnose adult ADHD using all of the criteria outlined in the *DSM-IV*.⁵ However, as noted above, a diagnosis alone is not sufficient to identify what accommodations would be reasonable or equitable for a student at the postsecondary level. Disability services offices require evidence that identifies the actual level of impairment experienced secondary to a diagnosed disability. Family physicians typically do not administer any objective, standardized tests of function to document the degree to which ADHD is impairing academic achievement, or evaluate the extent to which medication has improved attention or schoolwork. Many physicians use response to medication as a means of supporting ADHD diagnosis; however, stimulant medication has been shown to improve working memory and attention in healthy subjects as well as impaired individuals.

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