

Attention Deficit Hyperactivity Disorder (ADHD)
IAAF TUE Application Guidelines

Overview

Assessment and Diagnosis

ADHD is diagnosed after a patient has demonstrated specific and constantly deteriorating symptoms of the condition, upon a regular basis and within multiple contexts.

A medical evaluation must be carried out by a paediatrician, a psychiatrist or other specialist in treating ADHD/ADD, in application of the **DSM-V** as diagnostic criteria.

In order to make an initial diagnosis for **those under 18 years old**, reliable assessments from educational psychologists or school records, reporting the presence of ADHD symptoms since childhood must be provided.

For **diagnosis of those over 18 years old**, the medical review should also pay special attention to any co-existing mental disorders, e.g. depression and must consider any evidence of brain injuries.

Additionally, whatever the age, there should be documented evidence of the use of valid recognised behavioural rating scales, such as the following:

- Children (<18 years): Vanderbilt, K-SADS, DISC, Connors, SNAP
- Adults (>18 years): ACDS, CAADID, Barley, DIVA

A report should also be provided from other external, non-medical parties, such as work colleagues, parents or teachers, who have regular interaction with the patient and can assess how behaviour patterns and symptoms may impair various activities in non-sport related settings.

Treatment

Medication based on the stimulants Methylphenidate and Amphetamine derivatives is the most commonly used treatment for ADHD. The precise dosage is determined on an individual basis and there must be constant monitoring of the symptoms and side effects of the chosen medication. This is particularly true in the case of newly diagnosed patients, who may initially be prescribed a range of dose, in order to identify the optimal dosage to stabilise symptoms.

Atomoxetine (Strattera) has been identified as a non-prohibited alternative treatment for some patients with ADHD. This medication is considered by many to be less effective than stimulant medication and it has a different side effect profile which includes somnolence, sexual side effects and occasionally liver complications. In addition, this medication is not available in all countries. At this point, Atomoxetine is considered a second line treatment for ADHD in most countries because of its lower efficacy and side effect profile. (Reference: [Medical Information to Support the Decisions of TUE Committees ADHD in Children and Adults; WADA, Version 5.0](#))

TUE Applications

Initial Application

Athletes under 18 yrs old

All applications must be supported by:

- A well-documented diagnosis of ADHD/ADD. This should include a diagnosis based on DSM-V or ICD-10 criteria, to confirm the disorder. This must be from a single non-sport ADHD/ADD medical expert (paediatricians, psychiatrists, neuropsychiatrist other specialised physicians),
- Further medical & non-medical information to support the diagnosis

In the case of a long standing diagnosis of ADHD/ADD (i.e.: ADHD/ADD diagnosis confirmed before the age of 15 year old), a TUE can be granted for up to 4 years at a time. Other initial applications will be granted for one year.

Athletes over 18 yrs old

All applications must be supported by:

- A well-documented, long standing diagnosis of ADHD. The diagnosis should rely on two separate expertises based on DSM-V or ICD-10 criteria, to confirm the disorder. At least one of these expertises must be established by a non-sport ADHD/ADD medical expert (paediatricians, psychiatrists, neuropsychiatrist / other specialised physicians). A second expertise established by a neuropsychologist, can be accepted.
- Other medical & non-medical further information to support the diagnosis.

All initial applications will be granted for one year.

Renewals of TUE Application

Due to the chronic nature of ADHD, a TUE renewal can be granted for up to four (4) years at a time in the case of a well-documented, long standing diagnosis of ADHD.

All TUE renewals should be submitted with:

- A recent (less than one year) opinion from a psychiatrist or ADHD/ADD medical specialist.

Nota Bene

The IAAF should be advised of any changes in medication or of any significant modification of the dosage, as this could entail re-submission of the application.