

5/30/17

To: Users of the ASRS screening scale

Fr: Ron Kessler

Re: Updates based on the DSM-5 version of the screening scale

The following updates are being made based on the Ustun et al. 2017 work to develop a DSM-5 update to the ASRS screening scale (<https://www.ncbi.nlm.nih.gov/pubmed/28384801>).

If you have already collected data using the 6 items in the original ASRS scale

You can use the following scoring rules to generate predicted DSM-5 diagnoses from your original ASRS screening scale data. Score responses to each question using the below Sum items:

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
How often do you have difficulty wrapping up the final details of a project once the challenging parts have been done? (A1d)	0	3	3	3	6
How often do you have difficulty getting things in order when you have to do a task that requires organization? (A1e)	0	0	1	1	2
When you have a problem that requires a bit of thought, how often do you avoid or delay getting started? (A1f)	0	0	1	1	1
How often do you have problems remembering appointments or obligations? (A1i)	0	0	0	0	2
How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? (A2a)	0	1	1	3	3
How often do you feel overly active and compelled to do things, like you were driven by a motor? (A2e)	0	3	3	3	6

You can find rules for converting total scores into predictions of DSM-5 ADHD diagnoses in Table 3 of the Ustun et al. 2017 paper cited above. As you will be able to see by comparing these results to the results in Table 2 for the new ASRS-5 items, the new ASRS-5 items yield considerably better estimates, although the operating characteristics of the optimally-scored original ASRS items are fairly good in generating DSM-5 clinical diagnoses of adult ADHD.

If you are doing a new study, can you still use the old scale?

Yes. If you are doing a new study, you can still use the old 6-item scale and apply the above scoring rules.

But what if you want to use the new scale?

If you want to use the new scale, you have two options. First, you can use simple scoring (i.e., score each item in the range 0-4 and give everyone a summary score of 0-24) and use the resulting 0-24 continuous score as a predictor without having a clinical threshold. Anyone can do this without asking permission. This is the sort of approach that is used in the vast majority of other screening scales. You can combine this, if you wish, with the ASRS v1.1 Symptom Checklist (https://med.nyu.edu/psych/sites/default/files/psych/psych_adhd_checklist_0.pdf) to obtain an 18 item DSM symptom inventory.

Second, you can contact Lenard Adler at NYU (Lenard.Adler@nyumc.org) to get permission to use the proprietary scoring rules for the DSM-5 version, in which case you will get weights similar to those in the above Table for the new items and you can use the results in Table 2 of the Ustun et al. 2017 paper to generate diagnoses from the summary scores. If the intended use is for academic purposes and not part of an industry sponsored trial, there will be no charge for use of the scale but your institution will need to sign a use agreement prior to our sending the scoring instructions. This inter-institutional agreement is fairly standard. Requests for commercial uses of the screener will require a license, which can also be arranged by contacting Dr. Adler.