



Medical information to support a TUE application

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is one of the most common neurodevelopmental disorders which typically presents in childhood and continues through adolescence and into adulthood. Inattention, hyperactivity, and impulsivity are the key features of ADHD. Medical management of ADHD will, in most cases, include the use of stimulant medication.

Status of medication

Stimulant medications, such as Methylphenidate (e.g. Ritalin, Concerta), Dexamphetamine and Lisdexamfetamine (e.g. Vyvanse) are prohibited in-competition and require a Therapeutic Use Exemption (TUE).

What information is required in your application for a TUE?

- A completed TUE application form signed by the treating doctor and athlete.
- A detailed typed clinical letter(s) from treating doctor(s) that includes:
 - How the diagnosis was made, – including a detailed clinical history, the diagnostic tools or rating scales used and how the results, in conjunction with the clinical findings, confirm the diagnosis according to the DSM V criteria
 - age of onset of ADHD symptoms (if precedes the initial diagnosis), with collaborative history from parent/partner/school reports or any other assessments (if available) that establish the presence of childhood symptoms
 - outcome of trials of permitted alternative medications, or behaviour modification therapy (if previously used)
 - plans for current treatment, including medication/s, dose (can be a dose range if initiating/titrating treatment).
- Actual copies of any completed ADHD diagnostic tests or rating scales (e.g. Connors, DIVA-V, ASRS V1.1) - reference to these in the clinical letter in isolation is insufficient.

In most cases, multiple sources/reports that support the diagnosis will be required for approval.

The above clinical letter(s) are the primary source and other supporting documents can include:

- a psychologist letter/report if available
- school teacher reports/letters
- other medical practitioner letters/reports
- a parent/guardian/partner letter of support / or completed diagnostic tools/rating scales.

The opinion of a second specialist may be necessary if the initial diagnosis is made after the age of 18 years, and the medical and supplementary reports do not provide adequate supporting information.

[Status]

- **NOTE:** *A clinical letter can be a copy of a specialist's letter to another doctor (e.g. a GP), and at least one of the clinical letters submitted with the application must have been written in the last 12 months*
- *In Australian States where GPs are authorised to diagnose ADHD, a letter from an appropriately trained and credentialed GP that establishes the initial diagnosis may be accepted, providing it contains the requisite information as outlined above*
- *Checklists outlining symptoms, or simply stating that the patient meets the DSM V criteria will not be accepted in place of a clinical letter. Specific clinical history related to the athlete applying in a detailed letter should be supplied.*

For additional information please refer to the medical information relating to your condition on the WADA website at www.wada-ama.org.