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ADHD Fact Sheet





Hello! Dr Robbie Gillies OAM here, Founder of Evallies.

This is a Fact Sheet that the Evallies team has prepared with information about ADHD, covering some of the basics. Please feel free to reach out via our website (www.evallies.com.au) if you are in need of assessment or support with a mental illness, and the Evallies team will happily assist..

What is ADHD?

Attention deficit hyperactivity disorder is one of the most researched conditions in psychiatry, but possibly one of the most misunderstood too. Much of what is written about it describes children (often young boys), and the literature can place a disproportionate focus on hyperactivity. Adults who live with ADHD might recognise different symptoms and impact; a sense that ordinary things take more effort than they seem to take for other people, and that this has been true for as long as they can remember.

This sheet sets out how ADHD presents in adulthood, why it is frequently identified late, and what a proper assessment involves.

A developmental condition, not a new or modern one.

ADHD begins in childhood. It is not something that develops spontaneously in adult life and it's not acquired; it's not a disease and it doesn't have "cures". However, it is very often recognised later in life, and around 3 to 5 per cent of Australian adults meet criteria for the condition (that's more than a million people nationally!).

Because it is a developmental condition, assessment always looks backwards as well as at the present. Difficulties that truly began in adulthood, without any childhood history, might point somewhere other than ADHD, and identifying that correctly matters just as much.

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How ADHD presents in adults

Attention is “dysregulated”, rather than absent. People with ADHD can focus, but the control of the focus is the issue. Directing attention, especially towards low-interest tasks, can feel almost physically impossible. On the other hand, genuinely engaging tasks that stimulate dopamine systems can be overly absorbing, and captivate attention for hours. This can present as alternating episodes of hyper-focus and time blindness, while also re-reading the same paragraph four times, losing the thread mid-conversation, and finishing a day busy but with very little completed.

There is also difficulty with organisation and time. Planning a sequence of steps, judging how long something will take, holding several pieces of information in mind at once, and switching between tasks tends to be harder than the person's general ability would predict. Visible hyperactivity usually fades after adolescence, but an internal agitation and restlessness remains. Finally, impulsivity is present too.

Why it is so often recognised later in life for people?

Many people reach adulthood without a diagnosis because they have been compensating, masking, accommodating or internalising the issues. Through a person’s natural abilities (creatively, interpersonally, intellectually, people pleasing, drive), through gravitating towards work that suits their neuro-type, through a partner or parent who supplied the structure, compensation can effectively conceal underlying issues until demands exceed capacity.

Diagnosis in adulthood therefore tends to follow a change in circumstances; a promotion into a role with less structure, a new child, a return to study, a new physical or mental health condition. It might even follow a child's own diagnosis, when a parent recognises the traits in themselves and learns of the strong inheritance pattern.

Women and girls are more likely tohave been missed, as well as inattentive rather than impulsive / hyperactive presentations.

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What frequently occurs alongside ADHD in adults?

ADHD rarely presents alone, but it can. Not everyone with ADHD meets criteria for a different mental health condition. However, anxiety conditions, eating conditions, low mood cycles, sleep difficulties and problems regulating impulsivity (addiction, risk taking, interpersonal impairment) are all statistically more common in people with ADHD than in the general population. The national guidelines notes that people with ADHD are around 50 per cent more likely to develop a drug or alcohol use disorder. Autism and OCD also co-occur frequently enough that all neuro-developmental conditions should be screened for during the diagnosis, as they can share symptom overlap, but require different management approaches.

Accordingly, anxiety or depression that has not responded to conventional treatments can turn out to be sitting on top of an unrecognised attention difficulty, and addressing the root cause might change the outcome.

What an assessment involves

A thorough assessment is a clinical process, not just a questionnaire. It ordinarily includes:

- A detailed developmental history, covering early childhood, schooling and adolescence
- A review of current functioning across more than one setting; work, home, relationships, study
- Corroborating information where it is available: school reports, previous assessments, or the account of a family member who knew the person as a child
- Structured rating scales, used to support clinical judgement rather than to replace it
- Careful consideration of other conditions that might better explain the difficulties, or that are present alongside them
- A physical and cardiovascular history where medication may be considered

No blood test, brain scan or single questionnaire diagnoses ADHD. Assessment usually takes more than one appointment, and a good assessment is just as concerned with what else might be going on.

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What treatment might involve

The Australian national guideline recommends treatment tailored to the individual, combining approaches rather than relying on any single one.

Depending on circumstances and preference, the scientific evidence base recommends considering:

- Education about the condition; consistently rated by patients as one of the most useful elements
- Adjustments to environment and work, including formal workplace or study accommodations
- Psychological approaches, including cognitive behavioural strategies adapted for ADHD, and/or ADHD coaching
- Medications, with a consideration of stimulant and non-stimulant types, introduced gradually and monitored carefullly, and only where indicated and safe
- Attention to sleep, physical activity and any co-occurring conditions

Not everyone who is diagnosed chooses medication, and treatment decisions are made with the person rather than for them.

Next steps

If, having read this Fact Sheet, you think an assessment would be useful, the first step is usually to have a conversation with your general practitioner. A referral from them is needed for a Medicare rebate, where applicable. Psychiatrists and some psychologists can assess for ADHD, but psychologists cannot offer all forms of evidence-based treatment. ADHD coaches and/or therapists, counsellors, psychiatrists and psychologists can support your cognitive functioning and general mental wellbeing, with or without an ADHD diagnosis. If you are looking for assessment or support, after discussing with your GP, feel free to reach out to us at www.evallies.com.au.

References

Australasian ADHD Professionals Association. Australian Evidence-Based Clinical Practice Guideline for Attention Deficit Hyperactivity Disorder. Melbourne: AADPA; 2022. Approved by the National Health and Medical Research Council, July 2022 (NHMRC Guideline ID 273).

Faraone SV, Banaschewski T, Coghill D, et al. The World Federation of ADHD International Consensus Statement: 208 evidence-based conclusions about the disorder. Neurosci Biobehav Rev. 2021;128:789–818.

Cortese S, Adamo N, Del Giovane C, et al. Comparative efficacy and tolerability of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: a systematic review and network meta-analysis. Lancet Psychiatry. 2018;5(9):727–738.

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