

ADHD TUE Policy | FAQs

Introduction

UK Anti-Doping (UKAD) introduced a Therapeutic Use Exemption (TUE) policy in 2017 outlining the medical evidence required to support TUE requests to use stimulant medication to treat attention deficit hyperactivity disorder (ADHD). This policy has been revised on three occasions in 2020, 2023, and 2026. The below frequently asked questions have been collated in support of the Policy and to document the changes that have occurred since 2017.

Frequently Asked Questions

Q1: My diagnostic assessment for ADHD was undertaken several years ago. I am now unable to retrieve a copy of these records. What should I do?

A: Please contact the clinic where the diagnosis was made as it is likely that these records have been stored. If you are still unable to retrieve these records, then the UKAD TUE Committee may request that an updated diagnostic assessment be performed to support your TUE application or TUE renewal.

Q2: I am no longer under the care of a specialist to undergo an annual assessment as my GP prescribes my ADHD medication. What should I do?

A: Please contact the UKAD Science and Medicine team at tue@ukad.org.uk if you are experiencing difficulties in obtaining a specialist review as we may be able to assist by providing you with a list of psychiatrists who you could approach.

Q3: What is the process for accessing a psychiatrist on the UKAD Register?

A: Please contact the UKAD Science and Medicine Team who will be able to provide you with the contact details of psychiatrists who are able to offer a review session within a short period of time. The costs incurred for such a review are the responsibility of the applicant to bear.

Q4: How long will my TUE be approved for if my application is successful?

A: UKAD typically grants TUEs related to first-time ADHD applications for a duration of twelve months if the diagnosis has been recently confirmed. Renewal applications (following this initial TUE) may be approved for up to four years on the proviso that an updated specialist review letter with a newly performed DSM-based symptom rating scale is submitted after two years. In circumstances where the applicant is new to the National TUE Pool and has an established diagnosis (whereby the treatment plan is stable), then a TUE can be granted for up to four years for a first-time application.

Q5: Do I need a TUE if I do not take my stimulant based ADHD medication on competition days since stimulants (such as methylphenidate and lisdexamfetamine) are only prohibited in-competition? If so, how long before the competition do I need to stop taking my medication?

A: We cannot provide an estimation on clearance times for stimulants as there are several variables which can affect the time it takes for such substances to clear the body. Factors include (but are not limited to): the dose and duration of medication used prior to abstinence; the type of substance ingested; the body mass of the individual; and the metabolism of the individual. For this reason, National TUE Pool and international level athletes who are prescribed stimulant medication for ADHD should obtain a TUE for such use regardless of whether they avoid taking their medication during the in-competition period.

Q6: Version 2 of UKAD's ADHD Policy was introduced in March 2020. What changes were made to this version of the policy?

A: DIVA-5 was included as a new diagnostic schedule as it was about to replace DIVA 2.0 in clinical practice. As a result, the DIVA 2.0 diagnostic schedule is no longer accepted as clinical evidence in support of applications if performed after 31 December 2020.

ACE and Young DIVA-5 were added as suitable diagnostic schedules to support applications made by adolescents. These were identified to provide additional options to clinicians as the adult based diagnostic schedules (ACE+, CAADID, and DIVA-5) that we accept might be deemed inappropriate for adolescents in certain circumstances.

For renewal TUE applications, UKAD has started to accept psychiatric annual review letters submitted by Nurse Consultants who specialise in the treatment and monitoring of ADHD. Reference to this speciality group was introduced to reflect their role in ADHD Clinics within the NHS.

Q7: My diagnosis of ADHD was confirmed as an adult using a DIVA 2.0 diagnostic schedule. Do I need to arrange for a further diagnostic assessment using a DIVA-5 schedule?

A: UKAD will accept a DIVA 2.0 diagnostic schedule as diagnostic evidence if performed before 01 January 2021. If you have a new diagnosis which has been confirmed after this date, UKAD will only accept ACE+, CAADID, or DIVA-5 diagnostic schedules.

Q8: Version 3 of UKAD's ADHD Policy was introduced in April 2023. What changes were made to this version of the policy?

A: Conners 3-P was included as a new diagnostic schedule to support applications submitted by adolescents. This was identified as an alternative robust and integrated diagnostic schedule used in the diagnosis of ADHD for adolescents.

For both first-time and renewal TUE applications, UKAD has started to accept psychiatric assessments performed by clinical psychologists who specialise in the treatment and monitoring of ADHD. Reference to this speciality group was introduced to reflect the role of clinical psychologists in ADHD Clinics within the NHS.

Q9: Version 4 of UKAD's ADHD Policy was introduced in October 2026. What changes have been made to this new version of the policy?

A: The Conners 4 Parent (full-length form) has been included as a new diagnostic schedule as it has replaced the Conners 3-P diagnostic schedule in clinical practice. The Conners 3-P diagnostic schedule will still be accepted as clinical evidence in support of applications, but only if performed before 31 July 2023.

The Vanderbilt ADHD Diagnostic Rating Scale (full 55-item version) has been included as a new diagnostic schedule to support applications when the diagnosis was made during childhood (≤ 12 years). This has been identified as an alternative robust and integrated diagnostic schedule used in the diagnosis of ADHD for children. The Vanderbilt is a hybrid of both a diagnostic schedule and rating scale. Therefore, an additional rating scale does not need to be completed if this schedule has been used to support an application.

UKAD will also now accept the use of SNAP-IV (26-item version or longer) as a new symptom severity rating scale to support applications submitted by adolescents. This tool has been identified as a valid rating scale for logging the presence of symptoms characteristic of ADHD as defined in DSM-5, and should be completed by both parent/carer and teacher informants where possible.

Finally, the requirement for adolescents to submit an adult-based diagnostic schedule when they turn 18 years (with their next application) is now only necessary when the diagnosis was made in childhood (≤ 12 years). The benefit of requesting an adult diagnostic re-evaluation is to assess the attenuation of symptoms overtime (that is, decade to decade) and is therefore not applicable when an athlete has been recently diagnosed as an adolescent.