

NCAA Guidelines to Document ADHD Treatment with Banned Stimulant Medications
Addendum to the January 2009 Guidelines
Q & A March 2009

1. Why is the NCAA instituting a stricter application of the medical exception policy for the use of banned stimulant medications to treat ADHD?

- The stricter application reflects a stronger stand on policy enforcement, protecting the student-athlete competing while using these stimulants, and the integrity of the sport. **This stricter application of the medical exception policy is intended to provide clearer documentation of the student-athlete's evaluation, and not intended to replace the clinician's evaluation and treatment.**

As experienced across campus, more and more college students-athletes are being treated with stimulant medications for ADHD. These stimulants are banned for use in NCAA competition for both performance and health reasons, and using them may result in a positive drug test and loss of eligibility, unless the student-athlete provides adequate documentation of a diagnostic evaluation for ADHD and appropriate monitoring of treatment. In recent years, the number of student-athletes testing positive for these stimulant medications has increased 3 fold, and in many cases there has been inadequate documentation submitted in support of the request for a medical exception to the NCAA banned drug policy.

2. Who was consulted in the development of the guidelines?

- The NCAA sought consultation from MDs, Psychiatrists, Psychologists and others in the development of the guidelines for appropriate documentation requirements; these were then reviewed and approved by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports.

3. How was the change communicated to the membership?

- Beginning in January 2008, the membership received notification of the effective date of the stricter application -- August 2009 -- in the form of NCAA News articles, notices in email communications, and the posting of a video describing the rationale and expectations of the stricter application. This 18 month period of notice would allow member institutions to inform current and incoming student-athletes to be prepared to gather the necessary documentation of the diagnosis, course of treatment and current prescription.

4. Who needs to conduct the evaluation?

- The initial evaluation may be conducted by clinicians with experience in assessing ADHD; these include school psychologists, clinical psychologists, psychiatrists, other MD's and their supervised clinicians.
5. What type of ADHD evaluation documentation needs to be submitted to support an ADHD diagnosis and treatment with banned stimulant medication? What is acceptable and what is not acceptable proof an evaluation has been conducted?
- The documentation should include a comprehensive clinical evaluation, recording observations and results from ADHD rating scales, a physical exam and any lab work, previous treatment for ADHD, and the diagnosis and recommended treatment. The physician can provide documentation of the above either with a cover letter and attachments or provide the medical record. This documentation should be kept on file in the athletics department until such time that the student-athlete tests positive for the stimulant. A simple statement from the prescribing physician that he or she is treating the student-athlete for ADHD with said medication IS NOT adequate documentation.
6. Will an assessment conducted more than three-five years ago be acceptable?
- Yes, in fact the expectation is that for many student-athletes, the evaluation and initiation of treatment likely began during grade school. Documentation of that evaluation, along with the history of treatment and current prescription, should be submitted by the student-athlete to their sports medicine staff upon matriculation.
7. What is required of a student-athlete who for years has been prescribed stimulant medication to treat ADHD but has not undergone a full assessment?
- In order to obtain a medical exception, the student-athlete must undergo a full assessment as described above. This may be conducted on campus, through a community mental health service, or by any experienced clinician.
8. Does a student-athlete need to have an updated letter from the prescribing physician on file each year of their eligibility?

- Yes, an annual follow-up with the prescribing physician is the minimum standard, and that can be reflected in a letter from the physician or a copy of the medical record, with written indication of the current treatment.
9. Do physicians have to use a certain form when performing the evaluation for ADHD?
- There is no specific form physicians need to use to perform an evaluation. The guidelines present the criteria identifying what to report, and several ADHD rating scales are listed, but it is the totality of the clinician's evaluation that should be reflected in the documentation. This evaluation should be conducted by a clinician experienced in assessing ADHD
10. Can an institution pay for the evaluation to diagnose ADHD?
- From an interpretation: Institution paying for academic performance testing
Date Issued: October 26, 1988 Date Published: October 26, 1988 (Item Ref: g).

g. Institution Paying for Academic Performance Testing: Determined that Constitution 3-1-(h)-(4)-(i) [incidental benefits -- tutoring expenses] would permit an institution to pay for tests to determine the academic performance level of enrolled student-athletes in order to identify potential academic problems, inasmuch as such a diagnostic test is considered part of the tutoring process. Recommended that this interpretation be published in LAC subsequent to review by LIC.
11. What happens if neither the school nor student-athlete can afford to pay for the testing?
- In each division, the institution can submit an incidental expense waiver. For Division I, SAOF may be used if it is approved by their conference office.
12. Some student-athletes are embarrassed and don't reveal that they are taking medication for ADHD. How does the institution address this issue?
- The institution should be proactive in communicating the importance to all student-athletes about reporting to sports medicine all medical issues and medications – in order to avoid loss of eligibility and to respond appropriately in

any medical emergency. The need for this reporting should be expressed to the student-athlete as standard operating procedure and addressed during initial medical assessments and subsequent health histories. The NCAA is preparing a poster to remind student-athletes to report all medications.

13. Does the student-athlete need to first try non-stimulant medication to treat ADHD?

- The student-athlete does not need to be put on a trial of non-stimulant medication, but the documentation must note that a non-stimulant alternative was considered and why the stimulant medication was chosen.

14. If a student-athlete received a medical exception for the use of banned stimulant medication to treat ADHD prior to August 2009, will that student-athlete be required to meet this policy application?

- There is no 'grandfathering' on this issue; for any positive drug test occurring from August 1, 2009, a medical exception for the use of banned stimulant medication must include the required documentation, even if a student-athlete has received a medical exception for ADHD stimulant medication prior to August 2009.

15. How will the policy address a student-athlete who tests positive for a banned stimulant prescribed by their physician but has not undergone a full assessment for an ADHD diagnosis?

- If a student-athlete has not undergone an evaluation and/or cannot produce documents at the time the positive test is confirmed with the institution, the student-athlete must be declared ineligible until 1) the documentation can be produced or 2) a drug-test appeal is heard and approved.

16. Does a student-athlete currently on stimulant medication but lacking a formal evaluation need to discontinue the medicine in order to undergo the assessment?

- If a student-athlete has been on a prescribed stimulant medication, but no evaluation documentation is available, and the student-athlete will be referred for evaluation to document the diagnosis of ADHD, they can continue the medication if helpful and they are tolerating it. Clinicians familiar with ADHD regularly see

patients who are taking ADHD medications and have no formal documentation at the time. There is no need to stop the medication and interfere with appropriate treatment of the medical condition. The evaluation is a clinical evaluation which includes taking a comprehensive history, evaluation current/past symptoms, reviewing the effects of medications (including getting information from the patient's prescription/med bottle), checklists, etc. There is no need to take the patient off the medication for evaluation especially if they are doing well.

17. How will clinical notes and testing results be secure once the institution sends these documents to the NCAA?

- The information provided by the school to the NCAA to address drug-testing issues is covered by the Student-Athlete Statement and Drug-Testing Consent compliance forms. All subsequent use of these materials by NCAA review committees follow strict NCAA confidentiality protocols

18. How will this policy be communicated to student-athletes?

- The institution is responsible to communicate to all student-athletes NCAA banned drug policies, including the medical exception policy. The medical exception policy information is available in the Drug-Testing Program handbook, on-line at NCAA.org and also included in the Drug-Education and Drug-Testing video (to be updated summer 2009). In addition, the NCAA will provide posters spring 2009 to all NCAA institutions that alert student-athletes to the need to report all medications.