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| --- | --- |
| **Recommendations** | **Level** |
| **Eligible Population** | |
| Ensure a reasonable sample size necessary to conduct the study | high |
| Verify the diagnosis of ADHD by formal diagnosis following DSM-5 indications and use of gold standard tools | high |
| Verify the diagnosis of HD by standardized, valid and reliable tools | high |
| Harmonize the comparator group(s) with previous studies to facilitate comparison |  |
| ADHD only | high |
| HD only | high |
| Typical | high |
| Harmonize the reference group with previous studies to facilitate comparison |  |
| ADHD+HD | high |
| Ensure children acceptability (motivation to study participation) | low |
| **Subgroup Analysis** | |
| Consider demographic characteristics |  |
| age | high |
| gender | high |
| handless | low |
| IQ | high |
| socioeconomic factor | low |
| ethnicity | low |
| cultural background | low |
| Including documentation of ADHD subtypes | high |
| Screen for comorbid emotional or behavioral conditions (eg, anxiety depression, sleep disturbance) | high |
| Screen for comorbid neurodevelopmental conditions (eg, learning and language disorders, autism spectrum disorders) | high |
| Screen for comorbid physical conditions (eg, tics). | low |
| **Treatment and Care** | |
| Considered ADHD specific treatment |  |
| methylphenidate | high |
| other medication | low |
| behavioral interventions as treatment of ADHD or comorbidities | high |
| motor behavioral interventions (psychomotricity) | high |
| **Expert Panel** | |
| Harmonize measurement of key handwriting elements to facilitate pooling and comparison between study findings | high |
| Use common outcome measures to facilitate pooling and comparison between study findings | high |
| Supervise the experimental handwriting testing without knowing the child group (blind test) | low |
| Assess the handwriting performance without knowing the child group (blind evaluation) | high |
| Assess the handwriting performance by an expert panel of experiment judges (two or more) | high |