

Medicines Optimisation Position Statement

Statement	Request to prescribe following a referral to an adult ADHD service
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Attention deficit hyperactivity disorder (ADHD): diagnosis and management for adults

Adult patients referred by their GP for assessment for ADHD should be able to access quality care as recommended by The National Institute for Health and Care Excellence (NICE) NG87^[1].

The requirements in this statement are designed to support patient access to a quality assessment, diagnosis and treatment of ADHD for adults living within Frimley ICB regardless of which option they choose to access their care.

Option 1 – NHS Assessment

Option 2 – NHS Assessment via ‘Right to Choose’

Option 3 – Private assessment

Note: Frimley ICB statement [Prescribing requests following a private referral for ADHD](#)

The principles which underpin shared care are set out by the GMC^[2] in “Good practice in prescribing and managing medicines and devices”. Clinicians should apply these principles when assessing requests to prescribe at the recommendation of another and may need to request missing information with respect to assessment and diagnosis as set out by national guidance (NG87), to satisfy themselves that the prescription is appropriate for the patient and the treatment serves the patient’s needs.

The principles of shared care (see section 5) require the clinician to exercise their duty of care and to question any recommendation which is incomplete or considered unsafe with respect to the information provided before agreeing to prescribe. The handover report should include: -

^[1] Attention deficit hyperactivity disorder: diagnosis and management. NICE guideline [NG87] Published: 14 March 2018 Last updated: 13 September 2019. [NICE NG87](#)

^[2] [Good practice in prescribing and managing medicines and devices \(gmc-uk.org\)](#)

- There is a **named individual** with training and expertise in diagnosing and managing ADHD making the prescribing recommendation, with whom the clinician can liaise.
- The **assessment** should be documented in a comprehensive report that includes all the required information outlined in section 1.
- The report must demonstrate how they meet **diagnostic criteria** regarding symptoms of hyperactivity/impulsivity and/or inattention as detailed in section 2.
- Where **medication for ADHD** has been offered, it has been demonstrated that their symptoms are still causing **significant impairment** in at least one domain and the initiating dose has been titrated against symptoms – see section 3.
- There is a full detailed **baseline assessment** – see section 4.

What is ADHD?

As ADHD is a developmental disorder, a diagnosis of ADHD in adults cannot be confirmed unless symptoms have been present from childhood¹. Diagnosing ADHD in adults is more complex than children, because although symptoms of ADHD in children and teenagers often continue into adulthood, the way in which inattentiveness, hyperactivity and impulsiveness affect adults can be very different and more subtle from the way they affect children. For example, hyperactivity tends to decrease in adults, while inattentiveness tends to remain as the pressures of adult life increase.

Referral

For adults with possible ADHD, the GP will assess symptoms and may refer for an assessment if:

- the patient has not been diagnosed with ADHD as a child, but symptoms began during childhood and have been ongoing since,
- the patient was diagnosed with ADHD as a child, but was not transferred directly to an adult ADHD service at 17/18 years old,
- symptoms cannot be explained by a mental health condition,
- symptoms **significantly** affect day-to-day life – for example, underachieving at work or finding intimate relationships difficult.

Who can diagnose adult ADHD?

A diagnosis of ADHD in adults should only be made by a specialist psychiatrist or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD.

Section 1: Standards of assessment and diagnosis

A comprehensive clinical and psychosocial assessment including personal, familial, educational, occupational and social functioning, and assessment of any coexisting conditions, including physical health, but also drug misuse, personality disorders, past

¹NHS Symptoms. Attention deficit hyperactivity disorder (ADHD) www.nhs.uk/conditions/ADHD_symptoms

trauma, emotional problems and learning difficulties should be undertaken. This should include discussion about behaviour and symptoms in the different domains and settings of the person's everyday life and a full developmental and psychiatric history and observer reports and assessment of the person's mental state.

Validated rating scales are valuable screening measures, however, a diagnosis of ADHD should not be made solely based on a rating scale or observational data. Structured interviews such as the DIVA can also be used to systematically review symptoms. Clinical observations should be included. Past school reports are useful when there is doubt about symptoms.

Collateral information, ideally from an informant who knew the patient as a child, should be collected whenever possible. Where this is not possible and a patient has difficulty recalling their childhood, significant caution should be used in confirming a diagnosis.

The assessment should be documented in a comprehensive report that includes all information outlined above.

Section 2: For a diagnosis of ADHD to be accepted, symptoms of hyperactivity/impulsivity and/or inattention must demonstrate how they:

- meet the diagnostic criteria in DSM-5 or ICD-11 (both systems require that symptoms are present in several settings such as school/work, home life and leisure activities and were evident in early life,) **and**
- cause at least **moderate** psychological, social and/or educational or occupational impairment based on interview and/or direct observation in multiple settings **and**
- be pervasive, occurring in 2 or more important settings including social, familial, educational and/or occupational settings.

Note: ADHD is a lifetime condition. Rarely, a client may present with mild symptoms at the time of assessment, but there must be evidence that the impact has been at least moderate over the life span.

Section 3: Treatment of adults diagnosed with ADHD

Consider non-pharmacological treatment for adults with ADHD who have:

- made an informed choice not to have medication.
- difficulty adhering to medication.
- found medication to be ineffective or cannot tolerate it.
- mild impairment caused by symptoms (usually due to psychosocial factors)

Medication for ADHD should only be initiated by a healthcare professional with training and expertise in diagnosing and managing ADHD and should ensure that treatment is tailored effectively to the individual needs of the adult.

Offer medication to adults with ADHD if their ADHD symptoms are still causing a significant impairment in at least one domain after environmental modifications have been implemented and reviewed. Medication choices should be in line with NICE².

Do not offer guanfacine for adults (off-label use), atypical antipsychotics in addition to stimulants for people with ADHD and coexisting pervasive aggression, rages or irritability or medication not included in the Frimley formulary³ or NICE recommendations without advice from a tertiary ADHD service with very clear and documented clinical rationale and informed consent with respect to licensing.

Section 4: Baseline assessment

Before starting medication for ADHD, people should have a full documented assessment, which should include:

- a review to confirm they continue to meet the criteria for ADHD and need treatment i.e. where there has been a past diagnosis but no treatment initiated.
- a review of mental health and social circumstances, including:
 - presence of coexisting mental health and neurodevelopmental conditions
 - current educational or employment circumstances
 - risk assessment for substance misuse and drug diversion
 - care needs
- a review of physical health, including:
 - a medical history, taking into account contraindications for specific medicines
 - current medication
 - height and weight
 - baseline pulse and blood pressure
 - a cardiovascular assessment

Note: An electrocardiogram (ECG) is not needed before starting the stimulant atomoxetine unless the person has any of the features listed below, or a co-existing condition that is being treated with a medicine that may pose an increased cardiac risk.

Refer for a cardiology opinion before starting medication for ADHD if any of the following apply:

- history of congenital heart disease or previous cardiac surgery
- history of sudden death in a first-degree relative under 40 years suggesting a cardiac disease
- shortness of breath on exertion compared with peers
- fainting on exertion or in response to fright or noise
- palpitations that are rapid, regular and start and stop suddenly (fleeting occasional bumps are usually ectopic and do not need investigation)
- chest pain suggesting cardiac origin
- signs of heart failure
- a murmur heard on cardiac examination
- blood pressure that is classified as hypertensive for adults⁴.

² [NICE NG87: Medication choices in adults](#)

³ [Frimley ICS Medicines Optimisation Board Formulary \(frimleyhealthformulary.nhs.uk\)](#)

⁴ Hypertension in adults: diagnosis and management. NICE guideline [NG136] Published: 28 August 2019 Last updated: 18 March 2022 [NICE NG136](#)

Dose titration

Titrate the dose against symptoms and adverse effects in line with the BNF⁵ until dose optimisation is achieved, that is, reduced symptoms, positive behaviour change, improvements in education, employment and relationships, with tolerable adverse effects.

Ensure that dose titration is slower and monitoring more frequent if any of the following are present in people with ADHD:

- neurodevelopmental disorders (for example, autism spectrum disorder, tic disorders, learning disability [intellectual disability])
- mental health conditions (for example, anxiety disorders [including obsessive–compulsive disorder], schizophrenia or bipolar disorder, depression, personality disorder, eating disorder, post-traumatic stress disorder, substance misuse)
- physical health conditions (for example, cardiac disease, epilepsy or acquired brain injury).

Be cautious about prescribing stimulants for ADHD if there is a risk of diversion for cognitive enhancement or appetite suppression. Do not offer immediate-release stimulants or modified-release stimulants that can be easily injected or insufflated if there is a risk of stimulant misuse or diversion.

Prescribers should be familiar with the requirements of controlled drug legislation governing the prescription and supply of stimulants.

Section 5: Shared care for medication.

Handover reports should be detailed and clear, summarising titration, benefits and side effects, any key negative findings such as cardiac history and include a risk assessment with an appropriate safety plan if appropriate.

After titration and dose stabilisation, prescribing and monitoring of ADHD medication should be carried out under local Shared Care Protocol arrangements with primary care, which contains requirements for review and monitoring with clear lines of communication between primary and secondary care maintained.

⁵ British National Formulary [BNF](#)