Medicines Optimisation Position Statement

Statement	**Information required from provider by primary care when receiving a request to prescribe following referral to an ADHD service for children and young people (CAYP).**
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Attention deficit hyperactivity disorder (ADHD): diagnosis and management for CAYP

Young people 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 young people 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[2]

The principles which underpin shared care are set out by the GMC[3] 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: -

- 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?

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition that affects a person's behaviour and concentration. It is characterised by symptoms of inattention, hyperactivity, and impulsivity. Symptoms usually become noticeable in early childhood and can interfere with a child's social life, school performance, and daily life. ADHD symptoms can be mild, moderate or severe, and they may continue into adulthood.

Referral

If the child or young person's behavioural and/or attention problems suggestive of ADHD persist with at least moderate impairment, and are having an adverse impact on their development or family life, the child or young person should be referred to secondary care (that is, a child psychiatrist, paediatrician, or specialist ADHD CAMHS) for assessment.

Consider offering parents or carers a referral to group-based ADHD-focused support (this should not wait for a formal diagnosis of ADHD).

Who can diagnose ADHD in a young person?

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

Section 1: Standards of assessment and diagnosis

A full clinical and psychosocial assessment of the person 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 (for example at school) and assessment of the person's mental state.

As part of the diagnostic process, an assessment of the person's needs, coexisting conditions, social, familial and educational circumstances and physical health should be included. For children and young people, there should also be an assessment of their parents' or carers' mental health.

A diagnosis of ADHD should not be made solely on the basis of rating scale or observational data, however maybe useful when there is doubt about symptoms.

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 **and**
- cause at least moderate psychological, social and/or educational impairment based on interview and/or direct observation in multiple settings **and**
- be pervasive, occurring in 2 or more important settings including social, familial and/or educational settings.

Section 3: Treatment of children and young people diagnosed with ADHD

Following a diagnosis of ADHD, there should be a structured discussion with people (and their families or carers as appropriate) about how ADHD could affect their life, and they should be signposted to appropriate local and national support resources, tailored to their needs. They should have a comprehensive, holistic shared treatment plan that addresses psychological, behavioural and educational needs. Advice should be given on parenting strategies with signposting to parent training programmes.

Medication for ADHD for any child under 5 years should not be offered without a second specialist opinion from an ADHD service with expertise in managing ADHD in young children (ideally a tertiary service).

Medication should only be offered for children aged 5 years and over and young people only if:

- their ADHD symptoms are still causing a persistent significant impairment in at least one domain after environmental modifications have been implemented and reviewed
- they and their parents and carers have discussed information about ADHD
- a baseline assessment has been carried out

A course of cognitive behavioural therapy (CBT) may be considered for young people with ADHD who have benefited from medication but whose symptoms are still causing a significant impairment in at least one domain, addressing the following areas: social skills with peers, problem-solving, self-control, active listening skills, dealing with and expressing feelings.

Medication choices[4] for children aged 5 years and over and young people should follow NICE NG87 1.7.7-1.7.10

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
- a review of mental health and social circumstances, including:
  - presence of coexisting mental health and neurodevelopmental conditions
  - current educational 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 or guanfacine 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

Refer to a paediatric hypertension specialist before starting medication for ADHD if blood pressure is consistently above the 95th centile for age and height for children and young people.

Dose titration

Titrate the dose against symptoms and adverse effects in line with the BNF for Children[5] until dose optimisation is achieved, that is, reduced symptoms, positive behaviour change, improvements in education 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.

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[1] Recommendations | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE
[2] Requesting a private referral for ADHD
[3] GMC Good practice in prescribing and managing medicines and devices
[4] Recommendations | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE
[5] BNFC (British National Formulary for Children) | NICE