

Australian Evidence-Based Clinical Practice Guideline For ADHD: FACTSHEET FOR CLINICIANS



Treatment overview for clinicians

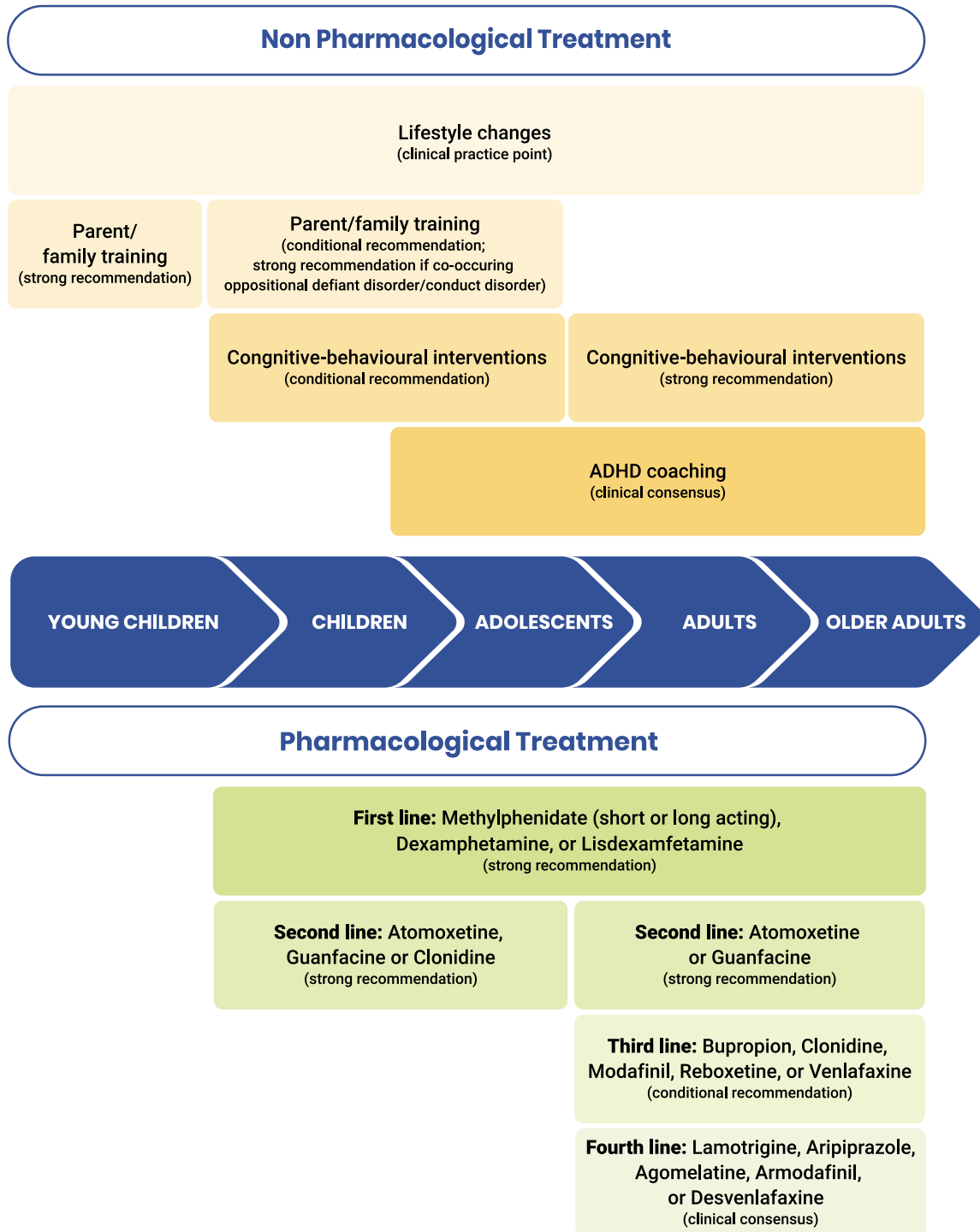


FIGURE 1

Summary of treatments over the lifespan for people with ADHD. For evidenced-based recommendations, a strong recommendation or conditional recommendation was based on comprehensive consideration of desirable and undesirable effects, balance of effects, resource requirements, equity, acceptability, and feasibility. A clinical consensus recommendation was made based on expert opinion and clinical experience.

Multimodal treatment

The guideline recommends multimodal treatment including pharmacological and non-pharmacological treatment options. Each has a different target as noted in **Box 1**.



Pharmacological treatment:

- Primary outcome: symptom reduction
- Secondary outcomes: improved functioning and wellbeing



Non-Pharmacological treatment:

- Primary outcome: improved functioning and wellbeing
- Secondary outcomes: symptom reduction

BOX 1

Main targets for pharmacological and non-pharmacological treatment

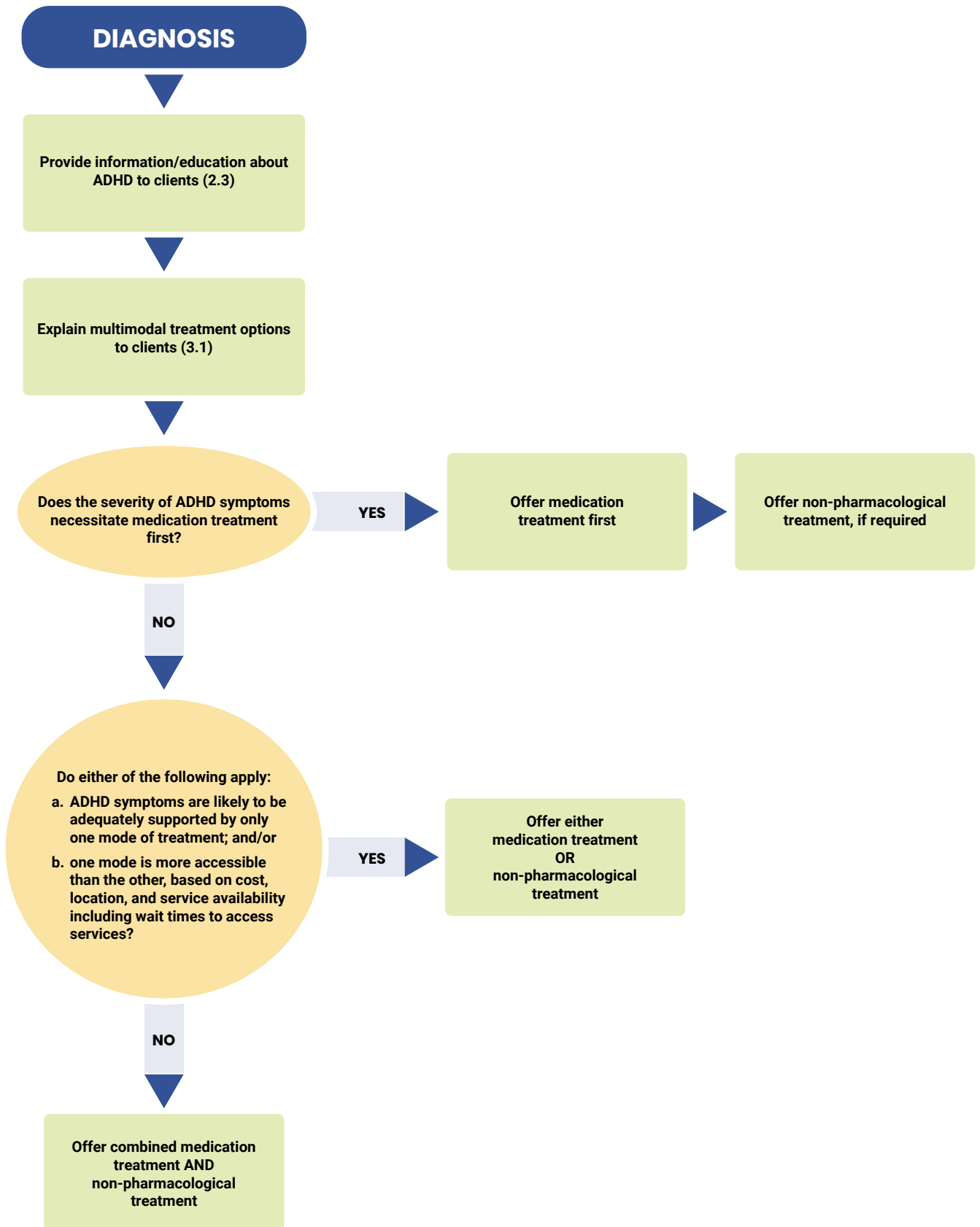
Figure 2 shows the multimodal decision-making flowchart. The guideline recommends providing information to clients about all treatment options. Clinicians should offer treatment options to people with ADHD and their families and allow them individual choice when deciding which options to pursue. The guideline recommends that clinicians should suggest that people with ADHD use pharmacological and non-pharmacological treatments concurrently, unless:

- ADHD symptoms are likely to be adequately supported by only one mode of treatment
- the severity of ADHD symptoms necessitates pharmacological treatment as the first-line treatment, to reduce symptoms as quickly as possible, and enable later engagement in non-pharmacological treatment, if needed
- one mode is more accessible than the other, based on cost, location, and service availability including waiting times to access services

Multimodal Treatment Decision Flowchart

FIGURE 2

Multimodal treatment decision flowchart. See guideline recommendations 2.3, 3.1 for further information.



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Non-pharmacological treatments

Non-pharmacological treatment options include lifestyle changes, parent-family training, cognitive-behavioural interventions and ADHD coaching as detailed in Figure 1.

For the recommendations below, the word 'should' indicates that the benefits of the recommended action exceed the harms. 'Could' indicates that the quality of evidence was limited, or the available studies did not clearly demonstrate advantage of one approach over another, or the balance of benefits to harm was unclear.

Lifestyle changes involve modifying aspects of daily life to improve health and wellbeing. Lifestyle changes have the potential to improve day-to-day functioning for people with ADHD. Lifestyle factors considered in this section include diet, exercise or activity levels, and sleep patterns. Clinicians should offer all people with ADHD guidance on lifestyle changes.

Parent/family training refers to interventions aiming to help parents to optimise parenting skills to meet the additional parenting needs of children and adolescents with ADHD, through parent training delivered directly to parents (or primary carers). The intervention may target the effects of ADHD on the child or may also include effects on the family. Components may include general parenting guidance, as well as ADHD-specific guidance. Importantly, parent/family training does not imply that parenting skills are in any way deficient, but rather that specific skill development relating to supporting children with ADHD is important.

Parent/family training should be offered to parents/families of young children under 5 years of age with ADHD. Parent/family training should be offered to parents/families of children aged 5 to 17 years with ADHD. More intensive parent/family training programs should be offered to parents/families of children aged 5 to 17 years with ADHD who have co-occurring oppositional defiant disorder or conduct disorder.

Cognitive-behavioural interventions refer to a broad range of approaches that use cognitive and/or behavioural interventions to minimise the day-to-day impact on functioning from ADHD symptoms. This usually includes environmental modifications, behavioural modifications and psychological adjustment and cognitive restructuring. While a reduction in ADHD symptom severity may occur as an indirect result of these interventions, the greatest impacts are likely in broader functioning and wellbeing.

Cognitive-behavioural interventions play an important role in addressing co-occurring conditions for people with ADHD such as substance use disorders, autism, anxiety, and depression. Cognitive-behavioural interventions could be offered to children aged 5 to 12 with ADHD. Cognitive-behavioural interventions should be offered to adolescents and adults with ADHD.

ADHD coaching is an emerging approach that shares common elements with cognitive behavioural interventions, particularly with environmental modification and behavioural modification components noted above. Varied approaches to coaching are evident in practice, most building on an in-depth or lived experience understanding of ADHD. ADHD coaching could be considered as part of a support plan for adolescents and adults with ADHD.

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Pharmacological treatments

Pharmacological treatments include stimulant medication (first line) and non-stimulant medication second, third and fourth line options, as detailed in Figure 1.

Pharmacological treatment for people with ADHD should be conducted following the recommendations in the Australian Evidence-Based Clinical Practice Guideline for ADHD. See the Medication Treatment Decision Flowcharts for Adults and Children and Adolescents below.

Before prescribing medication to help people treat their ADHD symptoms, the person's general health should be assessed, and treatment options explained, including potential benefits and side effects. Clinicians and people with ADHD (or their parents/carers) should make treatment decisions together, after discussing all relevant issues. Choice and dosage of medication must be optimised for each person.

Stimulants are the most effective treatments for improving the core symptoms of ADHD resulting in improved attention and reduced hyperactivity-impulsivity. Stimulant medication types include methylphenidate and dexamphetamine, and they are available in short and long acting formulations. If one type or formulation of medication is not effective, then others can be trialled.

If stimulant medications are not effective for the person, or they are unable to use these medications, other medications (for example, atomoxetine or guanfacine; and additionally clonidine for children and adolescents) can be tried. For adults, there are other medications that could sometimes be helpful as a third line and fourth line treatment, as detailed in Figure 1.

Medications for ADHD can be prescribed by paediatricians, psychiatrists and general practitioners. Stimulant medications are schedule 8/controlled medicines which require a permit in Australia which is usually only provided to paediatricians and psychiatrists, who may then delegate to a general practitioner to manage if appropriate for the person with ADHD. A summary of the regulations regarding stimulant prescribing can be found on the AADPA website: <https://aadpa.com.au/adhd-stimulant-prescribing-regulations-in-australia-new-zealand/>

Medication Treatment Decision Flowchart: Children And Adolescents

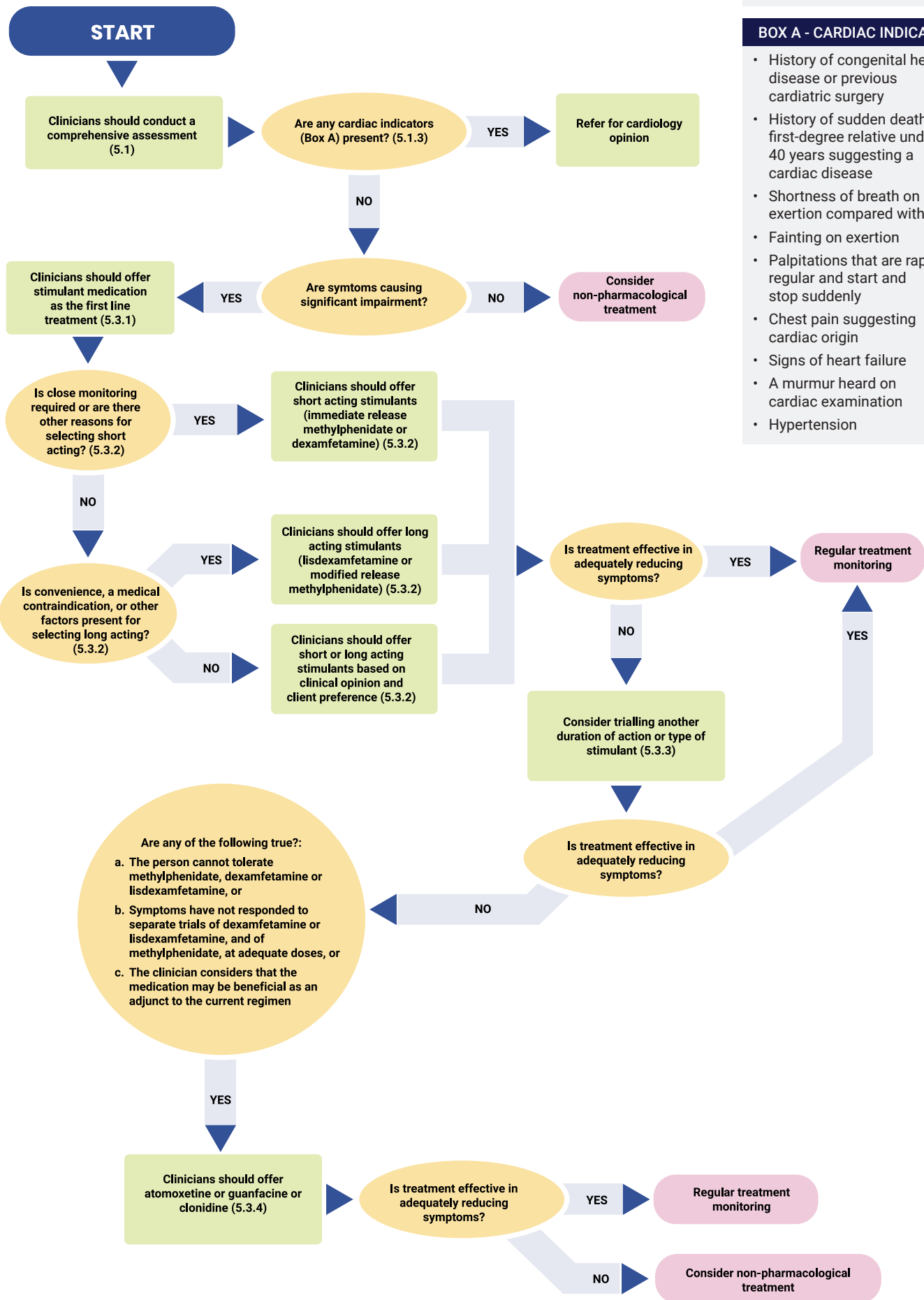


FIGURE 3

Medication treatment decision flowchart for children and adolescents. See guideline recommendations 5.1 and 5.3 for more information.

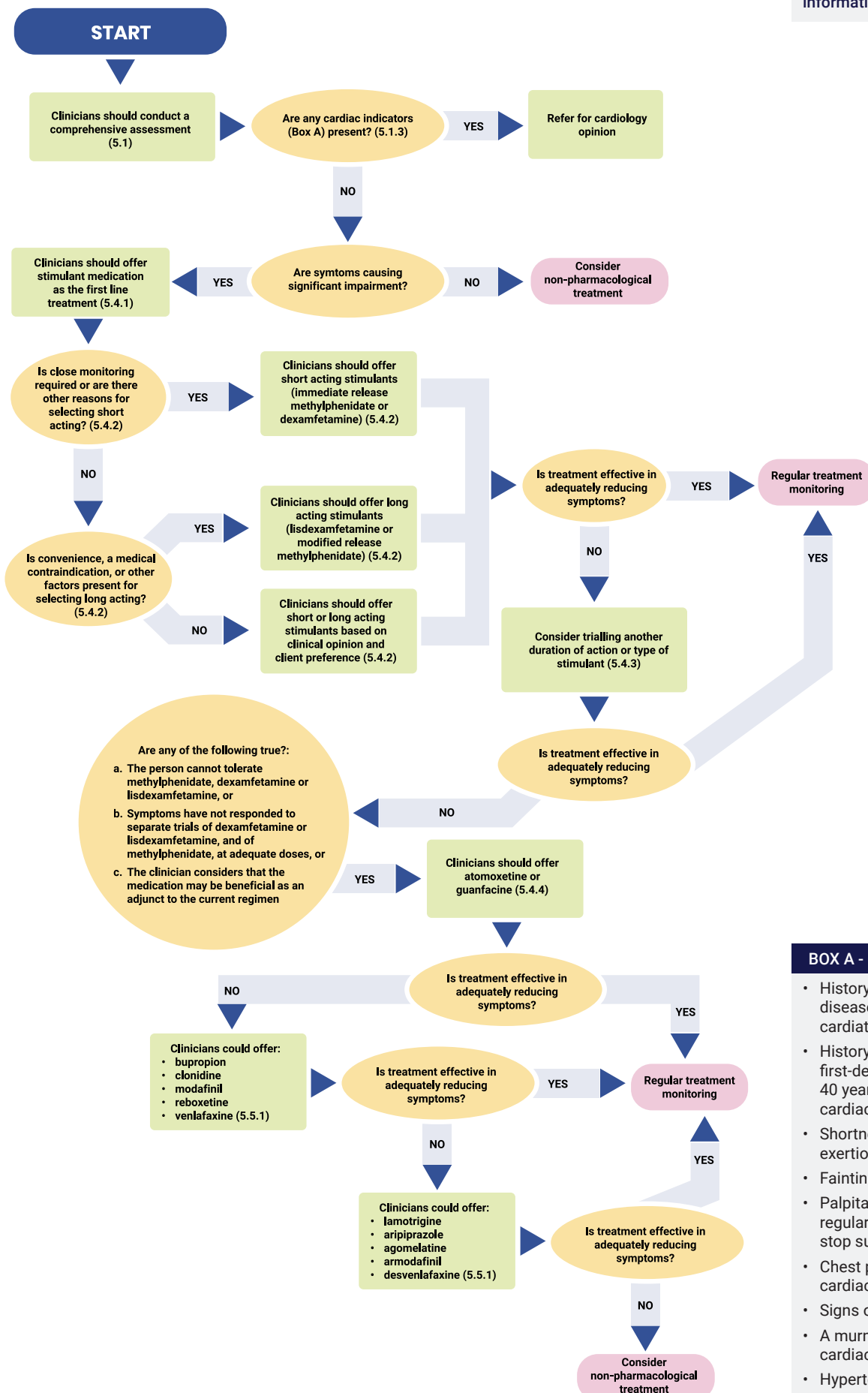
BOX A - CARDIAC INDICATORS

- 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
- Palpitations that are rapid, regular and start and stop suddenly
- Chest pain suggesting cardiac origin
- Signs of heart failure
- A murmur heard on cardiac examination
- Hypertension

Medication Treatment Decision Flowchart: Adults

FIGURE 4

Medication treatment decision flowchart for adults. See guideline recommendations 5.1, 5.4 and 5.5 for more information.



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Resources for clinicians

The guideline has several resources for clinicians to support clinical quality improvement in ADHD identification, diagnosis, treatment and care.

You can access these resources here:

<https://aadpa.com.au/guideline>

Questions?

For more information please visit:

<https://aadpa.com.au/guideline>

Or email the guideline team:

guidelines@aadpa.com.au

Disclaimer

AADPA has produced this clinical practice guideline to support the delivery of appropriate care for a defined condition. The clinical practice guideline is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual client, in consultation with the client and/or their carer or guardian, when applying information contained within the clinical practice guideline. People with a lived experience should use the information in the clinical practice guideline as a guide to inform discussions with their healthcare professional about the applicability of the clinical recommendations to their individual situation.