Australian Evidence-Based Clinical Practice Guideline For ADHD FACTSHEET: FOR PEOPLE WITH A LIVED EXPERIENCE OF ADHD

How is ADHD treated?

There are a number of different treatment options for Attention Deficit Hyperactivity Disorder (ADHD) recommended by the Australian evidence-based clinical-practice guideline for ADHD. These treatments can improve the core symptoms of ADHD and improve functioning and wellbeing. To optimise the outcomes for people with ADHD so they can live full, connected and rewarding lives, it's vital they receive evidence-based treatment and support.

People with ADHD and their families should be involved in making decisions about their own care, as appropriate to their age and developmental stage. Clinicians should fully inform the person (and their family) about the options for care, the benefits and possible adverse effects of each. The acceptability and feasibility of each treatment for each person (dependent on age, location, resources, and service capacity) should be considered.

Non-pharmacological treatments

1. Education about ADHD (Psychoeducation)

What:

ADHD education includes providing information about:

- ADHD symptoms and their impacts
- Other common difficulties arising from ADHD symptoms e.g. emotion regulation difficulties, reduced self-esteem
- Common strengths in ADHD and identify and discuss the person's individual strengths
- How the severity of ADHD symptoms may vary due to factors such as stress (worsening of symptoms) or personal interest (resulting in motivation/ability to focus)
- Environmental modifications to improve functioning
- Rights to reasonable adjustments at school/university and the workplace and the types of accommodations
- Treatment and support of ADHD when a person has a co-occurring mental health or neurodevelopmental disorder
- Possible negative impacts of a diagnosis including stigma from others, labelling, others not understanding
- Possible increased risk of self-medication that may have occurred and the increased risk of substance use disorders and other addictions
- Impacts on driving (such as being distracted resulting in increased accidents) when ADHD is not treated
- Possible impacts on relationships due to ADHD symptoms – family, intimate and other social relationships

This information can help improve the day to day functioning of the person as they build awareness of ADHD, and how adjustments can be made to their environment to maximise the strengths and improve their functioning.

How:

Education about ADHD is usually provided in individual sessions.

Who:

Education is usually provided at the end of the diagnostic process by the diagnosing clinician such as a paediatrician, psychiatrist or psychologist. Sometimes other clinicians, such as nurses or allied health staff will provide ADHD education. Psychoeducation is likely to be an ongoing process and revisiting psychoeducation over time is important given the changing impact of ADHD symptoms over time.

Age range:

Everyone who receives a diagnosis of ADHD should be provided with education about ADHD as part of the diagnostic process, and ongoing, including families and partners of adults with ADHD.

2. Lifestyle changes

What:

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.

Who:

Clinicians including paediatricians, psychiatrists, general practitioners, nurses, psychologists and other allied health clinicians can assist a person with ADHD to make lifestyle changes to improve their functioning.

How:

Lifestyle changes are generally explored during one-on-one sessions with a clinician.

Age range:

Lifestyle changes can be considered for a person with ADHD of any age.

3. Parent-family training

What:

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 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.

Who:

Parent-family training is usually provided by psychologists and sometimes other allied health clinicians.

How:

Parent-family training is usually conducted in groups or provided individually to a family.

Age range:

Parent-family training is usually provided to parents/carers of young children, children and adolescents with ADHD and may include the child with ADHD.

4. Cognitive-behavioural interventions

What:

The term 'cognitive-behavioural interventions' is used to 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. It is also noted that cognitive-behavioural interventions play an important role in addressing co-occurring conditions for people with ADHD

Environmental modifications involve adjusting the environment (home, school and/or work, social settings) to maximise the chances of success for the person with ADHD. This could include preventing or removing challenges likely to result from ADHD symptoms, or enabling increased used of personal strengths and interests.

Behavioural modifications include introducing strategies to help compensate for cognitive difficulties, optimising use of cognitive strengths. managing and supporting emotion regulation, and improving social communication, problem-solving and self-advocacy.

Psychological adjustment and cognitive restructuring involve helping people with ADHD develop skills such as problem solving, managing stress, communication and advocacy skills; and helping people adjust to a diagnosis of ADHD, and develop their sense of self-esteem.

Some examples of cognitive behavioural based approaches that include aspects of the above include cognitive behavioural therapy, dialectical behaviour therapy (for adults) and mindfulness based therapy.

Who:

Cognitive-behavioural interventions are usually provided by psychologists and sometimes other allied health clinicians.

How:

Cognitive-behavioural interventions are conducted in groups or provided individually.

Age range:

Cognitive-behavioural interventions are usually provided for adolescents and adults with ADHD and may involve their family members.

5. ADHD coaching

What:

ADHD coaching shares common elements with cognitive behavioural interventions, particularly with environmental modification and behavioural modification components noted above. While there is less evidence for ADHD coaching compared to the other non-pharmacological treatments recommended by the guideline, it could be considered as part of a treatment plan.

Who:

Elements of coaching could be provided by appropriately credentialled ADHD coaches (such as those with membership with the International Coaching Federation) and allied health professionals such as occupational therapists and psychologists.

How:

ADHD coaching is usually provided in individual sessions.

Age range:

ADHD coaching is usually provided for adolescents and adults with ADHD.

Pharmacological treatments

What:

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.

Stimulant medication including methylphenidate (e.g. Ritalin, Concerta), lisdexamfetamine (e.g. Vyvance) or dexamfetamine are the first line treatments for ADHD. Simulants are the most effective treatments for improving the core symptoms of ADHD resulting in improved attention and reduced hyperactivity-impulsivity.

If stimulant medications are not effective for the person, or they are unable to use these medications, other medications (for example, atomoxetine (e.g. Strattera) or guanfacine (e.g. Intuniv)) can be tried. For adults, there are other medications that could sometimes be helpful.

Who:

Medications can be prescribed by paediatricians, psychiatrists and general practitioners. Stimulant medications require a special permit in Australia which can only be given to paediatricians and psychiatrists, who can then often delegate to a general practitioner to manage if appropriate for the person with ADHD.

How:

Individual sessions with a clinician.

Age range:

Medications should be considered for children, adolescents and adults with ADHD.

Resources

The guideline has several resources to support improvement in ADHD identification, diagnosis, treatment and care. You can access these resources here: https://adhdguideline.aadpa.com.au

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.