Australian Evidence-Based Clinical Practice Guidelines For ADHD FACTSHEET: For General Practitioners (GPs)

Prevalence

Around 6-8% of children and 3-5% of adults in Australia have Attention Deficit Hyperactivity Disorder (ADHD). This means more than 1 million Australians have ADHD. If left untreated, ADHD can result in significant lifelong functional impairments with poor long-term outcomes. The social and economic burden of ADHD in Australia is estimated at $20 billion per year[1].

There are effective non-medication and medication treatments for ADHD, which can reduce symptoms and improve function and participation, resulting in better personal outcomes and a reduction in community and economic costs.

Given ADHD is common, and the significant negative impacts ADHD can have when it is not recognised and treated, is It is important for General Practitioners to be aware of ADHD including how to identify, diagnose and provide treatment and support.

What is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by differences in brain and cognitive development, with onset typically before 12 years of age. Symptoms include difficulties with focusing and sustaining attention, and hyperactive and impulsive symptoms which are greater than that expected for a person's age or developmental level. Symptoms must cause significant functional impairment in multiple domains such as academic, occupational, social, and psychological functioning. Onset of symptoms is typically before 12 years of age, although some may not be diagnosed until adulthood (American Psychiatric Association, 2013). For most people (60-80%), ADHD symptoms continue into adulthood and are lifelong[2].A diagnosis of ADHD is suggested when these symptoms occur often and negatively impact functioning in several areas including psychological, social, academic, occupational, and activities of daily living and leisure. These symptoms usually persist throughout one's life and usually require ongoing treatment and support.

ADHD can impact a person's ability to exert self-control over their thoughts, words, actions and emotions. As a result, people with ADHD can struggle to focus and concentrate; stop, think, control their impulses and make decisions which take into account longer term consequences.

They can experience difficulties with planning and prioritising, getting organised, delaying gratification, and time management. They can struggle with self and social awareness because of these symptoms. These difficulties tend to negatively impact their ability to study, work, manage their responsibilities, develop and maintain social relationships, enjoy leisure time and relax. They can also negatively impact their self-confidence and self-esteem.

People with ADHD can display markedly diverse symptoms and cognitive profiles[3]. The symptoms they experience tend to be situationally dependent and influenced by the level of interest or reward value in the situation or task.

People with ADHD also have numerous strengths related to ADHD features. These include the ability to generate novel ideas, adventurousness, and the ability to hyperfocus, which can result in high levels of productivity[4].There are three presentations of ADHD with different combinations of symptoms[5]:

- Predominately inattentive presentation
- Predominately hyperactive-impulsive presentation
- Combined presentation, when clinically significant levels of both inattention and hyperactive-impulsive symptoms are present

Often people with the inattentive presentation of ADHD may be less obvious and receive their diagnosis later in life.

Identification

Early identification is important to allow for early treatment to reduce the increased risk of poor outcomes for people with ADHD. There are numerous screening measures for ADHD as noted in the guideline. For children and adolescents, the Vanderbilt ADHD Diagnostic Rating Scale is a free screening instrument that parents and teachers can complete based on the child's behaviour from age 5 to 12 years of age. For adults screening for ADHD can easily be performed using the 6 item Adult ADHD Rating Scale (ASRS) Part A[6]. When a person who screens positive for ADHD, further assessment should be undertaken.

Box 2: Example ADHD screening rating scales (most commonly used tools)

Young children	Children and adolescents	Adults
Achenbach System of Empirically Based Assessment - Attention Problems scale Child Behaviour Checklist DSM Oriented ADHD subscale	Achenbach System of Empirically Based Assessment - Attention Problems scale Child Behaviour Checklist - DSM Oriented ADHD subscale Strengths and Difficulties Questionnaires Conners' Rating Scale Vanderbilt ADHD Diagnostic Rating Scale	WHO Adult ADHD Self Report Scale (ASRS) (Part A) Conners' Adult ADHD Rating Scale – Short Wender Utah Rating Scale (WURS) – Short

Diagnosis

Paediatricians, child and adolescent psychiatrists and psychologists typically diagnose ADHD in children and adolescents. Psychiatrists and psychologists typically diagnose ADHD in adults. GPs and nurse practitioners may also be trained in diagnosis of ADHD. Having referral pathways to these clinicians with expertise in ADHD is important.

The diagnosis of ADHD should be conducted following the recommendations in the Australian Evidence-Based Clinical Practice Guideline for ADHD. An assessment for the diagnosis of ADHD includes:

- a full clinical and psychosocial assessment, including discussion about the person's symptoms and strengths and how these present in the different domains and settings of the person's everyday life
- a full developmental, mental health and medical history
- observer reports and assessment of the person's symptoms and mental state
- a medical assessment to exclude other causes of the symptoms and identify any associated disorders that also require investigation, intervention and support.

Following a diagnosis, people with ADHD should be provided with comprehensive information about ADHD including how their symptoms present and their impacts, the person's strengths, rights to reasonable adjustments at school and work, and treatment options both pharmacological and non-pharmacological. This information is usually provided by the diagnosing clinician.

General practitioners will often be asked to confirm a condition and document what reasonable adjustments may be required. Refer to the factsheets on reasonable education and workplace adjustments for more details.

Treatment

The commencement of treatment for ADHD often will need to be facilitated by a general practitioner working together with the persons paediatrician or psychiatrist. This will include dispelling of myths around treatments to facilitate people to commence and continuing treatment. People with ADHD and their families should be involved in making decisions about their own care. 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

Non-pharmacological treatment options include lifestyle changes, parent-family training, cognitive behavioural therapy based approaches and ADHD coaching.

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. GPs can assist all people with ADHD to make 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 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. GPs can help dispel myths around 'bad parenting' and help families of young children, children and adolescents access parent/family training programs such as the Triple P Parenting program through making appropriate referrals.

Cognitive-behavioural interventions refers 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. GPs can help adolescents and adults with ADHD access cognitive-behavioural interventions through making appropriate referrals to psychologists and other allied health clinicians.

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. GPs can help people with ADHD and their families access treatments for these co-occurring conditions through making appropriate referrals to psychologists and other allied health clinicians who have expertise in ADHD.

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 for adolescents and adults with ADHD. GPs can help adolescents and adults with ADHD access ADHD coaching through making appropriate referrals to ADHD coaches, psychologists and other allied health clinicians.

Pharmacological treatments

Pharmacological treatments include stimulant medication (first line) and non-stimulant medication second, third and fourth line options. Pharmacological treatment for people with ADHD should be provided following the recommendations in the Australian Evidence-Based Clinical Practice Guideline for ADHD.

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.

Simulants are the most effective treatments for improving the core symptoms of ADHD resulting in improved attention and reduced hyperactivity-impulsivity. Stimulant medication including short and long acting methylphenidate, lisdexamfetamine or dexamfetamine are the first line treatments for ADHD.

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 clonidine (for children and adolescents)) can be tried. For adults, there are other medications that could sometimes be helpful as a third and fourth line treatment, as detailed in the Australian Evidence-Based Clinical Practice Guideline for ADHD.

Medications for ADHD can be prescribed by paediatricians, psychiatrists and general practitioners. Stimulant medication is a schedule 8/controlled medicine which requires a permit in Australia which is usually only provided to paediatricians and psychiatrists, who may then delegate to a general practitioner to manage treatment 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/

Supporting GPs to develop their skills in prescribing ADHD medications, including stimulant medication is an identified need in the guideline. It is critical that more GPs develop these competencies given the delays and lack of access to ADHD medical specialists who can prescribe stimulants. Accessing healthcare from GPs is also more affordable, especially for those on low incomes. GP training is particularly important because ADHD has implications for poor health outcomes.

Ongoing care

GPs manage chronic disease, making them uniquely placed to support individuals with lifelong disorders, such as ADHD. GPs are critical in managing the ongoing care and support needs of people with ADHD. As people develop from children into adults they will experience changing needs and transitions between services which can be facilitated by GPs.

Key pitfalls to avoid

People usually don't 'grow out' of ADHD. Symptoms usually persist for most into adulthood and require continuous treatment. Transition periods between adolescent to adult services need to be carefully managed to ensure the person can access ongoing treatment

The inattentive presentation of ADHD will have few hyperactive-impulsive symptoms, so may not be as easily identified. The symptoms of inattention can be equally or more challenging for people with ADHD as hyperactive-impulsive symptoms. Being aware of the inattentive presentation is critical so people with ADHD don't get missed.

Most people with ADHD have other co-occurring conditions which may require treatment and support.

Girls also have ADHD. In adulthood the gender ratio declines from 2-3 boys for every one girls in childhood, to ADHD being equally prevalent in men and women.

People with ADHD can be highly intelligent and successful in many parts of their lives. This does not mean they cannot have ADHD. Many people with ADHD will not be recognised until university, or later, as they may have been able to compensate for their symptoms, or thrived in a supportive and stimulating environment. If this changes, they can experience significant impairment requiring treatment and support.

Signs of ADHD throughout the lifespan

Families and individuals may first raise concerns related to ADHD to their General Practitioners. Being able to recognise possible signs of ADHD throughout the lifespan is important.

Children

- Excessive activity including difficulties sitting still, excessively talkative
- Difficulties with learning, not being able to concentrate on learning, particularly in areas of less interest to the child
- Day-dreaming and not appearing to listen, needs instructions repeated
- Struggles with organising themselves, is messy, late, easily distracted and forgetful
- Difficulties regulating emotions. Easily upset and sensitive, particularly to criticism from others, often taking a long time to calm down and re-regulate
- Anxiety – worries about judgement from others, failing at tasks, may result in attempts to be perfect / perfectionistic behaviours
- Peer problems – may be seen as different to peers resulting in bullying, fewer friendships and difficulties maintaining friendships. Peer problems may become more pronounced over time as social relationships become more complex with developmental age

Adolescents

- As above for children
- Increase or onset of difficulties with learning as more independent study is required including homework (e.g. Year 10 onward). This often includes a dramatic decline in academic performance
- Development of low mood and depression into secondary school, usually due to difficulties with keeping up academically or due to decline in academic achievement, being excluded from peers, and the negative self-view that develops from these

Adults

- Struggling at university including failing subjects and not completing courses, without apparent cause e.g. is intelligent but not able to achieve at this level
- Overlooking or missing details, doing work that is inaccurate, impacting on their work performance or life administration
- Missing deadlines, having poor time management, having severe procrastination, impacting study, work, relationships, and self-view
- Having difficulty completing tasks that take a long time, such as preparing reports, completing forms or reviewing lengthy papers, impacting study, work
- Often losing things, like keys or phones
- Being easily distracted and side-tracked by things that happen around them and by their own constant thoughts that diverts attention.
- Often forgetting to do important things, like paying bills or returning calls or completing important life administration such as tax returns
- Having a constantly busy mind, feeling restless, not being able to sit still for a long time in meetings or restaurants
- Not being able to relax, even on holidays and needing frequent stimulation
- Being behind their peers in usual life milestones e.g. moving out of family home, having a partner, getting married, having children, owning own home

Other signs of ADHD may be the person having a co-occurring condition. In children and adolescents with ADHD, around two-thirds will have a co-occurring mental health condition. The most common co-occurring conditions in childhood are specific learning disorders, oppositional defiant disorder, language disorders, autism spectrum disorders and anxiety disorders, with depressive disorders and substance use disorders starting to occur in adolescence.

Adults with ADHD also have a high prevalence of co-occurring disorders, with up to 80% having at least one additional mental health disorder. The highest rates of co-occurring mental health disorders in adults with ADHD are depressive disorders, bipolar disorders, anxiety disorders and substance use disorders.

References

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Resources for people with the lived experience

The guideline has several resources for people with a lived experience of ADHD. You can access these resources here: https://aadpa.com.au/guideline

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

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