NICE National Institute for Health and Care Excellence

NICE Pathways

Attention deficit hyperactivity disorder overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/attention-deficit-hyperactivity-disorder
NICE Pathway last updated: 13 April 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.

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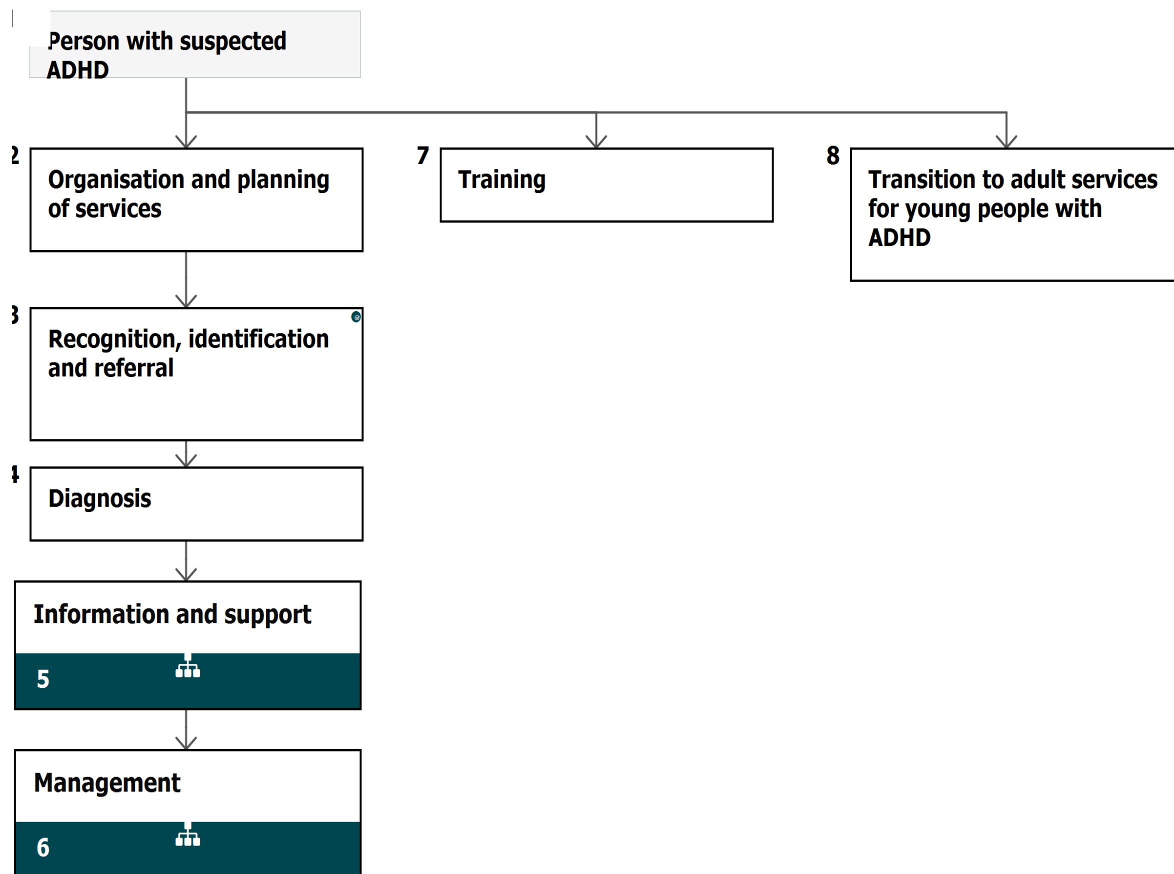

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1 Person with suspected ADHD

No additional information

2 Organisation and planning of services

Multidisciplinary specialist ADHD teams

People with ADHD would benefit from improved organisation of care and better integration of child health services, CAMHS and adult mental health services.

Mental health services for children, young people and adults and child health services, should form multidisciplinary specialist ADHD teams and/or clinics for children and young people and separate teams and/or clinics for adults. These teams and clinics should have expertise in the diagnosis and management of ADHD, and should:

- provide diagnostic, treatment and consultation services for people with ADHD who have complex needs, or where general psychiatric services are in doubt about the diagnosis and/or management of ADHD
- put in place systems of communication and protocols for information sharing among paediatric, child and adolescent, forensic, and adult mental health services for people with ADHD, including arrangements for transition between child and adult services
- produce local protocols for shared care arrangements with primary care providers, and ensure that clear lines of communication between primary and secondary care are maintained
- ensure age-appropriate psychological services are available for children, young people and adults with ADHD, and for parents or carers.

The size and time commitment of these teams should depend on local circumstances (for example, the size of the trust, the population covered and the estimated referral rate for people with ADHD).

Multi-agency groups

Every locality should develop a multi-agency group, with representatives from multidisciplinary specialist ADHD teams, paediatrics, mental health and learning disability trusts, forensic services, CAMHS, the Directorate for Children and Young People (DCYP) (including services for education and social services), parent support groups and others with a significant local involvement in ADHD services. The group should:

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- oversee the implementation of this guidance
- start and coordinate local training initiatives, including the provision of training and information for teachers about the characteristics of ADHD and its basic behavioural management
- oversee the development and coordination of parent-training/education programmes
- consider compiling a comprehensive directory of information and services for ADHD including advice on how to contact relevant services and assist in the development of specialist teams.

3 Recognition, identification and referral

Recognition

Be aware that people in the following groups may have increased prevalence of ADHD compared with the general population:

- people born preterm
- looked-after children and young people
- children and young people diagnosed with oppositional defiant disorder or conduct disorder
- children and young people with mood disorders (for example, anxiety and depression)
- people with a close family member diagnosed with ADHD
- people with epilepsy
- people with neurodevelopmental disorders (for example, autism spectrum disorder, tic disorders, learning disability [intellectual disability] and specific learning difficulties)
- adults with a mental health condition
- people with a history of substance misuse
- people known to the Youth Justice System or Adult Criminal Justice System
- people with acquired brain injury.

Be aware that ADHD is though to be under-recognised in girls and women and that:

- they are less likely to be referred for assessment for ADHD
- they may be more likely to have undiagnosed ADHD
- they may be more likely to receive an incorrect diagnosis of another mental health or neurodevelopmental condition.

See why we made the recommendations on recognition [See page 9].

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Identification and referral

Children and young people

Universal screening for ADHD should not be undertaken in nursery, primary and secondary schools.

When a child or young person with disordered conduct and suspected ADHD is referred to a school's SENCO, the SENCO, in addition to helping the child with their behaviour, should inform the parents about local parent-training/education programmes. See NICE's recommendations on antisocial behaviour and conduct disorders in children and young people.

Referral from the community to secondary care may involve health, education and social care professionals (for example, GPs, paediatricians, educational psychologists, SENCOs, social workers) and care pathways can vary locally. The person making the referral to secondary care should inform the child or young person's GP.

When a child or young person presents in primary care with behavioural and/or attention problems suggestive of ADHD, primary care practitioners should determine the severity of the problems, how these affect the child or young person and the parents or carers and the extent to which they pervade different domains and settings.

If the child or young person's behavioural and/or attention problems suggestive of ADHD are having an adverse impact on their development or family life, consider:

- a period of watchful waiting of up to 10 weeks
- offering parents or carers a referral to group-based ADHD-focused support (this should not wait for a formal diagnosis of ADHD).

If the behavioural and/or attention problems persist with at least moderate impairment, the child or young person should be referred to secondary care (that is, a child psychiatrist, paediatrician, or specialist ADHD CAMHS) for assessment.

If the child or young person's behavioural and/or attention problems are associated with severe impairment, referral should be made directly to secondary care (that is, a child psychiatrist, paediatrician, or specialist ADHD CAMHS) for assessment.

Primary care practitioners should not make the initial diagnosis or start medication in children or young people with suspected ADHD.

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Adults

Adults presenting with symptoms of ADHD in primary care or general adult psychiatric services, who do not have a childhood diagnosis of ADHD, should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD, where there is evidence of typical manifestations of ADHD (hyperactivity/impulsivity and/or inattention) that:

- began during childhood and have persisted throughout life
- are not explained by other psychiatric diagnoses (although there may be other coexisting psychiatric conditions)
- have resulted in or are associated with moderate or severe psychological, social and/or educational or occupational impairment.

Adults who have previously been treated for ADHD as children or young people and present with symptoms suggestive of continuing ADHD should be referred to general adult psychiatric services for assessment. The symptoms should be associated with at least moderate or severe psychological and/or social or educational or occupational impairment.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Confirmation of diagnosis

2. Identification and referral in adults

3. Continuity of child to adult services

4 Diagnosis

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, on the basis of:

- a full clinical and psychosocial assessment of the person; 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.

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A diagnosis of ADHD should not be made solely on the basis of rating scale or observational data. However, rating scales such as the Conners' rating scales and the Strengths and Difficulties Questionnaire are valuable adjuncts, and observations (for example, at school) are useful when there is doubt about symptoms.

For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should:

- meet the diagnostic criteria in DSM-5 or ICD-10 (hyperkinetic disorder)[1] **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.

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

ADHD should be considered in all age groups, with symptom criteria adjusted for age-appropriate changes in behaviour.

In determining the clinical significance of impairment resulting from the symptoms of ADHD in children and young people, their views should be taken into account wherever possible.

5 Information and support

See Attention deficit hyperactivity disorder / Information and support for people with ADHD

6 Management

See Attention deficit hyperactivity disorder / Managing ADHD

7 Training

Trusts should ensure that specialist ADHD teams for children, young people and adults jointly develop age-appropriate training programmes for the diagnosis and management of ADHD for mental health, paediatric, social care, education, forensic and primary care providers and other professionals who have contact with people with ADHD.

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Child and adult psychiatrists, paediatricians, and other child and adult mental health professionals (including those working in forensic services) should undertake training so that they are able to diagnose ADHD and provide treatment and management in accordance with this guidance.

8 Transition to adult services for young people with ADHD

A young person with ADHD receiving treatment and care from CAMHS or paediatric services should be reassessed at school-leaving age to establish the need for continuing treatment into adulthood. If treatment is necessary, arrangements should be made for a smooth transition to adult services with details of the anticipated treatment and services that the young person will require. Precise timing of arrangements may vary locally but should usually be completed by the time the young person is 18 years. See NICE's recommendations on transition from children's to adults' services for young people using health or social care services.

During the transition to adult services, a formal meeting involving CAMHS and/or paediatrics and adult psychiatric services should be considered, and full information provided to the young person about adult services. For young people aged 16 years and older, the care programme approach (CPA) should be used as an aid to transfer between services. The young person, and when appropriate the parent or carer, should be involved in the planning.

After transition to adult services, adult healthcare professionals should carry out a comprehensive assessment of the person with ADHD that includes personal, educational, occupational and social functioning, and assessment of any coexisting conditions, especially drug misuse, personality disorders, emotional problems and learning difficulties.

For more information, see NICE's recommendations on drug misuse management in over 16s and personality disorders.

[1] The ICD-10 exclusion on the basis of a pervasive developmental disorder being present, or the time of onset being uncertain, is not recommended.

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Recognition

Evidence showed that the prevalence of ADHD is higher in some groups than in the general population. The committee agreed that a recommendation was needed to raise awareness of these groups among non-specialists to help them avoid missing a diagnosis of ADHD. Although no evidence was identified for a higher prevalence in people known to the Youth Justice System or Adult Criminal Justice System and people with acquired brain injury, the committee agreed that in their experience, these groups often receive a late diagnosis of ADHD or a misdiagnosis. No evidence was found on the increased risk of missing a diagnosis of ADHD in girls. But the committee discussed the different symptoms often found in this group, and agreed to make a recommendation to raise awareness.

How the recommendations might affect practice

The recommendations are to raise awareness among non-specialists of a possible diagnosis of ADHD in groups of people that they are already seeing. The recommendations may increase the rates of diagnosis and referral for ADHD, but these should be accurate and therefore appropriate.

See the committee's full discussion in evidence review A: risk factors.

Glossary

ADHD

attention deficit hyperactivity disorder

CAMHS

Child and Adolescent Mental Health Services

CBT

cognitive behavioural therapy

domain

areas of function, for example, interpersonal relationships, education and occupational attainment, and risk awareness

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domains

areas of function, for example, interpersonal relationships, education and occupational attainment, and risk awareness

DSM-5

Diagnostic and Statistical Manual of Mental Disorders 5th edition

ECG

electrocardiogram

ICD-10

International Classification of Mental and Behavioural Disorders 10th revision

SENCO

special educational needs coordinator

settings

a physical location, for example, home, nursery, friends or family homes

Sources

Attention deficit hyperactivity disorder: diagnosis and management (2018) NICE guideline NG87

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not

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mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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