



City and Hackney Adult ADHD Service Update

September 2021

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City and Hackney ADHD Service and Autism Service

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ADHD Service Context

- Started as a clinic in 2014 by Dr Jide Morakinyo.
- Provides diagnostic assessments, medical/medication reviews, treatment and post-diagnostic support to patients with a City and Hackney address.
- Commissioned staffing:
 - 0.2 WTE Consultant Psychiatrist
 - 0.5 WTE Clinical Psychologist (vacant)
- Other staffing: Manager; Administrator; Special interest Drs.

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Referral Process

- Patients without an existing ADHD diagnosis are screened by Primary Care Liaison Consultant first or other community Psychiatrist and referred to the service if they meet the threshold for assessment.
- Patients with an existing ADHD diagnosis can be referred straight to the service but **we require a copy of the original diagnostic assessment or equivalent evidence.**
- Referrals can be made through the single point of entry (PCL Team/Neighbourhood Team, formally known as CHAMHRAS)
- Referrals for 12 month review can be sent directly to our email address: elft.adhdservice@nhs.net

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Assessment Process and Treatment

- New diagnostic assessments require 2-3 clinic appointments.
- Medical reviews (existing diagnosis) require 1-2 clinic appointments.
- Medication optimization, several appointments.
- Currently appointments are conducted virtually using Clinic.co with some face to face appointments.
- Patient resource pack given once diagnosis confirmed.
- We are hoping to offer non-pharmacological interventions shortly.

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Shared Care Agreement

- Once the patient is stable on medication they are handed back to the GP to continue prescribing as per the shared care agreement.
- Patients should be referred back to the clinic by their GP for their 12 month review or when needed, we also accept self-referral for known patients.
- GPs can refer directly to the clinic by email for 12 month reviews: elft.adhdservice@nhs.net

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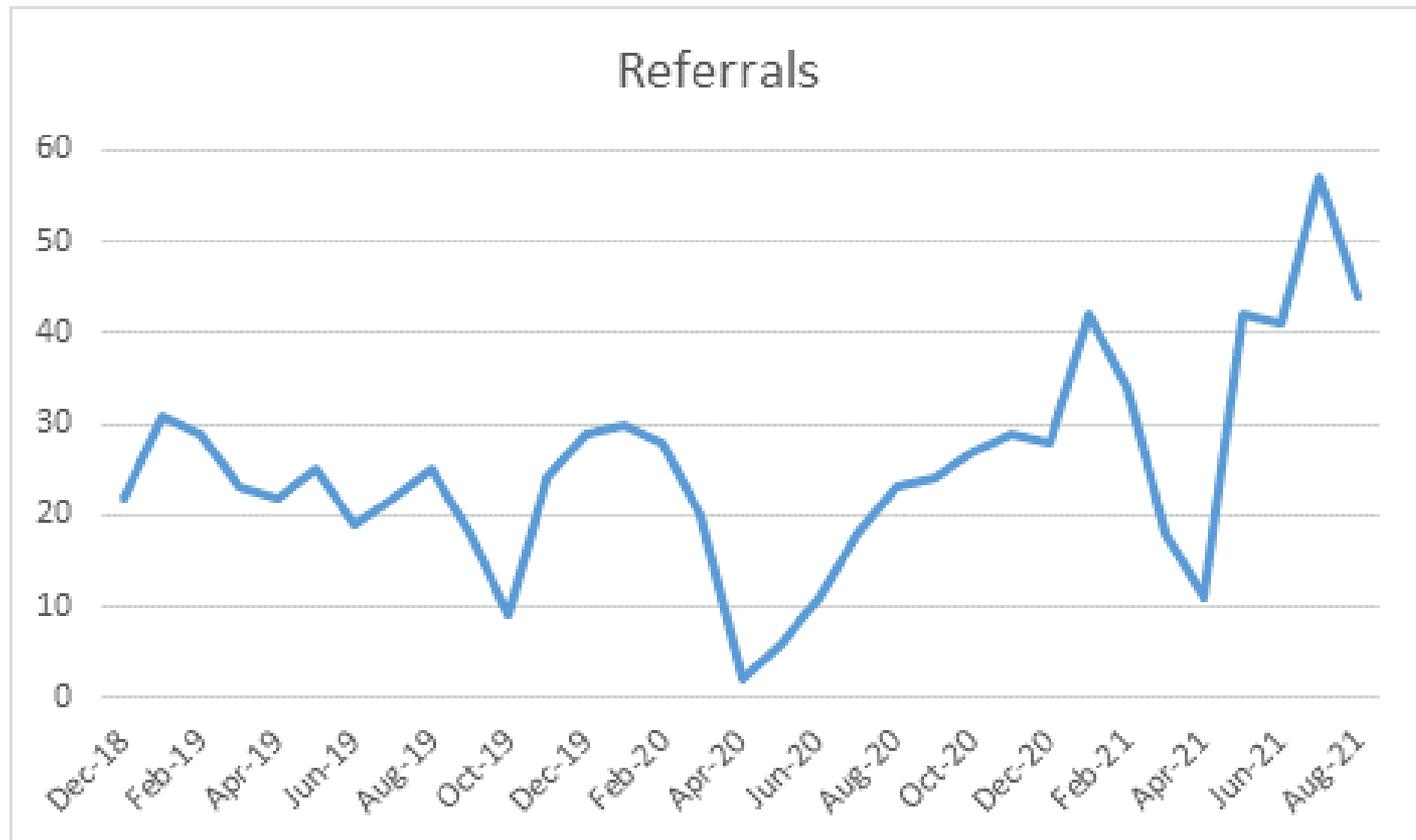
Wait times and other issues

- Currently 12-18 months, demand exceeds capacity.
- Recent increase in referrals probably made worse by the pandemic.
- Patients seeking private assessment (Psychiatry UK) through NHS right to choose.
- PCL report 50% of referrals are for ADHD screening.
- The ADHD service receives an average of 15 referrals per week, recent increase of about 30%.
- The breakdown of referrals are 60% new diagnosis; 35% existing diagnosis; 5% annual review.
- Patients are often not referred back for annual review

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Action Plan

- CCG have agreed additional non-recurrent funding to help reduce the wait times, the addition of a Non-medical Prescriber Nurse, increase in medical sessions and Admin.
- Reinstating the post-diagnostic offer pending recruitment of Psychologist and Nurse.
- ADHD training for all staff including GPs.
- Process to be put in place to recall patients for 12 month review whilst additional funding is in place.
- Creation of a single Neurodevelopmental Service.

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Your questions



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Adult ADHD

Jide Morakinyo, Consultant Psychiatrist, City and Hackney Adult ADHD Clinic

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Overview

- ▶ **Neurodevelopmental condition** of inattention and distractibility with or without hyperactivity.
- ▶ Childhood onset and often persisting into adulthood (Chronic)
- ▶ Significant functional impairment, personal distress and reduced quality of life. (education, work, family-life functioning, household economy, and social skills)
- ▶ Co-exists with many other psychiatric disorders and complicating matters.
- ▶ Fairly common but often unrecognised and with prejudiced and ill-informed ideas about it.
- ▶ Important to identify and treat
- ▶ Often responds well to treatment/medication



What is ADHD?

- ▶ ADHD is a **childhood onset neurodevelopmental condition** which manifests as **cognitive** and **behavioural deficits** - characterised by the core symptoms of **inattention and hyperactivity/impulsiveness**.
- ▶ May persist into adulthood -
- ▶ 3 basic forms of ADHD – (1) Inattentive (2) hyperactivity and (3) Combined



Structural and functional alterations

- ▶ ? Problem with Dopamine: PET scan imaging indicates that methylphenidate acts to increase dopamine
- ▶ ? Problem with Norepinephrine: The neurotransmitters dopamine and norepinephrine have been associated with ADHD.
- ▶ The underlying brain regions predominantly thought to be involved are frontal and prefrontal.
- ▶ Other studies have shown structural alterations in other parts of the brain



Genes

- ▶ Family/adoption/twin studies all support the view that genes contribute to the development of ADHD
- ▶ Parents of an ADHD child ~ 5 times more likely to have ADHD
- ▶ Siblings ~ 4 times more likely to have ADHD than the general population
- ▶ Genetic causes of ADHD account for most of the variability in the presentation of the disorder,

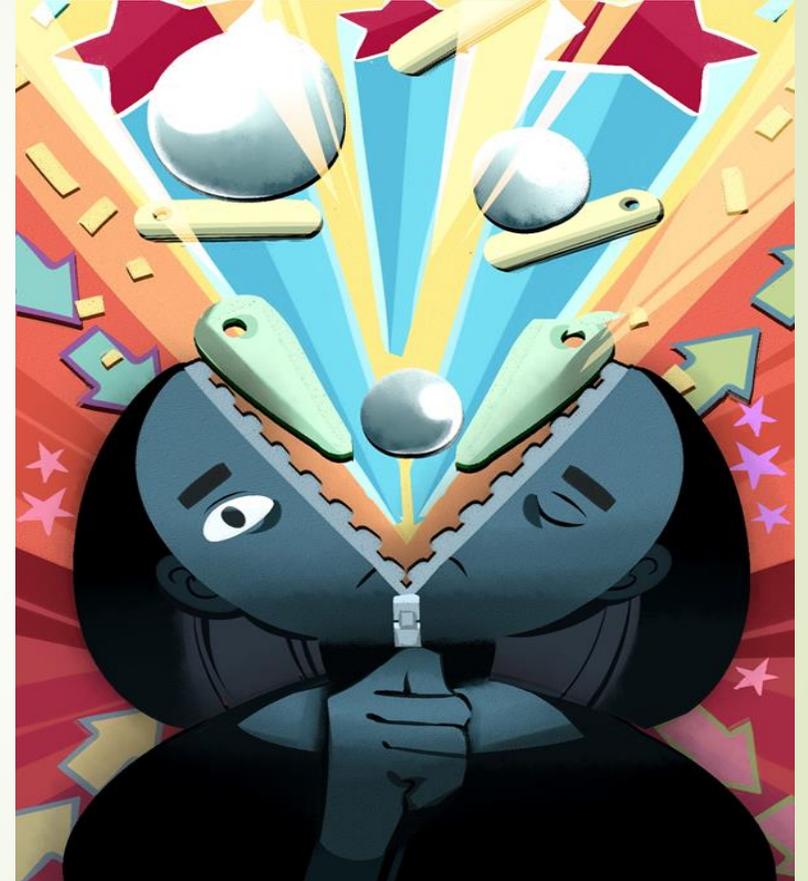


DSM-5 Criteria for ADHD

1. a persistent pattern of inattention
2. and/or hyperactivity–impulsivity
3. that interferes with functioning or development:

Specific criteria for Inattention:

- Often fails to give close attention to details or makes careless mistakes....
- Often has difficulty sustaining attention.....
- Often does not seem to listen.....
- Often struggles to follow through on instructions.....
- Often has difficulty with organizing tasks and activities...
- Often avoids or dislikes tasks requiring a lot of thinking.
- Often loses things necessary for tasks and activities...
- Often easily distracted....
- Often forgetful in daily activities....



Source: American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, Washington, D.C.: American Psychiatric Association

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Specific criteria for Hyperactive-impulsive :

- ▶ Fidgets with hands or feet or squirms in chair.
- ▶ Has difficulty remaining seated.
- ▶ Runs about or climbs excessively in children; extreme restlessness in adults.
- ▶ Difficulty engaging in activities quietly.
- ▶ Acts as if driven by a motor; adults will often feel inside like they were driven by a motor.
- ▶ Talks excessively.
- ▶ Blurts out answers before questions have been completed.
- ▶ Difficulty waiting or taking turns.
- ▶ Interrupts or intrudes upon others.



Source: American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, Washington, D.C.: American Psychiatric Association

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DSM-5 Criteria for ADHD: ***All criteria must be met for a diagnosis of ADHD in adults***

- ▶ Five or more symptoms of inattention and/or ≥ 5 symptoms of hyperactivity/impulsivity must have persisted for ≥ 6 months to a degree that is inconsistent with the developmental level and negatively impacts social and academic/occupational activities.
- ▶ Several symptoms (inattentive or hyperactive/impulsive) were present before the age of 12 years.
- ▶ Several symptoms (inattentive or hyperactive/impulsive) must be present in ≥ 2 settings (eg, at home, school, or work; with friends or relatives; in other activities).
- ▶ There is clear evidence that the symptoms interfere with or reduce the quality of social, academic, or occupational functioning.
- ▶ Symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (eg, mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication, or withdrawal).

Case study

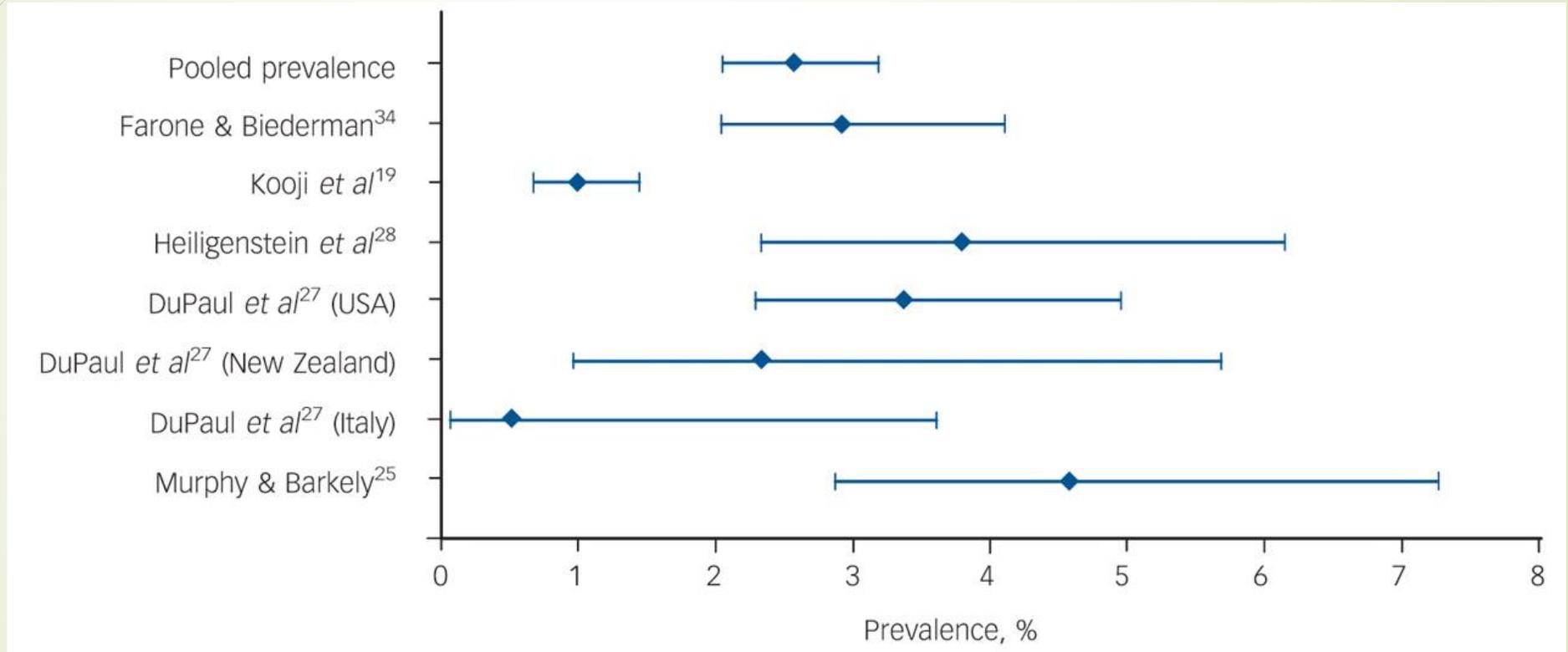
- ▶ About 8 years old
- ▶ Found school 'very difficult'
- ▶ People described her as 'not so very good one' – compared to her brother
- ▶ Named the 'butterfly mind'.
- ▶ Easily distracted and distract others' in her school reports
- ▶ Spent most of the time 'standing behind the blackboard in class' - punishment
- ▶ In year 6, one of her teachers described her as 'Miss Long tongue' for talking too much
- ▶ Slept poorly at night causing her parents some sleepless nights.
- ▶ Has so many different diagnoses from psychiatrists
- ▶ Sons complain that she is not listening and in sort of her 'own world'.
- ▶ Husband wonders about her either 'being with the family or not' and describes her as 'chaotic'
- ▶ Focusing on a line of thought so intense that she is not able to hear others when they are trying to get through to her.
- ▶ She does very well and able to focus on things of special interest but routine tasks are just there 'like a black cloud'
- ▶ Other ideas and thoughts popping up in her head and ends up getting into some argument with herself.
- ▶ Losing her keys and bank cards, and getting out of the house could be a 'nightmare'
- ▶ Always running late and forgetting to turn up in courts (she is a lawyer)



The structure of adult ADHD

- Tasks/Activities
- Social communication/behaviour and relationships
- Psychomotor activities
- Emotional regulation/impulsivity
- Executive functioning

How common is ADHD?



Viktória Simon et al. *BJP* 2009;194:204-211



Assessment: Groups of patients

- Seeking explanations for their problems/symptoms
- Seeking exotic diagnosis of ADHD
- Talked into it by family or friends
- Previous diagnosis of ADHD and undetected ADHD
- Seeking psychostimulants
- Personality disorders
- Addiction problems
- Confused and made online diagnosis

Adult ADHD Self-Report Screening Scale for DSM-5 (ASRS-5)
(adapted for City and Hackney ADHD Clinic)

This Adult ADHD Self-Report Screening Scale for DSM-5 (ASRS-5) is intended for people aged 18 years or older.

Check the box that best describes how your patient has felt over the past 6 months.

Score each item in the range 0-4 and give everyone a summary score of 0-24.

A score of 14 or higher is suggestive of ADHD (91.4% sensitivity, 96.0% specificity).

Name: DOB: NHS#

	Never (0)	Rarely (1)	Sometimes (2)	Often (3)	Very Often (4)
1. How often do you have difficulty concentrating on what people are saying to you even when they are speaking to you directly?	<input type="checkbox"/>				
2. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	<input type="checkbox"/>				
3. How often do you have difficulty unwinding and relaxing when you have time to yourself?	<input type="checkbox"/>				
4. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?	<input type="checkbox"/>				
5. How often do you put things off until the last minute?	<input type="checkbox"/>				
6. How often do you depend on others to keep your life in order and attend to details?	<input type="checkbox"/>				

Screener score:

Reference:
Adult ADHD Self-Report Screening Scale for DSM-5 (ASRS-5) © New York University and President and Fellows of Harvard College from Composite International Diagnostic Interview for DSM-5 (CIDI-5.0)

Ustun, B., Adler, L.A., Rudin, C., Faraone, S.V., Spencer, T.J., Berglund, P., Gruber, M.J., Kessler, R.C. (2017). The World Health Organization Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5. JAMA Psychiatry, 74(5), 520-526.

Additional screening questions highly suggestive of ADHD:

1. Core symptoms of inattention, impulsivity and hyperactivity are present	<input type="checkbox"/>
2. Symptoms are chronic and since 12 years of age	<input type="checkbox"/>
3. Symptoms occur in more than one setting (Home, Work, Social life)	<input type="checkbox"/>
4. Symptoms are impairing	<input type="checkbox"/>
5. Symptoms are not mainly attributable to any other mental or physical illness	<input type="checkbox"/>

Kindly consider sending the completed form as part of a referral to the PCL psychiatrist or CHAMRAS, if the screener score is 14 or higher and the additional screening questions are all ticked.



NICE

- ▶ multidisciplinary specialist ADHD teams and/or clinics
- ▶ expertise in the diagnosis and management of ADHD
- ▶ provide diagnostic, treatment and consultation services for people with ADHD
- ▶ produce local protocols for **shared care arrangements** with primary care providers – **Shared Care Protocol**
- ▶ ensure age-appropriate psychological services are available



NICE

- ▶ 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.



Assessment Outcomes

- No ADHD
- Suspected ADHD – needing more information?
- Provisional diagnosis – ruling out other matters
- Definite Diagnosis of ADHD



Treatments

- **Comprehensive treatment programme that focuses on psychological, behavioural and educational/occupational needs.**
- Medication - First line treatment
- Psychological interventions
- Social interventions

Stimulants	Options	
Methylphenidate Hydrochloride (Regular/IR & Modified/SR) ~ Short or Long acting	Ritalin Concerta XL Equasym XL Medikinet – R & XL	
Lis-Dexamfetamine Mesilate	Elvanse	
Dexamfetamine Sulfate		

Methylphenidate and dexamphetamine are schedule 2 controlled drugs (CD) thus are subject to prescription requirements.

Non-Stimulants	Options	
Atomoxetine		<ul style="list-style-type: none"> • Similar cardiovascular effects as stimulants • * suicidal behaviour ~ < 25years
Bupropion		
Antidepressants	Venlafaxine, Duloxetine, Imipramine, Desipramine	
Modafinil		
Guanfacine/Clonidine (alpha-2 adrenergic agonists)		* Reserved – little is known regarding efficacy, safety and tolerability in adults

NICE – Licensing arrangements

- ▶ Methylphenidate, Dexamfetamine and atomoxetine do not have UK marketing authorisation for use in adults with ADHD.
- ▶ Atomoxetine is licensed for adults with ADHD when the drug has been started in childhood.
- ▶ Informed consent should be obtained and documented - **Shared care protocol**
- ▶ Drug treatment for adults with ADHD should be started only under the guidance of a psychiatrist, nurse prescriber specialising in ADHD, or other clinical prescriber with training in the diagnosis and management of ADHD
- ▶ Good knowledge of the drugs used in the treatment of ADHD and their different preparations is essential (refer to the BNF and summaries of product characteristics).



Optimization of Medication

- ▶ Dose optimization is very important
- ▶ Optimal dose depends on each patient (considerable individual variation)
- ▶ Goal is to achieve a balance between efficacy and adverse effects
- ▶ Important to start with a low dose and gradually increase
- ▶ Not to up-titrate too quickly or stop up-titrating before optimal dose
- ▶ Patients may sometimes adjust the dose as required
- ▶ Flexibility and top-ups ~ drug holidays, drug free weekends & others
- ▶ Agreement with patient but beware of patient-led treatment
- ▶ Target somewhere between 50-80% Symptom reduction and significant functional improvement



Non-pharmacological interventions for adults with ADHD

- Cognitive/behavioural therapy for adults with ADHD
- Psychoeducation
- Self-help group

Conclusion

- Adult ADHD is a common and disabling disorder
- Often co-exists with other psychiatric disorders
- Requires a thorough assessment by professionals with expertise in diagnosis and treatment of ADHD
- Treatment encompasses medication and appropriate psychosocial interventions.
- Good knowledge of drugs used to treat ADHD is very important

