





The case for Specialist services for adults with ADHD

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Declaration of interests

Advisory board / consultancy / speaker honorarium

- Eli Lilly (2012, 2015)
- Heptares (2013-14)
- Shire (2014-15, 2017)

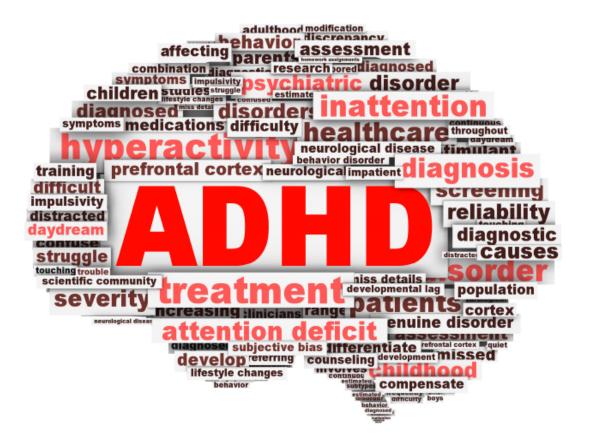
Workshop honorarium

- British Association for Psychopharmacology (2010-)
- UK Adult ADHD Network (2011-)
- Andrew Sims Centre Leeds / LYPFT (2015-16)

Educational grants / travel expenses (2012-)

Eli Lilly, Janssen-Cilag, Lundbeck, Shire, Sunovion

No shares, royalties or recent industry research



Service models

- Specialist
- Integrated (with secondary care adult MH services)
- Neurodevelopmental (adult only or lifespan)
- Primary care
- Private sector



Specialist service for adults with ADHD –

Definition: Stand alone service specialised on diagnostic assessment and therapeutic management of adults with ADHD (or suspected ADHD)



Adult ADHD has arrived in the mainstream

- Increasing number of Adult ADHD clinics/services in the UK: up from 4 in 2007 (SLAM, Cambridge, Barnet, Bristol) to >60 in 2017.
- NICE guideline 2008/2018: Recommendations for ADHD diagnosis, treatment and services across lifespan.
- ADHD medication: Adult licenses (Strattera®, Elvanse Adult®) and off-label prescribing supported by NICE and BNF.
- Progress of training in diagnosis and treatment of Adult ADHD: >20% of general adult psychiatrists in the UK participated in UKAAN training courses.
- RCPsych recognition: Adult ADHD in Core Training Curriculum (2013) and MRCPsych CASC exams



A report from the independent Mental Health Taskforce to the NHS in England February 2016

ADHD |

Proposed mental health pathway and infrastructure development programme

Pathway		2	2015/16			2016/17			2017/18			2018/19			2019/20						
	Psychological therapy for common mental health disorders (IAPT)																				
Referral to treatment pathways	Early intervention in psychosis																				
	CAMHS: community eating disorder services																				
	Perinatal mental health																				
	Crisis care																				
	Dementia						ı														
	CAMHS: emergency, urgent, routine						ı														
	Acute mental health care																				
	Integrated mental and physical healthcare pathways (IAPT / liaison / other integrated models)							ı													
	Self harm										ı										
	Personality disorder										L										
1.	CAMHS: school refusal										L										
	Attention deficit hyperactivity disorder														ı						
	Eating disorders (adult mental health)														ı						
	Bipolar affective disorder																				
	Autistic spectrum disorder (jointly with learning disability)																				



Childhood

Quality of Life and ADHD

Faraone et al., Nat Rev Dis Primers 2015; 1: 15020

 ☐ Health problems and psychiatric co-morbidities ☐ Social disability Risky behaviours 	Premature mortality								
Psychological dysfunction	Overweight, obesity and hypertension								
☐ Academic and occupational failure									
·	quency and criminality, smoking and addictions								
	1 /,								
Specific learning disabilities and executive dysfunction									
Disruptive behaviour, mood, anxiety, elimination, tic and autism spectro	um disorders								
Developmental coordination disorder, and speech and language disorders	Marital discord, separation and divorce, parenting problems, and legal problems, arrests and incarcerations								
Poor social skills, impaired family relationships, poor peer relationships and rejection by peers									
	Suicidal ideation, suicide attempts and suicide								
Lower quality of life and low self-esteem									
Emotional dysregulation and lack of motivation									
Underachievement, grade repetition, special education needs, school expulsion and dropping out	Reduced occupational performance, unemployment and lower socioeconomic status								
Unplanned pregnancies									
Accidents and injuries, traffic accidents and violation, and licence suspensions									

Adolescence

Adulthood



Two pathway model for Adult ADHD services

Non-complicated cases

Complex cases

- Transitional patients (stable on ADHD) medication)
- New referrals (screening for symptoms / impairment by One Point of Access)
- Annual review of patients diagnosed elsewhere (stable on medication)
- Diagnostic assessment
- Dose titration
- Psychoeducational / CBT group (in collaboration with IAPT) Individual CBT (where indicated, if
- funding available)
- Comprehensive report

- Care coordination or / and MDT input
- required
- Under care of other services (acute,
 - CMHT, forensic, ED, LD, PD, substance use)
- Adult ADHD service provides advice, second opinion assessments and training
- Comprehensive assessment
- Interventions targeting comorbidities (psychosocial & pharmacological) Case management (recovery
 - focussed)
 - Dose titration
- Comprehensive report

Discharge to GP



Specialist (vs. integrated) Adult ADHD service

- Pro
- Clinical expertise
- More cost-efficient assessments and dose titration
 - Ideal for training (trainee psychiatrists, other clinicians)
- Good for audit and research
 Clinics and groups for special populations can be offered, eg
 - populations can be offered, eg transitional, high IQ (students, academics), low IQ (LD) and other neurodevelopmental (ASD, GTS)
 - Business potential (other NHS trusts, private patients)

Con

- De-skilling of (general) adult psychiatrists
- Adult ADHD should aim to become part of mainstream adult psychiatry
 - A full specialist service requires a fully staffed MDT this is expensive!