



## Adult ADHD Assessment and Treatment Policy v1.1

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## Introduction

Medisonal Limited is committed to providing high-quality, evidence-based care for adults diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). This policy outlines the procedures for assessing, diagnosing, treating, and prescribing medication for ADHD in individuals aged **18 years and older**. It ensures compliance with **NICE NG87 guidelines, General Pharmaceutical Council (GPhC) prescribing standards, Dorset Formulary and Care Quality Commission (CQC) regulatory requirements**.

This policy applies to all healthcare professionals involved in ADHD assessment and treatment at Medisonal, including **consultant psychiatrists, in-house doctors, lead nurses, and administrative staff** supporting patient care.

## Legal & Regulatory Framework

This policy aligns with the following UK laws and regulatory frameworks:

- **NICE NG87: ADHD: Diagnosis and Management.**
- **Medicines Act 1968.**
- **Misuse of Drugs Regulations 2001** (for controlled medications).
- **General Medical Council (GMC) Guidelines on Prescribing.**
- **Care Quality Commission (CQC) Standards for Safe Prescribing.**
- **British National Formulary (BNF) for Adults.**

## ADHD Assessment & Diagnosis

### *Pre assessment patient discussion's*

Before any assessment is undertaken, patients (and where appropriate, parents/carers) must be provided with clear information regarding:

- The impact of a private ADHD assessment on their ability to access NHS services, including potential refusal of NHS prescribing or shared care by their GP.
- That NHS GPs are not obliged to accept shared care arrangements following private treatment.
- The limitations of virtual assessments, including the need for in-person physical health checks which will be arranged by Medisonal.

These discussions must be documented in the patient's record.

## *Initial Screening*

ADHD assessments are conducted by **consultant psychiatrists** or other qualified clinicians with experience and expertise in ADHD. The assessment process includes:

- Standardised **ADHD screening tools** such as the **DIVA-5, ASRS, or Conners' Adult ADHD Rating Scale**.
- A **comprehensive clinical interview** covering medical, psychiatric, and social history.
- Gathering **collateral information** where appropriate (e.g., reports from family members, employers, or previous clinicians).
- **Excluding alternative explanations** for symptoms, such as anxiety, depression, substance misuse, or neurocognitive disorders.

If ADHD is diagnosed, a **personalised treatment plan** is developed.

## **ADHD Treatment & Management**

### *Personalised Treatment Plan*

Treatment is tailored to the individual's needs and includes a **combination of medication, psychoeducation, and behavioural strategies**. The psychiatrist will discuss treatment options with the patient, considering preferences, medical history, and lifestyle factors.

### *Medication for ADHD*

#### **Dorset Formulary**

- Methylphenidate XL
- Methylphenidate IR
- Lisdexamfetamine
- Dexamfetamine
- Atomoxetine

ADHD medication is prescribed following **NICE NG87** recommendations:

- **First-line treatment:** Stimulants (e.g., methylphenidate, lisdexamfetamine).
- **Second-line treatment:** Non-stimulants (e.g., atomoxetine, guanfacine) for individuals who cannot tolerate stimulants.
- **Controlled Drug Regulations:** Stimulant medications are **Schedule 2 controlled drugs** and require additional safety measures, including **30-day supply limits** and secure prescribing protocols.

- **Prescribing Within and Off License:** Prescribers must ensure that all medications are prescribed in accordance with their licensed indications, dosages, and age ranges as approved by the Medicines and Healthcare products Regulatory Agency (MHRA) wherever possible. However, in specific circumstances, off-license (off-label) prescribing may be clinically appropriate, particularly within specialist areas such as ADHD treatment in children and adolescents. When prescribing off-license, the decision must be based on sound clinical judgment, supported by evidence-based guidelines (e.g., NICE), and made in the best interests of the patient. Prescribers must ensure that the patient and/or their parent or guardian is fully informed about the nature of the off-license use, including potential risks and benefits, and that informed consent is obtained and clearly documented. All off-license prescribing must be recorded, justified, and reviewed regularly as part of ongoing clinical governance and risk management

### ***Non-Medication Interventions***

While medication is the primary treatment for ADHD, non-pharmacological approaches may also be beneficial. Where available, patients may be referred for:

- **Cognitive Behavioural Therapy (CBT)** – particularly for individuals with co-existing anxiety or emotional dysregulation.
- **Executive Function Coaching** – to develop skills in organisation, planning, and time management.
- **Lifestyle Interventions** – including sleep hygiene, diet, and exercise strategies that support symptom management.

### **Medication Monitoring & Follow-Up**

While ADHD assessments are primarily conducted virtually, physical health assessments — including blood pressure, heart rate, and other relevant checks — are essential for safe diagnosis and treatment planning. Medisonal is responsible for arranging these assessments either via in-person clinics or by liaising with appropriate healthcare providers.

### ***Baseline Assessments Before Prescribing***

Before initiating medication, a full **medical assessment** is conducted, including:

- **Blood pressure, heart rate, weight, and BMI.**
- **Cardiovascular risk screening**, particularly in individuals with a history of heart disease or hypertension.
- **Mental health review**, including risk assessment for mood instability or substance misuse.

### **Specialist Cardiologist Review/Opinion**

- In certain clinical scenarios, a specialist cardiology review may be required prior to the initiation or continuation of ADHD medication. This includes, but is not limited to, patients with a known history of structural cardiac abnormalities, arrhythmias, sudden cardiac death in a first-degree relative under the

age of 40, or symptoms suggestive of cardiac disease (e.g. syncope, palpitations, chest pain on exertion). If any red flags are identified during the baseline cardiovascular assessment—including physical examination and personal or family history—a referral to a paediatric or adult cardiologist (as appropriate) should be made. ADHD medication should not be initiated or should be paused until cardiology input is obtained, and treatment decisions should be guided by the specialist recommendations to ensure patient safety.

### *Ongoing Monitoring Schedule*

- **First Review:** Within **1-2 weeks** of starting medication.
- **Regular Follow-Ups:** Every **2-4 weeks** to assess symptom control, side effects, and medication adherence.
- **6 monthly reviews:** All patients receiving treatment for ADHD should have a comprehensive review at least every six months. These reviews should assess the ongoing effectiveness of treatment, monitor for any side effects (including cardiovascular and mental health symptoms), ensure appropriate medication adherence, and evaluate the need for dosage adjustments or additional support. The review should include input from the patient, parents or carers (where appropriate), and relevant professionals involved in the patient's care, such as school staff or therapists. Clinical records should be updated with observations, progress against treatment goals, and any recommended changes to the management plan. Regular reviews are essential to ensure safe, effective, and person-centred care.
- **Annual Medication Review:** A comprehensive assessment of long-term medication use, growth, cardiovascular health, and any emerging concerns.

If side effects occur or there is inadequate response to treatment, medication may be **adjusted or discontinued**.

### **Safeguarding & Risk Management**

#### *Medication Safety & Misuse Prevention*

- ADHD medications, particularly stimulants, have a **potential for misuse and diversion**.
- Prescribers must assess **substance misuse risks**, especially in individuals with a history of addiction.
- **Secure medication storage** advice will be given to all patients, and concerns about medication diversion must be escalated appropriately.

#### *Safeguarding Adults at Risk*

- Clinicians must be vigilant for safeguarding concerns, including **financial exploitation, coercion, or neglect**.
- If safeguarding risks arise, referrals must be made to the **Medisocial Safeguarding Lead** or **local authority safeguarding teams**.

## Collaboration & Shared Care

Where appropriate, Medisonal Limited may enter a **Shared Care Agreement (SCA)** with the patient's **GP** for long-term medication management. This ensures:

- Safe transfer of prescribing responsibility.
- Clear communication between specialists and primary care providers.
- Regular medication reviews to monitor effectiveness and side effects.

GPs may refuse shared care if they lack capacity or expertise. In such cases, prescribing remains under **specialist care**.

## Record-Keeping & Compliance

All ADHD medication prescribing and treatment decisions must be **documented in the patient's electronic medical record**, including:

- Rationale for prescribing decisions.
- Monitoring outcomes and any dose adjustments.
- Communication with primary care or external agencies.

All prescribing practices must comply with **CQC, MHRA, and GMC standards**.

## Training & Professional Development

All prescribers must:

- Hold **appropriate prescribing qualifications**.
- Complete **mandatory training on controlled drug prescribing**.
- Engage in **continuous professional development (CPD) in ADHD treatment**.

Annual clinical audits will be conducted to ensure compliance with **best practice guidelines**.

## Review & Monitoring

This policy will be reviewed **annually** to incorporate updates in **NICE guidance, regulatory changes, and emerging clinical evidence**. Routine audits will assess compliance with prescribing safety standards and patient outcomes.

## References

- **NICE NG87:** ADHD: Diagnosis and Management.
- **General Pharmaceutical Council (GPhC) Prescribing Guidance.**
- **Medicines and Healthcare Products Regulatory Agency (MHRA) Safety Alerts.**
- **Care Quality Commission (CQC) Standards for Prescribing.**
- **British National Formulary (BNF) for Adults.**

This policy ensures that Medisonal Limited provides **safe, effective, and compliant ADHD treatment and medication prescribing** for adults, supporting optimal patient care and regulatory adherence.