



Adult ADHD Medication & Prescribing Policy v1.2

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Introduction

Medisonal Limited provides a structured and evidence-based approach to prescribing and managing medications for adults diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).

This policy outlines the processes for initiating, monitoring, and reviewing ADHD medications, ensuring compliance with NICE NG87 guidelines, General Pharmaceutical Council (GPhC) prescribing standards, Dorset Formulary and Care Quality Commission (CQC) regulatory requirements. It applies to all healthcare professionals involved in prescribing and overseeing ADHD medication within Medisonal Limited.

Legal & Regulatory Framework

This policy aligns with the following UK laws and regulatory frameworks to ensure safe and compliant prescribing practices:

- **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 Children**

Prescribing ADHD Medications

Dorset Formulary

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

Clinical Indications

Medication should be considered as part of a comprehensive treatment plan, alongside behavioural and psychoeducational interventions. The decision to initiate medication is based on a thorough assessment of:

- The severity of ADHD symptoms and their impact on daily functioning.
- Previous attempts at non-pharmacological interventions.
- Comorbid conditions requiring careful management.

Medication is not the first-line treatment for mild cases but may be indicated where symptoms significantly impair education, socialisation, or family life.

Choice of Medication

Prescribing will follow **NICE NG87** recommendations:

- **First-line treatment:** Stimulants, including methylphenidate (short- and long-acting formulations) and lisdexamfetamine.
- **Second-line treatment:** Non-stimulants such as atomoxetine, used where stimulants are ineffective or unsuitable.
- **Shared Care Agreements:** When required, prescribing responsibilities may be transferred to a GP under a formal shared care protocol.

Medication choice will be **individualised** based on patient response, side effects, and clinical need. Where required, titration will be **gradual**, with regular dose adjustments based on treatment response.

Initiation and Monitoring

Pre-Treatment Patient Discussion

Before initiating treatment, the following **MUST** be discussed and documented:

- The impact of private ADHD treatment on NHS service access, including:
 - NHS GPs are not obliged to accept shared care or prescribe medication initiated privately.
 - If the GP refuses, Medisonal remains responsible for all prescribing and monitoring.
- The potential requirement for physical assessments (e.g., ECG) before certain medications can be prescribed.
- The patient's treatment plan will be holistic, addressing psychological, behavioural, and educational/occupational needs — not solely medication-based.

Pre-assessment discussion will be held in line with Medisonal Clinic's ADHD Assessment and Treatment Policy v1.1

Pre-Treatment Assessments

Before prescribing ADHD medication, a full **baseline assessment** will be completed in line with Medisonal's Assessment and Treatment policy v1.1, including:

- **Medical history** (cardiovascular risk, psychiatric history, family history of sudden cardiac death).
- **Mental health screening** (risk of mood instability, suicidal ideation, or co-existing mental health conditions).
- **Full physical examination** (blood pressure, heart rate, weight, BMI).
- ECG for:
 - Patients with known cardiac history.
 - Abnormal findings on cardiovascular assessment.
 - As clinically indicated.

Where necessary, Medisonal will seek cardiology advice prior to prescribing.

Ongoing Monitoring

Regular follow-ups are essential to assess medication effectiveness and side effects. The following schedule will apply:

- **Initial follow-up:** Within 1-2 weeks of starting medication.
- **Subsequent follow-up:** 2-4 weeks, for review and optimise or change treatment
- **Subsequent reviews:** Every 6 months post discharge thereafter, unless more frequent monitoring is required.
- **Annual physical health review** for long-term users, including height, weight, cardiovascular health, and mental well-being.

If significant side effects occur or there is a **lack of clinical response**, alternative treatments will be considered.

Safety, Safeguarding & Risk Management

Controlled Drug Regulations

Stimulant medications are **Schedule 2 controlled drugs**, requiring additional safety measures:

- **Prescriptions must be handwritten or electronically signed by an authorised prescriber.**
- **Maximum supply of 30 days** per prescription unless exceptional circumstances apply.
- Secure **storage and documentation** of controlled medication in line with **MHRA and Home Office guidance.**

Safeguarding Considerations

ADHD medications, particularly stimulants, have potential for misuse and diversion.

Prescribers must assess safeguarding risks, including:

- Medication being sold, shared, or coerced by peers/family members.
- Risk of overdose or misuse in vulnerable individuals.
- Concerns regarding parental medication management.

Where safeguarding concerns arise, referrals will be made to the **Medisonal Safeguarding Lead** and, if necessary, external safeguarding teams.

Controlled Drugs Accountable Officer (CD AO) Referrals

Any concerns regarding:

- Controlled drug prescribing.
- Suspected misuse or diversion.
- Breaches of controlled drug regulations.

Must be escalated to Medisonal's Controlled Drugs Accountable Officer, in line with organisational policy.

Medication Stopping and Withdrawal

Medication should be continued for as long as it is providing benefit, with periodic reviews. Discontinuation may be considered when:

- Symptoms have stabilised and the individual no longer meets the diagnostic threshold.
- Side effects outweigh benefits.
- The patient or caregiver wishes to trial a period without medication.

Medication Breaks & Tapering

- **Medication breaks (holidays)** may be considered on a **case-by-case basis**, balancing potential benefits and risks.
- **Gradual tapering is recommended** to prevent withdrawal effects, with close monitoring throughout the discontinuation process.

Clinical Management of Drug Shortages

In the event of ADHD medication shortages:

- Medisonal clinicians will consider appropriate treatment adjustments in line with NICE NG87 and BNF guidance.
- Patients will be informed promptly of shortages and advised of alternative treatment options.
- All communications will be documented in the patient record.

Collaboration and Shared Care

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

- Safe transfer of prescribing responsibility.
- Clear communication regarding dose adjustments and monitoring requirements.
- Regular specialist reviews alongside primary care management.

GPs may refuse shared care if they lack the capacity or expertise to prescribe ADHD medication. In such cases, prescribing will remain under specialist care.

When considering transferring prescribing responsibility to a GP, Medisonal will utilise the **Dorset Shared Care Protocol**. If the GP refuses shared care, prescribing and monitoring remain the responsibility of Medisonal.

Record-Keeping & Compliance

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

- Justification for medication choice and dose adjustments.
- Side effect monitoring and adherence assessments.
- Communication with primary care or external agencies.

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

Training & Professional Development

Prescribers must:

- Hold **appropriate qualifications and prescribing authority** for ADHD medications.
- Complete **mandatory training on 3controlled drug prescribing and ADHD management**.
- Engage in **continuous professional development (CPD)** in ADHD care.

Clinical audits will be conducted **annually** to review prescribing practices and ensure compliance with best practice guidelines.

Complaints Management

Complaints from:

- Patients.
- Families/carers.
- NHS partners (including GPs, ICBs).

Will be managed in accordance with Medisonal's Complaints Policy. Complaints will be logged, investigated, and responded to within the specified timescales. Learning from complaints will inform service improvement.

Audit Requirements

Medisonal will undertake:

1. **Annual audit against NICE NG87**, including:

- a. Evidence of holistic, comprehensive treatment plans.
 - b. Adherence to prescribing guidelines.
 - c. Non-medication interventions offered where appropriate.
2. **Audit of medications prescribed**, including:
- a. Medication choice and order of initiation.
 - b. Clinical outcomes and side-effect monitoring.

Findings will inform quality improvement activity.

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: Attention Deficit Hyperactivity Disorder: 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) ADHD Medication Guidelines.**

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

ADHD Assessment & Diagnosis (Adults)

Initial Screening

ADHD assessments are conducted by consultant psychiatrists or other qualified clinicians with experience 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.

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.