Paediatric ADHD Assessment, Treatment & Medication Policy v1.0

Author	Medisonal LTD
Policy Lead	Dawn Thompson
Version No.	1.2
Date of issue	May 2025
Date to be reviewed	May 2026
Not controlled once printed	

Introduction

Medisonal Limited provides a structured and evidence-based approach to assessing, diagnosing, and treating children and young people 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.

Definitions
For the purpose of this policy:

- Child/ Young person (CYP): Individuals aged under 18 years.
- Adult: Individual aged 18 years and over

These definitions align with Dorset NHS service provision. The lower age limit for paediatric assessments offered by Medisonal is 5 years.

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

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.

For children and young people, ADHD assessments must involve clinicians with appropriate paediatric or CAMHS expertise. Drug selection for CYP will strictly follow age-appropriate licences, NICE NG87, and relevant best practice guidelines.

Choice of Medication

Dorset Formulary

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

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 or guanfacine, 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.
- **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.

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 Assessments

Before prescribing ADHD medication, a full **baseline assessment** will be completed, including:

- **Medical history** (cardiovascular risk, psychiatric history, family history of sudden cardiac death).
- Physical examination (blood pressure, heart rate, height, weight, and BMI).
- **Mental health screening** (risk of mood instability, suicidal ideation, or co-existing mental health conditions).

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 reviews:** Every 2-4 weeks for the first year, then every 6 months thereafter, unless more frequent monitoring is required.
- **3-6 monthly reviews** - All patients receiving treatment for ADHD should have a comprehensive review at least every three-six month. 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 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.

Transition from CYP to Adult Services

Medisonal will ensure a clear transition plan for patients moving from paediatric to adult ADHD services. This includes:

- Reassessment of clinical needs.
- Review of medication and treatment plans.
- Liaison with adult service providers to ensure continuity of care.

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.

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.

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.

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.

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 (Paediatrics)

Initial Screening

ADHD assessments are conducted by paediatricians or other qualified clinicians or other qualified clinicians with experience in ADHD. The assessment process includes:

Standardised ADHD screening tools such as the Young DIVA-5, ASRS, or Conners' Paediatric ADHD Rating Scale.

A comprehensive clinical interview covering medical, psychiatric, and social history.

Gathering collateral information where appropriate (e.g., reports from parents, carers, teachers, or previous clinicians) and using SNAP IV Parent/Teacher questionnaire

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.