Diagnosis of ADHD:
Development of a multi-agency care pathway and ADHD assessment and review group

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NICE clinical guideline CG72
(September 2008 updated March 2013)

Attention Deficit Hyperactivity Disorder
Diagnosis and management of ADHD in children, young people and adults

Issued: September 2008 last modified: March 2013
guidance.nice.org.uk/cg72
NICE clinical guideline CG72

A diagnosis of ADHD should be made on the basis of 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, a full developmental and psychiatric history, observer reports and assessment of the person's mental state.

A diagnosis of ADHD should not be made solely on the basis of rating scale or observational data. However rating scales such as the Conners’ rating scales and the Strengths and Difficulties questionnaire are valuable adjuncts, and observations (for example, at school) are useful when there is doubt about symptoms.

Implementation of NICE guidance CG72

- Trusts should form multidisciplinary specialist ADHD teams &/or clinics for children & young people
- Consider compiling a comprehensive directory of information and services for ADHD
- Every locality should develop a multi-agency group to
  - oversee the implementation of the NICE guideline
  - develop and coordinate local training initiatives for professionals
  - oversee the development and coordination of parent-training/education programmes
Wolverhampton ADHD assessment and review group

- Multiagency – psychiatry, psychology, paediatrics, education, social care.
- Meetings 6 x per year.
- Care pathway developed
- Case discussions – complex cases, diagnostic difficulties, reviews
- Database updated
- Training opportunity
ADHD diagnostic protocol for paediatricians

- Presenting problems including school difficulties
- Full history including development, sleep, absences, daydreams and FH of mental health and CVS disease
- Psycho-social assessment
- Physical examination including neuro and suitability for medication (?ECG)
- Consider referral to audiology and for EEG if indicated
- Initial enquiry re school concerns to **ADHD co-ordinator**
- Consider referral to OT and to local MAST for parenting support

ADHD protocol

**ADHD co-ordinator** contacts the school’s Educational Psychologist (EP)

Initial enquiry by EP to class teacher

- No concerns
- Concerns → EP structured classroom observation → Formal EP assessment

Response to initial enquiry by email within 2-3 weeks

Structured classroom observation - % time child not on task, distracted or impulsive
cyf 2 reference children in the same class

Formal EP assessment if behavioural or learning difficulties

Report from class teacher/SENCO

Psychometrics eg Conner’s rating scales SDQs etc.
### ADHD may not be observable

- In highly structured settings
- In novel situations
- When engaged in interesting activities
- When receiving 1:1 attention
- In a controlled and supervising context
- When there are frequent rewards

### ADHD typically worsens

- In unstructured situations
- During repetitive activity
- In boring situations
- Where there is a lot of distraction
- Under minimal supervision
- When sustained attention or mental effort is required
- During self-paced activities

## ADHD Care Pathway

<table>
<thead>
<tr>
<th>ADHD diagnosis not given</th>
<th>ADHD diagnosis given</th>
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</thead>
<tbody>
<tr>
<td>Alternative treatments (OT, psychological - parenting programmes) depending on severity and co-morbidities</td>
<td>paeds – medication + review education – Triple P parenting, EP CAMHS – psychological support</td>
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ADHD database set up in Jan 2011

Currently 107 children on database with a confirmed diagnosis of ADHD

Initial enquiries to date = 137
   65/137 (47%) no concerns in school

EP structured observation or formal assessment in 52:-

   7/52 not ADHD
   34/52 ? ADHD
   11/52 mixed difficulties

ADHD excluded in 65 + 7 = 72 (52%)

45/137 had difficulties identified on structured observation or assessment by EP
   (20/137 concerns in school – not yet assessed by EP)

Referrals to EP

EP concerns in 45/137 (32%) observations or assessments

Outcome : ADHD confirmed - 19
   ADHD excluded in 3
   ADHD excluded but alternative diagnoses in 9
      - Dyspraxia (6)
      - Auditory processing disorder (1)
      - Epilepsy (4)
   Learning difficulties = 3
   Still under investigation = 11
      - ?ASD = 2

9/45 needed no educational support for learning difficulties but 4/9 were on treatment for ADHD
Conclusion

More than half the children referred for possible ADHD did not have the condition (72/137=52%).

The ADHD pathway developed by our multi-agency group has provided an efficient and effective diagnostic tool which has reduced the waiting list for the specialist ADHD clinic and allowed referral to more appropriate services for those without ADHD with minimal delay.