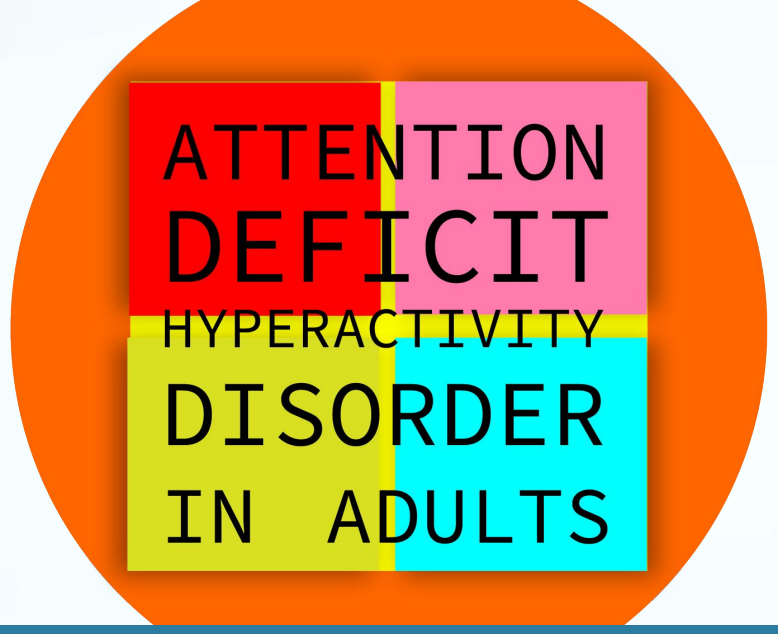

Welcome everyone to

tonight's NorDocs webinar

Myth or Fact? ADHD in adults

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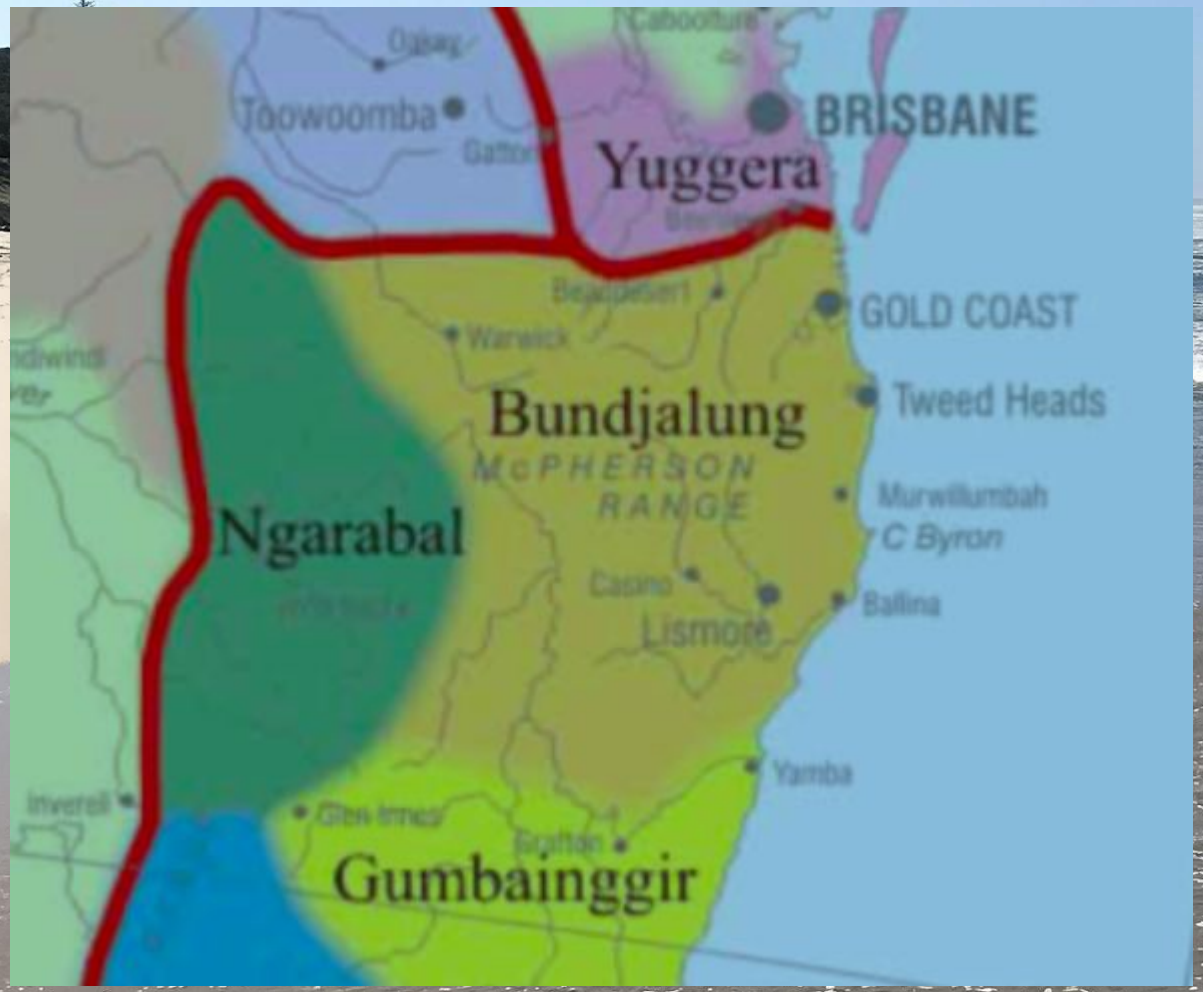
Acknowledgement of Country



NorDocs

Northern Rivers Doctors Network

- NorDocs is a network of all doctors and medical students, living or working in our geographic footprint.
- Our aim is to support all its members by improving the health of our North Coast community.
- Education is a part of this process, including these webinars, our flagship quarterly magazine, and we very much hope, a return to FTF education in the future.

Special thanks

to our presenters Drs Hugh Morgan and James Whan

and to our sponsors Currumbin Clinic

Currumbin Clinic

currumbinclinic.com.au

Regarded as the centre of excellence in mental health on the gold coast, Currumbin Clinic is a 104 bed private mental health facility offering inpatient treatment, day patient programs, outpatient appointments and a mental health community service. Our multidisciplinary team and programs specialise in providing treatment for addictive disorders, mood disorders and mental health concerns that often go hand in hand.

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ATTENTION DEFICIT HYPERACTIVITY DISORDER IN ADULTS

Myth or Fact?

Welcome to Dr Hugh Morgan and Dr James Whan

Use the Chat box to ask questions during the webinar

Learning outcomes

Learning Outcomes:

At the end of this webinar, participants will

1. be up-to-date about general facts concerning ADHD in adults
2. better understand how to recognize ADHD in adults
3. understand how ADHD in adults is diagnosed
4. learn how to be a co-prescriber of stimulant medication with a psychiatrist

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MYTH OR FACT?

ADHD in adults is a separate entity to ADHD in childhood.

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ADHD is a family affair

Adults with ADHD are far more likely to have children with the disorder- as many as 40-50% of their children will at least have traits of the disorder.

Clinicians are often asked to assess the spouses or children of their adult ADHD patients.

In children 4-10% worldwide[1,2]

Persists into adulthood for two thirds of children[3]

In adults around 4.4% in USA[4]

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MYTH OR FACT?

All psychiatrists believe in ADHD.

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MYTH OR FACT?

If everyone could take stimulants

we could all benefit.

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MYTH OR FACT?

Patients who are seeking a diagnosis of ADHD are mainly drug seeking.

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MYTH OR FACT?

ADHD is a serious psychiatric condition and is under diagnosed.

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Why ADHD matters

Over 800,000 Australians are affected by ADHD.

The majority of those Australians are untreated.

ADHD was the most common mental disorder in children and adolescents (7.4%) in 2015.

Total financial cost of ADHD in 2019 was $20 billion.

Mortality rate of people with ADHD is ~2.6 times greater than those without ADHD.

People with ADHD taking medication have a 40% lower risk of car accidents.

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MYTH OR FACT?

If your patient is a high functioning individual, perhaps even a doctor, you should still consider ADHD.

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MYTH OR FACT?

I recognise the kids with ADHD. They destroy the consulting room in about 3 minutes.

Adults with ADHD are just the same.

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Clues from clinical history

Time Management	Home/Work	Personal	Relationships
Procrastination	Disorganised	Emotional Dysregulation	Prone to blurting out, interrupting, oversharing
Frequently late	Forgetting, losing, misplacing things	Managing money	Low self-esteem – feeling stupid and different, a sense of underachievement, not performing at a level expected of self.
Overcommitting	Driving - prone to road rage, parking or speeding fines, DUI, loss of licence.	Sleep problems - delays going to bed, has difficulty switching off at night to get to sleep, with chronic sleep debt.	

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Clues from observation and MSE

Turning up late / DNA.

Incomplete paperwork / questionnaires.

Fidgeting, foot tapping.

Speech circumstantial, overinclusive, excitable.

Seems a bit scatty or vague.

Poor historian.

Generally feels overwhelmed.

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Adult Self-Report Scale-V1.1 (ASRS-V1.1) Screener

Check the box that best describes how you have felt and conducted yourself over the past 6 months. Please give the completed questionnaire to your healthcare professional during your next appointment to discuss the results.

	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					

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MYTH OR FACT?

It is common for ADHD to be part of other co-existing psychiatric diagnoses.

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Treatment of comorbidities

- Comorbidities are common
- Treatment of ADHD often improves the symptoms of other diagnosis -comorbid may require treatment separate from ADHD
- Do you treat ADHD or comorbidities first?

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Summary

When Anxiety or Depression is co-morbid with ADHD treat whatever condition is more severe first.

When Bipolar Disorder is co-morbid with ADHD treat the mood disorder first before commencing any pharmacological treatment for ADHD

Psychotic symptoms - seek a 2nd opinion

When substance abuse/dependence is significantly co-morbid with ADHD the former needs to be treated first before pharmacological treatment of ADHD (using Atomoxetine as a first line agent) is attempted.

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ATTENTION DEFICIT HYPERACTIVITY DISORDER IN ADULTS

MYTH OR FACT?

After starting a patients with ADHD on stimulant medication they often tell you they feel calmer.

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MYTH OR FACT?

Starting stimulant medication can be used diagnostically.

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MYTH OR FACT?

GPs can prescribe stimulant medication.

Medication	Initiation	Dose
Methylphenidate IR (RITALIN)	Start at 5-10mg morning the first day; Further increments weekly at 5-10mg per week	Total daily dose typically varies between 10mg and 60mg/day Doses over 80mg/day uncommon
Methylphenidate longer-acting formulations	ER formulation - (CONCERTA): Start at 18 or 36 mg/day, taken once daily in the morning.	maximum of 72 mg/day Adjust dosage at weekly intervals - 18 mg
	LA formulation – (RITALIN LA): Recommended initial dose is 20mg/day taken once daily in the morning	Adjust dose weekly in 10 mg increments Daily dose usually would not exceed 60mg
Dexamphetamine (SIGMA)	Start at 2.5-5.0mg morning the first day, Further increments weekly 2.5-5.0 mg	Total daily dose typically varies between 5mg and 30mg/day Doses over 40mg are uncommon
Atomoxetine (STRATTERA)	For adults or children >70kg, start at 40mg/day taken once daily for 3 days then increase to target dose of 80mg.[3]	Target dose 80 mg/day Maximum dose 100mg[3]
Lisdexamfetamine (VYVANSE)	Recommended starting dose is 30 mg taken once daily in morning. [5]	Dose my be adjusted by 20 mg weekly up to 70 mg daily. [5]
Guanfacine (TGA approved only in children aged 6-17 years inclusive)	Recommended starting dose is 1 mg morning or night.	Increase dose by 1 mg weekly up to max of 7 mg daily in monotherapy. Adjunctive therapy with stimulants – dosing 1-4 mg.

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https://www.health.nsw.gov.au/pharmaceutical/doctors/Pages/prescribe-psychostimulant.aspx

General practitioners

General practitioners may apply for authorisation to continue to prescribe a psychostimulant for a person aged 18 years or over by submitting an Application for Authority to Prescribe a Schedule 8 Drug – Psychostimulant.

Note: GPs seeking authorisation to prescribe psychostimulant medication for a patient must provide a supporting letter from the patient's current specialist with their application.

A general practitioner may apply for a person aged under 18 years in certain circumstances by submitting an Application for Authority to Prescribe a Psychostimulant for ADHD in a Child or Adolescent.

Apply for general authority number

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Initial application must have attached specialist letter within 12 months.

- You will receive an AUTH number that has to be written on the script
- This is separate to the PBS Auth number

Any break in treatment needs new psychiatrist referral.

GPs can apply for lower doses, but not higher doses, without specialist letter

- NSW Auth number is 02 9424 5923

14. If you are a specialist → *Go to Q15*

If you are not a specialist:

Indicate below the circumstances of your application (tick one box only):

☐ The treating specialist has requested that I continue prescribing for this patient (to be reviewed annually). A letter from the specialist is attached.

☐ I am applying to prescribe on an interim basis until the specialist can continue prescribing. A report from the specialist is attached, indicating the patient's current drug and dose, and duration of treatment.

☐ Other, *please specify why you are applying to prescribe psychostimulants for this patient (include any referral dates)*

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For patients under 18 years of age

10. If you are a specialist → *Go to Q13*

If you are not a specialist:

11. Have you confirmed with the treating specialist that he or she is not able to prescribe psychostimulant medication for the patient at this time?

☐ Y ☐ N

12. Indicate below the circumstances of your application *(tick one box only)*:

☐ I am applying to prescribe on an interim basis until the specialist can continue prescribing. A report from the specialist is attached, indicating the patient's current drug and dose, and duration of treatment.

☐ Other, *please specify why you are applying to prescribe psychostimulants for this patient (include any referral dates)*

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Summary

Decrease stigma

ADHD is undertreated, not overtreated

Remember ADHD is a “family affair”

Think about ADHD with and without comorbidities

Consider screening questionnaires.

Co-prescriber stimulant medications with psychiatrist

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MYTH OR FACT?

Questions.

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Dr Hugh Morgan

Consult

Mullumbimby Comprehensive Health Centre

Phone: (02) 9212 4445

Fax: (02) 9212 7444

Email: info@mindcare.com.au

Website: www.mindcare.com.au

Dr James Whan

Consult

Referrals can be sent to either

- Level 1 Station st Bangalow 2479

Or

- 37 Bilinga st Currumbin 4223

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Mystery Guest

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Dementia Training Australia

Our next webinar will be on
13 October 2021
Ophthalmic Conditions in General Practice
Dr Niall Aboud

Please answer the poll for the November Webinar.

When you log out of zoom, please complete the brief survey which will trigger your certificate for CPD points, and register for the next webinar.

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A reminder about our website address.
www.nordocs.org.au

There is a tab on the webpage directing you to the next webinar and a recording of the previous webinar.

Please also email us, if you would like to go our email list for education events - nordocs-events@lists.nordocs.org.au

Join the **Northern Rivers Doctors Group** on Facebook – it is a private group

The Facebook group is a space for Medical Practitioners from the Northern Rivers to communicate, collaborate and advocate on medical issues affecting our community.