Adult ADHD

Dear Client,

Thanks for your contact.

Please find attached brief information related to adult ADHD re diagnostic process, clinical information and consent.

Please read the information carefully and sign a formal consent for treatment. This is highly confidential in line with your medical records.

**ADHD assessment and management**

**Step 1-Assessment and diagnosis**

If have a formal pre-existing diagnosis and substantial paperwork, move to step 2

**Assessment by a Psychiatrist**

Your Psychiatrist will be making an initial dialogistic impression both clinically and on objective scales like ARSR, CAARS which may take upto 1-3 sessions.

It important to get collateral information and therefore, bringing a support person eg family member is encouraged

**Assessment by a Psychologist**

*We have a good network of Psychologist who can provide an initial impression at a lower cost (Bulkbilled in some cases) and much sooner than the Psychiatrist’s appointment. Please request for list of psychologist from our office.*

*Alternatively, you can search for a psychologist on https://www.psychology.org.au/*

In some cases, a special testing may be required and your Psychiatrist will make that decision.

**STEP 2-Management plan and initiation of pharmaco-therapy (if needed).**

Once diagnostic assessments are over and target symptoms are identified, a comprehensive management plan will be discussed with the patient (and family, if appropriate), which includes medication options (Dexamphetamine, Ritalin, Atomoxetine, others), Psychological and Social interventions. Please refer to information in this document for information on medication options.

Information and psycho-education about ADHD/ADD will be provided.

Please refer to <https://www.adhdaustralia.org.au/> for further info re diagnosis and management of ADHD/ADD.

A written report will be provided to your nominated GP and Psychologist (if any).

In case of treatment with stimulants please refer to the medico-legal framework for stimulant therapy in this document. Your psychiatrist will do the notification to Stimulant board of WA on your behalf and seek PBS approval (for authority script) after a urine drug screen.

Please note that process for co-morbid substance abuse disorder, Psychiatric disorder or other conditions may require a pre-approval.

**Step 3-Followup-*Review within 1-3 months of initiation of treatment and then at 6 months***

With or without urine drug screen,

Preferred review with family/support person (encouraged specially if psychologist is not involved).

For evaluation of benefit with therapy and monitor side-effects, if any.

**Step 4- Longterm treatment and followup.**

6 to 12 monthly reviews by Psychiatrist (and Psychologist) from this point onwards.

Once stabilised option of co-prescribing by GP after agreement between Psychologist, GP and Psychiatrist

UDS-in accordance with WA Stimulant board Guidelines, please refer to

<https://ww2.health.wa.gov.au/Articles/S_T/Stimulant-medicines>

**Atomoxetine** (say: at-o-mocks-e-teen) for adults with ADHD

* Atomoxetine (also called Strattera®) is used to help treat the symptoms of ADHD (Attention Deficit Hyperactivity Disorder). It is made as capsules. For ADHD, about 1 in 2 (50%) of people’s symptoms improve in 3 months and upto 65 % if carried for 6 months.
* The usual dose of atomoxetine in adults is around 80mg a day, but may be higher in some people
* Swallow the capsules with at least half a glass of water whilst sitting or standing. This is to make sure that they reach the stomach and do not stick in your throat. If the label says to only take it once a day this is usually best in the morning. If the label says twice a day then take it in the morning and then late afternoon or early evening. It can be taken with or after food.
* There are other medicines (e.g. methylphenidate), talking therapies and treatments for ADHD.
* Atomoxetine is not a stimulant and not addictive, but it is unwise to stop taking it suddenly, even if you feel fine
* Your ADHD symptoms can return if treatment is stopped too early. This may occur some weeks or even months after atomoxetine has been stopped
* When the time comes, you should come off it by a gradual drop in the dose over several weeks
* It normally works out much better if you stop medication in a planned way at a time when your stress levels are lower, rather than e.g. around life events
* Take the missed dose as soon as you remember unless it is within about 4-6 hours of your next dose.
* You will usually need to keep taking atomoxetine for several years. It works much better if taken regularly for at least 2 years
* You should have no problems with an occasional alcoholic drink.
* You should not need any blood tests
* You should have your blood pressure and pulse checked before you start atomoxetine
* You should also be checked every six months and after every dose change
* Atomoxetine has a few possible interactions with other medicines. The main ones include:
  + Some antidepressants such as imipramine, SSRIs, venlafaxine and mirtazapine need extra care
  + Decongestants that can be bought over the counter such as pseudoephedrine or phenylephrine (often found in cold remedies) should not be taken without consulting your pharmacist or doctor
  + Atomoxetine may interact with salbutamol tablets (for asthma), but not usually with salbutamol inhalers.
  + There is no problem with the ‘Contraceptive Pill’.

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| **Side effect** | **What happens** | **What to do about it** |
| **VERY COMMON** *(more than about 1 in 10 people might get these)* | | |
| Not feeling hungry | Weight loss, no appetite. | If this is a problem, contact your doctor or pharmacist for advice. |
| Nausea and vomiting | Feeling sick and being sick. Abdominal pain | If it is bad, contact your doctor. It may be possible to adjust your dose. Taking it after food may help. It should wear off  after a few weeks. |
| Increased alertness | Early morning waking Irritability and mood swings | Discuss this with your doctor. You may be able to change the time of your dose or doses. |
| Insomnia | Not being able to fall asleep at night | Discuss this with your doctor. You may be able to change the  time of your dose or doses. |
| Dizziness | Feeling light-headed and faint | Do not stand up too quickly. Try and lie down when you feel it coming on. Do not drive. |
| **COMMON** *(fewer than about 1 in 10 people might get these)* | | |
| Constipation | When you can’t pass a bowel motion (the opposite of diarrhoea). | Make sure you eat enough fibre or bran or fruit. Make sure you are drinking enough fluid. Keep active and get some  exercise e.g. walking. If this does not help, ask your doctor or pharmacist for a mild laxative. |
| Fatigue | You feel tired all the time. This may happen early on in treatment and  should go away. | If you feel like this for more than a week after starting atomoxetine, tell your doctor. It may be possible to adjust  your dose slightly. |
| **RARE but important** *(can be serious if not dealt with quickly)* | | |
| Skin rashes | Red rashes on the skin, dermatitis, pruritis (itching), swelling or hives (small raised, itchy patches of skin) | Stop atomoxetine and call your doctor or hospital immediately if you get this. Atomoxetine can cause a serious allergic reaction in rare cases. |
| Aggression | Being aggressive, depressed, hostile and  perhaps suicidal thinking. | If this occurs, discuss with your doctor as soon as possible. |
| Jaundice and hepatic damage | Pain just under the ribs, looking a bit yellow, feeling sick | Stop taking atomoxetine and contact your doctor straight away, don’t delay. |

POTENTIAL RISKS AND PROBLEMS INVOLVED WITH ADHD-STIMULANT MEDICATIONS

**Patient Fact Sheet : The Stimulant Regulatory Scheme**

**What are stimulants?**

Stimulant medicines include:

* dexamfetamine (dexamphetamine),
* lisdexamfetamine (lisdexamphetamine, Vyvanse®)
* methylphenidate (Ritalin®, Concerta® or Ritalin LA®).

They affect how the brain controls impulses and regulates behaviour and attention. They stimulate the central nervous system, increasing activity of certain brain chemicals.

Stimulants are used in the treatment of attention deficit hyperactivity disorder (ADHD), narcolepsy, depression and acquired brain injury.

**Prescribing and supply**

The prescribing and supply of stimulant medicines is restricted by law as they have a high risk for abuse and diversion.

In Western Australia, stimulants may only be prescribed by specialist medical practitioners. Approved specialists include: psychiatrists, paediatricians, neurologists, and thoracic, respiratory and sleep or rehabilitation physicians.

All specialist prescribers must also be authorised by the Department of Health.

An authorised specialist can nominate a general practitioner (GP) to assist with prescribing (a co-prescriber). A co-prescriber can’t alter the drug or dose.

For daily doses over a certain limit, or where there are high risk medical conditions, the specialist must first seek permission to prescribe.

The prescription needs to specify how often the stimulant can be dispensed, and the pharmacist must follow these directions. Prescriptions must also be kept at the one pharmacy.

**Information collected**

The Department of Health collects information on stimulants to meet legal requirements, ensure quality prescribing, and to identify trends and problems. Not providing this information may affect your ability to access stimulant medicines.

When commencing treatment for each patient the specialist must complete a notification form. The notification includes the patient’s name, address, date of birth, Medicare number, weight (for children), condition being treated and the stimulant prescribed.

Occasionally your doctor may request a urine drug screen to meet conditions of the Stimulant Regulatory Scheme. You might need to provide consent to supply the results to the Department of Health.

Information collected is kept private. It is not shared with any other part of Government and is not accessible to public hospitals, private doctors or community pharmacists. No one else can access your information.

**More information**

For more information on stimulants visit the Department of Health website at:

ww2.health.wa.gov.au/stimulants [www.healthywa.wa.gov.au](http://www.healthywa.wa.gov.au)

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| * **Methylphenidate** is mainly used to help treat ADHD (Attention Deficit Hyperactivity Disorder), and narcolepsy * It is made as plain tablets and long-acting capsules. These are called Ritalin®, Concerta®, and Ritalin LA®. * The usual dose of methylphenidate is around 30-40mg a day (depending on your weight) * It can often be higher in adults e.g. up to 70mg a day or more. * Need to take that probably for several years. * It usually starts to work within a few hours * The effect may then build over the next few weeks. * Swallow the tablets or capsules with at least half a glass of water whilst sitting or standing * This is to make sure that they reach the stomach and do not stick in your throat.   Plain tablets:   * Take them at regular times each day * Don’t take the last dose later than about 4pm Concerta XL® * Take before, with or after breakfast Ritalin XL® * Take in the morning, with or after breakfast * You can open the capsules and sprinkle the contents on food and eat, but don’t chew the granules. * t is unwise to stop taking it suddenly, even if your symptoms have improvedAt smaller doses, it can probably be stopped suddenly. At higher doses, it is possible that 'withdrawal' effects might be seen. * Take the missed dose as soon as you remember within about 2-3 hours of when the dose was due * If you remember after this take the next dose as normal * Do not try to catch up by taking two doses at once as you may get more side-effects   Many people get:   * Headache   Some people also get:   * feeling hungry, losing weight * Feeling and/or being sick * Feeling nervous, faster heart rate * Cough, sore nose and throat * Feeling dizzy * Not being able to sleep   See your doctor if you get:   * Feelings of being irritable, angry or aggressive   Do not share medicines with anyone else. | * **Dexamphetamine** * It is available as plain tablets. * The usual dose of dexamphetamine is around 20mg a day but can be up to 40mg a day in adults. * Swallow the tablets with at least half a glass of water whilst sitting or standing * This is to make sure that they reach the stomach and do not stick in your throat * If the instructions say to take it once a day this is usually best at breakfast * If more than once a day, the last dose should be no later than teatime to make sure it doesn’t make it even harder to fall asleep. * It usually starts to work within a few hours * The effect may then build over the next few weeks. * Probably for several years * It is unwise to stop taking it suddenly, even if your symptoms have improved * At smaller doses, it can probably be stopped suddenly * At higher doses, it is possible that 'withdrawal' effects might be seen * Take it as soon as you remember within about 2-3 hours of when it is due **BUT** do not take a dose any later than about 3-4pm * You may feel a bit light-headed at first when taking dexamphetamine * Until you know how it affects you, be careful about driving or operating machines.   Many people get:   * Headache * Not sleeping well * Not feeling hungry and losing weight. Some people also get: * Feeling and/or being sick * Feeling nervous * Cough, sore nose and throat * Fast heart beat * Feeling dizzy * Sore throat and nose. |

Please refer to weblink below for further info,

[*https://www.choiceandmedication.org/wadoh/*](http://www.choiceandmedication.org/wadoh/)

MEDICO-LEGAL FRAMEWORK FOR STIMULANT PRESCRIPTION

As you may be aware, the medications used for ADHD are highly regulated and specifically controlled by the relevant department at State and National level. The psychiatrist needs to seek approval from these regulating agencies at the time of prescribing the medications and regularly reporting its use. The regulations are in place for prevention against misuse, diversion, overuse and co-morbid use of other illicit substances that may interfere with the treatment. Further, it may show up in regular urine drug screen preformed for certain roles like mining and may warrant some further special testing.

The psychiatrist needs to follow the following process:

INITATION

1. At time of treatment initiation a notification of treatment using stimulant medications form need to initiated.
2. The department may notify the prescribing psychiatrist if there are any concerns or irregularities in the reporting process.
3. If PBS subsidies are applicable, the prescribing psychiatrist will do the needful.
4. For anyone over 13 years of age, routine *urine drug screen* need to precede commencement of medication as this is a mandatory regulatory requirement and your psychiatrist does not have much discretion on this issue.

*Please find attached the request form for urine drug screen and other routine blood test required to commence treatment.*

MONITORING

1. Regularly monitoring of benefits and risks associated with medications.
2. Random urine drug screen every 3-4 monthly.
3. 6 to 12 monthly review. Notification is applicable for a year.

MANDATORY, IMMEDIATE SUSPENSION OF TREATMENT.

1. Emergence of psychotic symptoms
2. Any misuse of prescribed medication including diversion, sharing, and excessive use of any other illicit substance.
3. Any other significant side effect.

Your psychiatrist will provide you with further information including online resources and apps for ADHD.

While you are under care one psychiatrist, it is illegal for any other doctor to issue you with a prescription for stimulants expect in an emergency with permission from HDWA.

If you are comfortable to commence the treatment please complete the following

* I understand above information.
* I also understand that with stimulants, tolerance and dependence can occur.
* I also appreciate the need for ongoing Psychology and other non-pharmacological options.
* Doses above those prescribed or mixed with alcohol or illicit drugs can be dangerous. This can interfere with my judgement including driving and can lead to psychosis.
* If I overuse, Medicare will refuse to grant an authority number. A further script cannot be provided issued before the issue date.
* I authorise my Psychiatrist to gather information and collaterals from my nominated person, and medical records.

Your name and signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychiatrist name and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_