

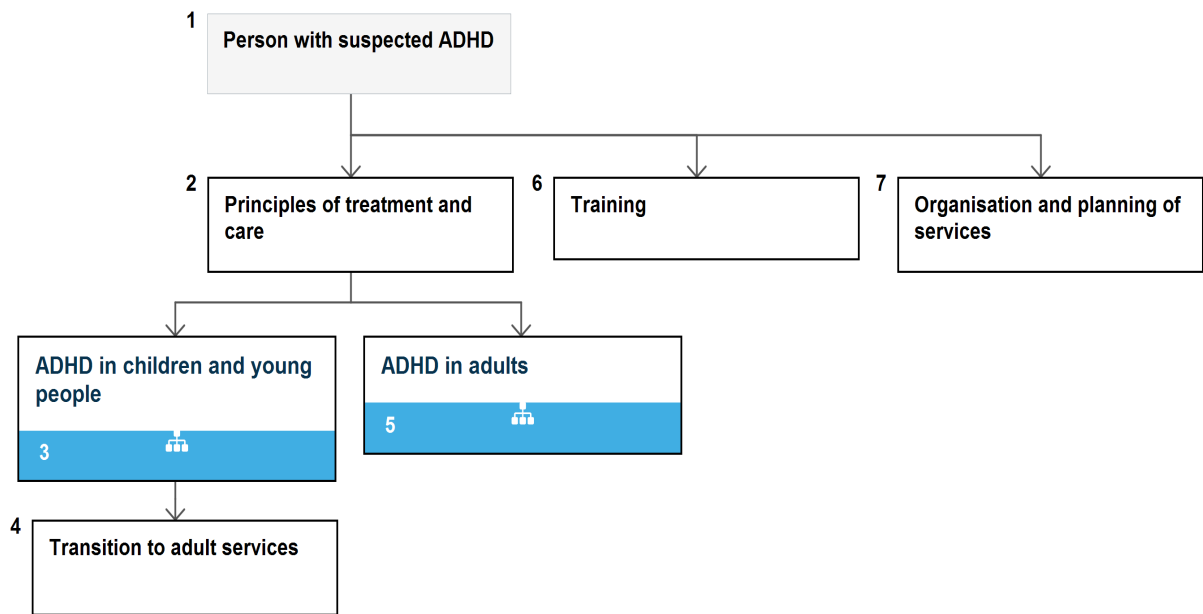
## Attention deficit hyperactivity disorder overview

A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:

<http://pathways.nice.org.uk/pathways/attention-deficit-hyperactivity-disorder>

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## 1 Person with suspected ADHD

No additional information

## 2 Principles of treatment and care

### Respect, understanding and consent

Develop a trusting relationship with all people with ADHD and their families or carers by:

- respecting their knowledge and experience of ADHD
- being sensitive to stigma concerning mental illness.

During assessment and care of children or young people with ADHD:

- allow them to give their own account of how they feel; record this in the notes
- involve them and their family or carer in treatment decisions
- take into account treatment expectations, so that parents or carers or the young person can give informed consent before treatment starts
- be able to assess a young person's understanding of issues about ADHD and its treatment (including Gillick competence).

Work with children and young people with ADHD and parents or carers to anticipate major life changes (such as puberty, starting school, or birth of a sibling) and arrange personal and social support. Consider psychological treatment at these times.

Be familiar with local and national guidelines on confidentiality and the rights of the child, parental consent and responsibilities, child protection issues, the Mental Health Act (2007) and the Children Act (1989).

### Providing information

Provide relevant, age-appropriate written information to people with ADHD and their families and carers about diagnosis, assessment, support, self-help, psychological treatment, drug treatment and possible side effects.

Give adults with ADHD written information about local and national support groups and voluntary organisations.

NICE has written information for the public explaining its guidance on [ADHD](#).

### Carer support

Ask families or carers about the impact of ADHD on themselves and other family members and discuss their concerns.

Offer families or carers an assessment of their personal, social and mental health needs.

Encourage participation in support and self-help groups if appropriate.

Advise about positive parent– and carer–child contact, clear and appropriate rules about behaviour and structuring the child or young person's day.

Explain that parent-training/education programmes aim to optimise parenting skills to meet the above-average parenting needs of children and young people with ADHD and do not necessarily imply bad parenting. For more information about parent-training/education programmes, see [behavioural and psychological interventions in children](#) in this pathway.

## 3 ADHD in children and young people

[See Attention deficit hyperactivity disorder / Attention deficit hyperactivity disorder in children and young people](#)

## 4 Transition to adult services

Reassess a young person treated in CAMHS or paediatric services at school-leaving age to determine if treatment needs to be continued. If it does, arrange for transition to adult services (usually by age 18), giving details of the anticipated treatment and services required.

Consider a formal meeting involving CAMHS and/or paediatrics and adult psychiatric services. Give the young person information about adult services and involve them, and when appropriate their parent or carer, in the planning. Use the care programme approach for young people aged 16 years and older.

After transition, carry out an assessment of personal, educational, occupational and social functioning, and coexisting conditions, especially drug misuse, personality disorders, emotional problems and learning difficulties.

For more information about drug misuse, see the [drug misuse pathway](#) and for more information about personality disorders, see the [personality disorders pathway](#).

## 5 ADHD in adults

[See Attention deficit hyperactivity disorder / Attention deficit hyperactivity disorder in adults](#)

## 6 Training

Trusts should ensure that specialist ADHD teams for children, young people and adults jointly develop age-appropriate training programmes for the diagnosis and management of ADHD for mental health, paediatric, social care, education, forensic and primary care providers and other professionals who have contact with people with ADHD.

Child and adult psychiatrists, paediatricians and other child and adult mental health professionals (including those working in forensic services) should undertake training so that they are able to diagnose ADHD and provide treatment and management according to this pathway.

The Department for Education should consider providing more education to trainee teachers about ADHD by working with the Teaching Agency and relevant health service organisations to produce training programmes and guidance for supporting children with ADHD.

## 7 Organisation and planning of services

### Multidisciplinary specialist ADHD teams

Mental health trusts, and children's trusts that provide mental health/child development services, should form multidisciplinary specialist ADHD teams and/or clinics for children and young people and separate teams and/or clinics for adults. These teams and clinics should have expertise in the diagnosis and management of ADHD, and should:

- provide diagnostic, treatment and consultation services for people with ADHD who have complex needs, or where general psychiatric services are in doubt about the diagnosis and/or management of ADHD
- put in place systems of communication and protocols for information sharing among paediatric, child and adolescent, forensic, and adult mental health services for people with ADHD, including arrangements for transition between child and adult services

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- produce local protocols for shared care arrangements with primary care providers, and ensure that clear lines of communication between primary and secondary care are maintained
  - ensure age-appropriate psychological services are available for children, young people and adults with ADHD, and for parents or carers.

The size and time commitment of these teams should depend on local circumstances (for example, the size of the trust, the population covered and the estimated referral rate for people with ADHD).

### **Multi-agency groups**

Every locality should form a multi-agency group, with representatives from multidisciplinary specialist ADHD teams, paediatrics, mental health and learning disability trusts, forensic services, CAMHS, the Children and Young People's Directorate including education and social services, parent support groups and others with a significant local involvement in ADHD services. The group should:

- oversee implementation of this pathway
- start and coordinate local training initiatives, including training and information for teachers about the characteristics of ADHD and its basic behavioural management
- oversee the development and coordination of parent-training/education programmes
- consider compiling a comprehensive directory of information and services for ADHD including advice on how to contact relevant services and assist in the development of specialist teams.

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## Glossary

## Sources

Attention deficit hyperactivity disorder: diagnosis and management of ADHD in children, young people and adults. NICE clinical guideline 72 (2008)

## Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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