

CRITERIA FOR DIAGNOSIS AND MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER IN ADULTS

For the purpose of this document adults are considered to be persons who are 18 years or over. Separate criteria have been developed for the management of ADHD in children and adolescents (TG 181).

Diagnosis of ADHD does not imply that psychostimulant (dexamphetamine, methylphenidate and lisdexamfetamine) medication must be used. Prior to considering the use of psychostimulants in the management of this condition, consideration should be given to other factors in the patient's environment, which might influence the presentation, by obtaining information from a broad range of health professionals such as community health workers, psychologists and others as necessary. Careful consideration should be given on a *case-by-case* basis to the potential risks and benefits of psychostimulant therapy.

Psychostimulant medication may be an effective part of the management of ADHD in some adults. In New South Wales, it is a legal requirement that psychostimulants may generally be prescribed only with the prior authority of the NSW Ministry of Health. However, psychostimulants may be prescribed, without prior authority of the NSW Ministry of Health, by authorised medical practitioners as outlined on page 3.

It is important for the prescriber to ensure that potential cases of adult ADHD are selected and assessed appropriately, and that prescribing of psychostimulant drugs is monitored and the therapeutic response adequately assessed on follow up. Individual differences in responses by patients to these medications and consequential dosage requirements need to be recognised. The prescriber should try to achieve comprehensive management of the patient's and the family's difficulties including the **development, documentation and implementation of a treatment management plan**.

Where psychostimulant medication is recommended, the patient's informed consent should be obtained. This includes informing the patient of the nature of the treatment, its likely results and relevant foreseeable side effects of the treatment.

1. ASSESSMENT

The assessment of ADHD in adults and initial prescribing of psychostimulants is limited to **Psychiatrists**. The patient should be reassessed at around 6 months after the commencement of treatment. For this reason authorisation to prescribe for the first six months is confined to the practitioner carrying out the assessment.

The following exceptions apply:

Where a patient has been treated with psychostimulant medication for ADHD prior to their 18th birthday and there has been a break in treatment of not more than two years, a **Neurologist** may continue treatment

A **Paediatrician** who has diagnosed and treated a patient for ADHD prior to their 18th birthday may, in extenuating circumstances including an ongoing therapeutic

relationship, **continue** treatment with psychostimulants until age 25. Provided that management is in accordance with the criteria and conditions outlined in this document, prescriptions may be endorsed with the CNS number and notified to the Ministry on a monthly basis using the latest version of the notification form provided for this purpose. Otherwise, an individual patient authority is required.

2. CRITERIA FOR DIAGNOSIS

The following criteria should be used in conjunction with the **DSM-IV** criteria:

2.1 A childhood history characterised by clear-cut hyperactivity and/or attention problems with at least one of the following symptoms/signs:

- behaviour and/or attention problems at school;
- impulsivity;
- over excitability;
- temper outbursts.

2.2 The continuing presence in adulthood of hyperactivity and/or inattentiveness together with at least two of the following six characteristics:

- affective lability;
- disorganisation and inability to complete tasks;
- hot temper;
- impulsivity;
- easily distracted;
- major problems with short-term memory.
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2.3 Evidence that the condition is long standing and clinically severe in terms of dysfunction.

2.4 Symptoms are continuous - not related to stress or crises.

Note: Whilst co-morbidity (e.g. depression, anxiety/panic, affective disorder) often exists, ADHD should be the most prominent disorder.

3. MEDICATION

3.1 Dosage

Dosage should be titrated against the patient's need but should generally not exceed 30mg dexamphetamine or 60mg methylphenidate daily in immediate release, or 72mg methylphenidate in controlled release formulations or 70mg lisdexamfetamine. Care should be exercised when psychostimulants are used in combination with other psychoactive substances (e.g. antidepressants may potentiate central and cardiovascular effects).

3.2 Special Precautions

Particular caution should be exercised where the following conditions are present:

- Tics, dyskinesia and history of Tourette's syndrome.
- Hypertension and cardiovascular disease.

3.3 Contraindications

- Schizophrenia or other psychoses.

4. GENERALLY AUTHORISED SPECIALIST PRESCRIBERS (S28c AUTHORITY)

Note: Only a psychiatrist or neurologist may apply for an S28C authority number.

A **psychiatrist** or **neurologist** who has been issued with a 'S28c' authority number by Pharmaceutical Services Unit of the NSW Ministry of Health may prescribe psychostimulant medication without a prior authority provided that the patient has been diagnosed as suffering from ADHD and satisfies **all** of the criteria set out under "Criteria for Diagnosis", the patient has been assessed as set out under "Assessment" and the patient's condition is being managed generally in accordance with this document.

A condition of the S28c authority is that the prescriber must complete and return a notification form of each prescription written on the basis of this authority each month.

Psychostimulant return forms should be completed electronically using the template on the PSU website

<http://www.health.nsw.gov.au/pharmaceutical/Documents/stim-notification.pdf>

In cases where the criteria are not met or where any of the following exclusions apply, an application for authority to prescribe for an individual patient must be made.

4.1 Exclusions

Authorised specialist prescribers may **not** use their 'S28c' authority number in the following circumstances

- The daily dose prescribed is greater than 30mg dexamphetamine, 72mg methylphenidate, 70mg lisdexamfetamine, or
- The patient is aged more than 70 years, or
- The patient has a history of schizophrenia or other psychoses, or
- the patient suffers diagnosable anxiety, depression or other co-morbid condition requiring treatment in its own right, or
- the patient has a history of *significant* substance abuse or dependency, including past or present treatment for dependency (e.g. methadone, buprenorphine, naltrexone, acamprosate, etc.) and intravenous drug use at any time.

Note: Past history (but not in the last 3 months) of infrequent, non-parenteral illicit substance (including cannabis) abuse may be considered not significant.

5. APPLICATIONS

An application for authority to prescribe for an individual patient must be made where

- a medical practitioner does not have an S28c authority issued by the NSW Ministry of Health, or
- where the medical practitioner does have an S28c authority and the criteria are not met or any of the above exclusions apply. In these cases, applications for authority to prescribe must be supported in writing by a detailed second opinion from an independent psychiatrist (e.g. from a different practice).

The initial application from the specialist psychiatrist must be made on Form 1AA. A comprehensive clinical report and management plan including history, assessment, diagnosis, current severity of symptoms, incidence of any co-morbidity and potential risks and benefits of psychostimulant therapy must also be submitted.

If substance abuse is current, **the application or second opinion** should be from a **psychiatrist experienced in drug and alcohol issues**. The patient may need to be detoxified prior to commencement with psychostimulants.

Applications may be referred to the Medical Committee, established under Section 30 of the Poisons and Therapeutic Goods Act, for its advice.

Subsequent applications should be made on Form 1 and a full progress report must be attached if requested.

6. REFERRAL TO GENERAL PRACTITIONERS

Applications (on Form 1) may be accepted from the patient's General Practitioner after a minimum of 6 months with the treating Psychiatrist or Neurologist and with their approval. A letter from the Psychiatrist or Neurologist, to this effect, must accompany the application.

Patients may not be transferred from a Paediatrician directly to a General Practitioner. They must be referred to a Psychiatrist or a Neurologist who may then refer the patient to a General Practitioner after the assessment and appropriate interval.

Applications from General Practitioners to increase the dose or change the drug must be accompanied by a report from the referring specialist supporting the change.

General Practitioners will not be issued with an S28c authority number

Application forms for authority, psychostimulant notification forms and further information including processing times, FAQs and appeal mechanisms is available from the Pharmaceutical Services Unit website

<http://www.health.nsw.gov.au/pharmaceutical/Pages/default.aspx> .

Please note: failure to use the appropriate form, to complete it correctly or to include required clinical report(s) may delay the processing of the authority.

Writing prescriptions for psychostimulants

All prescriptions for dexamphetamine, lisdexamfetamine and methylphenidate must be endorsed, in the prescriber's handwriting, with either the S28c authority number issued (S28c.....) or the authority number (Ref No.....), where an individual authority has been obtained.

Prescriptions for Schedule 8 drugs are only valid for 6 months and must specify repeat intervals if repeats are ordered. Prescriptions may be issued for a shorter period than 6 months if considered appropriate.

RESOURCES

1. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Revised Practice Guideline #6: Guidelines for the use of Dexamphetamine and Methylphenidate in adults.

Available on the Internet at www.ranzcp.org/statements/pg/pg6.htm

2. American Psychiatric Association. 4th ed.

Diagnostic and Statistical Manual of Mental Disorders. Washington, DC: American Psychiatric Association Press 1994. (DSM-IV)

This guide has been produced by:

Pharmaceutical Services Unit
Legal and Regulatory Services Branch
NSW Ministry of Health
Telephone (02) 9391 5923

Fax (02) 9424 5889

Email: pharmserv@doh.health.nsw.gov.au

Website: <http://www.health.nsw.gov.au/pharmaceutical>