ADHD: A GP's Perspective

Dr John Kedward, General Practitioner, London Road Surgery, Bedford

Abstract

Good communication between the GP and specialist secondary care services is essential in the management of children and adults with ADHD. The NICE recommendations have clarified what is required for treatment and management. This is far broader than simply prescribing medication. The GP may be well placed to appreciate the wider social context. The general practitioner should provide a six-monthly review of all children treated for ADHD and should communicate any concerns to the secondary care team promptly.

The NICE recommendations for comprehensive assessment (assessment of the person's needs, coexisting conditions, social, familial and educational or occupational circumstances and physical health; and an assessment of their parents' or carers' mental health) and other treatment options (referral to a parent-training/education programme as the first-line treatment) goes some way towards allaying the concerns that many GPs have had about ADHD and its treatment.

For many GPs, with their detailed knowledge of the wider social and family issues for these children, there is a concern that these issues are not addressed if it is easier to treat the child with medication.

What is undoubtedly true is that children who are accurately diagnosed using the appropriate criteria generally respond well to treatment with methylphenidate, resulting in far fewer problems at school and at home.

The key to the successful support of children with ADHD and their families, is a secondary care service that is able fully to implement the NICE recommendations, that establishes good communication and liaison with GP practices and has an agreed local shared-care protocol for monitoring and treatment in primary care. For a comprehensive approach to work well, there needs to be good access to parent-training/education programmes, cognitive behavioural therapy and social-skills training for the child or young person.

A GP practice should aim to see all children treated for ADHD in secondary care every six months, with a brief physical examination and medication review. Using a shared-care protocol information can be sent back to secondary care, which supports the ongoing monitoring and treatment.

An adult-based ADHD service is now required to manage the increasing number of children reaching the age of eighteen for whom it is felt necessary to continue treatment. Many areas will now have commissioned adult ADHD services to provide ongoing care.

GP Comment.

What have I learned from this paper?

1. General practitioners are well placed to have knowledge and understanding of the wider social and family issues surrounding the individual who has ADHD.

2. Good ADHD management requires good communication between the GP and secondary care, which is not always easy to establish.

3. The realisation that many children with ADHD continue to have this condition into adulthood can present new challenges for the GP with regard to transition arrangements and adult services, both of which may be poorly developed.

Dr Subash Kanungo, GP, Bedfordshire.