

# Attention deficit hyperactivity disorder

Quality standard

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[www.nice.org.uk/guidance/qs39](http://www.nice.org.uk/guidance/qs39)

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This standard is based on CG158, TA98 and NG87.

This standard should be read in conjunction with QS14, QS15, QS51, QS59, QS140, QS88 and QS169.

## Introduction

This quality standard covers the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in children aged 3 years and older, young people and adults. For more information see the [ADHD overview](#).

### *Why this quality standard is needed*

ADHD is a behavioural syndrome characterised by the core symptoms of hyperactivity, impulsivity and inattention, which are judged excessive for the person's age or level of overall development.

Two main diagnostic criteria are in current use – the [International Classification of Mental and Behavioural Disorders 10th revision](#) (ICD-10) and the [Diagnostic and Statistical Manual of Mental Disorders 5th edition](#) (DSM-5). Both systems require that symptoms are present in several settings such as school or work, home life and leisure activities. Symptoms should be evident in early life, if only in retrospect; for ICD-10, by 7 years and for DSM-5 by 12 years. ADHD may persist into adult life.

Prevalence rates for ICD-10 (identifying hyperkinetic disorder) are 1 to 2% in childhood. Under the previous, less stringent DSM-IV criteria, childhood prevalence rates were 3 to 9% and these may increase under the new DSM-5 criteria.

Symptoms of ADHD can overlap with symptoms of other related disorders. Common coexisting conditions in children include disorders of mood, conduct, learning, motor control, language and communication, and anxiety disorders; in adults they include personality disorders, bipolar disorder, obsessive-compulsive disorder and substance misuse.

### *How this quality standard supports delivery of outcome frameworks*

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of

recommendations, and are designed to support the measurement of improvement. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- [The Adult Social Care Outcomes Framework 2013–14](#)
- [NHS Outcomes Framework 2013–14](#)
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, [Part 1](#) and [Part 1A](#).

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1** [The Adult Social Care Outcomes Framework 2013–14](#)

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	<p><i>Overarching measure</i></p> <p>1A Social care-related quality of life*</p> <p><i>Outcome measures</i></p> <p>People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.</p> <p>1B Proportion of people who use services who have control over their daily life</p> <p>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.</p> <p>1H Proportion of adults in contact with secondary mental health services living independently, with or without support**</p>

<p>3 Ensuring that people have a positive experience of care and support</p>	<p><b>Overarching measure</b></p> <p>People who use social care and their carers are satisfied with their experience of care and support services.</p> <p>3A Overall satisfaction of people who use services with their care and support</p> <p><b>Outcome measures</b></p> <p>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.</p> <p>3D The proportion of people who use services and carers who find it easy to find information about support</p>
<p><b>Aligning across the health and care system</b></p> <p>* Indicator complementary</p> <p>** Indicator shared</p>	

**Table 2 NHS Outcomes Framework 2013–14**

Domain	Overarching indicators and improvement areas
<p>2 Enhancing quality of life for people with long-term conditions</p>	<p><b>Improvement areas</b></p> <p>Ensuring people feel supported to manage their condition</p> <p>2.1 Proportion of people feeling supported to manage their condition**</p>
<p>4 Ensuring that people have a positive experience of care</p>	<p><b>Improvement areas</b></p> <p>Improving the experience of healthcare for people with mental illness</p> <p>4.7 Patient experience of community mental health services</p>
<p><b>Alignment across the health and social care system</b></p> <p>** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)</p>	

**Table 3 Public health outcomes framework for England, 2013–16**

Domain	Objectives and indicators
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1 Improving the wider determinants of health	<p><b>Objective</b></p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p>1.3 Pupil absence</p> <p>1.4 First-time entrants to the youth justice system</p> <p>1.5 16–18 year olds not in education, employment or training</p> <p>1.6 People with mental illness or disability not in settled accommodation**</p> <p>1.7 People in prison who have a mental illness or significant mental illness</p> <p>1.8 Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness</p>
2 Health improvement	<p><b>Objective</b></p> <p>People are helped to live health lifestyles, make healthy choices and reduce health inequalities</p> <p>2.8 Emotional wellbeing of looked-after children</p>
<p><b>Alignment across the health and social care system</b></p> <p>** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)</p>	

## Coordinated services

The quality standard for ADHD specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole ADHD care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people with ADHD.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality ADHD service are listed in [related quality standards](#).



## *Training and competencies*

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care practitioners involved in assessing, caring for and treating children, young people and adults with ADHD should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

## List of quality statements

Statement 1 Children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) are referred to an ADHD specialist for assessment.

Statement 2 Adults who present with symptoms of attention deficit hyperactivity disorder (ADHD), who do not have a childhood diagnosis of ADHD, are referred to an ADHD specialist for assessment.

Statement 3 Adults who were diagnosed with and treated for attention deficit hyperactivity disorder (ADHD) as children or young people and present with symptoms of continuing ADHD are referred to general adult psychiatric services.

Statement 4 Parents or carers of children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) who meet the NICE eligibility criteria are offered a referral to a parent training programme.

Statement 5 This statement has been removed. For more details see [update information](#).

Statement 6 People with attention deficit hyperactivity disorder (ADHD) who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

Statement 7 People with attention deficit hyperactivity disorder (ADHD) who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment.

## Quality statement 1: Confirmation of diagnosis

### *Quality statement*

Children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) are referred to an ADHD specialist for assessment.

### *Rationale*

Symptoms suggestive of ADHD are often identified in children and young people by their GP or teachers. In order to ensure an accurate diagnosis of ADHD it is important that a full assessment is carried out within secondary care by a healthcare professional with specialist training and expertise in ADHD.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that children and young people with symptoms of ADHD are referred to an ADHD specialist for assessment.

*Data source:* Local data collection.

#### **Process**

Proportion of children and young people with symptoms of ADHD who are referred to an ADHD specialist for assessment.

Numerator – the number of children and young people in the denominator referred to an ADHD specialist for assessment.

Denominator – the number of children and young people aged 3 to 18 years with symptoms of ADHD.

*Data source:* Local data collection.

#### **Outcome**

Rates of new diagnosis of ADHD in children and young people.

**Data source:**Local data collection.

### *What the quality statement means for service providers, health and social care practitioners, and commissioners*

**Service providers** ensure that systems are in place for children and young people with symptoms of ADHD to be referred to an ADHD specialist for assessment.

**Health and social care practitioners** ensure that systems are in place for children and young people with symptoms of ADHD to be referred to an ADHD specialist for assessment.

**Commissioners** ensure that they commission specialist ADHD services for the assessment of children and young people with symptoms of ADHD.

### *What the quality statement means for patients, service users and carers*

**Children and young people with symptoms of ADHD** are referred to an ADHD specialist for an assessment.

### *Source guidance*

Attention deficit hyperactivity disorder: diagnosis and management (2018) NICE guideline NG87, recommendation 1.2.8

### *Definitions of terms used in this quality statement*

#### **ADHD specialist**

A psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD.

[NICE's guideline on attention deficit hyperactivity disorder, recommendation 1.3.1]

#### **Diagnosis of ADHD**

A diagnosis of ADHD must be made on the basis of:

- a full clinical and psychosocial assessment of the person; this should include discussion about

- behaviour and symptoms in the different domains and settings of the person's everyday life, and
- a full developmental and psychiatric history, and
- observer reports and assessment of the person's mental state.

[NICE's guideline on [attention deficit hyperactivity disorder](#), recommendation 1.3.1]

## Symptoms of ADHD

For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should:

- meet the diagnostic criteria for ADHD in DSM-5 (the Diagnostic and Statistical Manual of Mental Disorders 5th edition) or for hyperkinetic disorder in ICD-10<sup>[1]</sup> (the International Classification of Mental and Behavioural Disorders 10th revision) and
- cause at least moderate psychological, social and/or educational or occupational impairment based on interview and/or direct observation in multiple settings, and
- be pervasive, occurring in 2 or more important settings including social, familial, educational and/or occupational settings.

[NICE's guideline on [attention deficit hyperactivity disorder](#), recommendation 1.3.3]

## *Equality and diversity considerations*

Services should take into account the needs of children and young people with symptoms of ADHD who may present to health and education services within the youth justice system.

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<sup>[1]</sup> The ICD-10 exclusion on the basis of a pervasive developmental disorder being present, or the time of onset being uncertain, is not recommended.

## Quality statement 2: Identification and referral in adults

### *Quality statement*

Adults who present with symptoms of attention deficit hyperactivity disorder (ADHD) who do not have a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment.

### *Rationale*

A diagnosis of ADHD requires a full clinical and psychosocial assessment of multiple aspects of a person's life, and should be undertaken by a healthcare professional with specialist training, knowledge and experience of ADHD diagnosis and treatment.

A number of adults being treated for coexisting mental health problems within general psychiatric services or who present directly to their GP have been found to have undiagnosed ADHD.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that adults who present with symptoms of ADHD who do not have a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment.

**Data source:** Local data collection.

#### **Process**

Proportion of adults who present with symptoms of ADHD without a childhood diagnosis of ADHD who are referred to an ADHD specialist for assessment.

Numerator – the number of people in the denominator who are referred to an ADHD specialist for assessment.

Denominator – the number of adults aged 18 years and over who present with symptoms of ADHD without a childhood diagnosis of ADHD.

**Data source:** Local data collection.

## Outcome

Rates of new diagnosis of ADHD in adults.

*Data source:* Local data collection.

### *What the quality statement means for service providers, health and social care practitioners, and commissioners*

**Service providers** ensure that systems are in place for adults who present with symptoms of ADHD without a childhood diagnosis of ADHD to be referred to an ADHD specialist for assessment.

**Health and social care practitioners** ensure that adults who present with symptoms of ADHD without a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment.

**Commissioners** ensure that they commission specialist services for the assessment of adults who present with suspected ADHD.

### *What the quality statement means for patients, service users and carers*

**Adults with symptoms of ADHD** who have not had a diagnosis of ADHD in childhood are referred to an ADHD specialist for an assessment.

## Source guidance

Attention deficit hyperactivity disorder: diagnosis and management (2018) NICE guideline NG87, recommendation 1.2.10

## Definitions of terms used in this quality statement

### **ADHD specialist**

A psychiatrist or paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD.

[NICE's guideline on attention deficit hyperactivity disorder, recommendation 1.3.1]

## Symptoms of ADHD for adult referral

Adults presenting with symptoms of ADHD in primary care or adult general psychiatric services who do not have a childhood diagnosis of ADHD should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD, if there is evidence of typical manifestations of ADHD (hyperactivity/impulsivity and/or inattention) that:

- began during childhood and have persisted throughout life
- are not explained by other psychiatric diagnoses (although there may be other coexisting psychiatric conditions)
- have resulted in or are associated with moderate or severe psychological, social or educational or occupational impairment.

[NICE's guideline on [attention deficit hyperactivity disorder](#), recommendation 1.2.10]

## Adults

People aged 18 years and over.

## *Equality and diversity considerations*

Consideration should be given to the provision of services for adults within the prison population who present with symptoms of ADHD.



## Quality statement 3: Continuity of child to adult services

### *Quality statement*

Adults who were diagnosed with and treated for attention deficit hyperactivity disorder (ADHD) as children or young people and present with symptoms of continuing ADHD are referred to general adult psychiatric services.

### *Rationale*

There are increasing numbers of adults with ADHD in the general adult population and in addition there are a large number of adolescents moving from children's to adult's services. Adults with continuing symptoms of ADHD often experience much reduced levels of support as adults and it is important that their symptoms are recognised so that appropriate onward referral can be made.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that adults who present with symptoms of continuing ADHD are referred to general adult psychiatric services.

**Data source:** Local data collection.

#### **Process**

Proportion of adults with ADHD who present with symptoms of continuing ADHD who are referred to general adult psychiatric services.

Numerator – the number of people in the denominator who are referred to general adult psychiatric services.

Denominator – the number of adults aged 18 years and over with ADHD who present with symptoms of continuing ADHD.

**Data source:** Local data collection.

## Outcome

Adults feel supported to manage their ADHD.

*Data source:* Local data collection.

### *What the quality statement means for service providers, health and social care practitioners, and commissioners*

Service providers ensure that systems are in place for adults who present with symptoms of continuing ADHD to be referred to general adult psychiatric services.

Health and social care practitioners ensure that adults who present with symptoms of continuing ADHD are referred to general adult psychiatric services.

Commissioners ensure they commission general adult psychiatric services for adults who present with symptoms of continuing ADHD.

### *What the quality statement means for patients, service users and carers*

Adults who had ADHD when they were younger and who still have symptoms of ADHD are referred to general adult psychiatric services.

## Source guidance

Attention deficit hyperactivity disorder: diagnosis and management (2018) NICE guideline NG87 recommendation 1.2.11

## Definitions of terms used in this quality statement

### Symptoms of continuing ADHD for adult referral

Symptoms of ADHD should be associated with at least moderate or severe psychological, social, educational or occupational impairment.

[NICE's guideline on attention deficit hyperactivity disorder, recommendation 1.2.11]

## **Adults**

People aged 18 years or over.

### *Equality and diversity considerations*

Consideration should be given to the provision of services for adults within the prison population identified as having symptoms of continuing ADHD.

## Quality statement 4: Parent training programmes

### *Quality statement*

Parents or carers of children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) who meet the NICE eligibility criteria are offered a referral to a parent training programme.

### *Rationale*

Parent training and education programmes aim to provide parents or carers with coping strategies and techniques for managing the behaviour of their children with ADHD. These programmes can help improve the relationship between parents or carers and their children and improve the child's behaviour.

### *Quality measures*

#### **Structure**

a) Evidence of local arrangements to ensure that parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria are offered a referral to a parent training programme.

**Data source:** Local data collection.

b) Evidence of local arrangements for provision of parent training programmes.

**Data source:** Local data collection.

#### **Process**

a) Proportion of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria who are referred to a parent training programme.

Numerator – the number of people in the denominator referred to a parent training programme

Denominator – the number of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria.

**Data source:** Local data collection.

b) Proportion of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria who attend a parent training programme.

Numerator – the number of people in the denominator attending a parent training programme.

Denominator – the number of parents or carers of children and young people with symptoms of ADHD who are referred to a parent training programme.

**Data source:** Local data collection.

c) Proportion of parents and carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria who complete a parent training programme.

Numerator – the number of people in the denominator completing a parent training programme.

Denominator – the number of parents or carers of children and young people with symptoms of ADHD who attend a parent training programme.

**Data source:** Local data collection.

## Outcome

a) Parent or carer satisfaction with the provision of parent training programmes.

**Data source:** Local data collection.

b) Parents or carers feel supported to manage their child's condition.

**Data source:** Local data collection.

## *What the quality statement means for service providers, healthcare practitioners, and commissioners*

**Service providers** ensure that systems are in place for the referral of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria to a parent training programme.

**Healthcare practitioners** ensure that they offer parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria a referral to a parent training programme.

**Commissioners** ensure that they commission parent training programmes for parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria.

### *What the quality statement means for patients, service users and carers*

**Parents and carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria** are offered a referral to a parent training programme to help them manage their child's behaviour.

### *Source guidance*

- [Attention deficit hyperactivity disorder: diagnosis and management \(2018\) NICE guideline NG87](#), recommendations 1.5.7 and 1.5.12
- [Antisocial behaviour and conduct disorders in children and young people: recognition and management \(2013 updated 2017\) NICE guideline CG158](#), recommendations 1.5.2 and 1.5.4

### *Definitions of terms used in this quality statement*

#### **Parent training programme**

Parent training programmes should be offered in line with recommendations 1.5.1 to 1.5.10 in NICE's guideline on [antisocial behaviour and conduct disorders in children and young people](#).

[NICE's guidelines on [attention deficit hyperactivity disorder](#), recommendation 1.5.7 and 1.5.11, and [antisocial behaviour and conduct disorders in children and young people](#), recommendations 1.5.1 to 1.5.10]

#### **Symptoms of ADHD**

For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should:

- meet the diagnostic criteria for ADHD in DSM-5 (the Diagnostic and Statistical Manual of Mental Disorders 5th edition) or for hyperkinetic disorder in ICD-10 (the International Classification of Mental and Behavioural Disorders 10th revision) and
- cause at least moderate psychological, social and/or educational or occupational impairment

- based on interview and/or direct observation in multiple settings, and
- be pervasive, occurring in two or more important settings including social, familial, educational and/or occupational settings.

[NICE's guideline on [attention deficit hyperactivity disorder](#), recommendation 1.3.3]

## **NICE eligibility criteria**

The NICE eligibility criteria for referral to a parent training programme are:

- parents or carers of children under 5 years with ADHD
- parents or carers of children over 5 years with ADHD and symptoms of oppositional defiant disorder or conduct disorder.

[NICE's guideline on [attention deficit hyperactivity disorder](#), recommendation 1.5.7 and 1.5.11]

## **Children and young people**

Children are aged between 3 and 11 years. Young people are aged 12 to 18 years.

## ***Equality and diversity considerations***

All information and advice should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English.

## Quality statement 5: Psychological treatments for children and young people

This statement has been removed. For more details see [update information](#).



## Quality statement 6: Starting drug treatment

### *Quality statement*

People with attention deficit hyperactivity disorder (ADHD) who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

### *Rationale*

People starting drug treatment for ADHD should be closely monitored for side effects, particularly during the initial treatment period. Initial drug doses should be adjusted to ensure that any unwanted effects are minimised while optimising beneficial effects.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that people with ADHD who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

*Data source:* Local data collection.

#### **Process**

Proportion of people with ADHD who are starting drug treatment who have their initial drug dose adjusted and response assessed by an ADHD specialist.

Numerator – the number of people in the denominator who have their initial drug dose adjusted and response assessed by an ADHD specialist.

Denominator – the number of people with ADHD who are starting drug treatment.

*Data source:* Local data collection.

#### **Outcome**

Rates of drug-related side effects in people starting drug treatment for ADHD.

*Data source:* Local data collection.

## *What the quality statement means for service providers, health and social care practitioners, and commissioners*

**Service providers** ensure that systems are in place for people with ADHD who are starting drug treatment to have their initial drug dose adjusted and response assessed by an ADHD specialist.

**Healthcare practitioners** ensure that people with ADHD who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

**Commissioners** ensure that they commission services for people with ADHD who are starting drug treatment to have their initial drug dose adjusted and response assessed by an ADHD specialist.

## *What the quality statement means for patients, service users and carers*

**People with ADHD who are starting medication** have their initial medication dose adjusted by an ADHD specialist, who should also check how well the medication is working.

## *Source guidance*

- [Attention deficit hyperactivity disorder: diagnosis and management \(2018\) NICE guideline NG87, recommendations 1.7.26 and 1.7.27](#)
- [Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder \(ADHD\) in children and adolescents \(2006\) NICE technology appraisal guidance 98](#)

## *Definitions of terms used in this quality statement*

### **ADHD specialist**

A psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD.

[NICE's guideline on [attention deficit hyperactivity disorder](#), recommendation 1.3.1]

### **Initial drug dose**

Doses should be titrated against symptoms and adverse effects in line with the BNF or BNF for Children until dose optimisation is achieved, that is reduced symptoms, positive behaviour change, improvements in education, employment and relationships, with tolerable adverse effects.

[NICE's guideline on [attention deficit hyperactivity disorder](#), recommendation 1.7.27]

## Quality statement 7: Annual review of drug treatment

### *Quality statement*

People with attention deficit hyperactivity disorder (ADHD) who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment.

### *Rationale*

There are a number of potential side effects associated with drug treatment for ADHD; therefore people taking drugs for ADHD need to be monitored regularly. Side effects from drugs to treat ADHD can reduce adherence to treatment. In addition, without regular monitoring there is a greater risk that drugs prescribed to treat ADHD will be misused.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that people with ADHD who are taking drug treatment have a specialist review at least annually.

*Data source:* Local data collection.

#### **Process**

Proportion of people with ADHD who are taking drug treatment who receive a specialist review at least annually.

Numerator – the number of people in the denominator receiving a specialist review with the last review date no more than 1 year after the previous review.

Denominator – the number of people with ADHD who are taking drug treatment.

*Data source:* Local data collection.

#### **Outcome**

People with ADHD feel supported to manage their condition.

**Data source:**Local data collection.

### *What the quality statement means for service providers, healthcare practitioners, and commissioners*

**Service providers** ensure that systems are in place for people with ADHD who are taking drug treatment to have a specialist review at least annually.

**Healthcare practitioners** ensure that people with ADHD who are taking drug treatment have a specialist review least annually.

**Commissioners** ensure that they commission services for people with ADHD who are taking drug treatment to have a specialist review at least annually.

### *What the quality statement means for patients, service users and carers*

**People who are taking medication to treat ADHD** have their medication reviewed by a specialist at least once a year.

### *Source guidance*

- [Attention deficit hyperactivity disorder: diagnosis and management \(2018\) NICE guideline NG87, recommendation 1.10.1](#)
- [Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder \(ADHD\) in children and adolescents \(2006\) NICE technology appraisal guidance 98](#)

### *Definitions of terms used in this quality statement*

#### **Specialist review**

This should be undertaken either by an ADHD specialist or, if agreed by the person with ADHD and their specialist, in primary care under a locally agreed shared care arrangement after titration and dose stabilisation.

#### **Annual specialist review of drug treatment**

This should include a comprehensive assessment of the following:

- preference of the child, young person or adult with ADHD (and their family or carers as appropriate)
- benefits, including how well the current treatment is working throughout the day
- adverse effects
- clinical need and whether medication has been optimised
- impact on education and employment
- effects of missed doses, planned dose reductions and periods of no treatment
- effect of medication on existing or new mental health, physical health or neurodevelopmental conditions
- need for support and type of support (for example, psychological, educational, social) if medication has been optimised but ADHD symptoms continue to have a significant impact.

[NICE's guideline on [attention deficit hyperactivity disorder](#), recommendation 1.10.1]

### *Equality and diversity considerations*

All information and advice about treatment should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with ADHD should have access to an interpreter or advocate if needed.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

See NICE's [how to use quality standards](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### *Using other national guidance and policy documents*

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, health and social care practitioners, patients, service users and carers alongside the documents listed in [development sources](#).

## Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health and social care practitioners and people with ADHD is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with ADHD should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard 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 quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.



## Development sources

### *Evidence sources*

- [Attention deficit hyperactivity disorder: diagnosis and management \(2018\) NICE guideline NG87](#)
- [Antisocial behaviour and conduct disorders in children and young people: recognition and management \(2013 updated 2017\) NICE clinical guideline 158](#)
- [Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder \(ADHD\) in children and adolescents \(2006\) NICE technology appraisal guidance 98](#)

### *Policy context*

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2010) [Keeping children and young people in mind: the Government's full response to the independent review of CAMHS](#)
- Department of Health (2008) [Children and young people in mind: the final report of the National CAMHS Review](#)
- Department of Health (2004) [National service framework for children, young people and maternity services: core standards](#)

### *Definitions and data sources for the quality measures*

- Department of Health (2013) [The Adult Social Care Outcomes Framework 2013–2014](#)
- Department of Health (2012) [Improving outcomes and supporting transparency: Part 1](#)
- Department of Health (2012) [NHS Outcomes Framework 2012–13](#)
- Health and Social Care Information Centre. [Child and adolescent mental health services dataset](#)
- Health and Social Care Information Centre. [Mental health minimum data set \(MHMDS\)](#)

## Related NICE quality standards

- [Transition from children's to adults' services \(2016\)](#) NICE quality standard 140
- [Personality disorders: borderline and antisocial \(2015\)](#) NICE quality standard 88
- [Autism \(2014\)](#) NICE quality standard 51
- [Antisocial behaviour and conduct disorders in children and young people \(2014\)](#) NICE quality standard 59
- [Patient experience in adult NHS services \(2012\)](#) NICE quality standard 15
- [Service user experience in adult mental health \(2011\)](#) NICE quality standard 14

## Quality Standards Advisory Committee and NICE project team

### *Quality Standards Advisory Committee*

This quality standard has been developed by Quality Standards Advisory Committee 2. See [quality standard advisory committees](#) on the website for further information about the standing members of this committee. The following specialist members joined the committee to develop this quality standard:

**Professor Chris Hollis**

Child and Adolescent Psychiatrist, University of Nottingham

**Ms Noreen Ryan**

Consultant Nurse, Royal Bolton Hospital

**Dr Daphne Keen**

Consultant Neuro-developmental Paediatrician, St George's Healthcare NHS Trust, London

**Mr Anthony Reynolds**

Lay member, My ADDventure, Cheshire

**Dr Jo Steer**

Clinical Psychologist, Family Advice & Support Service (FASS), Chessington, Surrey

### *NICE project team*

**Dylan Jones**

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Technical Advisor

**Alison Tariq**

Lead Technical Analyst

**Natalie Boileau**  
Project Manager

**Jenny Harrisson**  
Coordinator

## Update information

**March 2018:** Changes have been made to align this quality standard with the updated NICE guideline on [attention deficit hyperactivity disorder](#). Statement 5 on psychological treatments for children and young people was removed and changes have been made to the data sources, definitions and source guidance sections throughout.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [process guide](#).

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## *Endorsing organisation*

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## *Supporting organisations*

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [AADD-UK](#)
- [Royal College of General Practitioners](#)
- [Royal College of Nursing](#)
- [Royal College of Paediatrics and Child Health](#)
- [UK Adult ADHD Network](#)
- [Association of Paediatric Chartered Physiotherapists](#)