GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Attention deficit hyperactivity disorder (ADHD)

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder that is characterised by difficulties with inattention, hyperactivity and impulsivity. ADHD commences in childhood and continues into adulthood in most cases. GPs are well placed to identify patients with ADHD, and effective treatment can be life changing. However, it has been described that there is a poor understanding of ADHD by Australian health professionals, including GPs and registrars, and many young people and adults with ADHD remain undiagnosed and significantly impaired by their symptoms.

TEACHING AND LEARNING AREAS		• Behavioural and other features of ADHD – cardinal features are inattention, hyperactivity and impulsivity • Effective communication and history taking • Assessment of patients for possible ADHD, including use of a screening scale • Comorbid conditions (medical and psychological) that may make diagnosis difficult • Treatment options – pharmacological and non-pharmacological • Medications – use, side effects etc. • Stimulant prescribing regulations in Australia • Referral pathways
PRE- SESSION ACTIVITIES		• Read the 2021 AJGP article 'Recognising attention deficit hyperactivity disorder across the lifespan'
TEACHING TIPS AND TRAPS		• ADHD is the most common neurodevelopmental disorder and is estimated to affect approximately 10% of children and 5% of adults • A major life transition e.g. getting married, having a baby, may increase cognitive and executive function demands and lead to ADHD symptoms become significantly more problematic • ADHD is commonly associated with mental and physical comorbidities which can mask the diagnosis • 80% of patients with ADHD have a delayed sleep wake cycle and chronic sleep disturbance • ADHD has a strong hereditary component • The risk of stimulant dependence is very low with careful prescribing
RESOURCES	**Read**	• 2018 Medicine Today article 'Could it be ADHD? Recognising ADHD in youth and adults' • Australian Evidence-Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder (ADHD) • CADDRA - Canadian ADHD Resource Alliance
	Listen	• The Good GP – ADHD in general practice podcast
	Watch	• AADPA webinar series
FOLLOW UP/ EXTENSION ACTIVITIES		• Role play the Clinical Reasoning Challenge • Role play other challenging scenarios e.g. mother with an adolescent with ADHD who does not want their child to have stimulant treatment, young adult presenting saying they believe they have ADHD • The World Federation of ADHD International Consensus Statement: 208 Evidence-based conclusions about the disorder

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Attention deficit hyperactivity disorder (ADHD)

Clinical Reasoning Challenge

INSTRUCTION FOR SUPERVISOR

You are Robin, a 42 year old married person who has presented with your frustrated spouse. You have a 4 year old son and a 2 year old daughter. Your spouse has discovered that you are 5 years behind on your tax returns, and that your boss has recently put you on a work performance review because of repeated lateness and mistakes. The spouse says you are like a third child and that they have to plan and organise everything.

You are a long-term patient of the practice but you have not met the registrar before.

Story

- You feel very embarrassed and anxious about coming in.
- You have not revealed any of these problems before and have pretended everything is OK and that things will work out.
- Since having a second child, things have been much more stressful at home and you feel you have been letting your spouse down. You have really wanted to help but feel you just keep 'stuffing things up', starting things and not completing them.
- You heard a podcast about ADHD and wondered if it was possible that might explain much of the difficulty facing you.
- You don't have substance use problems.
- You are quite fit and exercise regularly.
- You have a very poor sleep wake cycle and delay going to bed because you need "me time".

INSTRUCTIONS TO REGISTRAR

Robin is a 42 year old married person with a 4 year old son and a 2 year old daughter who has presented with their frustrated spouse. They are a long-term patient of the practice, but you have not met them before.

HEALTH SUMMARY

- Medically fit and well
- Meds: nil

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Attention deficit hyperactivity disorder (ADHD)

ASSESS THE REGISTRAR'S:

- Communication skills
- Areas of history taking (the following are taken from the 2018 Medicine Today article 'Could it be ADHD? Recognising ADHD in youth and adults'
  - Problems with day-to-day responsibilities – for example, difficulty completing household chores effectively, cleaning and household maintenance, monitoring children's homework or planning family holidays
  - Being forgetful and appearing unreliable – for example, not turning up for appointments, losing track of belongings and prescriptions/referrals, forgetting important dates, or leaving doors or windows unlocked
  - Difficulties with time management and prioritising – for example, chronically running late for work and other commitments, double booking, overcommitting or focusing on less important activities at the expense of more important ones.
  - Difficulty managing finances – for example, paying bills on time, managing the household budget, completing tax returns, paying off debt and saving money for future needs
  - Lack of planning and life goals, or having ambitions but no effective strategy or commitment to achieving the desired goals
  - Relationship problems – for example, not pulling their weight at home, not listening, not doing what they say they are going to do, fighting over impulsive spending, leaving chores half finished, getting bored in a relationship, blurting out inappropriate comments
  - Occupational problems – for example, taking longer than anticipated to complete studies or dropping out once parental support is wound back, academic or workplace underachievement or inconsistency, history of frequent job loss or change, or career frustration or boredom
  - Emotional dysregulation and distress – for example, chronic feelings of stress, frustration, guilt or anxiety, feeling overwhelmed, often leading to depression, anger outbursts or low self-esteem
  - Persistent problems with procrastination – for example, leaving things to the last minute, chronic and disabling task avoidance, failure to follow through on planned activities
  - Motivational problems despite desiring a particular outcome – for example, difficulty getting started, difficulty persisting if the task is boring or unrewarding.
  - Behavioural and circadian sleep problems – for example, longstanding difficulty falling asleep due to an overactive mind at bedtime, resisting having a healthy bedtime routine, staying up too late on devices or unfinished work, delayed sleep phase with difficulty waking in the morning, not explained by sleep apnoea, restless legs syndrome or other sleep disorders
  - Problems with substance use (both stimulants and depressants) are common and often secondary to impulsivity, risk-taking behaviour, poor concentration and self-medication of insomnia – for example, caffeine or energy drinks, nicotine, alcohol, illicit substances (e.g. marijuana). Substance misuse can cause attentional problems but in ADHD the ADHD symptoms were present before the substance use
  - Problems stemming from impulsivity – for example, excessive internet shopping, gaming, porn addiction or gambling losses
  - Problems with driving – for example, car accidents, frequent fines, loss of licence, driving under the influence, forgetting to renew registration or insurance on time or failing to maintain vehicle.

GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program 25/06/23