



Attention deficit hyperactivity disorder: Strategies for paediatricians and GPs

Thursday 25 July 2023

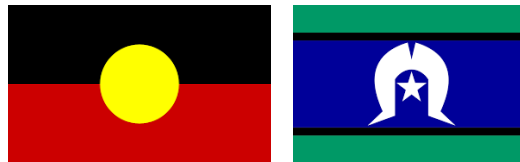
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ACKNOWLEDGEMENT

Western Health and North Western Melbourne Primary Health Network acknowledges the Traditional Custodians of the land on which our sites stand. The Wurundjeri Woi-Wurrung, Boon Wurrung and Bunurong peoples of the greater Kulin Nation. We pay respects to Elders past, present and emerging.

We are committed to the healing of country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

Western Health is committed to respectfully listening and learning from Aboriginal and Torres Strait Islander people and wholeheartedly supports their journey to self-determination.



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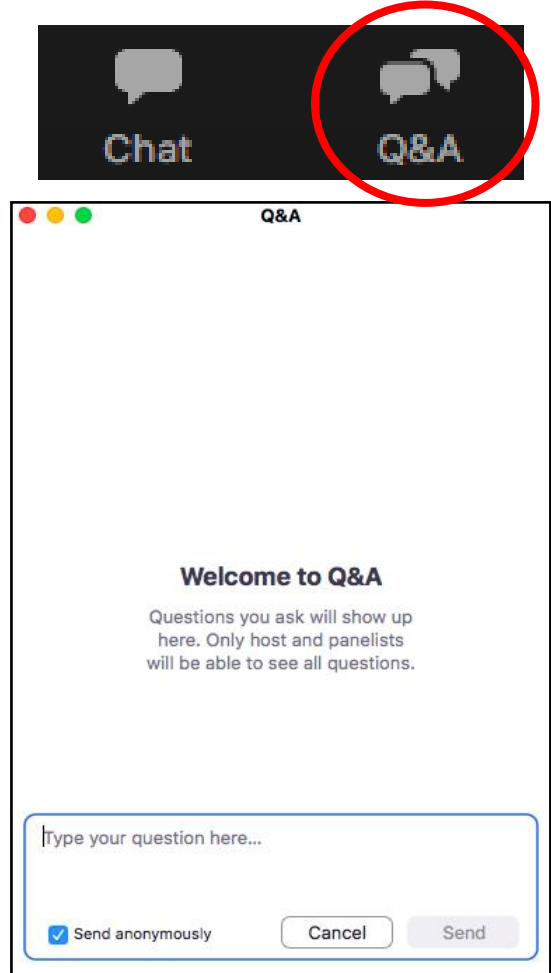
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Q&A will be at the end of the presentation

This session is being recorded

Questions will be asked anonymously to protect your privacy

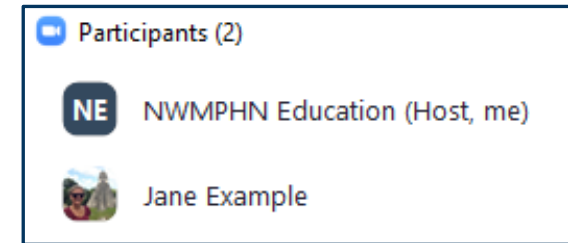


Housekeeping – Zoom Webinar

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Speakers

- **Dr Trupti Prasad**, Paediatrician - Western Health
- **Dr Mandira Hiremath**, Paediatrician - Western Health

Attention Deficit *Hyperactivity* Disorder: Strategies for paediatricians and GPs

25 of July 2023



What is HealthPathways?

HealthPathways Melbourne provides clinicians with a single website to access clinical and referral pathways, and resources at the point of care.

The screenshot displays the HealthPathways Melbourne website. At the top, there is a search bar and a navigation menu. The main content area features a large banner with a photo of a female doctor and the text "Melbourne HEALTHPATHWAYS". Below the banner, there are several sections: "Health Alert" with a link to "Victoria DHHS - Coronavirus COVID-19 Daily Update"; "Latest News" with a link to "health.vic" and a link to "Health alerts and advisories"; "Pathway Updates" with several links to updated content; and "About HealthPathways" with links to "What is HealthPathways?", "How do I use HealthPathways?", "How do I send feedback on a pathway?", and "How do I add HealthPathways to my desktop?". A sidebar on the left contains a list of categories such as "Home", "COVID-19", "About HealthPathways", "Summary of Referral Pages", "Aboriginal and Torres Strait Islander Health", "Avoiding Hospital Admission", "Allied Health and Community Nursing", "Child Health", "Investigations", "Legal and Ethical", "Lifestyle and Preventive Care", "Medical", "Mental Health", "Older Adults' Health", "Medicines Information and Resources", "Public Health", "Specific Populations", "Surgical", "Women's Health", and "Our Health System".

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- **clear and concise, evidence-based medical advice**
- **Reduce variation in care**
- **how to refer to the most appropriate hospital, community health service or allied health provider.**
- **what services are available to my patients**

Relevant pathways

- **[ADHD in Children and Youth](#)**

Related Pathways:

- [Child and Youth Mental Health Referrals](#)
- [Paediatric Psychology and Counselling Referral](#)
- [Non-acute Paediatric Medicine Referral \(> 24 hours\)](#)
- [Non-acute Child and Adolescent Psychiatry Referral \(>24 hours\)](#)



ADHD in Children and Youth

Background

[About ADHD in children and youth](#) ^

About ADHD in children and youth

- ADHD is a complex neurodevelopmental disorder, resulting from interacting genetic, environmental, and psychosocial factors. It is rarely diagnosed before the age of 5 years.
- Occurs in 5 to 7% of children, is more common in boys, runs in families, and can persist into adulthood.
- Three subtypes exist – Inattentive, hyperactive, and combined.
 - Boys are more likely to have the combined subtype.
 - Girls are more likely to have the inattention subtype, which may not be diagnosed until high school, when independent learning and organisational skills become important.
- It is characterised by a consistent and persistent behavioural pattern across all facets of the child's life involving inattention, impulsivity and/or hyperactivity that is detrimental to learning and socialisation, and is observed in 2 or more settings i.e., home and school.
- The child's behaviour will often result in reactive negative responses from carers, peers, and others resulting in low self-worth, anxiety and depression.

 SEND FEEDBACK

Click 'Send Feedback' to add comments and questions about this pathway.

ADHD in Children and Youth

Assessment

Practice point

Manage consultations

The initial consultation should focus on identifying the carer's main concerns, performing a brief examination, and finish with asking about the child's strengths. Further assessment should preferably be with carer(s) alone.

1. Perform an initial assessment:

- Take a history of the concerning behaviour at school and home.
- Briefly explore the background home and family situation, and carers involved.
- Engage the child and perform an examination. Ask the carer about the child's strengths and qualities.
 - Note if the child is overly restless, disruptive, impulsive, or inattentive.
 - Examination should include ear, nose, and throat, and plotting growth percentiles.
 - Arrange [audiology review](#) if indigenous, or history/examination suggestive of hearing concerns.
- Provide screening tools for home and school, and arrange follow-up appointment – [Parent and Teacher Vanderbilt Assessment Scale](#) [↗](#).

2. Review for longer appointment without the child:

- Review screening tool (see [Scoring Instructions for Vanderbilt Assessment](#) [↗](#)) and explore further:
 - [Hyperactive symptoms](#) [▼](#)
 - [Impulsive symptoms](#) [▼](#)
 - [Inattentive symptoms](#) [▼](#)
- Complete [background biopsychosocial assessment](#) [▼](#).

ADHD in Children and Youth

Assessment

3. Where concerns exist regarding learning, arrange an educational psychology assessment using a mental health plan where possible and refer where appropriate:
 - Suitably qualified [child psychologists](#)
 - [SPELD Victoria](#) [☑](#) – no referral necessary (costs involved)
 - [Speech and language assessment](#) for younger children
4. Decide whether child assessment includes:
 - [possible diagnosis of ADHD](#) [▼](#).
 - [differential diagnosis and co-morbidities](#) [▼](#).

ADHD in Children and Youth

Management

Practice point

Resist pressure to diagnose

Resist parental pressure (and own internal pressure) to quickly give a diagnosis – this can potentially cause longer-term harm.

Initial management

1. Request [non-acute paediatric medicine assessment](#) for formal diagnostic assessment and management. If urgent circumstances, ensure concerns are highlighted on referral.
2. Provide education and address [common concerns](#) ▼ regarding a diagnosis of ADHD. Advise:
 - combined pharmacological and non-pharmacological treatment provides the best outcome
 - pharmacological treatment can only be initiated by paediatricians or psychiatrists
 - non-pharmacological treatment involves creating a supportive environment in all settings aiming to enhance individual child's strengths and help manage challenging behaviours and difficulties.

Provide general ADHD information:

- The Royal Children's Hospital Melbourne (RCH) – [Attention Deficit Hyperactivity Disorder \(ADHD\)](#) ☑
- Raising Children – [Attention Deficit Hyperactivity Disorder \(ADHD\): Children and Teenagers](#) ☑

3. Commence non-pharmacological supportive treatment.

- Parenting and school support - provide online resources for carer to access:
 - RCH – [ADHD – Ways to Help Children at School and at Home](#) ☑
 - Raising Children – [Managing Attention Deficit Hyperactivity Disorder \(ADHD\) in Children and Pre-teens](#) ☑ or [Managing Attention Deficit Hyperactivity Disorder \(ADHD\) in Teenagers](#) ☑
 - Other useful online sites include [ADHD Australia](#) ☑ and [Parents for ADHD Advocacy Australia](#) ☑
- Psychological treatment - consider Mental Health Plan for ongoing [paediatric psychology referral](#) to provide:
 - Behavioural strategies, social skills training, parental support
 - Managing of co-morbid conditions such as anxiety and depression.
- Advising modifying lifestyle factors including:
 - ensuring regular physical activity and adequate sleep
 - ensuring healthy diet
 - supervising screen time to ensure balance between benefits and potential harms.

4. Monitor with regular review to provide ongoing support and/or escalation while waiting for formal assessment.

ADHD in Children and Youth

Management

Following specialist diagnosis

1. Provide ongoing carer(s) support and coordinate ongoing referrals. Review:

- home and school situation and any new challenging behaviours or situations.
- lifestyle, diet, sleep and exercise.
- mental health plans.

Monitor for emergence co-morbid conditions such as anxiety, depression.

2. Consider managing medications using SafeScript:

- Be aware of [current medications used in ADHD](#) ▼
- Use [SafeScript](#) to gain permission to continue prescribing stimulants:
 - Obtain permission letter from paediatrician or psychiatrist to prescribe, ensuring dose and medication are included.
 - Fill out [Application for a permit to treat a patient with a schedule 8 drugs](#) ☑ and upload above letter.
 - To view status and approval access [SafeScript](#) ☑ portal.
 - When approved provide authority script for appropriate medication.
- Manage adverse effects of [stimulant medications](#) ▼.
- Monitor [blood pressure](#) ☑, heart rate, height, and weight monthly, then at 3-monthly intervals when dose is stable.

ADHD in Children and Youth

Referral

- Request [non-acute paediatric medicine assessment](#) for formal diagnostic assessment and management. If urgent circumstances, ensure concerns are highlighted on referral.
- Request [child psychology assessment](#) for behavioural strategies and managing co-morbid conditions.
- Consider [speech and language assessment](#) for younger children.
- Where concerns exist regarding learning, arrange an educational psychology assessment using a mental health plan where possible and refer where appropriate:
 - Suitably qualified [child psychologists](#)
 - [SPELD Victoria](#) [🔗](#) – no referral necessary (costs involved)
 - [Speech and language assessment](#) for younger children

Information



For health professionals [^](#)

Further information

- [Australian ADHD Professionals Association](#) [🔗](#)
- [Australian Family Physician – Struggling at School: A Practical Approach to the Child Who is Not Coping](#) [🔗](#)
- [Australian Prescriber – Principles for Managing Attention Deficit Hyperactivity Disorder](#) [🔗](#)



For patients [^](#)

- [ADHD Australia – ADHD in Children](#) [🔗](#)
- [American Academy of Pediatrics – Understanding ADHD](#) [🔗](#)
- [Murdoch Children's Research Institute – Sleep with KIP – Helping Families Sleep Better](#) [🔗](#)
- [Raising Children – Behaviour Strategies to Help Children with ADHD](#) [🔗](#)
- [Royal Children's Hospital Melbourne – Kids Health Information:](#)
 - [Attention Deficit Hyperactivity Disorder \(ADHD\)](#) [🔗](#)
 - [ADHD – Ways to Help Children at School and Home](#) [🔗](#)

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