

Appendices

Appendix 1: Key diagnostic factors

Common features

- Presence of risk factors
- Onset prior to age 12 years
- Past or present academic dysfunction
- Present or past occupational dysfunction
- Familial and relationship dysfunction
- Drug and alcohol use disorders
- Thrill-seeking behaviour
- Driving accidents
- Unable to pay attention to details resulting in 'careless' mistakes at work, school, etc.
- Has difficulty maintaining attention in tasks
- Seems not to listen when being spoken to
- Does not follow instructions and does not finish duties and assigned tasks (not due to misunderstanding or oppositional behaviour)
- Has organisational difficulties
- Avoids, dislikes, or is reluctant to engage in tasks that require maintaining mental effort
- Frequently loses things needed for tasks or activities
- Frequently forgetful in daily activities
- Fidgets often with hands or feet and moves in seat
- Frequently leaves situations, rises from chair when remaining seated is expected
- Often feels restless
- Has difficulty engaging in leisure activities quietly
- Often 'on the go', acting as if 'driven by a motor'
- Often talks excessively
- Often interrupts with answers before questions have been completed
- Often has difficulty waiting for his/her turn (e.g., while waiting in line)
- Often interrupts or intrudes on others (e.g., interrupting conversations)
- Mild mood symptoms (dysphoria, mood lability, irritability, boredom)
- Anxiety
- Difficulty with peer interactions
- Low self-esteem
- Working memory (i.e., short-term memory) impairment
- Processing speed impairment (i.e., the rate at which information is dealt with)

Appendix 2: Summary of preparations, doses, side-effects and contra-indications¹⁴

Table 4 – Medications for use in adult ADHD			
	Methylphenidate	Dexamfetamine	Atomoxetine
Preparation	<p>Immediate-release (IR)</p> <p>Ritalin/Medikinet: 4h duration of action; b.d. or t.d.s.; 5, 10, 20mg tablets, max. 100 mg/day</p>	<p>Short-acting</p> <p>Dexamfetamine: effect 4h; b.d. or t.d.s.; 5mg tablets; max. 60 mg/day</p>	<p>Strattera: o.d.; 10, 18, 25, 40, 60, 80, 100mg tablets; usual dose 80mg; max. 120mg/day</p>
	<p>Modified-release</p> <p>Concerta XL: 22% IR: 78% MR); 10–12 h duration of action; o.d.; 18mg tablets; max. 108mg/day</p> <p>Equasym XL: (30% IR, 70% MR) 8h duration of action; o.d.; 10mg tablets; max. 100mg/day</p> <p>Medikinet XL (50% IR: 50% MR): 8h duration of action; o.d.; 10mg tablets; max.100mg per day</p>	<p>Long-acting</p> <p>Lisdexamfetamine: effect 12–13 h; o.d.; 30, 50, 70 mg tablets; max. 70mg/day</p>	
Side effects	<p>Reduced appetite, insomnia, depressed mood, anxiety, headache, irritability, tachycardia, tics, seizures, psychosis</p>	<p>Reduced appetite, insomnia, tachycardia, increased blood pressure, headache, depressed mood, anxiety, irritability, nasopharyngitis, tics, seizures</p>	<p>Reduced appetite, nausea, depressed mood, tachycardia, increased blood pressure, insomnia, dizziness, GI disturbance, sweating, sexual dysfunction, seizures, hepatitis</p>
Contraindications	<p>Cardiac disease, cerebrovascular disease, hyperthyroidism, phaeochromocytoma, vasculitis, some mental disorders (weigh risks v. benefits)</p>	<p>Cardiovascular disease, hypertension, arteriosclerosis, hyperthyroidism, history of drug or alcohol misuse</p>	<p>Phaeochromocytoma</p>

See British National Formulary for full list. ADHD, attention deficit hyperactivity disorder; GI, gastrointestinal; IR, immediate release; MR, modified release.

Appendix 3:

Example of shared care agreement (Based on NHS Lothian shared care agreements):

Shared Care Agreement for ADHD Medication Prescribing in Primary Care

This agreement is designed to ensure safe and effective prescribing of ADHD medication following a diagnosis of ADHD, whether made via NHS or private services.

This document is intended to promote safe and effective management of ADHD treatment through collaboration between primary care and specialist services. Both the patient and the practice agree to adhere to the stipulations for continued prescribing and monitoring.

For patients under 6 years of age

- All of the care would be provided by specialist services including prescribing and they are not part of the shared care arrangements.

For patients over 6 but under 18

- The specialist team (usually Child and Adolescent Mental Health Services (CAMHS)) is required to undertake, assessment, diagnosis, titration of medicine dosage and all monitoring including – height, weight, pulse, BP at baseline, 3 monthly, then 6 monthly in the longer term.
- Only prescribing is done by GPs and then only if the CAMHS have confirmed that the ongoing monitoring is in place and supports continued prescribing of the medication.
- When the young person reaches 18 and is transferred to adult services the specialist team are required to facilitate this transfer.

For adult patients

- The specialist team (usually adult mental health teams) is required to undertake, assessment, diagnosis, titration of medicine dosage including - height, weight, and family history of cardiovascular disease at baseline and refer patient for ECG if required, monitor BP and pulse during dose titration.
- The specialist team are also responsible for a re-evaluation of continued need for medication beyond one year.
- The GP is responsible for 6 monthly monitoring of weight, pulse, and blood pressure every 6 months once the patient is stable and for prescribing. The GP would require the 12 months re -evaluation by a specialist to take place to continue the monitoring and prescribing in primary care.

Example of practice agreement:

The role of XXXXX Surgery is to manage the ongoing prescribing of ADHD medication, while specific ADHD monitoring and medication adjustments will remain under the responsibility of the specialist clinic.

1. Conditions for Ongoing Prescription:

The practice will continue to prescribe ADHD medication under the following conditions:

- Annual Review with Specialist: The patient must have an annual review with a specialist, which can be with a private clinic while awaiting an NHS review. This review is essential to assess the continued appropriateness of the medication.
- Six-Monthly Monitoring: The practice will ensure that the patient undergoes the following monitoring every 6 months:
 - Blood pressure (BP)
 - Pulse
 - Weight
 - Height
 - Any additional monitoring as advised by the specialist clinic □
- No Dose Alteration by Practice: The practice will not alter the dose of the ADHD medication. Any changes to the medication dosage or regimen will remain the responsibility of the specialist clinic.

2. Cessation of Prescription:

- ADHD medication prescribing will cease if:
- The patient fails to attend the required annual review with the specialist or
- The patient fails to complete the 6-monthly monitoring as outlined above.

3. Acknowledgment and Consent:

By signing below, the patient (or parent/guardian) acknowledges and agrees to the conditions outlined in this shared care agreement.

The patient understands that the primary care practice will only continue prescribing ADHD medication if the conditions are met, and any failure to comply with the monitoring or review requirements will result in the cessation of medication prescribing.

Patient (or Parent/Guardian) Consent:

Patient Name: _____

Date of Birth: _____

Signature of Patient/Parent/Guardian: _____ Date: _____

On Behalf of the Practice:

Practice Name: _____

GP/Practice Representative: _____

Signature: _____ Date: _____

Appendix 4: Useful resources

- [Adult ADHD Self-Report Scale \(ASRS-v1.1\) symptom checklist - 18 item](#)
- [Adult ADHD Self-Report Scale \(ASRS-v1.1\) Screener - 6 item](#)
- [Children and adults with attention-deficit/hyperactivity disorder \(CHADD\)](#)
- [Helpguide.org: adult ADD/ADHD](#)
- [National Institute of Mental Health \(NIMH\): attention deficit hyperactivity disorder \(ADHD\)](#)
- [Home - Procrastination Station](#)
- [ADDiSS \(ADHD information services\)](#)
- [AADD-UK Website for and by adults with ADHD](#)
- [Youngminds Charity for children and young people](#)
- [Promotes awareness of ADHD and provide information with as much free practical help to sufferers, both adults and children, and their families](#)
- [Adolescent Brain Cognitive Development](#)
- [UK Biobank](#)
- [Vanderbilt ADHD diagnostic scales](#)
- [SNAP-IV 26 - teacher and parent rating scale](#)
- [Clinical Tools](#)
- [ADHD UK](#)
- [ADDitude magazine](#)
- [CDC: attention-deficit / hyperactivity disorder \(ADHD\)](#)
- [Self-help resource pack by NHS Lothian](#)

Diagnostic guidelines

- [Attention deficit hyperactivity disorder: diagnosis and management](#)
<https://www.nice.org.uk/guidance/ng87/resources/attention-deficit-hyperactivity-disorder-diagnosis-and-management-pdf-1837699732933> [Overview | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE](#)
<https://www.nice.org.uk/guidance/ng87>
- [adhd in adultsfinal guidelines june2017.pdf](#)

Treatment guidelines

- [Recommendations for occupational therapy interventions for adults with ADHD: a consensus statement from the UK Adult ADHD Network. Published by: UK Adult ADHD Network Last published: 2021](#)
- [Attention deficit hyperactivity disorder: diagnosis and management. Published by: National Institute for Health and Care Excellence Last published: 2019](#)
- [ADHD in adults: good practice guidelines. Published by: Royal College of Psychiatrists in Scotland Last published: 2017](#)
- [Evidence-based guidelines for the pharmacological management of attention deficit hyperactivity disorder: update on recommendations from the British Association for Psychopharmacology. Published by: British Association for Psychopharmacology Last published: 2014](#)

Fees:

- <https://www.rainbowmedical.co.uk/fees/>
- <https://www.adhdscotland.co.uk/assessment-glasgow/>
- <https://adhddirect.co.uk/services/adhd-assessment/>
- <https://www.adhdcentre.co.uk/assessment-costs-child-adult/>
- GOV UK – Universal Credit. Accessed Sept 2025 from <https://www.gov.uk/universal-credit/what-youll-get>