



Adult ADHD and Autism Pathways in Barnsley

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Organisation of Mental Health

Services



Neurodevelopmental
Disorders
(ADHD, ASD)
(4+1=5%)



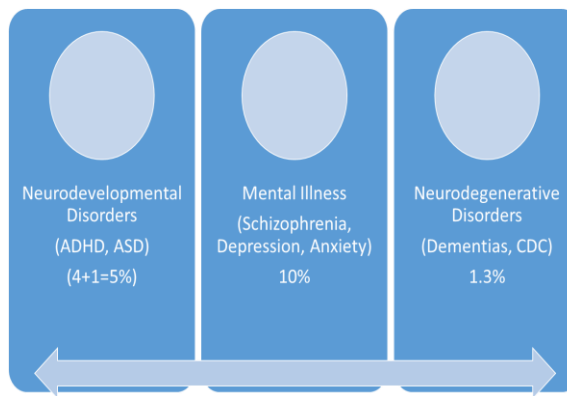
Mental Illness
(Schizophrenia,
Depression, Anxiety)
10%



Neurodegenerative
Disorders
(Dementias, CDC)
1.3%

IQ

AGE





With all of us in mind

Referral form

Service for adults with ADHD

Date of referral

Referrer details

Name

Address

Telephone number

Designation

Details of person referred

Name

NHS number

RIO number

Gender Male Female

Date of birth

Current address

Telephone numbers Home Mobile

Has the person consented to this referral? YES NO

Does the person have any communication needs and/or require information in a format other than standard print? YES NO

If YES, what are the person's needs?

Does the person want someone to contact us on their behalf (e.g. partner, parent) when arranging an initial appointment? YES NO



With all of us in mind

Referral form

Service for adults with autism

Date of referral

Referrer details

Name

Address

Telephone number

Designation

Details of person referred

Name

NHS number

RIO number

Gender

Date of birth

Current address

Home telephone

Mobile telephone

GP details

Name

Surgery address

Telephone number

ADHD REFERRALS

- There is National Guidance for Service *Capacity* (NICE CG72)
- Standard benchmark rate for referral to a Service for the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in adults is 25 per 100,000 population per year.
- For Barnsley (230,000) it will be in total **57** cases per year (including Transition from children services)

ACTUAL REFERRALS NUMBERS FOR OOA, no Transition)

| March 2012-end March 2013 | March 2013- end March 2014 | April 2014 - end March 2015 |
|---------------------------|----------------------------|-----------------------------|
| 32 | 32 | 35 |

Autism REFERRALS

- No national guidance for planned Service *Capacity*

ACTUAL REFERRAL NUMBERS

| 2013-2014 | 46 |
|-----------|----|
| 2014-2015 | 44 |
| 2014-2015 | 50 |

Impact of Untreated and Under-treated ADHD

Health Care System

50% ↑ in bike accidents¹
33% ↑ in ER visits²
2–4X more motor vehicle crashes³⁻⁵

Patient

Family

3–5X ↑ Parental Divorce or Separation^{11,12}
2–4X ↑ Sibling Fights¹³

School & Occupation

46% Expelled⁶
35% Drop Out⁶
Lower Occupational Status⁷

Society

Substance Use Disorders:
2X Risk⁸
Earlier Onset⁹
Less Likely to Quit in Adulthood¹⁰

Employer

↑ Parental
↑ Absenteeism¹⁴
and
↓ Productivity¹⁴

1. DiScala et al. 1998

2. Liebson et al. 2001

3. NHTSA, 1997.

4-5. Barkley et al. 1993; 1996.

6. Barkley, et al. 1990.

7. Manuzza et al. 1997.

8. Biederman et al. 1997.

9. Pomerleau et al. 1995

10. Wilens et al. 1995.

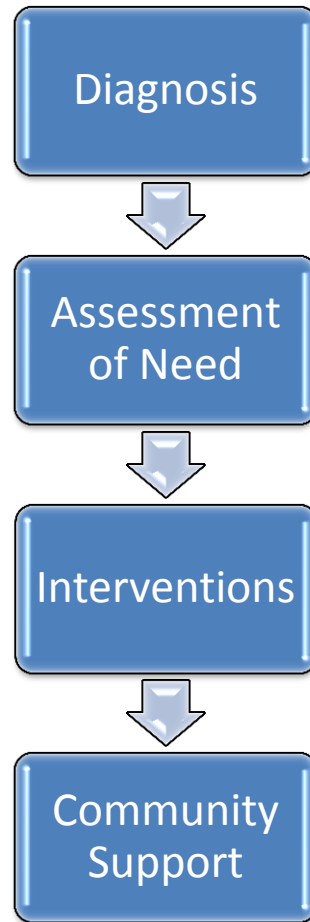
11. Barkley et al. 1991.

12. Brown & Pacini, 1989.

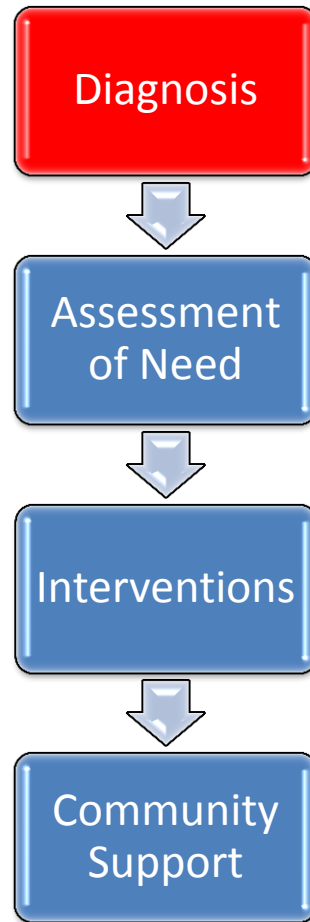
13. Mash & Johnston, 1983.

14. Noe et al, 1999

Pathway Structure for any Healthcare condition (mental health context)

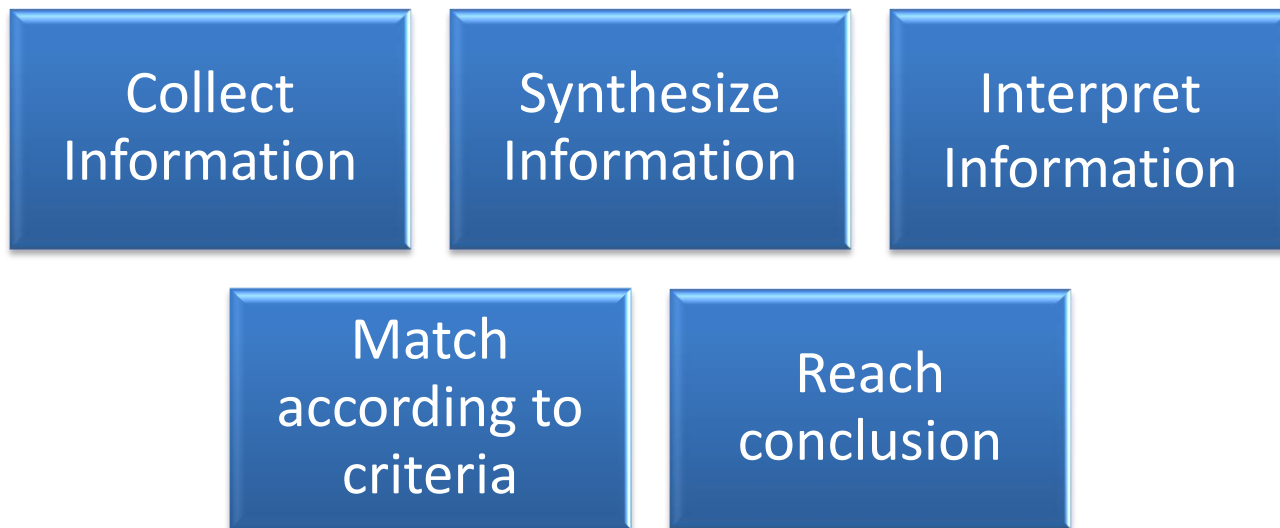


Pathway Structure for any Healthcare condition

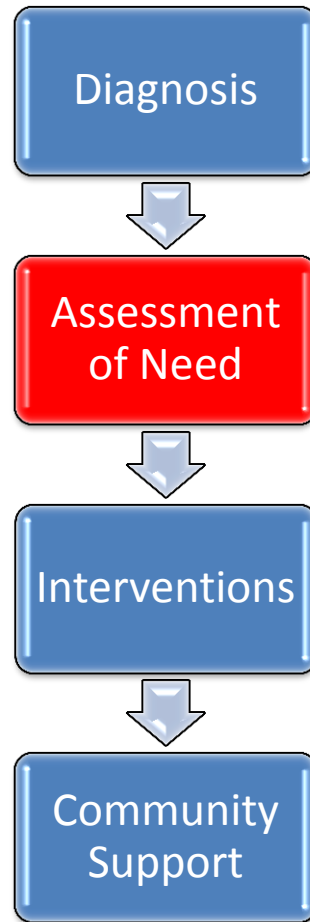


Diagnosis

It is a **process** i.e. a series of actions or steps taken in order to achieve a particular end.



Pathway Structure for any Healthcare condition



Recovery Stars- focus on Recovery

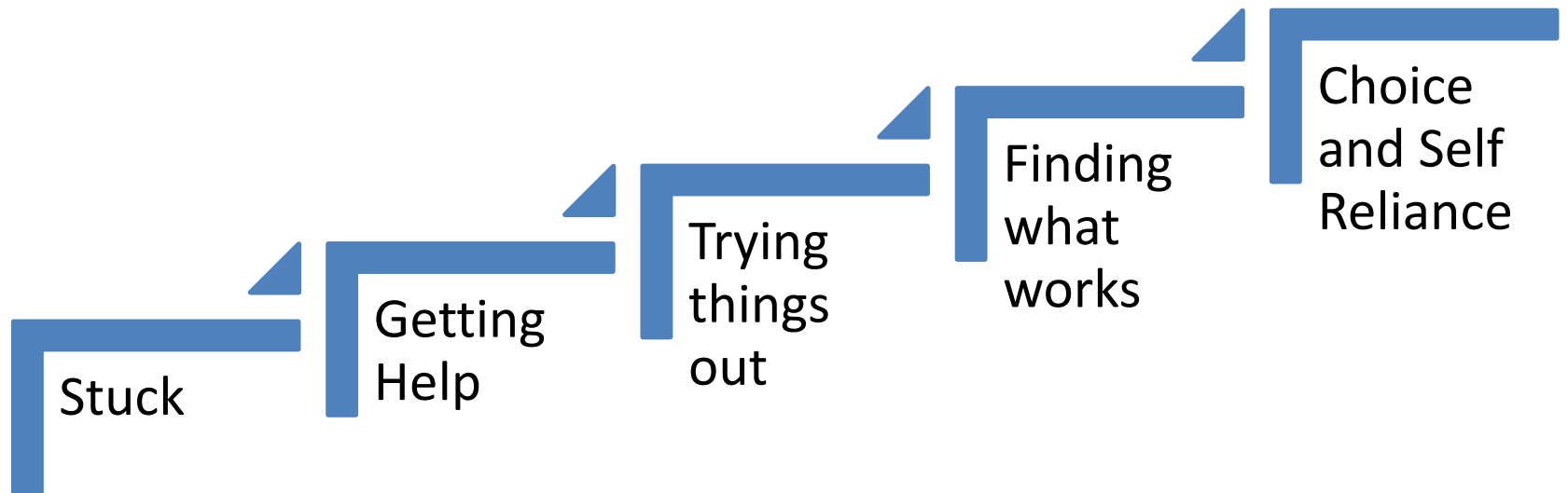
SPECTRUM STAR- AUTISM

- Physical health
- Living skills & self care
- Well-being & self-esteem
- Sensory differences
- Communication
- Social skills
- Relationships
- Socially responsible behaviour
- Time and activities

ADHD STAR- ADHD

1. Understanding your ADHD
2. Physical Health
3. Focus and attention
4. Organising yourself
5. Friend and Social life
6. Thinking and Reacting
7. How you Feel
8. Meaningful use of time

Ladder of Change in Adult ADHD

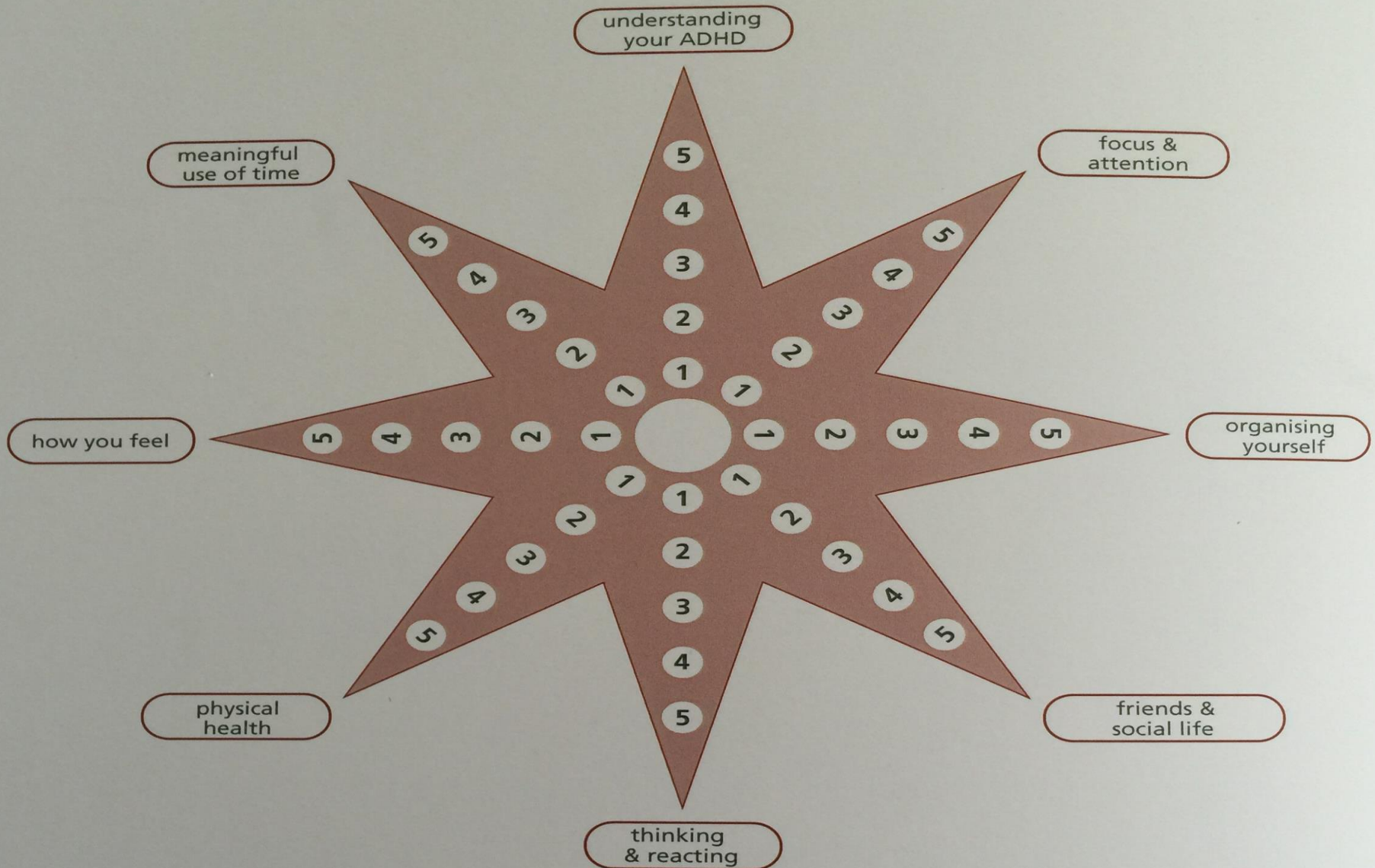




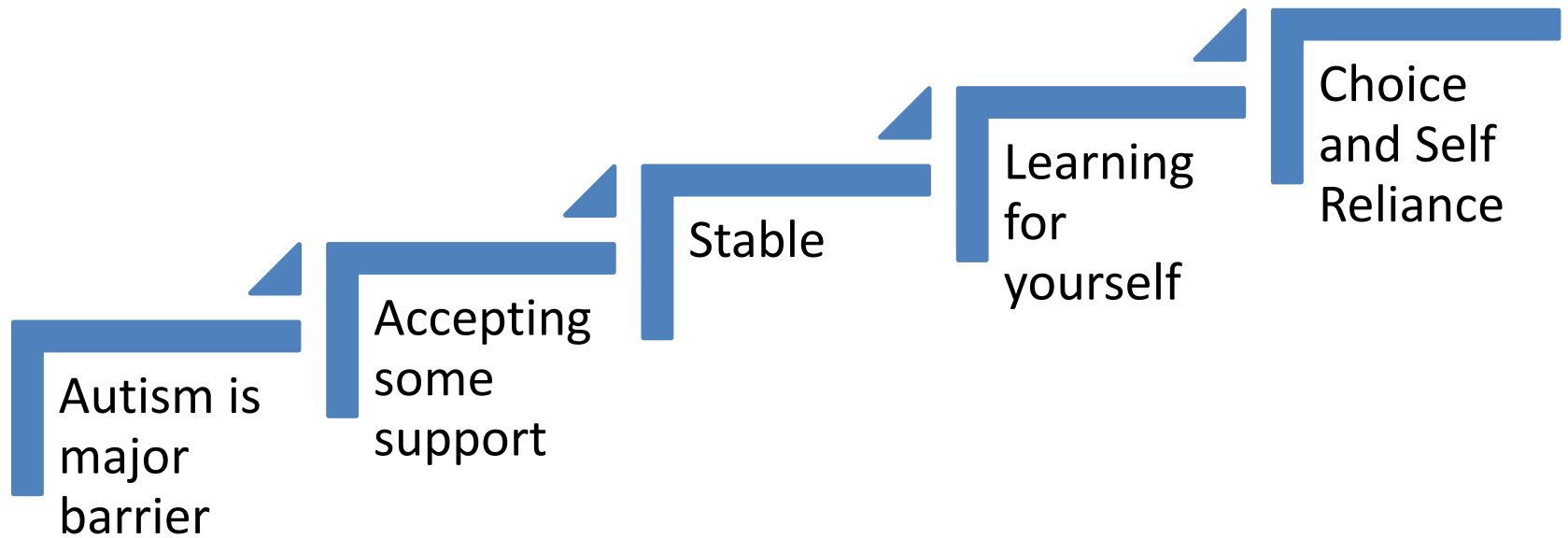
Outcomes Star™

Developed by
Triangle

A tried and tested
tool for supporting
and measuring change

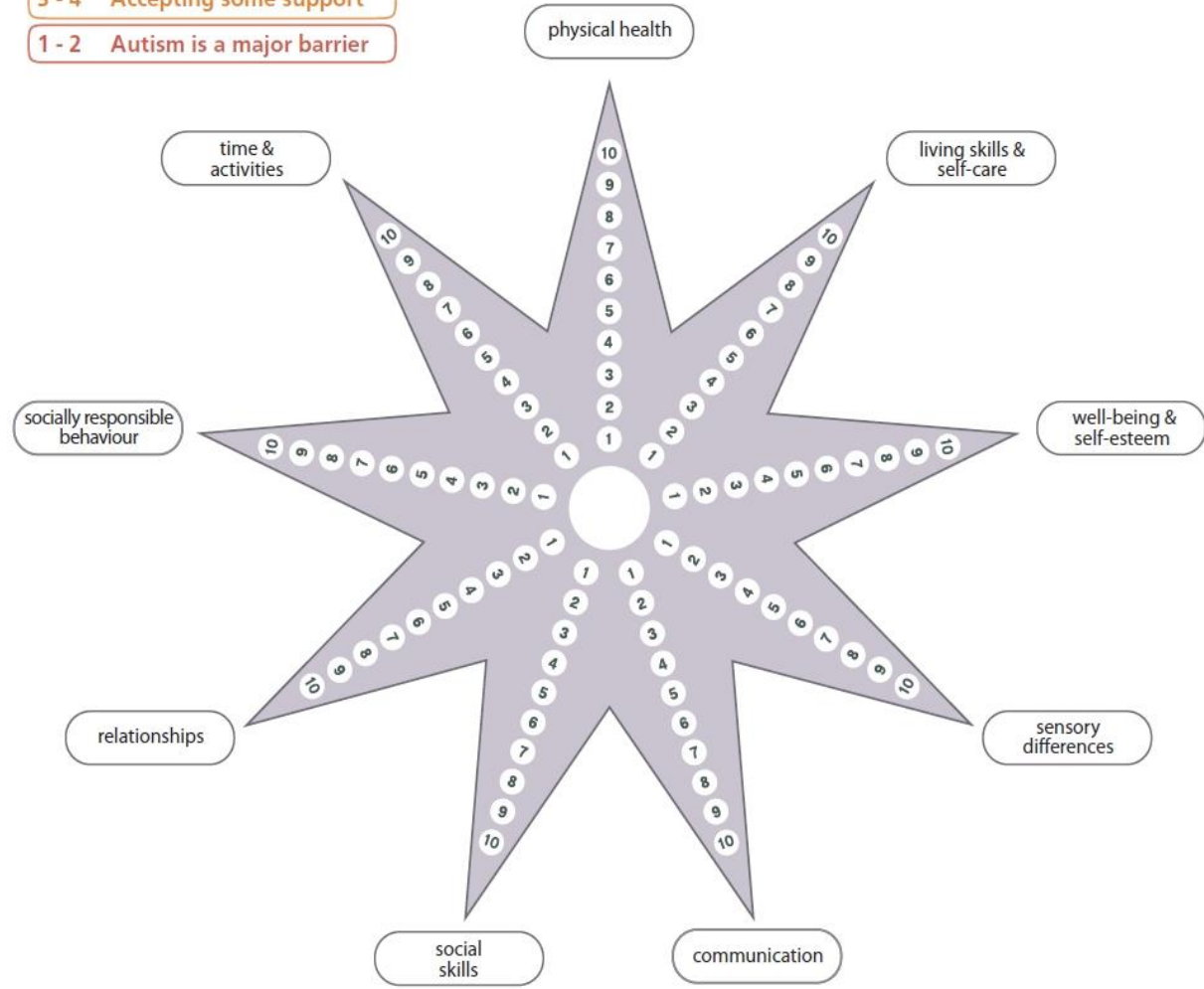


Ladder of Change in Autism

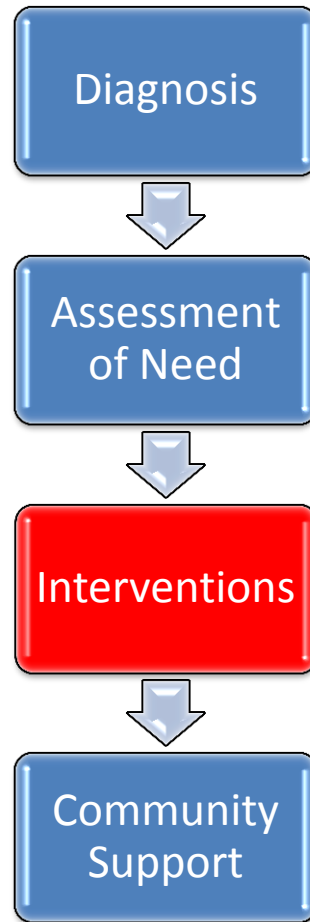


Client ●

- 9 - 10 Choice and self-reliance
- 7 - 8 Learning for yourself
- 5 - 6 Stable
- 3 - 4 Accepting some support
- 1 - 2 Autism is a major barrier



Pathway Structure for any Healthcare condition



ADHD and Comorbidity Lead to Adult Functional Impairments

Symptom Domains

- Hyperactivity
- Inattention
- Impulsivity



Lead to

Psychiatric Comorbidities

- Anxiety and mood disorders
- Disruptive behavior disorders (conduct disorder and oppositional defiant disorder)

Adult Functional Impairments

Self

- Low self-esteem
- Accidents and injuries
- Smoking
- Substance abuse

School / Work

- Academic difficulties, underachievement
- Employment difficulties

Home

- Family stress
- Parenting difficulties

Social

- Poor peer relationships
- Socialization deficit
- Relationship difficulties
- Legal troubles

Health Interventions

Relate to Disorder
(ADHD or Autism)

Relate to
Comorbidity

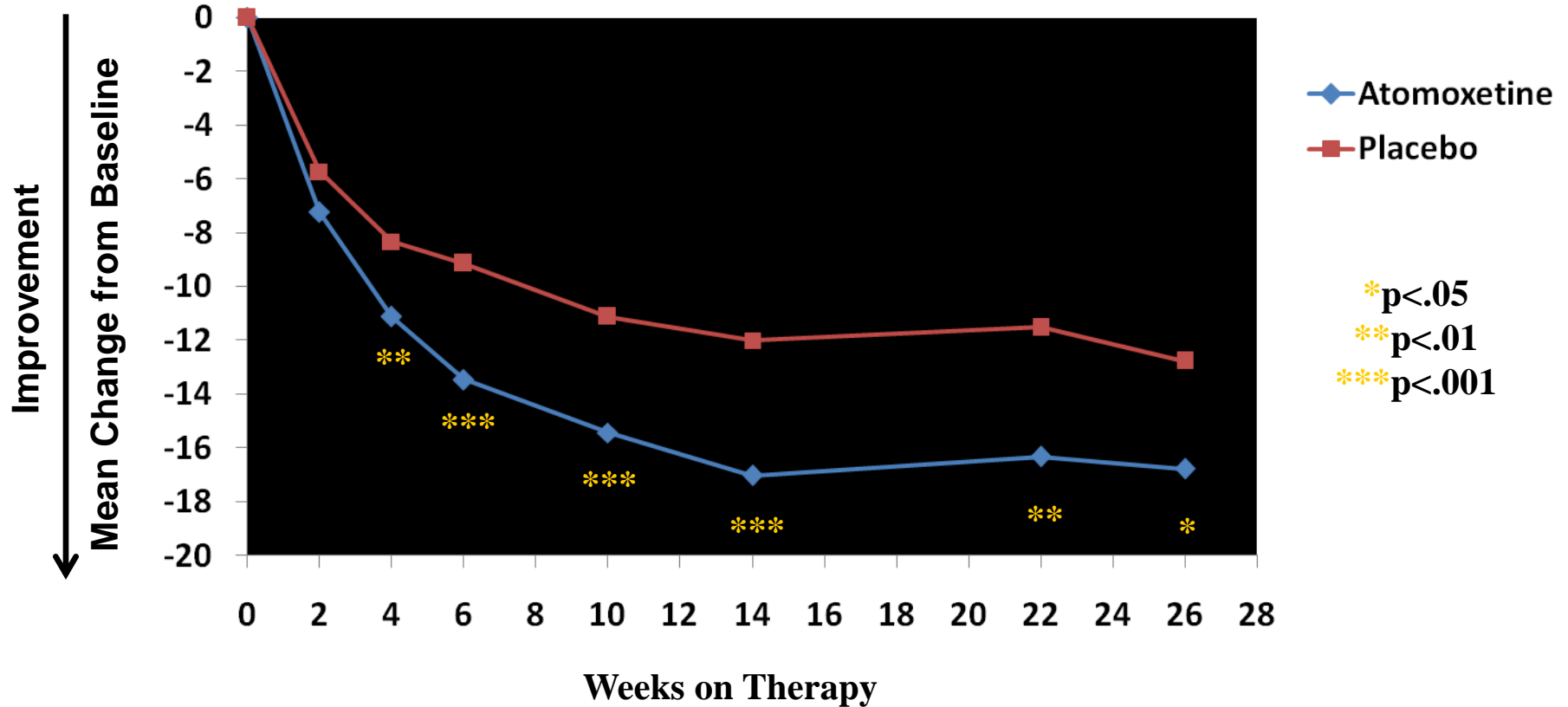
Health Interventions

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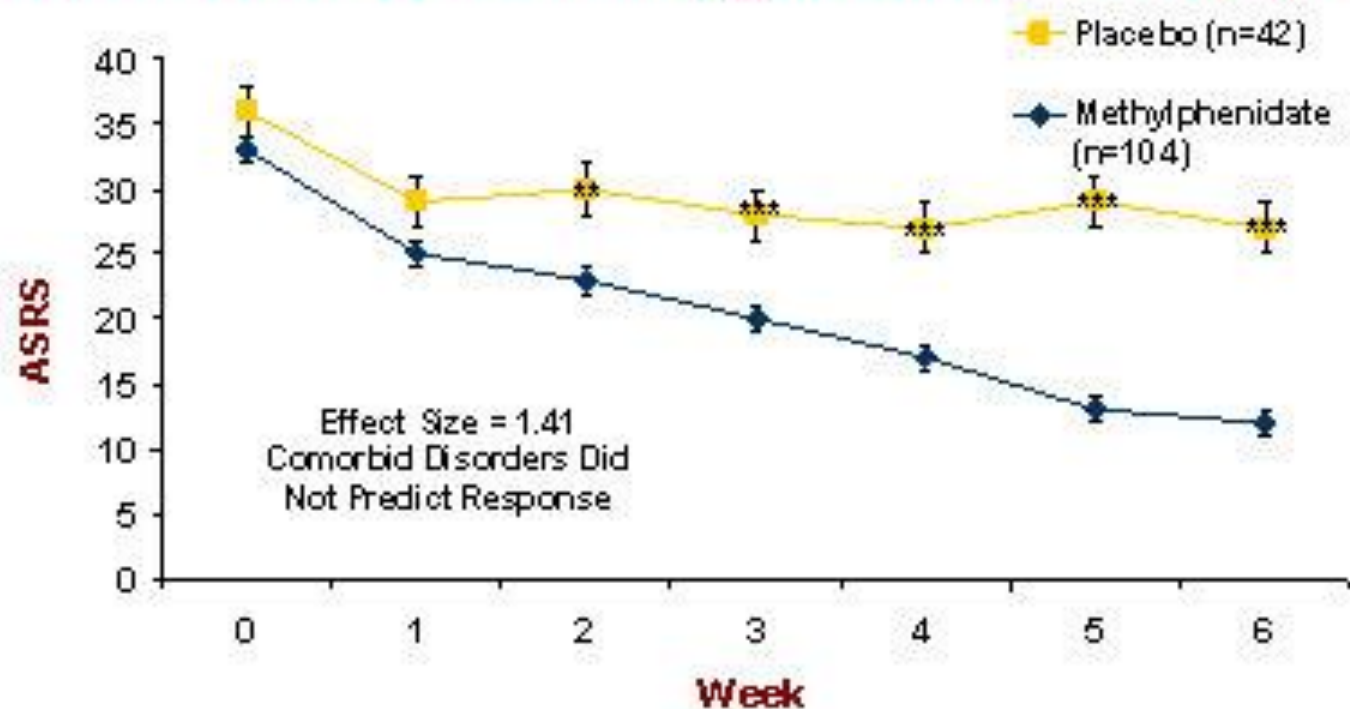
Atomoxetine Efficacy in Adult ADHD: LYCU Study

AISRS Total Score

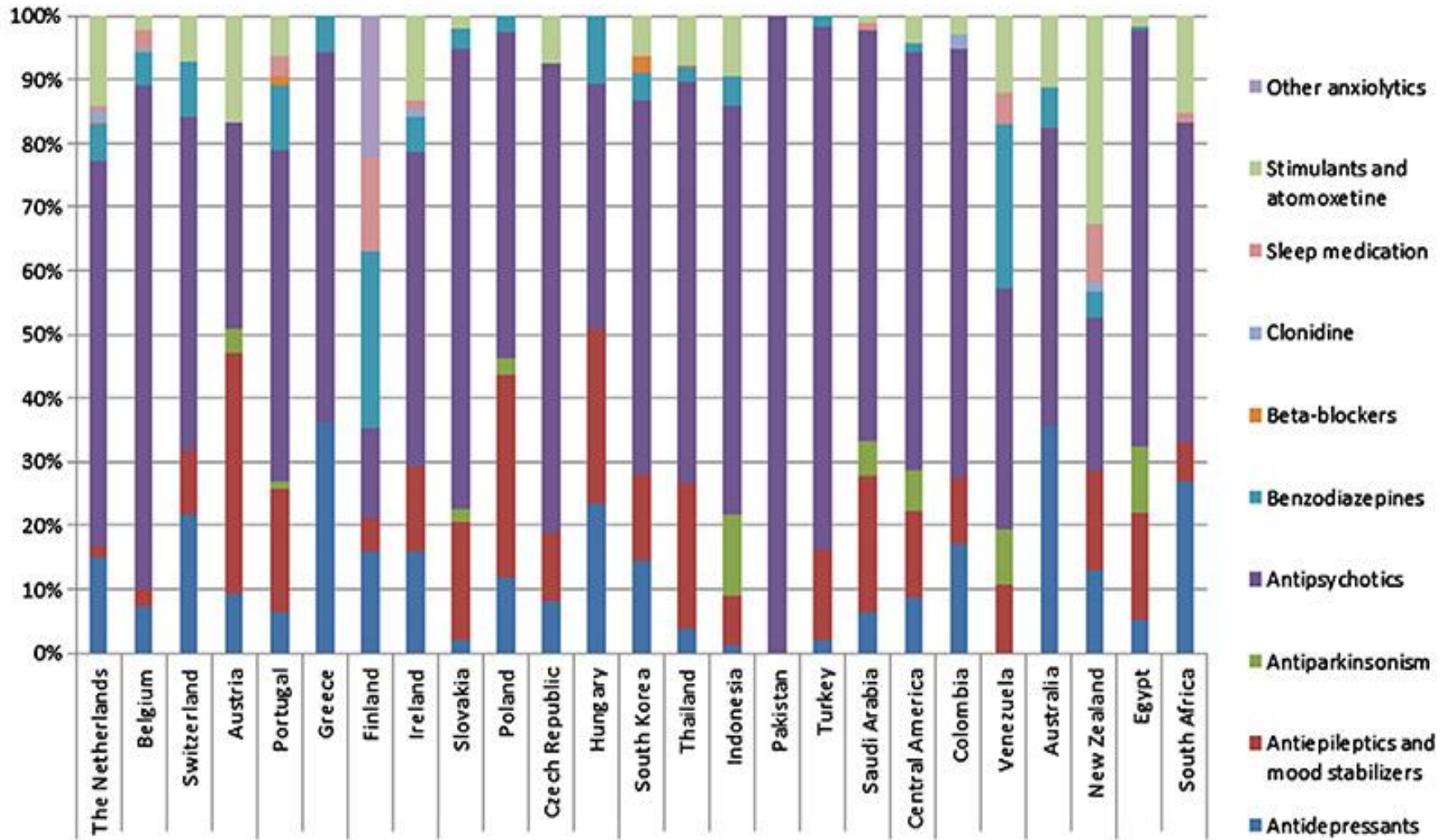


Methylphenidate for Adult ADHD

Improvement in Inattention and Hyperactive-Impulsive Symptoms



Spencer T, et al. *Biol Psychiatry*. 2005;57:456-463.

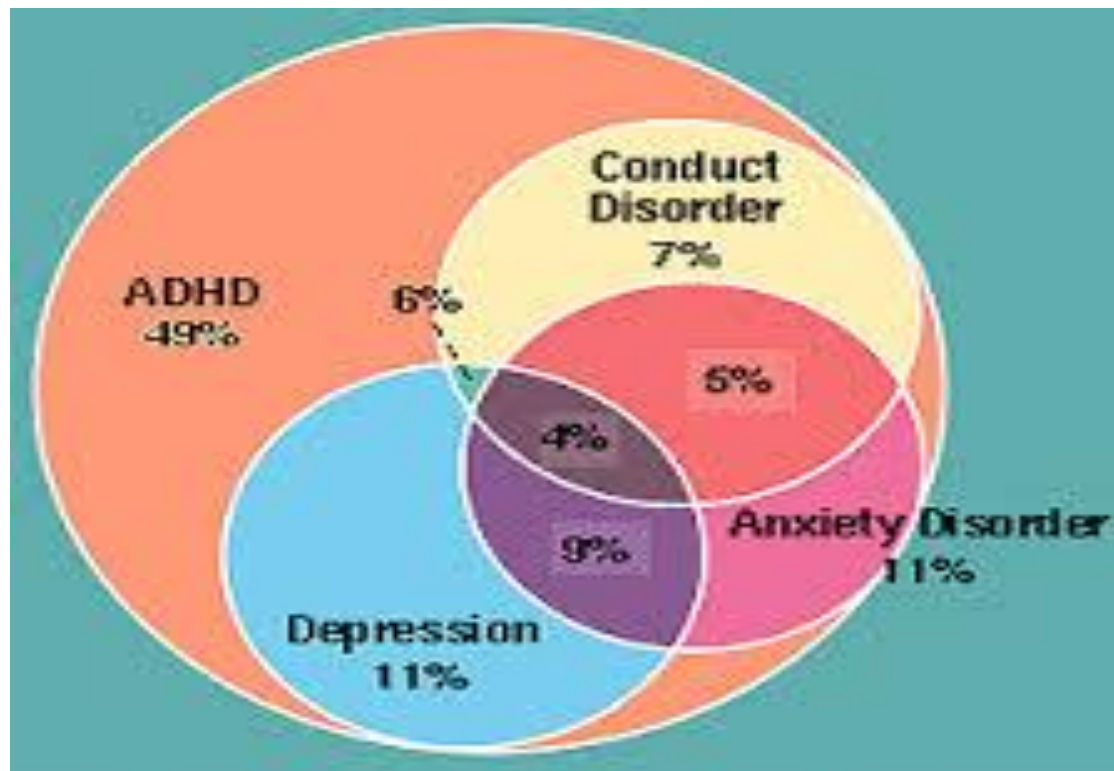


Wong, A. Y., Y. Hsia, et al. (2014). "The variation of psychopharmacological prescription rates for people with autism spectrum disorder (ASD) in 30 countries." *Autism Res* 7(5): 543-554.

Health Interventions

Relate to Disorder
(ADHD or Autism)

Relate to
Comorbidity



Co-morbidity in ADH



| | Paediatrics n=429 | CAMHS n=3,738 | Adult mental health n=1,312 | Total sample n=5,479 |
|---|----------------------|------------------|--------------------------------------|----------------------------|
| F00-F09 - Organic mental disorder | <1% | <1% | <1% | <1% |
| S06-S07 - Traumatic brain injury | <1% | <1% | <1% | <1% |
| F10 - Mental and behavioural disorders due to use of alcohol | | <1% | 4% | 1% |
| F11 - Mental and behavioural disorders due to use of opioids | | | <1% | 0% |
| F12 - Mental and behavioural disorders due to use of cannabinoids | <1% | <1% | 3% | 1% |
| F14 - Mental and behavioural disorders due to use of cocaine | | <1% | <1% | <1% |
| F19 - Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances | | <1% | 2% | <1% |
| F20-F29 - Schizophrenia spectrum disorder | | <1% | 2% | <1% |
| F31 - Bipolar affective disorder | | <1% | 2% | <1% |
| F30-F39 - Other mood disorder | <1% | 1% | 13% | 4% |
| F40-F48 - Neurotic, stress related and somatoform disorders | <1% | 3% | 8% | 4% |
| F50 - Eating disorder | | <1% | <1% | <1% |
| F50-F59 - Other behavioural syndromes associated with physiological disturbances and physical factors | <1% | <1% | <1% | <1% |
| F60.2 - Dissocial personality disorder | | <1% | 3% | <1% |
| F60.3 - Borderline personality disorder | | <1% | 3% | 1% |
| F60-F69 - Disorders of adult personality and behaviour | | <1% | 6% | 1% |
| F70-79 - Mental retardation (includes learning disability) | 10% | 10% | 14% | 11% |
| F84 - Pervasive developmental disorder (includes autism and Asperger's syndrome) | 10% | 21% | 15% | 20% |
| F80-F89 - Other disorders of psychological development | 2% | 2% | 1% | 2% |
| F91 - Conduct disorder | 4% | 5% | 3% | 4% |
| F91.3 - Oppositional defiant disorder | 5% | 11% | 2% | 8% |
| F93 - Emotional disorders with onset specific to childhood | 3% | 4% | 1% | 3% |
| F95 - Tic disorders (including Tourette's) | 2% | 4% | 2% | 4% |
| F94 - Disorders of social functioning with onset specific to childhood and adolescence | 4% | 2% | 1% | 2% |
| F98 - Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence | 6% | 3% | 1% | 3% |
| G40 - Epilepsy | 2% | 1% | 2% | 2% |
| G47 - Sleep disorders | 24% | 5% | 2% | 6% |
| Other | 11% | 7% | 4% | 7% |
| None of the above comorbid disorders | 36% | 44% | 40% | 42% |

Comorbidity in Autism



- 70% of participants had at least one comorbid disorder and 41% had two or more:
 - social anxiety disorder 29.2%
 - attention-deficit/hyperactivity disorder 28.2%
 - oppositional defiant disorder 28.1%
- Simonoff, E., A. Pickles, et al. (2008). "Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample." J Am Acad Child Adolesc Psychiatry **47(8): 921-929.**
- Vannucchi, G., G. Masi, et al. (2014). "Clinical features, developmental course, and psychiatric comorbidity of adult autism spectrum disorders." CNS Spectr **19(2): 157-164.**

Social Care Interventions

Relate to Disorder
(ADHD or Autism)

Relate to
Comorbidity



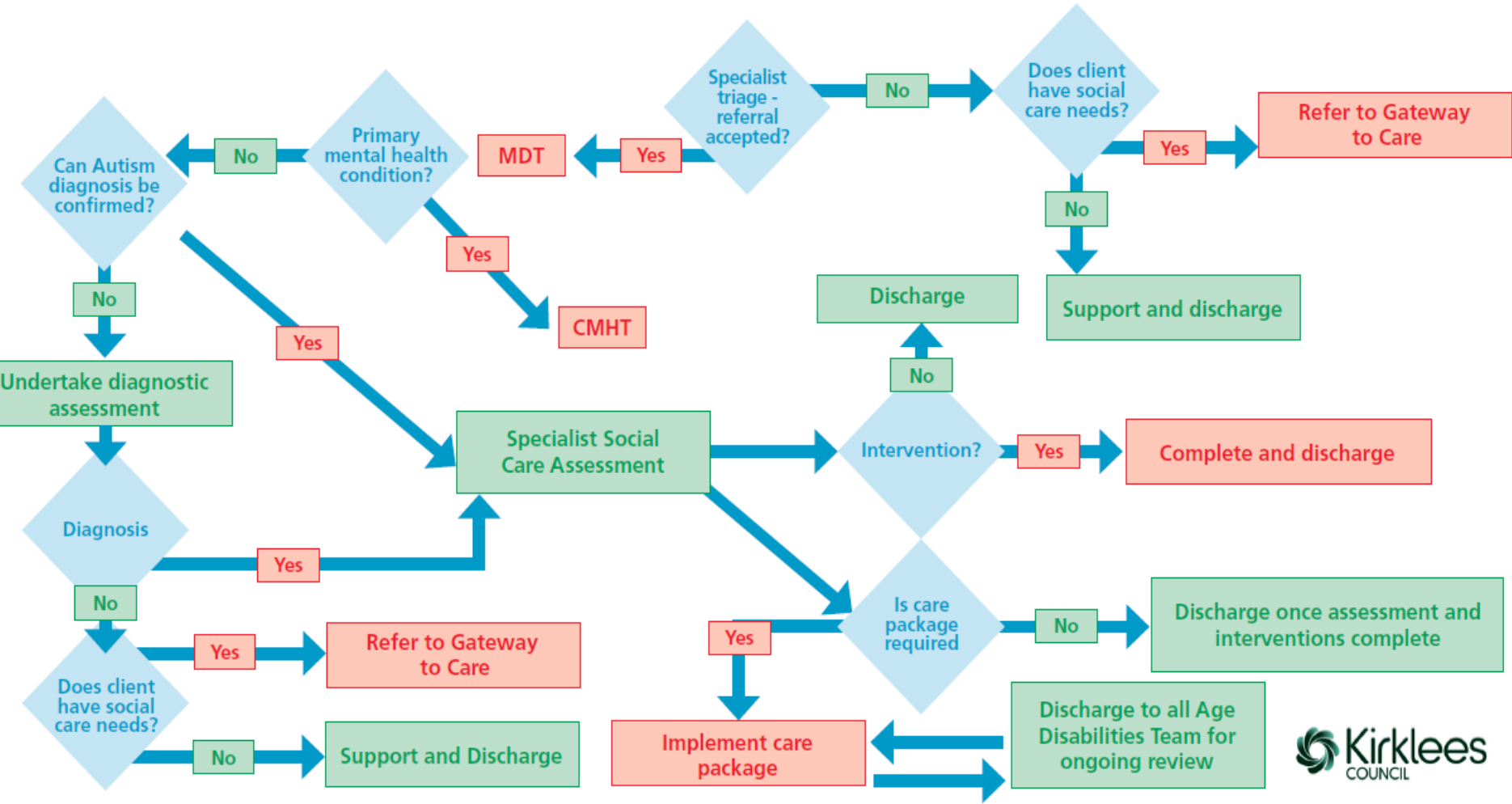


With all of us in mind

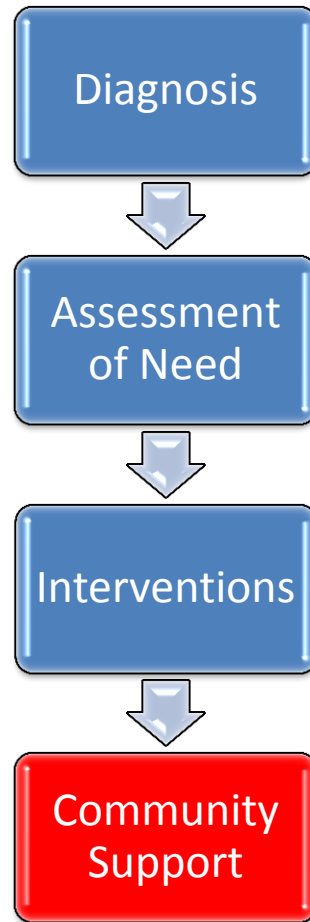
KIRKLEES COUNCIL ADULT AUTISM PATHWAY

REFERRAL SOURCES
LA TRANSITION TEAMS / CAMHS / GP / CMHT

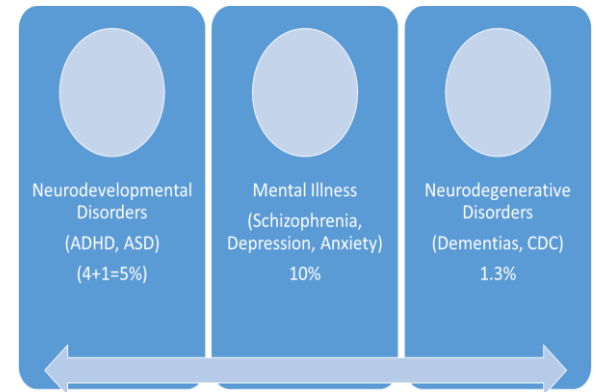
Referral



Pathway Structure for any Healthcare condition







Adult ADHD and Autism- take home points

- ADHD and Autism are **different** disorders- there is no overlap in phenomenology.
- Screening tools are **not** very good in discriminating either condition.
- Read your **diagnostic criteria** and don't be affected by 'awareness' campaigns.
- Use referral forms as a guide to **you** – should I refer if I can only write one line?
- Demand is controlled by primary care- supply is controlled by CCG.
- Do we need some 'proper' training for these conditions?

