psychiatryUK

Inspected and rated Good CareQuality Commission

GP Webinar

Understanding ADHD: Key Insights for GPs

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Dr Joanne Farrow
Medical Director

Dr Sam Spavin
ADHD Clinical Lead

Sarah Mowat
Senior Clinical Treatment Co-ordinator

Overview of key learning points

- Diagnosis and prevalence.
- Differential diagnosis and comorbidities.
- ADHD and ASD: AuDHD.
- Gender variation.
- ADHD and menopause.
- Impact of ADHD.
- Treatment principles overview.
- The GP journey from referral to SCA.

ADHD

- **Neurodevelopmental** disorder.
- Highly **heritable** condition.
- Main challenges: **inattention**, **hyperactivity** and **impulsivity**.
- **Starts** to show itself at an **early age** but some people do not experience challenges until **adulthood**.
- **Lifelong** for many people.
- People with ADHD are also **frequently diagnosed** with other **mental health conditions**.

Prevalence

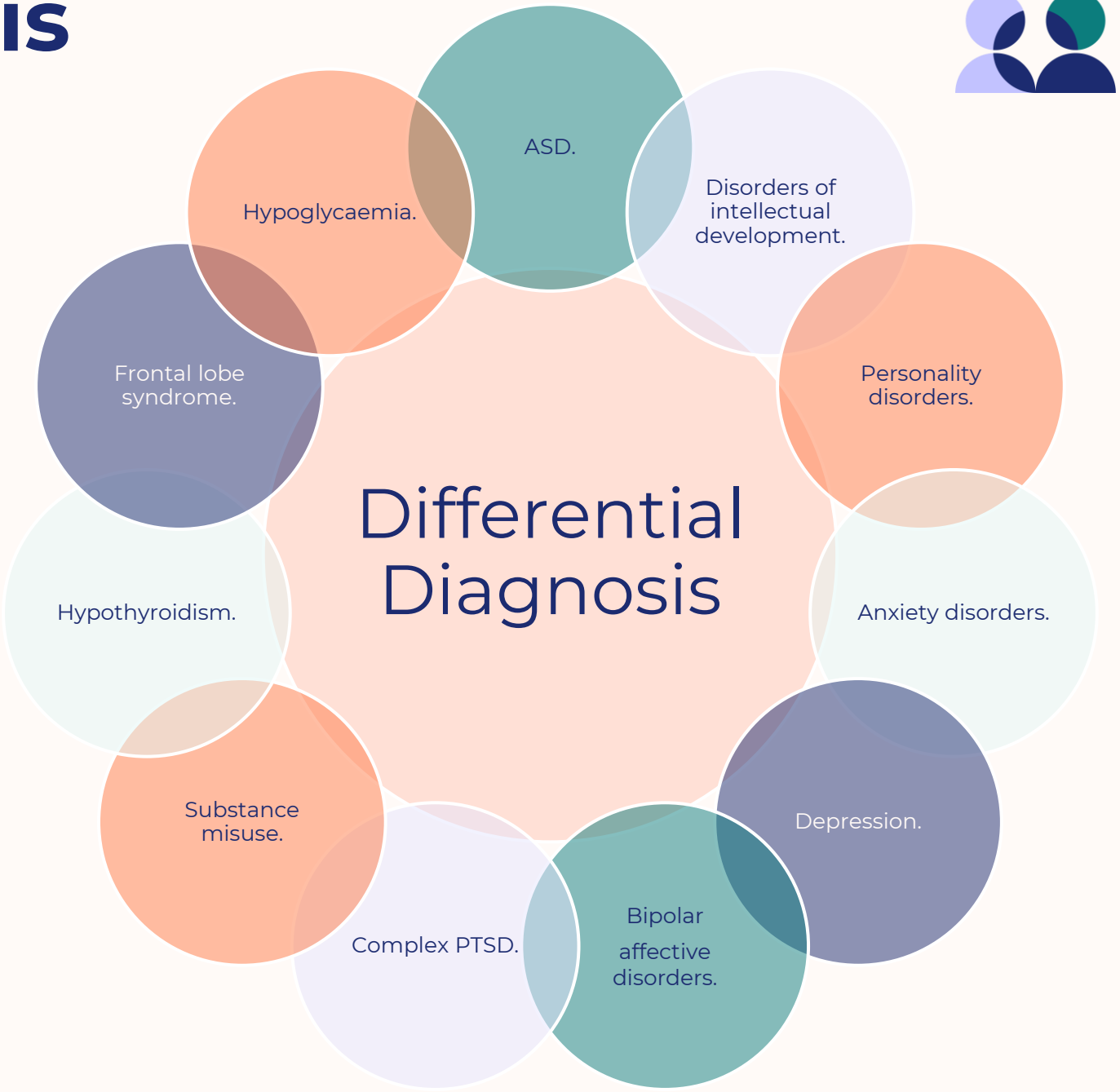
The worldwide prevalence of ADHD in children is estimated at 5%.

ADHD affects about 3 to 4 in every 100 adults.

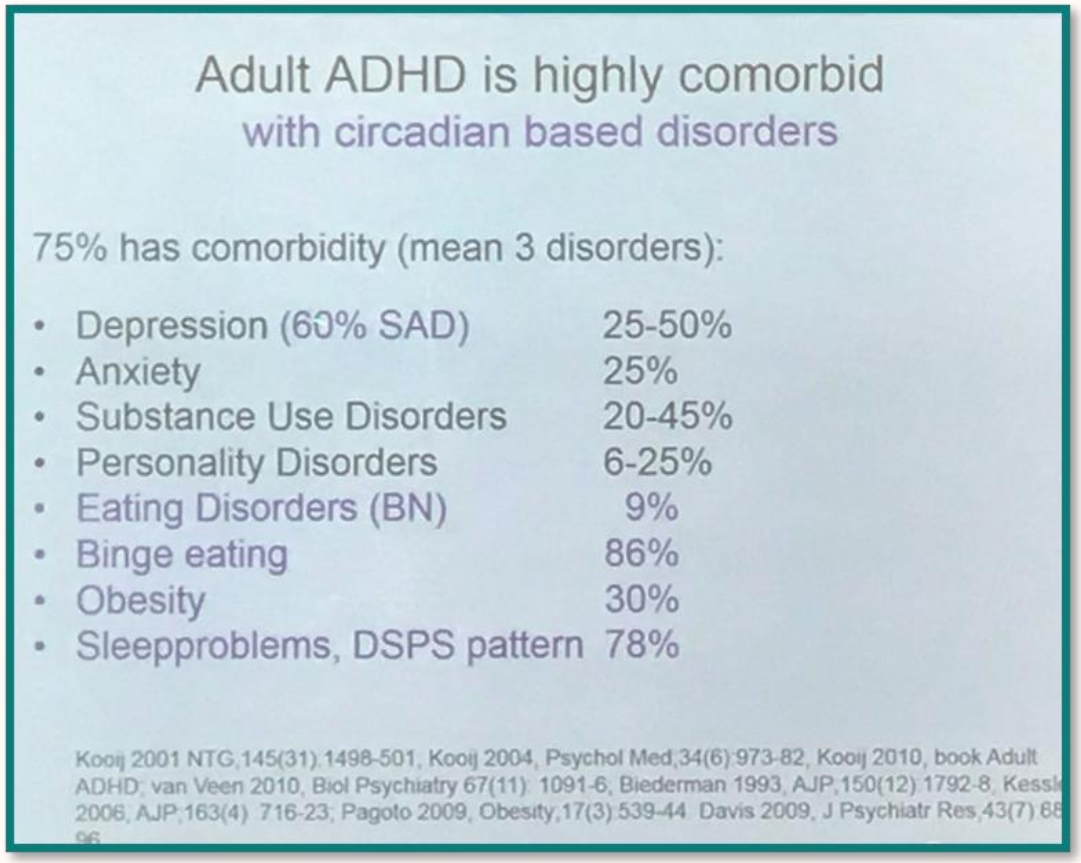
ADHD is more common in people who have a sibling or close family member with ADHD.

Differential diagnosis

- **ADHD** as we know it is a list of difficulties and **‘symptoms’.** The Key to an **accurate diagnosis** is to rule out other conditions which cause similar problems.
- This is achieved by an **in-depth knowledge** of the **differentials** and exploring the **root cause** of the difficulties presented.
- This is **not a tick box process**.



Co-Morbidities associated with ADHD



Adult ADHD is highly comorbid
with circadian based disorders

75% has comorbidity (mean 3 disorders):

• Depression (60% SAD)	25-50%
• Anxiety	25%
• Substance Use Disorders	20-45%
• Personality Disorders	6-25%
• Eating Disorders (BN)	9%
• Binge eating	86%
• Obesity	30%
• Sleepproblems, DSPS pattern	78%

Kooij 2001 NTG;145(31):1498-501, Kooij 2004, Psychol Med;34(6):973-82, Kooij 2010, book Adult ADHD; van Veen 2010, Biol Psychiatry 67(11): 1091-6, Biederman 1993, AJP;150(12):1792-8, Kessl 2006, AJP;163(4): 716-23; Pagoto 2009, Obesity;17(3):539-44 Davis 2009, J Psychiatr Res;43(7):68 96

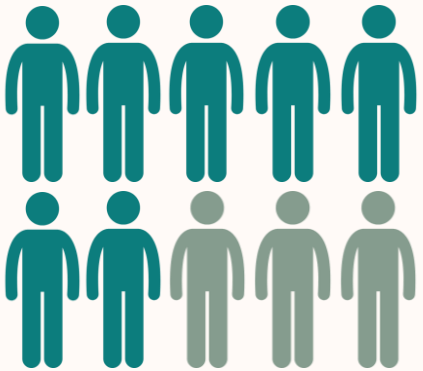
Substance use comorbidity

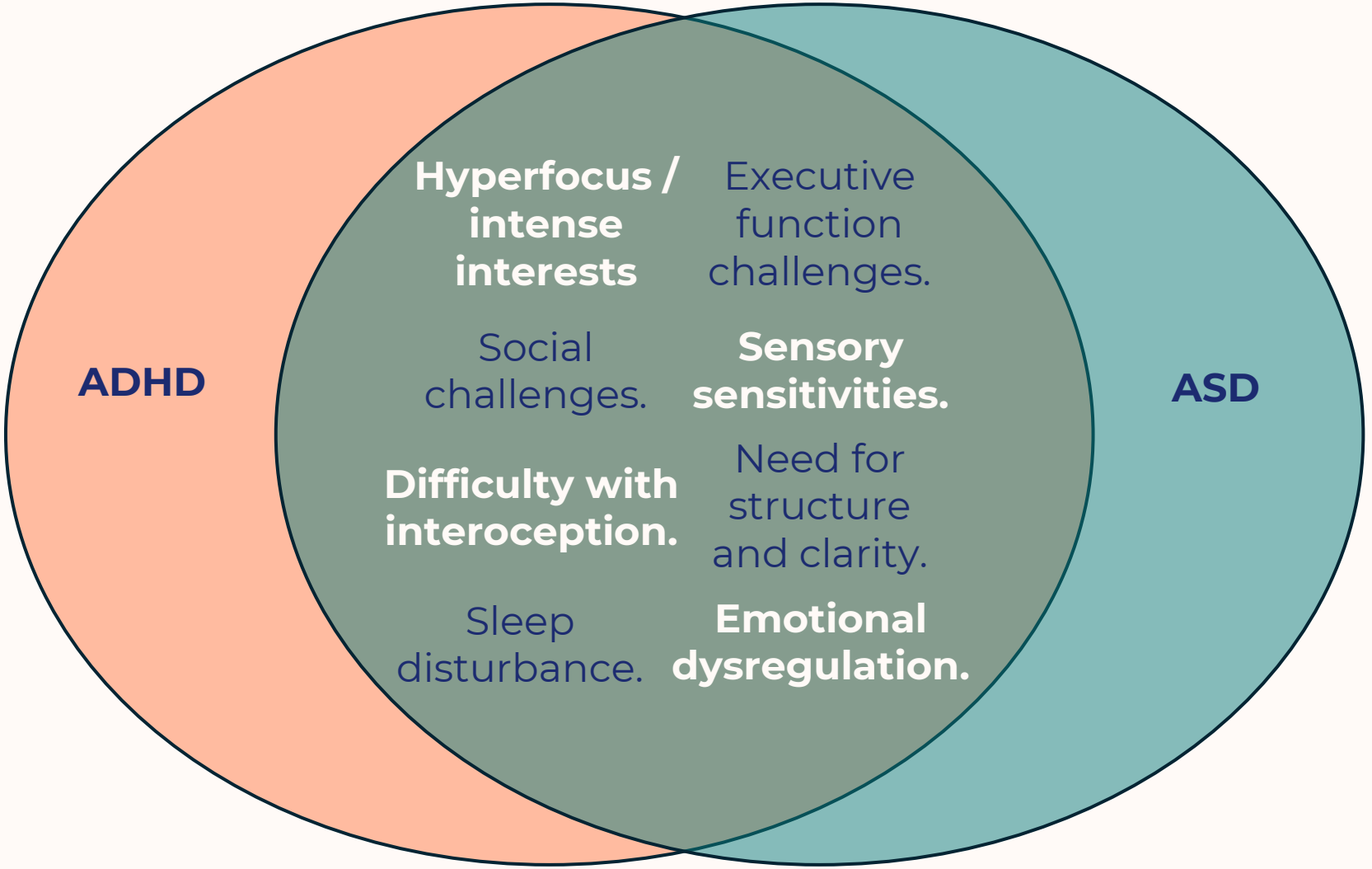
- **40% co morbidity** – attempt to self medicate.
- **15-50% of adolescents** with ADHD are affected by **substance use**.
- **25 to 40%** of adults and adolescents with substance use **are affected by ADHD**.
- **Treating ADHD** can **reduce** or **delay** the **onset of substance use disorder.**
- **Large registry** long **digital studies support medication management** for ADHD as being protective **against substance use disorder.**[1]

[1]ADHD drug treatment and risk of suicidal behaviours, substance misuse, accidental injuries, transport accidents, and criminality: emulation of target trials
Published: 13 August 2025; *BMJ* 390 doi:10.1136/bmj-2024-083658

AuDHD

According to **Autistica**, around **three in 10 autistic** adults **also have ADHD** in the UK.





Sadiq, K. (2025). *Explaining AuDHD*. Penguin Random House.

Gender variation ADHD

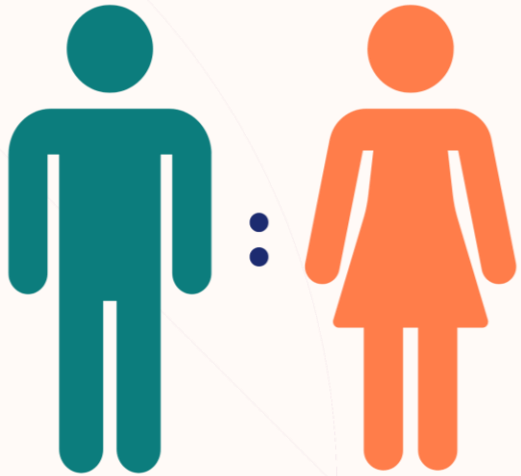
More commonly diagnosed in boys/men than girls/women (gender differences in presentations can lead to been undiagnosed in women /girls).

ADHD in women can go undiagnosed due to a different symptom profile. The lack of overt symptoms and less externalised behaviours can impair the recognition of ADHD in girls.

The nature of comorbidity in females also differs from males in the fact that females can present with more psychological distress and display significant affective symptoms and sleep disorders.

The intensity of the depressive features in girls with ADHD is generally higher than those without the disorder and carries the risk of an earlier onset of comorbidity and more impairment. This often obscures or delays the diagnosis of ADHD.

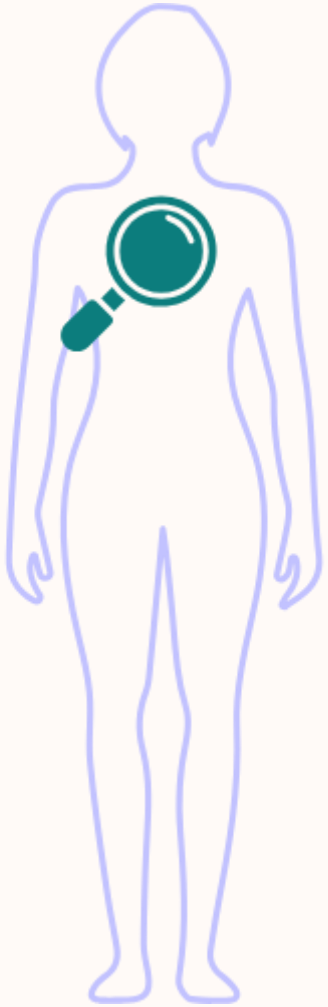
Ratio ranges from 3:1 to 4:1



ADHD and menopause

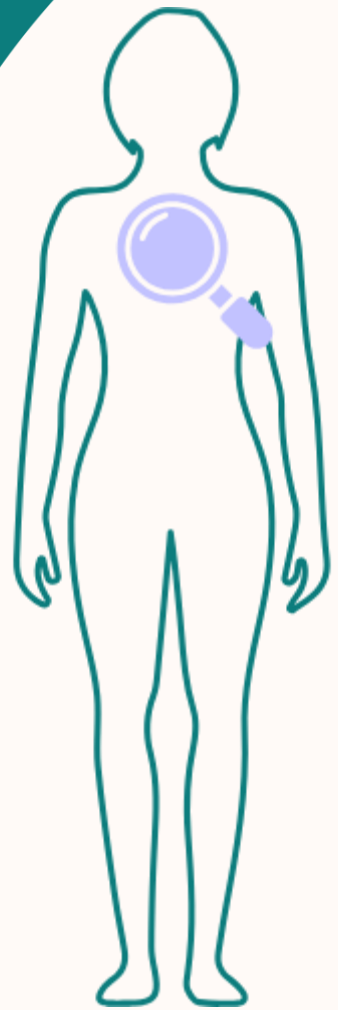
ADHD & Menopause – Clinical Intersection: overview

- **ADHD symptoms may intensify** or **emerge** during **menopause**.
- **Oestrogen decline** affects **dopamine regulation**, worsening **cognitive** and **emotional** control.
- **GPs play a key role** in recognising and managing this overlap.



ADHD Symptoms

- Inattention.
- Impulsivity.
- Emotional dysregulation.
- Forgetfulness.



Menopausal Symptoms

- Brain fog.
- Mood swings.
- Irritability, anxiety.
- Memory lapses.

Treatment Strategies

Options:

- **ADHD Medications:** Stimulants and non-stimulants remain effective.
- **Hormone Replacement Therapy (HRT):** May stabilise mood and cognition.
- **Multimodal Approach:** Combine pharmacological, behavioural, and lifestyle interventions.

Impact of ADHD

For more information please look at the **Independent ADHD taskforce**:

NHS England » Report of the independent ADHD Taskforce: Part 1.

NHS England » Report of the independent ADHD Taskforce: Part 2.

Currently, the **estimated economic costs** of **not treating ADHD** are around **£17 billion to the UK economy** (6).

English population data show that among **young people** who are **NEET**, **20–34%** are **likely** to have **ADHD**, most of whom **will not be diagnosed.** (3, 20).

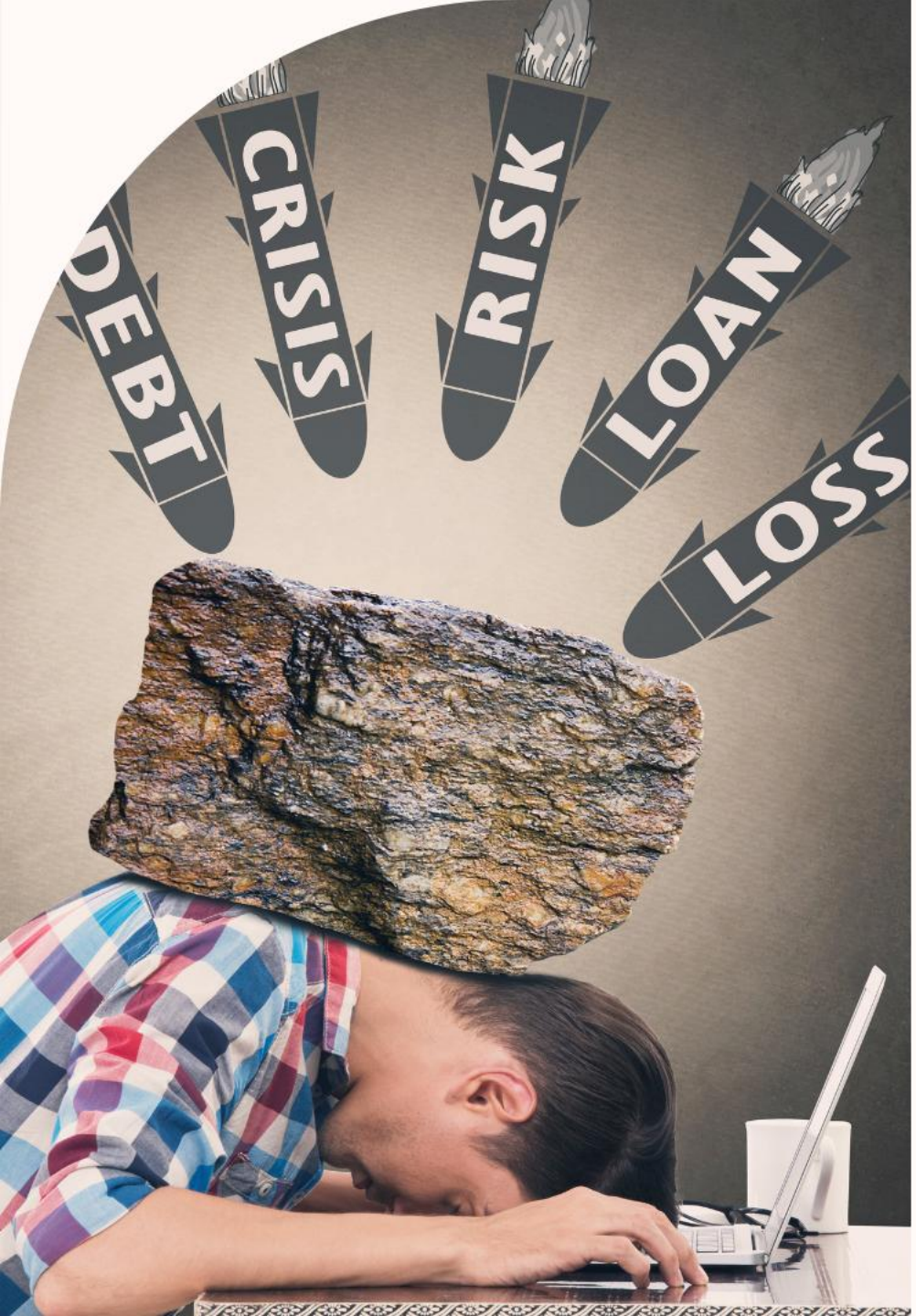
For example: **less tax contributions**, in receipt of more **state benefits**, more likely to be **not in education, employment or training** (**NEET**) or **long-term unemployed** and **higher costs** for **health**, **social care** and **criminal justice**.

Many of these **costs are avoidable**, as with **appropriate**, **early support**, **people with ADHD can thrive**.

(6)Daley D, Jacobsen RH, Lange AM, Sørensen A, Walldorf J (2019). The economic burden of adult attention deficit hyperactivity disorder: A sibling comparis

(3)Riglin L, Todd A, Blakey R, et al (2023). Young-adult social outcomes of attention-deficit/hyperactivity disorder. J Clin Psychiatry 84(2): 22m14379. doi: 10.4088/JCP.22m14379

(20)Agnew-Blais JC, Polanczyk GV, Danese A, Wertz J, Moffitt TE, Arseneault L (2018). Young adult mental health and functional outcomes among individuals with remitted, persistent and late-onset ADHD. Br J Psychiatry 213: 526–534. doi: 10.1192/bjp.2018.97



Cost of NOT treating ADHD

Healthcare Cost Burden

- Untreated ADHD significantly increases NHS costs due to higher mental health and emergency care demands.

Education System Impact

- School exclusions linked to ADHD cause millions in losses and affect students' academic and employment outcomes.

Criminal Justice Challenges

- About 25% of prisoners have ADHD, with untreated symptoms contributing to crime and reoffending rates.

Social Services Strain

- Untreated ADHD leads to substance misuse, family breakdowns, and greater reliance on welfare and housing support.

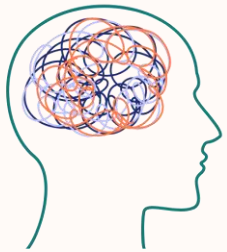
Why does treatment matter?

Impact on Academic and Work Life

- Untreated ADHD reduces focus and task completion, causing poor academic and job performance.

Increased Risk of Accidents

- Impulsivity and inattentiveness increase the likelihood of accidents and injuries without treatment.



Mental Health Concerns

- Untreated ADHD is linked to higher rates of depression, anxiety, and substance abuse.

Social Relationship Struggles

- ADHD can cause difficulty in maintaining healthy interpersonal relationships and social connections.

Return on investment in ADHD treatment

ROI of ADHD Treatment

- Each £1 invested in ADHD treatment yields up to £16 in returns over ten years, showcasing strong economic benefits.

Projected Economic Savings

- Treatment can save nearly £493 million over three years and £1.92 billion over a decade in public costs.

Treatment for ADHD

Stimulants

Methylphenidate, Lisdexamfetamine

- First-line treatments.
- These increase dopamine (DA) and norepinephrine (NA) levels in the brain, enhancing attention and reducing hyperactivity and impulsivity.
- Rapid onset, effective in ~70% of cases.

Non-stimulants

Atomoxetine (SNRI)

- Used when stimulants are ineffective or contraindicated.
- These act on norepinephrine (NA) pathways.

Titration usually takes 12-14 weeks, following this there is an End of Titration Review (EOTR) and assuming the treatment is to be continued a Shared Care Agreement (SCA) will be completed and sent to the GP.

Common side effects of stimulant medication

Insomnia:
- Difficulty falling or staying asleep, especially if taken later in the day.

Appetite suppression:
- Reduced hunger, which may lead to weight loss or growth concerns in children.

Headaches:
- Often mild but can persist during dose adjustments.

Stomach aches or nausea:
- Usually transient and dose-related.

Dry mouth:
- Can be uncomfortable but manageable with hydration.

Increased heart rate and blood pressure:
- Requires regular cardiovascular monitoring.

Irritability or mood swings:
- May occur as the medication wears off or if the dose is too high.

Common side effects of Atomoxetine (non stimulant)

Common Side Effects

- **Gastrointestinal issues**: *Nausea, vomiting, stomach pain, constipation.*
- **Appetite suppression and weight loss**: Especially in children and adolescents.
- **Sleep disturbances**: *Insomnia or drowsiness* depending on individual response.
- **Headaches and dizziness**: Often reported during dose titration
- **Dry mouth**: A frequent complaint that may affect hydration and comfort.

Common side effects of Atomoxetine (non stimulant)

Psychological and Neurological Effects:

- **Mood changes**: *Irritability, anxiety, emotional lability.*
- **Suicidal ideation**: Increased risk in children and adolescents, especially during early treatment. Close monitoring is essential.
- **Tics or exacerbation of pre-existing tics**: Less common than with stimulants but still possible.

Cardiovascular and Other Serious Risks:

- **Increased heart rate and blood pressure**: Requires baseline and ongoing monitoring.
- **Liver injury**: Rare but serious; symptoms include jaundice, dark urine, and abdominal pain.
- **Urinary retention or difficulty urinating**: More common in adults.

What the patient journey looks like at Psychiatry UK

Patient is referred to Psychiatry-UK under **Right to Choose (RTC)** (or **private route**).

The patient will be provided with some forms to complete: **Self report form**, **Informant report**, **Report Scale (ASRS)** and a **health form**.

Patient is provided with an **appointment link** and they will select an appointment with a **Consultant Psychiatrist**.

The **assessment** is **online** and will take **50-60 minutes**, it is **VIRTUAL.**

The patient will either be told that they **do** OR **do not** have **ADHD**.

They will be provided with **written information** on **holistic care** and can decide if they wish to have **medication** for ADHD.

We will **work with** our partners: **GP**, **Secondary mental health services**, **Perinatal Mental Health Teams**, **Cardiologists** etc.

What to include in an ADHD referral

- Brief psychiatric history.
- Previous diagnosis of ADHD with medication doses and assessment report.
- Current medication and any new and planned changes.
- Brief overview of cardiac health.

Shared care agreement

End of Titration Review (EoTR)

After an End of Titration Review a SCA agreement is completed.

Await approval from GP

This will be sent to the GP where either the form can be signed and returned to us, or we can receive approval by letter and email.

If no response from GP?

If we do not hear from the GP after 28 days of sending the information, we will assume it is a “declined SCA”.

Shared care agreement: GP responsibilities

- **Prescribe medication** following recommendations of the specialist.
- **Provide the specialist** with relevant medical history and background information.
- **To contact the specialist** if concerned about any aspects of the patient's treatment.
- **Report significant deviations** from the prescribing pattern to the specialist.

- **Monitor and record** the therapy in accordance with written directions of specialist.
- **Monitor physical health** as described above annually.
- **Report any adverse events** to the specialist and the usual bodies. (e.g., MHRA / Yellow Card.

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Making GP Clinics ADHD-Friendly:

Physical Aspects & Appointment Process

Create a calm, organised environment

- Minimal distractions.
- Soothing colors.
- Quiet waiting areas.
- Clear signage and easy navigation.

Flexible appointment scheduling

- Online booking.
- Multiple reminders texts/calls.
- Longer appointment slots for focused discussions.

Sensory considerations

- Soft lighting and noise-cancelling options.
- Fidget tools or comfort items available.

Efficient patient flow

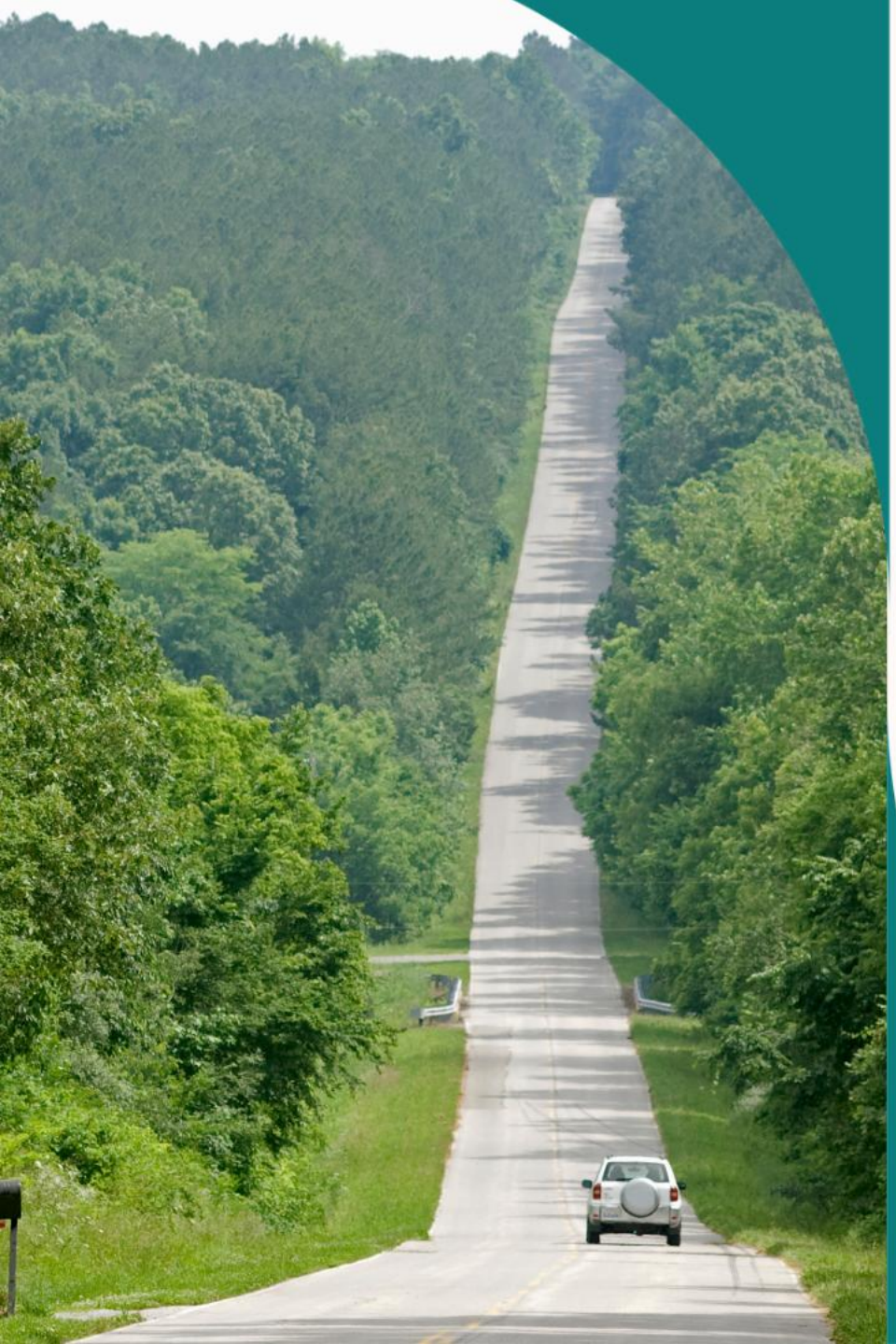
- Shorter wait times.
- Streamlined check-ins.
- Same-day booking or walk-in options.

Staff awareness

- Training for patience and clear communication.
- Extra support for those needing additional time or instructions

Learning objectives / takeaways

- ADHD (inattention AND/OR hyperactivity, impulsivity).
- Differential Diagnosis.
- Comorbidity (very high with other NDs, mental health conditions, higher risk).
- Gender differences.
- Early diagnosis is essential.
- Treatment approaches based on strengths and areas of needs.
- Partnership with GPs is key.



My Journey with ADHD

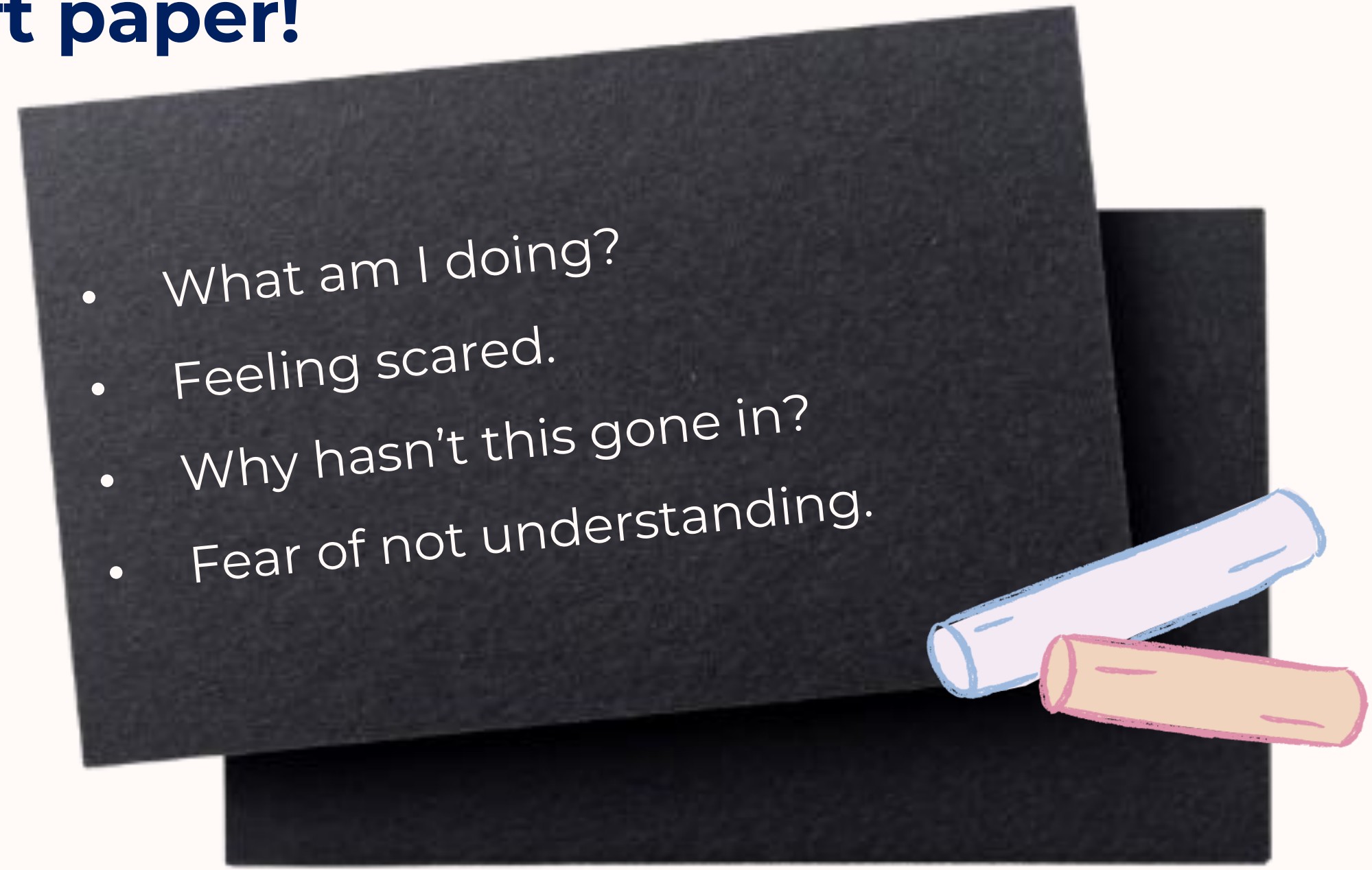
Sarah Mowat

Senior Clinical Treatment Co-Ordinator - Titration

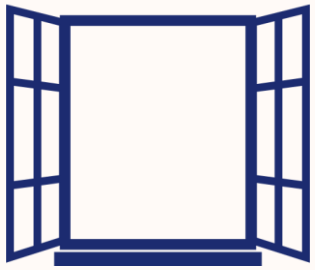

Baby's Day
feeding times
sleeping times not often
playing times very often,

- **Socially awkward.**
- **Maintaining friendships was problematic.**
- **Low self-esteem.**

The curious case of the black craft paper!



Challenges

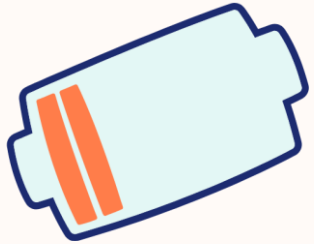


Windows

Why am I being told off for looking out of the window?

Homework

Why did I always start homework at the last minute?



Confidence

My lack of confidence was crippling and impacting my self-esteem.

Heritability....

...it must have come from somewhere?

Numerous visits to my GP:

Why was nothing working?

Anti-depressants.

Anti-anxiety medication.

Misdiagnosis – EuPD.

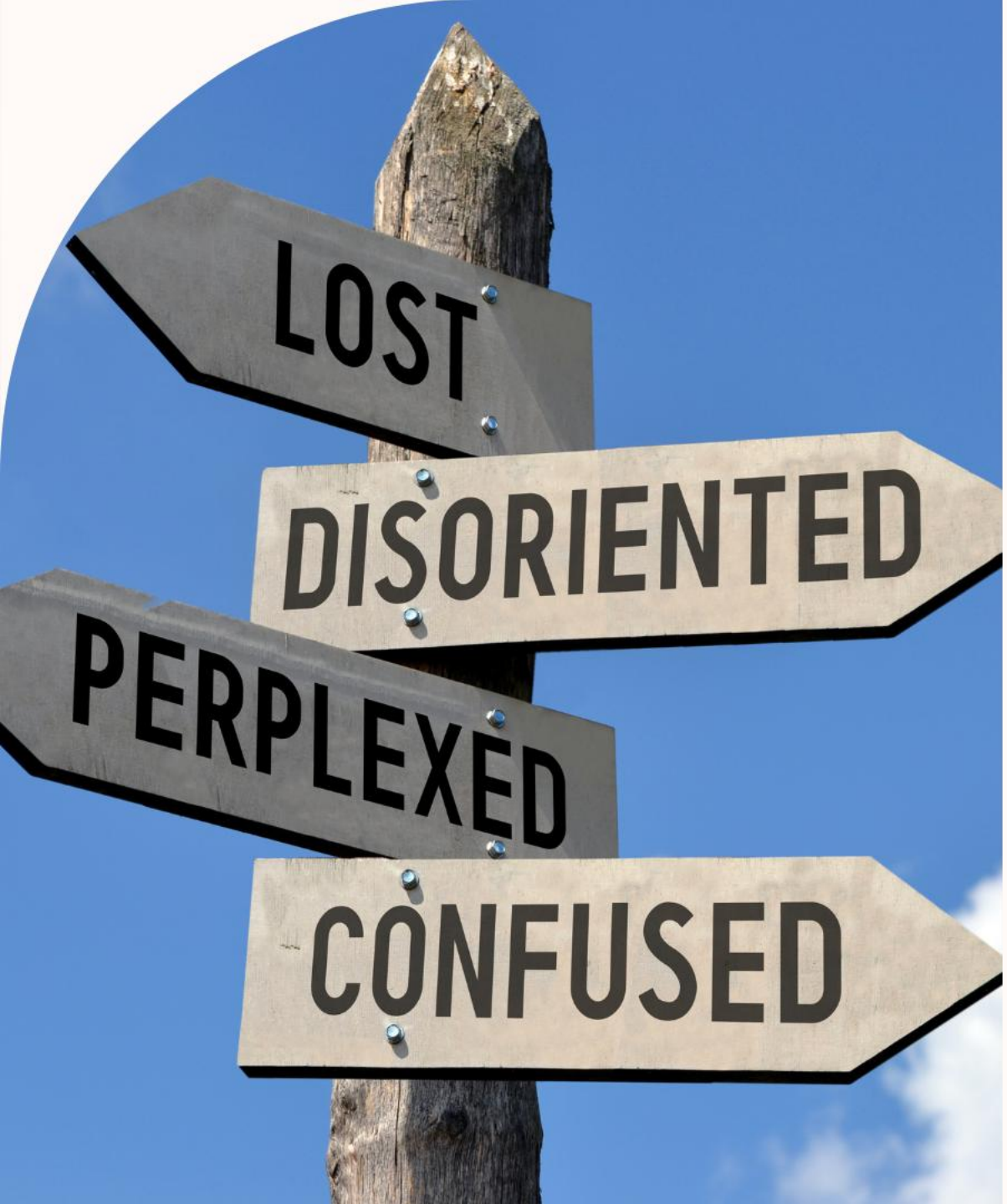
Upon reflection...

- Watched a webinar on women with ADHD.
- The penny dropped and realisation hit!

My GP listened to my concerns

- Apologised that it had not been picked up earlier.
- Asked what she could do.

- Received the correct diagnosis at the age of 38.



Post-diagnosis

- Confused.
- Time blindness.
- Organisation.
- Forgetfulness.
- Assumed lack of intelligence.

Realisation

- I’m not stupid.
- Rollercoaster of emotions.
- Turning point.
- How can I move forward?

Realisation

- Empowered.
- Validated.
- Solutions to the struggles.
- Now I know what I’m dealing with.

Thank you – any questions?