

Attention deficit hyperactivity disorder

Quality standard

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This standard is based on CG158 and NG87.

This standard should be read in conjunction with QS14, QS15, QS51, QS59, QS140, QS88 and QS169.

Quality statements

Statement 1 Children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) are referred to an ADHD specialist for assessment.

Statement 2 Adults who present with symptoms of attention deficit hyperactivity disorder (ADHD), who do not have a childhood diagnosis of ADHD, are referred to an ADHD specialist for assessment.

Statement 3 Adults who were diagnosed with and treated for attention deficit hyperactivity disorder (ADHD) as children or young people and present with symptoms of continuing ADHD are referred to general adult psychiatric services.

Statement 4 Parents or carers of children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) who meet the NICE eligibility criteria are offered a referral to a parent training programme.

Statement 5 This statement has been removed. For more details see [update information](#).

Statement 6 People with attention deficit hyperactivity disorder (ADHD) who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

Statement 7 People with attention deficit hyperactivity disorder (ADHD) who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment.

Quality statement 1: Confirmation of diagnosis

Quality statement

Children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) are referred to an ADHD specialist for assessment.

Rationale

Symptoms suggestive of ADHD are often identified in children and young people by their GP or teachers. In order to ensure an accurate diagnosis of ADHD it is important that a full assessment is carried out within secondary care by a healthcare professional with specialist training and expertise in ADHD.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people with symptoms of ADHD are referred to an ADHD specialist for assessment.

Data source: Local data collection.

Process

Proportion of children and young people with symptoms of ADHD who are referred to an ADHD specialist for assessment.

Numerator – the number of children and young people in the denominator referred to an

ADHD specialist for assessment.

Denominator – the number of children and young people aged 3 to 18 years with symptoms of ADHD.

Data source: Local data collection.

Outcome

Rates of new diagnosis of ADHD in children and young people.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that systems are in place for children and young people with symptoms of ADHD to be referred to an ADHD specialist for assessment.

Health and social care practitioners ensure that systems are in place for children and young people with symptoms of ADHD to be referred to an ADHD specialist for assessment.

Commissioners ensure that they commission specialist ADHD services for the assessment of children and young people with symptoms of ADHD.

Children and young people with symptoms of ADHD are referred to an ADHD specialist for an assessment.

Source guidance

Attention deficit hyperactivity disorder: diagnosis and management. NICE guideline NG87 (2018, updated 2019), recommendation 1.2.8

Definitions of terms used in this quality statement

ADHD specialist

A psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD. [[NICE's guideline on attention deficit hyperactivity disorder](#), recommendation 1.3.1]

Diagnosis of ADHD

A diagnosis of ADHD must be made on the basis of:

- a full clinical and psychosocial assessment of the person; this should include discussion about behaviour and symptoms in the different domains and settings of the person's everyday life, and
- a full developmental and psychiatric history, and
- observer reports and assessment of the person's mental state.

[[NICE's guideline on attention deficit hyperactivity disorder](#), recommendation 1.3.1]

Symptoms of ADHD

For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should:

- meet the diagnostic criteria in DSM-5 or ICD-10 (hyperkinetic disorder; note that the ICD-10 exclusion on the basis of a pervasive developmental disorder being present, or the time of onset being uncertain, is not recommended) **and**
- cause at least moderate psychological, social and/or educational or occupational impairment based on interview and/or direct observation in multiple settings **and**
- be pervasive, occurring in 2 or more important settings including social, familial, educational and/or occupational settings.

[[NICE's guideline on attention deficit hyperactivity disorder](#), recommendation 1.3.3]

Equality and diversity considerations

Services should take into account the needs of children and young people with symptoms of ADHD who may present to health and education services within the youth justice system.

Quality statement 2: Identification and referral in adults

Quality statement

Adults who present with symptoms of attention deficit hyperactivity disorder (ADHD) who do not have a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment.

Rationale

A diagnosis of ADHD requires a full clinical and psychosocial assessment of multiple aspects of a person's life, and should be undertaken by a healthcare professional with specialist training, knowledge and experience of ADHD diagnosis and treatment.

A number of adults being treated for coexisting mental health problems within general psychiatric services or who present directly to their GP have been found to have undiagnosed ADHD.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults who present with symptoms of ADHD who do not have a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment.

Data source: Local data collection.

Process

Proportion of adults who present with symptoms of ADHD without a childhood diagnosis of ADHD who are referred to an ADHD specialist for assessment.

Numerator – the number of people in the denominator who are referred to an ADHD specialist for assessment.

Denominator – the number of adults aged 18 years and over who present with symptoms of ADHD without a childhood diagnosis of ADHD.

Data source: Local data collection.

Outcome

Rates of new diagnosis of ADHD in adults.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that systems are in place for adults who present with symptoms of ADHD without a childhood diagnosis of ADHD to be referred to an ADHD specialist for assessment.

Health and social care practitioners ensure that adults who present with symptoms of ADHD without a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment.

Commissioners ensure that they commission specialist services for the assessment of adults who present with suspected ADHD.

Adults with symptoms of ADHD who have not had a diagnosis of ADHD in childhood are referred to an ADHD specialist for an assessment.

Source guidance

Attention deficit hyperactivity disorder: diagnosis and management. NICE guideline NG87 (2018, updated 2019), recommendation 1.2.10

Definitions of terms used in this quality statement

ADHD specialist

A psychiatrist or paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD. [NICE's guideline on attention deficit hyperactivity disorder, recommendation 1.3.1]

Symptoms of ADHD for adult referral

Adults presenting with symptoms of ADHD in primary care or adult general psychiatric services who do not have a childhood diagnosis of ADHD should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD, if there is evidence of typical manifestations of ADHD (hyperactivity/impulsivity and/or inattention) that:

- began during childhood and have persisted throughout life
- are not explained by other psychiatric diagnoses (although there may be other coexisting psychiatric conditions)
- have resulted in or are associated with moderate or severe psychological, social or educational or occupational impairment.

[NICE's guideline on attention deficit hyperactivity disorder, recommendation 1.2.10]

Adults

People aged 18 years and over.

Equality and diversity considerations

Consideration should be given to the provision of services for adults within the prison population who present with symptoms of ADHD.

Quality statement 3: Continuity of child to adult services

Quality statement

Adults who were diagnosed with and treated for attention deficit hyperactivity disorder (ADHD) as children or young people and present with symptoms of continuing ADHD are referred to general adult psychiatric services.

Rationale

There are increasing numbers of adults with ADHD in the general adult population and in addition there are a large number of adolescents moving from children's to adult's services. Adults with continuing symptoms of ADHD often experience much reduced levels of support as adults and it is important that their symptoms are recognised so that appropriate onward referral can be made.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults who present with symptoms of continuing ADHD are referred to general adult psychiatric services.

Data source: Local data collection.

Process

Proportion of adults with ADHD who present with symptoms of continuing ADHD who are referred to general adult psychiatric services.

Numerator – the number of people in the denominator who are referred to general adult psychiatric services.

Denominator – the number of adults aged 18 years and over with ADHD who present with symptoms of continuing ADHD.

Data source: Local data collection.

Outcome

Adults feel supported to manage their ADHD.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that systems are in place for adults who present with symptoms of continuing ADHD to be referred to general adult psychiatric services.

Health and social care practitioners ensure that adults who present with symptoms of continuing ADHD are referred to general adult psychiatric services.

Commissioners ensure they commission general adult psychiatric services for adults who present with symptoms of continuing ADHD.

Adults who had ADHD when they were younger and who still have symptoms of ADHD are referred to general adult psychiatric services.

Source guidance

Attention deficit hyperactivity disorder: diagnosis and management. NICE guideline NG87 (2018, updated 2019), recommendation 1.2.11

Definitions of terms used in this quality statement

Symptoms of continuing ADHD for adult referral

Symptoms of ADHD should be associated with at least moderate or severe psychological, social, educational or occupational impairment. [[NICE's guideline on attention deficit hyperactivity disorder](#), recommendation 1.2.11]

Adults

People aged 18 years or over.

Equality and diversity considerations

Consideration should be given to the provision of services for adults within the prison population identified as having symptoms of continuing ADHD.

Quality statement 4: Parent training programmes

Quality statement

Parents or carers of children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) who meet the NICE eligibility criteria are offered a referral to a parent training programme.

Rationale

Parent training and education programmes aim to provide parents or carers with coping strategies and techniques for managing the behaviour of their children with ADHD. These programmes can help improve the relationship between parents or carers and their children and improve the child's behaviour.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria are offered a referral to a parent training programme.

Data source: Local data collection.

b) Evidence of local arrangements for provision of parent training programmes.

Data source: Local data collection.

Process

a) Proportion of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria who are referred to a parent training programme.

Numerator – the number of people in the denominator referred to a parent training programme.

Denominator – the number of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria.

Data source: Local data collection.

b) Proportion of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria who attend a parent training programme.

Numerator – the number of people in the denominator attending a parent training programme.

Denominator – the number of parents or carers of children and young people with symptoms of ADHD who are referred to a parent training programme.

Data source: Local data collection.

c) Proportion of parents and carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria who complete a parent training programme.

Numerator – the number of people in the denominator completing a parent training programme.

Denominator – the number of parents or carers of children and young people with symptoms of ADHD who attend a parent training programme.

Data source: Local data collection.

Outcome

a) Parent or carer satisfaction with the provision of parent training programmes.

Data source: Local data collection.

b) Parents or carers feel supported to manage their child's condition.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that systems are in place for the referral of parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria to a parent training programme.

Health and social care practitioners ensure that they offer parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria a referral to a parent training programme.

Commissioners ensure that they commission parent training programmes for parents or carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria.

Parents and carers of children and young people with symptoms of ADHD who meet NICE eligibility criteria are offered a referral to a parent training programme to help them manage their child's behaviour.

Source guidance

- [Attention deficit hyperactivity disorder: diagnosis and management. NICE guideline NG87](#) (2018, updated 2019), recommendations 1.5.7 and 1.5.12
- [Antisocial behaviour and conduct disorders in children and young people: recognition and management. NICE guideline CG158](#) (2013, updated 2017), recommendations 1.5.2 and 1.5.4

Definitions of terms used in this quality statement

Parent training programme

Parent training programmes should be offered in line with recommendations 1.5.1 to 1.5.10 in [NICE's guideline on antisocial behaviour and conduct disorders in children and young people](#). [[NICE's guidelines on attention deficit hyperactivity disorder](#), recommendations 1.5.7 and 1.5.11, and [antisocial behaviour and conduct disorders in children and young people](#), recommendations 1.5.1 to 1.5.10]

Symptoms of ADHD

For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should:

- meet the diagnostic criteria in DSM-5 or ICD-10 (hyperkinetic disorder; note that the ICD-10 exclusion on the basis of a pervasive developmental disorder being present, or the time of onset being uncertain, is not recommended) **and**
- cause at least moderate psychological, social and/or educational or occupational impairment based on interview and/or direct observation in multiple settings **and**
- be pervasive, occurring in two or more important settings including social, familial, educational and/or occupational settings.

[[NICE's guideline on attention deficit hyperactivity disorder](#), recommendation 1.3.3]

NICE eligibility criteria

The NICE eligibility criteria for referral to a parent training programme are:

- parents or carers of children under 5 years with ADHD
- parents or carers of children over 5 years with ADHD and symptoms of oppositional defiant disorder or conduct disorder.

[[NICE's guideline on attention deficit hyperactivity disorder](#), recommendations 1.5.7 and 1.5.11]

Children and young people

Children are aged between 3 and 11 years. Young people are aged 12 to 18 years.

Equality and diversity considerations

All information and advice should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English.

Quality statement 5: Psychological treatments for children and young people

This statement has been removed. For more details see [update information](#).

Quality statement 6: Starting drug treatment

Quality statement

People with attention deficit hyperactivity disorder (ADHD) who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

Rationale

People starting drug treatment for ADHD should be closely monitored for side effects, particularly during the initial treatment period. Initial drug doses should be adjusted to ensure that any unwanted effects are minimised while optimising beneficial effects.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people with ADHD who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

Data source: Local data collection.

Process

Proportion of people with ADHD who are starting drug treatment who have their initial drug dose adjusted and response assessed by an ADHD specialist.

Numerator – the number of people in the denominator who have their initial drug dose adjusted and response assessed by an ADHD specialist.

Denominator – the number of people with ADHD who are starting drug treatment.

Data source: Local data collection.

Outcome

Rates of drug-related side effects in people starting drug treatment for ADHD.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that systems are in place for people with ADHD who are starting drug treatment to have their initial drug dose adjusted and response assessed by an ADHD specialist.

Health and social care practitioners ensure that people with ADHD who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.

Commissioners ensure that they commission services for people with ADHD who are starting drug treatment to have their initial drug dose adjusted and response assessed by an ADHD specialist.

People with ADHD who are starting medication have their initial medication dose adjusted by an ADHD specialist, who should also check how well the medication is working.

Source guidance

Attention deficit hyperactivity disorder: diagnosis and management. NICE guideline NG87 (2018, updated 2019), recommendations 1.7.2, 1.7.26 and 1.7.27

Definitions of terms used in this quality statement

ADHD specialist

A psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD. [[NICE's guideline on attention deficit hyperactivity disorder](#), recommendation 1.3.1]

Initial drug dose

Doses should be titrated against symptoms and adverse effects in line with the BNF or BNF for Children until dose optimisation is achieved, that is reduced symptoms, positive behaviour change, improvements in education, employment and relationships, with tolerable adverse effects. [[NICE's guideline on attention deficit hyperactivity disorder](#), recommendation 1.7.27]

Quality statement 7: Annual review of drug treatment

Quality statement

People with attention deficit hyperactivity disorder (ADHD) who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment.

Rationale

There are a number of potential side effects associated with drug treatment for ADHD; therefore people taking drugs for ADHD need to be monitored regularly. Side effects from drugs to treat ADHD can reduce adherence to treatment. In addition, without regular monitoring there is a greater risk that drugs prescribed to treat ADHD will be misused.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people with ADHD who are taking drug treatment have a specialist review at least annually.

Data source: Local data collection.

Process

Proportion of people with ADHD who are taking drug treatment who receive a specialist review at least annually.

Numerator – the number of people in the denominator receiving a specialist review with

the last review date no more than 1 year after the previous review.

Denominator – the number of people with ADHD who are taking drug treatment.

Data source: Local data collection.

Outcome

People with ADHD feel supported to manage their condition.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that systems are in place for people with ADHD who are taking drug treatment to have a specialist review at least annually.

Health and social care practitioners ensure that people with ADHD who are taking drug treatment have a specialist review least annually.

Commissioners ensure that they commission services for people with ADHD who are taking drug treatment to have a specialist review at least annually.

People who are taking medication to treat ADHD have their medication reviewed by a specialist at least once a year.

Source guidance

Attention deficit hyperactivity disorder: diagnosis and management. NICE guideline NG87 (2018, updated 2019), recommendation 1.10.1

Definitions of terms used in this quality statement

Specialist review

This should be undertaken either by an ADHD specialist or, if agreed by the person with ADHD and their specialist, in primary care under a locally agreed shared care arrangement after titration and dose stabilisation. [[NICE's guideline on attention deficit hyperactivity disorder](#), recommendations 1.10.1 and 1.7.29]

Annual specialist review of drug treatment

This should include a comprehensive assessment of the following:

- preference of the child, young person or adult with ADHD (and their family or carers as appropriate)
- benefits, including how well the current treatment is working throughout the day
- adverse effects
- clinical need and whether medication has been optimised
- impact on education and employment
- effects of missed doses, planned dose reductions and periods of no treatment
- effect of medication on existing or new mental health, physical health or neurodevelopmental conditions
- need for support and type of support (for example, psychological, educational, social) if medication has been optimised but ADHD symptoms continue to have a significant impact.

[[NICE's guideline on attention deficit hyperactivity disorder](#), recommendation 1.10.1]

Equality and diversity considerations

All information and advice about treatment should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with ADHD should

have access to an interpreter or advocate if needed.

Update information

March 2018: Changes have been made to align this quality standard with the updated [NICE guideline on attention deficit hyperactivity disorder](#). Statement 5 on psychological treatments for children and young people was removed and changes have been made to the data sources, definitions and source guidance sections throughout.

Minor changes since publication

October 2021: Source guidance for statements 6 and 7 have been updated because the technology appraisal guidance on methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and adolescents (TA98) has been updated and replaced by recommendations 1.7.7 to 1.7.10 in the [NICE guideline on attention deficit hyperactivity disorder](#).

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathways on attention deficit hyperactivity disorder](#) and [antisocial behaviour and conduct disorders in children and young people](#), which bring together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact statement for NICE's guideline on attention deficit hyperactivity disorder](#) to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [AADD-UK](#)
- [Royal College of General Practitioners \(RCGP\)](#)

- Royal College of Nursing (RCN)
- Royal College of Paediatrics and Child Health
- UK Adult ADHD Network
- Association of Paediatric Chartered Physiotherapists