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Debate

Is primary care ready to take on Attention Deficit Hyperactivity Disorder?

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Abstract

Background: Attention Deficit Hyperactivity Disorder (ADHD) is a common childhood psychiatric disorder. The management of ADHD has recently been highlighted. The National Institute of Clinical Excellence (NICE) and Scottish Intercollegiate Guidelines network (SIGN) have both produced management guidelines. Doctors working within Primary Care in countries such as the United States play an important role in the management of ADHD. In the United Kingdom however the role of doctors in primary care in the management of ADHD, both individually and within shared care protocols, is only now being identified and defined. Is this role for Primary Care likely to be acceptable and effective?

Discussion: There is some evidence that doctors working within Primary Care in the United Kingdom are willing to follow up children on medication for ADHD and carry out monitoring of physical status. However many feel unconfident in the management of ADHD and most have received little or no training in child psychiatry. There are also concerns that adverse media reports will have an undue influence on the attitudes of doctors within primary care to families with children suffering from ADHD.

Summary: There are important barriers to be tackled before shared care protocols for ADHD can be successfully implemented in the United Kingdom. Tailored information about ADHD needs to be provided to doctors in primary care. Clear dialogue between planners and healthcare professionals from both primary and secondary care is essential to ensure that service delivery is acceptable to healthcare providers, tailored to their skills and is adequately resourced.

Background

Attention Deficit Hyperactivity Disorder (ADHD), known as Hyperkinetic Disorder under the ICD-10 classificatory system, is a common disorder that affects between 1.5% and 6% of children [1,2]. The disorder is an early onset condition that is associated with educational failure, social difficulties and an increased risk of antisocial behaviour and problems in adult life including substance misuse and criminality [1]. ADHD now represents the commonest reason for follow up in child and adolescent psychiatry clinics [2] and an average general practitioner can expect to have between two and four children receiving treatment for it on their list. Nevertheless there is evi-

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