

A survey of adult referrals to specialist attention-deficit/hyperactivity disorder clinics in Canada.

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Abstract

BACKGROUND:

Canadian guidelines encourage family physicians to diagnose/manage adults with uncomplicated attention-deficit/hyperactivity disorder (ADHD); specialist referral is recommended only for complex cases. This retrospective case review investigated adults referred to Canadian ADHD clinics.

METHODS:

Adult ADHD specialists reviewed referral letters/charts of patients (aged ≥ 18 years and no family history/known/expressed childhood ADHD) from family physicians/psychiatrists over 2 years.

RESULTS:

Data on 515 referrals (mean age 33 years, 60% males) were collected (December 2014 to September 2015); 472/515 (92%) were made by family physicians. No psychiatric comorbid symptoms were noted in 344/515 (67%) referrals. ADHD was confirmed by a specialist in 483/515 (94%) cases, whether comorbid symptoms were noted at referral (155/171 [91%]) or not (328/344 [95%]). ADHD was reported to impact "work" (251/317 [79%]), "school" (121/166 [73%]), "social/friends" (260/483 [54%]), and "spouse/family" (231/483 [48%]). Overall, 335/483 (69%) patients had more than or equal to one comorbid symptom (diagnosed by referring physician or specialist). Stimulant monotherapy was recommended for 383/483 (79%) patients, non-stimulant monotherapy for 41/483 (8%) patients, and stimulant plus non-stimulant monotherapy for 39/483 (8%) patients. Almost half of patients were returned for referring physician's follow-up, either before treatment initiation (102/483 [21%]) or after treatment stabilization (99/483 [20%]). Follow-up was by a specialist for 282/483 (58%) patients.

CONCLUSION:

ADHD diagnosis was specialist confirmed in most cases. Although most referrals (67%) noted no psychiatric comorbid symptoms, 69% of patients had ≥ 1 such symptom (diagnosed by a referring physician or specialist), so comorbid symptoms although not always noted at referral, may have contributed to the decision to refer. ADHD has a wide-ranging impact on patients' daily lives. It is possible that greater confidence of family physicians to diagnose and treat adult ADHD could help to meet patients' needs.