

# **ADHD Prescribing Manual For Australian Healthcare Professionals**

**1ST EDITION | 2024**



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### **Information for Healthcare Professionals Only**

*The content of the ADHD Prescribing Manual for Australian Healthcare Professionals, published by the Australasian ADHD Professionals Association (AADPA), is directed solely towards qualified Australian healthcare professionals. It provides information on attention deficit hyperactivity disorder (ADHD) treatment using medications. The information is based on a combination of:*

- *Evidence-based research for the authors*
- *The Australian Evidence-Based Clinical Guideline for ADHD*
- *Expertise of leading Australian healthcare professionals in the field of ADHD*

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## FOREWORD

### Advancing ADHD Care Together

The prescribing of medication for ADHD has been a hot topic of discussion in Australia in recent years. Official data has highlighted significant variability in ADHD prescribing across the country and it is common to hear questions about a wide range of issues such as which medications should be used, who should receive them and at what doses.

This prescribing manual, developed by members of the Australasian ADHD Professionals Association (AADPA) aims to address these questions and concerns and provide a clear path forward, with safe and responsible models of care for healthcare professionals.

While there are clear, well established, general principles, for starting, adjusting, and stopping medications there are some specific considerations that need to be addressed when prescribing for ADHD.

This manual has been written to guide practice and bridge the gap between evidence and practice. It's designed to be a helpful companion for healthcare professionals navigating the world of ADHD medication. It aligns with the Australian Evidence-Based Clinical Practice Guideline for ADHD, the gold standard for ADHD assessment, diagnosis and treatment in this country. While the focus is on Australia much of the advice is general and will be applicable across multiple settings.

In developing the manual we followed many of the same principles that were used to develop the ADHD Guideline. We consulted widely among professionals (author list - [hyperlink/not necessary for the print version](#)) and we are grateful for the support and guidance provided by this group. We intend that the manual will be a living document and AADPA will maintain and update the content when necessary.

We hope that the question-and-answer format makes the manual more user-friendly and makes it easier to find the information you are looking for.

The first section follows a typical patient journey, addressing common questions you might encounter when starting someone on medication. There are also lived experience perspectives throughout the manual. The second section tackles more specific situations through a handy FAQ format.

It is important to note however that this manual, with its focus on medication, is just one piece of the bigger picture in ADHD treatment. Especially for those aged 5 and up, it's important to remember that a successful approach to managing ADHD includes a mix of strategies..

For people with ADHD and their parents, families and supporters, **high quality psychoeducation should form the platform from which all other support is launched.**

There are many non-medication treatment options available. These are covered in detail in the ADHD Guideline and through the AADPA factsheets. It is always important to think about other approaches such as parent training, cognitive therapy approaches, and ADHD coaching.

There are programs that can help parents understand and support their child's needs. This can not only reduce stress, but also improve family dynamics and allow those with ADHD, as well as those around them, to thrive.

Also, by working together, and collaborating with schools and workplaces, we can strive to create a more supportive environment for people living with ADHD, leading to better academic, work and overall health and wellbeing outcomes.

While there's no magic bullet for treating and supporting ADHD, helping individuals develop strategies for organisation and mental health can make a big difference. Better targeted and thorough research is also needed to better understand how ADHD presents and impacts particular groups including girls and women and first nations people, and to develop more efficient and effective models of care that better help people living with ADHD and increase our understanding of how the condition impacts individuals across the lifespan.

We sincerely hope that you find this manual helpful when working with individuals and families who are living with ADHD and that it can help us work together to advance ADHD care.

Best regards,



A handwritten signature in black ink, appearing to read 'D Coghill'.

**Professor Dave Coghill**

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