Young adults are by far the fastest-growing segment of people taking A.D.H.D medications. Nearly 14 million monthly prescriptions for the condition were written for Americans ages 20 to 39 in 2011, two and a half times the 5.6 million just four years before, according to the data company I.M.S. Health. While this rise is generally attributed to the maturing of adolescents who have A.D.H.D. into young adults — combined with a greater recognition of adult A.D.H.D. in general — many experts caution that savvy college graduates, freed of parental oversight, can legally and easily obtain stimulant prescriptions from obliging doctors........
ADHD - A focus on comprehensive care for students through clinic specific guideline development

Mariann Carle, MD
Clinical Instructor
Department of Family Medicine
Hall Health Center
University of Washington
Seattle, WA
Goals and objectives of this talk

1. Review best practices for ADHD care in the adult with ADHD
2. Help you to correctly identify those students whose learning is affected by ADHD vs other mental health issue and/or learning disabilities.
3. Help you with organization of a comprehensive plan for delivery of ADHD care in a university setting via clinic specific evidence based guideline development.
4. Introduce skills and knowledge that will help learner develop clinical and educational tools in areas of determined need in ADHD care.
5. Introduce skills and knowledge that will help learner consider ongoing evaluations of the above tools in their practices.
What this talk won’t do

• This talk will not prepare you to specifically diagnose ADHD in adults
• This talk will not give you a guideline that will fit every practice (they are specific for our clinic needs)
• This talk will not prepare you to build a GL from absolute scratch (another HUGE job).
University of Washington

- Seattle Campus, Autumn 2014
- Total enrollment 44,786
- Undergraduates 29,468 / 65.7%
- Women 52%  Men 48%
- Average Age 20.8
- Graduate & Professional Students 13,829 / 30.8%
- Non-Matriculated (non-degree) 1,489 / 3.3%
# Hall Health Center (HHC) statistics

<table>
<thead>
<tr>
<th>Service</th>
<th>Number visits FY 2014</th>
<th>Number of visits FY 2015</th>
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<tr>
<td>Nurse visit</td>
<td>7,877</td>
<td>10,234</td>
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<tr>
<td>Mental Health visit</td>
<td>7,693</td>
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<td>Mental Health Crisis counselor visits</td>
<td>487</td>
<td>830</td>
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<td>Total visits by students</td>
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<td>50,548</td>
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<td><strong>Total HHC visits</strong></td>
<td><strong>70,213</strong></td>
<td><strong>72,917</strong></td>
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<td>% of visits by students</td>
<td>68.5%</td>
<td>70.4%</td>
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<tr>
<td>Approximate number of individual students (% of all students)</td>
<td>17,500 (37%)</td>
<td>15,424 (35%)</td>
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Hall Health Mission, Vision, Values

Mission

• Providing comprehensive health care for a diverse campus community to promote lifelong well-being, achievement, and resilience

Vision

• Respect, Compassion, Diversity, Integrity, Teamwork, Excellence, Sustainability, Adaptability

Values

• A healthy UW community, where all are meaningfully engaged
Hall Health Guidelines committee

• **Hall Health Guidelines Committee Goals:**
  1. Promote excellent clinical care at HHC
  2. Measure, document, and continue to improve clinical outcomes at HHC

• **Specific duties and objectives:**
  1. Improve clinical care at Hall Health
  2. Increase adherence to standards of care for "best practice"
  3. Provide provider education for best practice
     A. We will make available up to date health care provider information and education for "best practice" for various diagnoses seen here at Hall Health.
     B. We will increase adherence to standard of care for best practice (promoting communication).
     C. We will promote patient education for best health care.
Hall Health Guidelines committee

- Committee Member Composition:
- The committee is chaired by the Unit Head of the Family Health Unit, or other unit head designated by HH Director. Other members are:
  - Chief of Clinical Services
  - Providers both MD and ARNP from PCC and FHU
  - (internal med, family med, Family NP)
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<tr>
<th>Topic</th>
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<th>Author(s)</th>
<th>Date of Adoption</th>
<th>Date of Revision</th>
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<td>Carle, Mariann: MD</td>
<td>12/31/2014</td>
<td>7/1/2012</td>
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<td>9/16/2016 Yes</td>
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<td>Carle, Mariann: MD</td>
<td>12/31/2014</td>
<td>9/1/2012</td>
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<td>12/31/2015 Yes</td>
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<td>Guideline For Evaluation And Treatment Of Uncomplicated UTI</td>
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<td>Carle, Mariann: MD</td>
<td>12/31/2014</td>
<td>7/1/2012</td>
<td>12/31/2014</td>
<td>12/31/2015 No</td>
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<td>Guideline For Follow Up Of Patients Who Fail To Follow Through With Cancer Screening Recommendations</td>
<td>General Clinical - Clinical Practice Guidelines</td>
<td>Carle, Mariann: MD</td>
<td>12/31/2014</td>
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<td>Guideline For Management Of The Suicidal Patient In-Person And By Telephone</td>
<td>General Clinical - Clinical Practice Guidelines</td>
<td>Carle, Mariann: MD</td>
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<td>3/1/2009</td>
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<td>General Clinical - Clinical Practice Guidelines</td>
<td>Carle, Mariann: MD</td>
<td>9/10/2015</td>
<td>9/10/2015</td>
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<td>9/9/2016 No</td>
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<td>Hall Health Guidelines Committee</td>
<td>General Clinical - Clinical Practice Guidelines</td>
<td>Carle, Mariann: MD</td>
<td>9/10/2015</td>
<td>1/1/2009</td>
<td>9/10/2015</td>
<td>9/9/2016 No</td>
</tr>
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What would you do?

I took some of my friend's Adderall and I aced my exam for the first time since starting college. I used to do well in HS but this is so hard here. Can I try the medicines?? I'm going to fail my classes!!! PLEEEEZE!!!!!
What would you do?

I really think I have ADHD. I usually have so much trouble studying. I also filled out this online questionnaire. It says I have ADHD. Can I have ADHD medicine. PLEEEZE (smelling of marijuana)
What would you do?

My mom says I have always had trouble focusing. I never would get my chores done. Can I have the ADHD medicine?? I filled out this from and I think I have ADHD. Can I get the medicines?????
Continuation of care situation

• New patient, December of school year -

“I've been taking Adderall for 4 years, I need a refill-
Here are my records. My mom said to come here. I have one pill left! Finals next week!! HHHEEEELLLLPPP”

( NOTE FROM MD)

Sally Smith takes Ritalin 40 mg BID, please cont
her script for her while she is in college.

G. Jetson MD, MARS psychiatry.
Sarah’s brother has ADHD and has been taking Adderall successfully for 4 years now. He is now doing well in college.

Sarah reports inattention and mom agrees. She is 16 years old.

They did trial of Ritalin 10 mg TID and doing better. Mom said OK to try brothers-Refill given for next 3 months.

Signed XXXXXXXXX MD FP
Background for Hall Health clinic
ADHD Guideline

• We perceived a need for more guidance, education and support for our providers caring for these patients, as well as efficient educational materials and other information for our patients and their families and for other departments at UW.

• The University of Washington had no focal point on campus for students, teachers or parents to go to to learn more about what is offered on campus to help with student’s who have ADHD;

• There was a lack of adequate educational and community resource listings for these patients;

• Most of all, there was a lack of easily accessed evidence based information for our providers caring for these patients.
Background for Hall Health clinic
ADHD Guideline

Once we decided to work on this issue, our goal was to:

1. Provide focal point for our campus to ensure that students with ADHD are optimally supported and cared for at the University of Washington-by working with other campus entities that contribute to providing our students the best education and health support possible at the University of Washington.

2. Provide our students who have ADHD with excellent health education (meaning easy to read, easy to access information from our website) and health support

3. Provide evidence based easily accessible information for our providers to support them in caring for these patients.
Products from Committee

• We developed a clinic specific evidence based guideline for care for our patients with diagnosed ADHD.
• We developed associated educational materials and updated community resources listings for providers and patients, a GL dissemination plan and a GL evaluation plan.
• This guideline has helped us to better serve our students with ADHD and support our providers caring for these students
• We hope this GL has also helped improve our patient’s medical literacy when it comes to ADHD.
Key players in our guideline

1. GL committee
2. Providers - caregivers
3. Front desk - scheduling details
4. Support staff - information gathering at visits, phone calls for follow up
5. IT people - and our website
6. QI team - evaluations
7. Student support services- Disabilities, other counseling services, Learn Clinic, Health and Wellness
Outline of project

What do we want? Simple, efficient/short, evidence based

• Is there something already there ready to go?
• Is there something we can adapt to our needs?
• Do we build something “new”
• What is a useful structure?
  1. Guideline body
  2. Patient education
  3. Provider education
  4. Post Guidelines evaluation
  5. Updating guideline
Needs assessment- TOOLS we used

• IT support- prescription and dx checks
• Formal provider surveys
• Informal provider input
• Student/parent complaints and questions - QI motivators
• Specialty clinic request - Mental Health
• Resource assessment - What do we have? What can we use? What do we need?
Information gathering- where to look

• Our campus - what is disabilities services offering as guidance?
• Other campuses across country - what are others using?
• Pub Med - lit search
• Dyna Med - search
• Up To Date - search
• National Guidelines clearing house
• CDC and associated entities
Education/dissemination/evaluation

- Providers
- Nurses
- MAs
- PSRs
- Support services
- Development of the GL is a 360 degree process
- Example of evaluations for this project
- IT records
Attributes of guidelines

(1) The recommendation is based on scientific evidence—an explicit description of the scientific evidence for the recommendation is available; the research evidence is straightforward and not conflicting; the recommendation is based on the results of well designed clinical trials or meta-analyses

(2) The recommendation is based on clear and convincing arguments that are based on extensive clinical skills and experience

(3) The recommendation is concerned with a relevant aspect of care in daily practice

(4) The recommendation helps doctors to solve patients’ problems in daily care—it is concerned with difficult decisions or choices in daily care and it makes work easier

(5) The recommendation is one of the key features of the guideline—it is a central element in the guideline and represents the central aim

(6) The recommendation provides a concrete and precise description of desired performance—it gives detailed advice on which performance is appropriate in which situation and in what patient group and determines which factors or conditions should be taken into account

PMCID: PMC31096
Attributes of clinical guidelines that influence use of guidelines in general practice: observational study
Richard Grol, professor, a Johannes Dalhuijsen, general practitioner, b Siep Thomas, director of guidelines development, b Cees in ’t Veld, general practitioner, b Guy Rutten, associate professor, c and Henk Mokkink, senior researcher d
Key messages

• Specific attributes of clinical practice guidelines determine whether they are used in practice
• Evidence based recommendations are better followed in practice than recommendations not based on scientific evidence
• Precise definitions of recommended performance improve the use of guidelines
• Testing the feasibility and acceptance of clinical guidelines among the target group is important for effective implementation
• People setting evidence based guidelines need to understand the attributes of effective guidelines

PMCID: PMC31096
Attributes of clinical guidelines that influence use of guidelines in general practice: observational study
Richard Grol, professor, a Johannes Dalhuijzen, general practitioner, b Siep Thomas, director of guidelines development, b Cees in ’t Veld, general practitioner, b Guy Rutten, associate professor, c and Henk Mokkink, senior researcher c
The Actual Guideline

1. Our HH GL format
2. Number of pages
3. Formatting of information for easy reading
4. Links
5. Resource list for further information
6. Associated education
7. Links for students
8. Plans for evaluation
Hall Health Center guideline for care: ADHD in adults - 8/2014

Hall Health Center ADHD GL audience:
Medical and Mental Health providers at Hall Health Center primary care clinic

Hall Health Center ADHD guidelines purpose/goals:

Provide guidance for providers:
- Provide high quality evidence based care for patients with ADHD when it is indicated.

Provider Guidance for Students:
- How can we help our patients who are concerned that they have an attention deficit issue
- What resources are available to have ADHD evaluations done?
- Non pharmaceutical ways to manage ADHD - coaches, learning organizational skills, etc.
- What information is needed at Hall Health Center to have ADHD medications prescribed?
- Psycho stimulants - risks and benefits

Provide education:
- For our providers and support staff about how to help students make sure they know what information we have available about ADHD
- For our website and use this as a way to communicate to our students about this issue (see website articles in appendix)
- For the campus at large (if possible)

Provide focal point for campus effort to ensure that students with ADHD are optimally supported and cared for at the University of Washington by working with Student Life, the LEARN Clinic, and the student disabilities office and any other Campus entities that contribute to providing our students the best education and health support possible at the University of Washington.

ADHD in adults: Background

Adult ADHD is a relatively common entity seen at Hall Health Center. It is important that our providers understand the recommended treatments for this disorder and how to manage a patient with ADHD.
This guideline is intended to help guide our providers to provide this treatment and management for ADHD when it is indicated.

ADHD affects about 4-5 percent of all adults in the US. In about 2/3 of patients diagnosed with ADHD as children, the symptoms will persist into adulthood. Many others are not diagnosed with ADHD until adulthood, when the stresses of college and graduate school are too much to allow for symptom compensation.

About 80% of adults with the diagnosis of ADHD have co morbid psychiatric conditions. This can sometimes complicate treatment, so it is important to keep this in mind when treating these patients.

The evaluation for ADHD is not typically done at Hall Health Center. Generally, Hall Health Center would refer the patients out for this part of their care.

Once a diagnosis of ADHD is made by a qualified professional, the patient may be referred to Hall Health Center for further treatment. Hall Health Center providers should be able to see and evaluate the assessment that has led to the patient’s diagnosis of ADHD.

Diagnosis:

The diagnosis of adult ADHD should be based on a very comprehensive evaluation. This should be done by a qualified professional and will include a full diagnostic interview, use of various rating scales

http://www.cdc.gov/ncbddd/adhd/diagnosis.html
http://www.chadd.org/

This evaluation should include:

- A full developmental and educational history
- Assessment of impact of core symptoms on current occupational, social, and academic functioning
- Assessment of attention, concentration, short term memory, and distractibility
- Assessment for other psychiatric conditions

The above evaluation may utilize a variety or rating scales as well as input from family members, educators, and people who know the affected individual well. The evaluation ideally will be no more than 3 years old. Acceptance of evaluations more than 3 years old is at the providers’ discretion.

This evaluation does not need to include testing for learning disorders.

Note that long term marijuana or alcohol abusers may report inattention. It is advised that patients abstain from drug or alcohol use for a 2-3 month period and then have cognitive functioning reassessed (up to date)

General health issues that could contribute to symptoms of ADHD or effect treatment should then be ruled out by a primary care provider (thyroid, nutritional, cardiac, sleep issues, etc.).

Management approach - overview for when we see the patient with this diagnosis

- Diagnose (above)
- Rule out secondary causes and identify co-morbidities
- Educate about diagnosis, natural history, treatment options and treatment effectiveness
- Set goals with the patient
- Initiate, adjust, and monitor drug therapy
- Support and refer the patient obtain support for behavioral therapies
- When targets not achieved, revisit diagnosis, comorbidities,
Encourage compliance, and maximize treatments

Recommendations for treatment for adults

It is important that the treatment for ADHD include not only medications but a good support system to help the patient optimize social and academic functioning.

1. Medical evaluation to rule out underlying illness that could contribute to symptoms (See link or appendix)
2. Medications initiation, monitoring and regular follow up
3. Behavioral interventions such as:
   - ADHD coaching (http://edgerefoundation.org/)
   - Psychotherapy (CBT ideally)
   - Academic accommodations (http://www.washington.edu/admin/dso/)

Medications

Drug treatment for adults with ADHD should always form part of a comprehensive treatment program that addresses psychological, behavioral and educational or occupational needs (NICE, UK guidelines).

Common medications used to treat ADHD in adults - stimulants and non-stimulants.

These medications are about 70% effective once at the right dose.

1. Stimulants
   - Great initial option if the patient has no contraindications
   - There are short-acting and long-acting formulas
   - Ideally start with longer acting formulas, better compliance
   - Be aware of side effects
   - Cardiovascular side effects are more of an issue for adults
   - Take a good personal and family history; obtain EKG if indicated before starting these medications
   - Avoid in those with cardio issues or history of substance abuse
   - All patients should receive education about risks of rerouting and abuse of this medication
   - All patients should receive written information about Hall Health Center’s refill policies for controlled substances and continuity of care policies in regards to ADHD treatment

2. Non stimulants

Antidepressants:

Tricyclic antidepressants

- Secondary-amine TCAs best
- Useful in patients with history of substance abuse
- Cardiac issues potentially, so EKG should be obtained prior to initiating therapy
- Dosing starts at 25 mg per day with increases by 25-50 mg every 3 days.
- Target dosing is 150-200 mg per day. If after 4 weeks clinical response is not sufficient, the maximum dose is 300 mg per day
Bupropion

- Good alternative if history of cardiac disease or other contraindications to Stimulants and TCAs
- Contraindicated in patients with a history of seizures
- Typical dose for ADHD is 200-450 mg per day
- Clinical response sometimes seen in about 2 weeks

Selective norepinephrine reuptake inhibitors:

Atomoxetine (Strattera)

- >70 kg body weight: 40 mg qd
- Increase after or more days
- Target 80 mg/d divided qd-bid
- Max. 100 mg qd
- Rare cases of severe liver injury
- Caution patients to report signs of liver dysfunction (pruritus, dark urine, jaundice, RUQ abdominal pain, unexplained flu-like illness)

Stimulants:

Adjustments/pearls

- If onset of longer acting forms is too slow, combine with short acting rapid onset form
- Intermediate acting agents tend to have slower onset of action
- If duration of action too short, add multiple doses or change to longer acting preparation
- Switching to long acting from short acting preparation—use same or somewhat higher total daily dose
- Some people respond to one stimulant and not another, so switching to another stimulants class can be helpful
- Consistency in dosing is important
- Inadequate dosing leads to rebound in symptoms
- Fall in drug levels below therapeutically effective dose can lead to worsening symptoms and emotional lability
- Side effects such as depression, lethargy, tics, often respond to decrease dose
- Reliable patients may self-titrate their dose within agreed upon parameters.

Appointment frequency:

- Initially weekly
- Then every 2-4 weeks then every 3 months
- When very stable it is reasonable to see the patient every 6 months
- Maximum amount of medications is a 90 day supply at a time. These should be in separate prescriptions with detailed start dates and end dates

ADHD stimulant medication refill policy

Note-stimulants are a Schedule II drug.

- Stimulants should be refilled only by the patient’s primary care provider or their designee
- Maximum amount of medications is a 90 day supply at a time
• These should be in separate prescriptions with detailed start dates and end dates.
• Stimulant refills are not considered an emergency
• Lost prescriptions will not be resubmitted
• Regular appointments are needed in order to have regular refills, though they do not have to coincide
• Timing of refills and appointments is at the provider’s discretion
• Hall Health Center does not refill stimulants for patients that are not established at Hall Health Center for their ADHD care

ADHD links and references for guideline

UP To Date review Feb 2014
http://www.cdc.gov/nobdd/dd/adhd/facts.html
http://www.chadd.org/
http://www.chaddleadershipblog.blogspot.com/2013/02/substance-abuse-adhd-and-medications.html
http://www.help4adhd.org/
http://caddra.ca/
http://ledgetfoundation.org/

Diagnostic criteria for ADHD- DSM-5

DSM-5 Criteria for ADHD? People with ADHD show a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development:

1. Inattention: Six or more symptoms of inattention for children up to age 18, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for at least 6 months, and are inappropriate for developmental level.
   - Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities
   - Often has trouble holding attention on tasks or play activities
   - Often does not seem to listen when spoken to directly
   - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked)
   - Often has trouble organizing tasks and activities
   - Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework)
   - Often loses things necessary for tasks and activities (e.g., school materials, pencils, books, tools, wallets, keys, paper, workbooks, eyeglasses, mobile telephones)
   - Is often easily distracted
   - Is often forgetful in daily activities

2. Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 18, or five or more for adolescents 17 and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person’s developmental level:
   - Often fidgets with or taps hands or feet, or squirms in seat
   - Often leaves seat in situations when remaining seated is expected
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless)
- Often unable to play or take part in leisure activities quietly
- Is often “on the go” acting as if “driven by a motor”
- Often talks excessively
- Often blurts out an answer before a question has been completed
- Often has trouble waiting his/her turn
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years
- Several symptoms are present in two or more setting, (e.g., at home, school or work: with friends or relatives; in other activities)
- There is clear evidence that the symptoms interfere with, or reduce the quality of social, school, or work functioning
- The symptoms do not happen only during the course of schizophrenia or another psychotic disorder. The symptoms are not better explained by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder)

Based on the types of symptoms, three kinds (presentations) of ADHD can occur: Combined Presentation: if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months

Predominantly Inattentive Presentation: if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months.

Predominantly Hyperactive-Impulsive Presentation: if enough symptoms of hyperactivity-impulsivity but not inattention were present for the past six months. Because symptoms can change over time, the presentation may change over time as well.


**ADHD Script for PSRs**

Initial patient contact: Patient calls/walk in, and indicates that they would like to be seen for a refill on their ADHD medication

Distinguish if patient is a return Halth Health patient who has been seen by a HH provider for this.

If yes, schedule with in clinical appointment scheduling guidelines (20 minutes for flu ADHD refills) unless otherwise stated in alerts or permanent comments. To maintain continuity of care, schedule the appointment with the past prescribing provider.

If no, inform patient at time of scheduling that they will need to bring in with them copies of their medical records pertaining to the diagnosis and treatment of ADHD. Inform patient that the provider will review records and that they may or may not receive refill at the time of their visit. Initial patient contact: Patient calls/walk in, and indicates that they would like to be seen for ADHD medication.
Distinguish if patient is a return or new Hall Health patient who has had the evaluation / testing at another facility for ADHD.

If yes, (meaning they have completed the testing/evaluation at another facility), you will schedule an appointment with appropriate provider using clinic appointment scheduling guidelines (always 40 minutes for new ADHD). Advise patient to bring in copy of evaluation/testing, and that it is not a guarantee that a prescription will be given at time of visit. This is done at the discretion of the provider.

If no, inform patient that Hall Health does not provide evaluation/testing to determine if patient has ADHD. We can schedule them to see a provider to evaluate for other causes of inattention. If patient declines appointment at that time then refer the patient to this site ***for they can contact their health care insurance for a list of covered facilities, to have the evaluation/testing done. Inform patient that once the evaluation is completed, they will need to schedule an initial ADHD appointment (always 40 minutes), and to bring a copy of that evaluation with them at the time of their appointment. Patient must be informed that it is not a guarantee that they will receive a prescription at the time of their appointment. This is done at the discretion of the provider.

From HH website:

What is ADHD?

Attention deficit hyperactivity disorder, also known as ADHD, is a condition that makes it difficult for people to control their attention and behavior. It usually appears before age seven. ADHD symptoms may create difficulties getting work done. Symptoms may also affect relationships with friends and family.

It is common to have a hard time focusing on schoolwork sometimes, or to occasionally be impulsive in decision making. These symptoms by themselves do not mean that you have ADHD.

What are the signs and symptoms of ADHD?

Although symptoms of the disorder vary by individual and can range from mild to severe, some of the most common signs are:

- Difficulty focusing in a variety of situations
- Problems getting organized
- Not listening when spoken to
- Having trouble sitting still or waiting in line
- Constantly interrupting others

Other behaviors related to ADHD are chronic lateness and forgetfulness, anxiety, difficulty organizing, difficulty controlling anger, impulsiveness, and substance abuse.

People with ADHD are easily distracted by sights and sounds in their environment, cannot concentrate for long periods of time, are often restless, have a tendency to daydream, and may be slow to complete tasks.

Who is affected by ADHD?

Studies show that men are twice as likely as women to be diagnosed with ADHD, and that between 2 and 6% of the adult population has the disorder. At least one student in every classroom in the United States has been diagnosed with ADHD.

How can I tell if I have ADHD?
ADHD should only be diagnosed by an experienced and qualified professional such as an educational psychologist or a psychiatrist. Since the symptoms of ADHD are common to many other conditions, you should never self-diagnose. Instead, seek a comprehensive evaluation from a qualified professional. A comprehensive evaluation may include exploring personal and family medical history, and psychological testing. Hall Health Center is unable to perform ADHD evaluations. If you are in need of an evaluation, please see our page on ADHD Testing and Medication Resources.

- Improved concentration after taking a stimulant medicine DOES NOT mean that you have ADHD.

**Additional information**

More information about ADHD can be found at:

- Attention Deficit Hyperactivity Disorder (National Institute of Mental Health)
- Hall Health’s Factsheet for Psychostimulant Use for ADHD

Authored by: Hall Health Mental Health Clinic and guidelines committee

**ADHD: What Hall Health Center can do for you**

Are you concerned that your symptoms could be ADHD?

Symptoms commonly associated with Attention Deficit Hyperactivity Disorder (ADHD) are also caused by a variety of other illnesses and conditions. These symptoms include:

- Difficulty focusing in a variety of situations
- Problems getting organized
- Not listening when spoken to
- Having trouble sitting still or waiting in line
- Constantly interrupting others
- Being easily distracted
- Impulsiveness

Hall Health Center can offer screenings for mental illness and other conditions, but we are unable to test for ADHD or other learning disabilities. You may schedule an appointment with us to be screened for other illnesses, and if we suspect ADHD may be the reason for your symptoms, we will refer you to a provider that can evaluate you for ADHD.

Have you been diagnosed previously with ADHD and need medication?

Due to the potential for abuse of ADHD medications, you will need to take the following steps in order to receive a prescription for medication:

- Fax your medical records, including your ADHD diagnosis, to our Medical Records Department at (206) 615-4683. These records must include a full psychological evaluation, with documentation of any other mental illness and/or learning disorders.
- Schedule an appointment for a records review with a Hall Health Center provider.

**Additional resources**

- The Facts About ADHD (Hall Health Center article)
- ADHD Testing and Evaluation Resources (Maintained by Hall Health Center, resources in the UW area)
- Important Factsheet for Psychostimulant Use for ADHD (Hall Health Center)
"...Stimulant medications are often an integral part of treatment for ADHD, but the most effective treatment will include patient/family training, behavioral interventions, and school/work support as well as medications. Stimulants can help a person’s brain work more efficiently, but medication does not teach coping skills."

Monday, February 4, 2013, Substance Abuse, ADHD, and Medications: The Real Issues by Ruth Hughes, PhD.

Stimulant medication use for treating ADHD

Stimulants are one of the medicines used to treat ADHD in adults and children.

These medicines work well to treat the symptoms of ADHD about 70-80% of the time. They work by affecting natural chemicals in your brain called neurotransmitters (NT).

**Common names:**

There are many stimulants available to treat ADHD. Some common names for these medicines include:

- Adderall
- Concerta
- Dexedrine
- Daytrana
- Metadate
- Methylin
- Ritalin (short-acting)
- Vyvanse
- Focalin
- Straterra

Many of these are in both regular and long-acting forms.

**Side effects of stimulant medications can include:**

- Decreased appetite
- Weight loss
- Insomnia
- Abdominal pain
- Dry mouth
- Headache
- Mood changes

Some people should not take stimulant medications.

If you have ever had any of the following health issues stimulants may not be a good choice for you:

- Uncontrolled blood pressure
- Presence of irregular heartbeat
- Structural heart abnormalities
Hypothyroidism

History of drug abuse/psychosis and/or schizophrenia

Narrow angle glaucoma

Use of MAOI in the past 14 days

How to be safe when taking stimulant medication:

Take these medications only if they have been prescribed for you.

Take only the dose you have been prescribed.

Give your health care provider a complete history of past physical and mental health problems.

Please take a dose of your stimulant medicine 1-2 hours before your nurse or provider appointment. This will allow your provider to get a true blood pressure reading while you are taking your medications.

Legal issues:

Stimulants are a "controlled" medication. They are listed with the Federal DEA (Drug Enforcement Administration).

There are strict rules that you and your health care provider must follow when these medications are prescribed for you:

• Do not give your medicine to anyone. This is illegal and can be dangerous.
• Keep your medication in a safe and secure place
• Follow your provider’s instructions while taking your medication at any time.
• Do not increase your dose without consulting your provider

Hall Health and controlled medication refills:

You must have an appointment at Hall Health and full documentation of the ADHD diagnosis. Then you may be considered for use of stimulants medications.

Hall Health ADHD stimulant medication refill policy, for patients:

• Stimulants are refilled only by the patient’s primary care provider or their designee
• Hall Health requires regular appointments and a 48-hour notice for refills.
• Hall Health will not refill lost or stolen prescriptions
• Timing of refills and appointments will be at the provider’s discretion.
• Hall Health does not refill stimulants for patients that are not cared for at Hall Health for their ADHD care.

M. Carle 0/2014

(Reading level flesh Kincaid 7.5)

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Assessments/Testing

• Belle Chernault, PhD, NCSP 206-455-0000
• Wendy Woodard, PhD 206-528-5871
• Anna Sveissback, PhD 206-329-5255 Ext 317
  • Rochelle Coffey, PsyD 206-947-4411
  • Fremont Community Therapy 3417 Fremont Ave No #225 206-833-2405
  • (sliding scale)
  • The LEARN Clinic (located on UW campus at Guthrie Annex 1) 206-543-8511
  • CareClinic (located on UW campus) (206) 897-1003
  • Kim Kendall, PhD 206-320-8845
  • Russ Hanford, PhD 206-409 9613
  • Kim Barnett, PhD 206-685-8391
  • Jennifer Watson, PhD 3216 NE 45th Place, Suite 100, 206-331-2453

Medication providers
• John Brinkley, MD, Psychiatrist 206-882-8280
• Alan Breen, PhD 206-800-0800 ext:204+

ADDITIONAL REFERRALS MIGHT INCLUDE:
• THE EVIDENCE-BASED TREATMENT CENTERS OF SEATTLE (206-374-0109)
• CASCADE NEUROPSYCHOLOGICAL SERVICES (425-648-8134)
• ASSOCIATES IN BEHAVIORAL HEALTH (206-320-8216)
• SEATTLE PSYCHOLOGY (206-420-4710)

Overview of LEARN Clinic at the University of Washington
(Information courtesy of Julie Quamma PhD)

The LEARN Clinic is a specialty clinic of the Psychological Services and Training Clinic (PSTC), which is operated through the Psychology Department at the University of Washington (UW). The PSTC has the primary mission of training doctoral students in the Clinical Psychology graduate program at the UW. As we meet our training mission, we provide psychological services to the UW community and the greater Seattle community.

The LEARN Clinic provides a variety of evaluation services, including assessment of Attention Deficit Hyperactivity Disorder (ADHD), as well as complex learning difficulties.

• The LEARN Clinic is located on the UW campus in Guthrie Annex 1, within the Psychological Services and Training Clinic.
• Julie Quamma, PhD is the Director of the LEARN Clinic. She provides services with the support of advanced clinical psychology graduate students completing practicum training through the LEARN Clinic.
• Prospective clients can reach the Intake Coordinator for the LEARN Clinic by calling 206-543-8511. Calls will initially be answered by front desk staff, who will then forward callers to the LEARN Clinic Intake Coordinator. When calling it is important to specify interest in an ADHD (or learning disorder) evaluation through the LEARN Clinic.
• The LEARN Clinic sees clients from all age groups, including UW students as well as the greater Seattle community.

ADHD evaluations at the Learn Clinic

• The LEARN Clinic offers diagnostic ADHD evaluations, as well as more comprehensive evaluations of ADHD symptoms and learning problems.

1. We refer to diagnostic evaluations as ‘Brief ADHD Evaluations.’ These are offered to adults (past high school age) only. Brief ADHD evaluations are meant to be diagnostic and do not include direct testing of domains of cognitive functioning.
2. Brief ADHD Evaluations involve a 2-hour session that includes gathering detailed history and a comprehensive diagnostic interview, as well as administration of several behavioral questionnaires (to be completed both by the client and others who can report on the client’s symptoms). This is followed by a feedback session (approximately 30-60 minutes long) with Dr. Quamma to discuss diagnostic impressions and recommendations. Clients will also receive a written report of diagnostic impressions and general ADHD recommendations.

3. The current cost for a Brief ADHD Evaluation is a flat fee of $500.

4. A Brief ADHD Evaluation is recommended when a client needs confirmation of an ADHD diagnosis but not necessarily detailed, individualized recommendations. A Brief ADHD Evaluation is not appropriate for individuals who have concerns about specific learning problems.

   • A more comprehensive evaluation is required to identify specific areas of strength and weakness, and to identify the presence of a Specific Learning Disorder. This type of evaluation includes the initial interview appointment as described above, as well as two days of cognitive testing, which is then followed by a more detailed feedback session and written report. Cost is clearly much more extensive for this type of evaluation. A comprehensive evaluation is suggested when clients are concerned about learning problems and/or desire very individualized recommendations based on individual strengths and weaknesses.

   • The written report provided following both a Brief ADHD Evaluation and a Comprehensive Evaluation can be used to document a diagnosis and/or disability for service providers. Typically, students with ADHD will consult with a medication provider, disabled student services, and someone who can provide support with regard to behavioral interventions. Dr. Quamma will talk with clients during their feedback session about specific accommodations and behavioral interventions that are likely to be most helpful.

   • The LEARN Clinic Intake Coordinator will conduct a telephone screen with all prospective clients to determine the most appropriate type of evaluation. Screening for associated mental health concerns is also done during the phone screen. If a client is scheduled for an evaluation at the LEARN Clinic, further assessment of associated mental health problems is conducted. The LEARN Clinic does not typically provide specific diagnoses for associated mental health problems but will discuss with clients how these problems may be impacting their functioning and provide appropriate recommendations/referrals as needed.

   • It may take up to 6-8 weeks to schedule a comprehensive LEARN Clinic evaluation. Brief ADHD Evaluations can typically be scheduled more quickly because only one appointment is needed. Clients are encouraged to talk to our Intake Coordinator to get an up-to-date report of current scheduling timelines.

Attachments:

<table>
<thead>
<tr>
<th>Approver</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariann Carle: MD</td>
<td>09/2015</td>
</tr>
<tr>
<td>Medication and Trade Name</td>
<td>Dose</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Amphetamine stimulants</td>
<td></td>
</tr>
<tr>
<td>Mixed amphetamine salts</td>
<td></td>
</tr>
<tr>
<td>Adderall</td>
<td>5 mg once or twice daily, to a maximum of 40 mg</td>
</tr>
<tr>
<td>Adderall XR</td>
<td>5 mg/day, to a maximum of 40 mg</td>
</tr>
<tr>
<td>Dextroamphetamine</td>
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<tr>
<td>Lisdexamfetamine: Vyvanse</td>
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</tr>
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<td>Dexedrine or Dextrostat</td>
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</tr>
<tr>
<td>Dexedrine Spansule</td>
<td>5 mg once or twice daily, to a maximum of 40 mg</td>
</tr>
<tr>
<td>Methylphenidate stimulants</td>
<td></td>
</tr>
<tr>
<td>Methylphenidate</td>
<td></td>
</tr>
<tr>
<td>Concerta</td>
<td>18 mg/day, to a maximum of 72 mg</td>
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<tr>
<td>Methylin</td>
<td>5 mg two or three times a day, to a maximum of 60 mg</td>
</tr>
<tr>
<td>Daytrana transdermal patch</td>
<td>10 mg (apply for 9 hr), to a maximum of 30 mg</td>
</tr>
<tr>
<td>Ritalin</td>
<td>5 mg two or three times a day, to a maximum of 60 mg</td>
</tr>
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<td>Ritalin LA</td>
<td>20 mg/day, to a maximum of 60 mg</td>
</tr>
<tr>
<td>Ritalin SR</td>
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<td>Metadate CD</td>
<td>20 mg/day, to a maximum of 60 mg</td>
</tr>
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<td>Quillivant XR</td>
<td>25 mg/5 ml/day, to a maximum of 60 mg</td>
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<tr>
<td>Dextmethylphenidate</td>
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<tr>
<td>Focalin</td>
<td>2.5 mg twice daily, to a maximum of 60 mg</td>
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<tr>
<td>Focalin XR</td>
<td>5 mg/day, to a maximum of 20 mg</td>
</tr>
<tr>
<td>Norepinephrine-reuptake inhibitor (atomoxetine): Strattera</td>
<td>0.5 mg/kg/day once or twice daily, to a maximum of 1.4 mg/kg</td>
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<tr>
<td>Tricyclic antidepressants</td>
<td>150-200 mg/day</td>
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<tr>
<td>Bupropion</td>
<td>200-450 mg/day</td>
</tr>
<tr>
<td>α-2-Adrenergic agonists</td>
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<tr>
<td>Extended-release guanfacine: Intuniv</td>
<td>1 mg/day, to a maximum of 4 mg/day</td>
</tr>
<tr>
<td>Extended-release clonidine: Kapvay</td>
<td>0.1 mg once or twice daily, to a maximum of 0.4 mg/day</td>
</tr>
</tbody>
</table>
ADD/ADHD TESTING AND EVALUATION RESOURCES

Hall Health Center is unable to test for ADD/ADHD. Outside providers for testing, medication, and counseling are listed below. Most of these are located in the general vicinity of UW. Learn more about ADHD, and the related services offered by Hall Health Center.

Assessments/Testing

- Belle Chenault, PhD, NCSP (206) 465-8068
- Wendy Woodard, PhD (206) 528-5671
- The LEARN Clinic (located on UW campus at Guthrie Annex 1) (206) 543-6511
- Kim Kendall, PhD (206) 329-8845
- Russ Hanford, PhD (206) 409-9613
- Jennifer Watson, PhD (206) 331-2453

Medication providers

- John Brinkley, MD, Psychiatrist (206) 682-8280
- Alan Breen, PhD (206) 860-0860

Additional referrals

- The Evidence-Based Treatment Centers of Seattle
- Cascade Neuropsychological Services (425) 640-6134
- Associates in Behavioral Health
- Seattle Psychology
Are you concerned that your symptoms could be ADHD?

Symptoms commonly associated with Attention Deficit Hyperactivity Disorder (ADHD) are also caused by a variety of other illnesses and conditions. These symptoms include:

- Difficulty focusing in a variety of situations
- Problems getting organized
- Not listening when spoken to
- Having trouble sitting still or waiting in line
- Constantly interrupting others
- Being easily distracted
- Impulsiveness

Hall Health Center can offer screenings for mental illness and other conditions, but we are unable to test for ADHD or other learning disabilities. You may schedule an appointment with us to be screened for other illnesses, and if we suspect ADHD may be the reason for your symptoms, we will refer you to a provider who can evaluate you for ADHD.

Have you been diagnosed previously with ADHD and need medication?

Due to the potential for abuse of ADHD medications, you will need to take the following steps in order to receive a prescription for medication:

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Additional resources

- The Facts About ADHD (Hall Health Center article)
- ADHD Testing and Evaluation Resources (Maintained by Hall Health Center; resources in the UW area)
- Stimulant Medication Use for ADHD (Hall Health Center)
Hall Health: What is ADHD?

Attention deficit hyperactivity disorder, also known as ADHD, is a condition that makes it difficult for people to control their attention and behavior. It usually appears before age seven. ADHD symptoms may create difficulties getting work done. Symptoms may also affect relationships with friends and family.

It is common to have a hard time focusing on schoolwork sometimes, or to occasionally be impulsive in decision making. These symptoms by themselves do not mean that you have ADHD.

What are the signs and symptoms of ADHD?

Although symptoms of the disorder vary by individual and can range from mild to severe, some of the most common signs are:

- Difficulty focusing in a variety of situations
- Problems getting organized
- Not listening when spoken to
- Having trouble sitting still or waiting in line
- Constantly interrupting others

Other behaviors related to ADHD are chronic lateness and forgetfulness, anxiety, difficulty organizing, difficulty controlling anger, impulsiveness, and substance abuse.

People with ADHD are easily distracted by sights and sounds in their environment, cannot concentrate for long periods of time, are often restless, have a tendency to daydream, and may be slow to complete tasks.
**Who is affected by ADHD?**

Studies show that men are twice as likely as women to be diagnosed with ADHD, and that between 2 and 6% of the adult population has the disorder. At least one student in every classroom in the United States has been diagnosed with ADHD.

**How can I tell if I have ADHD?**

ADHD should only be diagnosed by an experienced and qualified professional such as an educational psychologist or a psychiatrist. Since the symptoms of ADHD are common to many other conditions, you should never self-diagnose. Instead, seek a comprehensive evaluation from a qualified professional. A comprehensive evaluation may include exploring personal and family medical history, and psychological testing. Hall Health Center is unable to perform ADHD evaluations. If you are in need of an evaluation, please see our page on ADHD Testing and Medication Resources.

*Improved concentration after taking a stimulant medicine DOES NOT mean that you have ADHD.*

**Additional information**

More information about ADHD can be found at:

- Attention Deficit Hyperactivity Disorder (National Institute of Mental Health)
- Hall Health: Stimulant Medication Use for Treating ADHD

Authored by: Hall Health Mental Health Clinic and HHC Guidelines Committee

Reviewed by: Hall Health Mental Health Clinic and Hall Health Primary Care Clinic (GLC), April 2014
Stimulant medication use for treating ADHD

Stimulants are one of the medicines used to treat ADHD in adults and children. These medicines work well to treat the symptoms of ADHD about 70-80% of the time. They work by affecting natural chemicals in your brain called neurotransmitters (NT).

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Use of MAOI in the past 14 days

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Take these medications only if they have been prescribed for you.
Take only the dose you have been prescribed.
Give your health care provider a complete history of past physical and mental health problems.
Please take a dose of your stimulant medicine 1-2 hours before your nurse or provider appointment. This will allow your provider to get a true blood pressure reading while you are taking your medications.
**Legal issues:**

Stimulants are a “controlled” medication. They are listed with the Federal DEA (Drug Enforcement Administration). There are strict rules that you and your health care provider must follow when these medications are prescribed for you.

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- Follow your provider’s instructions while taking your medication at any time.
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ADDITIONAL REFERRALS MIGHT INCLUDE:
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- CASCADE NEUROPSYCHOLOGICAL SERVICES (425-640-6134)
- ASSOCIATES IN BEHAVIOURAL HEALTH (206-328-8216)
- SEATTLE PSYCHOLOGY (206-420-4710)
ADHD Script for PSRs

*Initial patient contact: Patient calls/walk in, and indicates that they would like to be seen for a refill on their ADHD medication.

Distinguish if patient is a return Hall Health patient who has been being seen by a HH provider for this.

If yes, schedule with in clinical appointment scheduling guidelines (20 minutes for f/u ADHD refills) unless otherwise stated in alerts or permanent comments. To maintain continuity of care, schedule the appointment with the past prescribing provider.

If no, inform patient at time of scheduling that they will need to bring in with them copies of their medical records pertaining to the diagnosis and treatment of ADHD. Inform patient that the provider will review records and that they may or may not receive refill at the time of their visit.

*Initial patient contact: Patient calls/walk in, and indicates that they would like to be seen for ADHD medication.
Distinguish if patient is a return or new Hall Health patient who has had the evaluation / testing at another facility for ADHD.

If yes, (meaning they have completed the testing/evaluation at another facility), you will schedule an appointment with appropriate provider using clinic appointment scheduling guidelines (always 40 minutes for new ADHD). Advise patient to bring in copy of evaluation/testing, and that it is not a guarantee that a prescription will be given at time of visit. This is done at the discretion of the provider.

If no, inform patient that Hall Health does not provide evaluation/testing to determine if patient has ADHD. We can schedule them to see a provider to evaluate for other causes of inattention. If patient declines appointment at that point then refer the patient to this site ***or they can contact their health care insurance for a list of covered facilities, to have the evaluation/testing done. Inform patient that once the evaluation is completed, they will need to schedule an initial ADHD appointment (always 40 minutes), and to bring a copy of that evaluation with them at the time of their appointment. Patient must be informed that it is not a guarantee that they will receive a prescription at the time of their appointment. This is done at the discretion of the provider.
QI GL related chart audits
5/2015
Topic: ADHD treatment and ongoing follow up
Please ask Mariann Carle if any questions. THANK YOU!!!
mcarle@u.washington.edu

Reviewer’s name ___________________ Date of review____________________
Provider’s name___________________
Patients chart number _____________ Date of encounter__________________
Patient’s name ____________________

ADHD management- were the following items addressed in the chart and in the recent office visits as part of the ADHD follow up/ongoing assessment:
1. Is there documentation of the ADHD evaluation in the chart _____?
2. Is there a summary of the ADHD plan of care, medications used, PCP, where full ADHD assessment is filed, in the problem list section_____?
3. Is there documentation of regular blood pressure checks in the chart__?
4. Were appropriate check in questions asked at recent visits (i.e. - drug efficacy, appetite changes, mood changes, sleep issues other side effects from medications) ______?
5. Was the social history and past medical history updated_____?

Comments_______________________________________________________________________________
Drowned in a Stream of Prescriptions (NEW YORK TIMES excerpts)
By ALAN SCHWARZ FEB. 2, 2013

…….Richard’s first experience with A.D.H.D. pills, like so many others’, had come in college. Friends said he was a typical undergraduate user — when he needed to finish a paper or cram for exams, one Adderall capsule would jolt him with focus and purpose for six to eight hours, repeat as necessary……

…….So many fellow students had prescriptions or stashes to share, friends of Richard recalled in interviews, that guessing where he got his was futile. He was popular enough on campus — he was sophomore class president and played first base on the baseball team — that they doubted he even had to pay the typical $5 or $10 per pill…….

…….It was where, after becoming violently delusional and spending a week in a psychiatric hospital in 2011, Richard met with his doctor and received prescriptions for 90 more days of Adderall. He hanged himself in his bedroom closet two weeks after they expired…….

…….The story of Richard Fee, an athletic, personable college class president and aspiring medical student, highlights widespread failings in the system through which five million Americans take medication for A.D.H.D., doctors and other experts said…….
Questions???

• Ideas
• Examples
• Experiences
• Problems
Thanks

Mariann Carle
mcarle@uw.edu