

Advice for CWP staff working with adults with ADHD without Learning Disability during Covid-19 pandemic.

- ✚ ADHD on its own is very unlikely to cause an individual to present to health services.
- ✚ An individual may present with co-morbid General mental health issues.
- ✚ An individual may present with Physical health issues manifested as something else.
- ✚ An individual may more commonly present due to emotional/social factors worsened by isolation or increased demands on relationship (brought on by physical constraints of space, increased interaction), financial strain, boredom, sliding into increased use of Alcohol/Substances and loss of hobbies or helpful routines like exercise. Their co-morbid Anxiety symptoms can get worse. Please share with the patient the **Toolbox leaflet** and/or discuss time-honoured interventions like anxiety management, relaxation techniques, exercise etc as you will normally do including re-assurance. Spot jogging or even 'senior exercises' can be helpful if the individual has ADHD and anxiety.
- ✚ ADHD is a life-long condition. Not everything that goes wrong in their life and particularly crisis is not due to ADHD. Treatment or intervention that are normally recommended for that presentation or crisis are still recommended in a particular individual with ADHD.
- ✚ If the individual is on medication for ADHD, please go 'low and slow' with initiation of other psychotropics and may need monitoring of BP and ECG monitoring. However, the principle of urgency and clinical priority needs to be applied regarding co-morbid psychosis, mood disorder, risk management etc.
- ✚ Individuals with ADHD should continue with their medication as usual. If they have the COVID-19, they do not need to stop taking ADHD medication unless they have severe symptoms (e.g. affecting blood pressure, pulse or breathing). They need to take NHS advice for physical health as appropriate and mention that they are on ADHD medications to the other health professionals for physical health. We will not make adjustment to the ADHD medication during this period generally, due to difficulty with monitoring and assessment.
- ✚ Anger and aggressive behaviour or self-harming are not core symptoms of ADHD. Diagnosis of ADHD is not a substitution for personal responsibility and can never justify commitment or threat of crime. Individuals with ADHD has an intact moral compass and they should be able to know right from wrong. Anger management principles will equally apply.

There is no case for an emergency ADHD assessment or initiation of treatment. If you think someone may have ADHD but has no diagnosis, please intervene as you would have done if the individual did not have ADHD. They can be referred for an ADHD assessment which can take place in due course, but reasonable interventions/adjustments can continue whilst waiting for that.

This leaflet is provided by the Adult ADHD service, Cheshire and Wirral Partnership NHS Foundation Trust. Please also familiarise yourselves with the ADHD Toolbox Leaflet that can be shared with patients, so that they can refer to it.

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