Prescribing practice in a child and adolescent ADHD clinic and its effect on physical monitoring: a complete audit cycle

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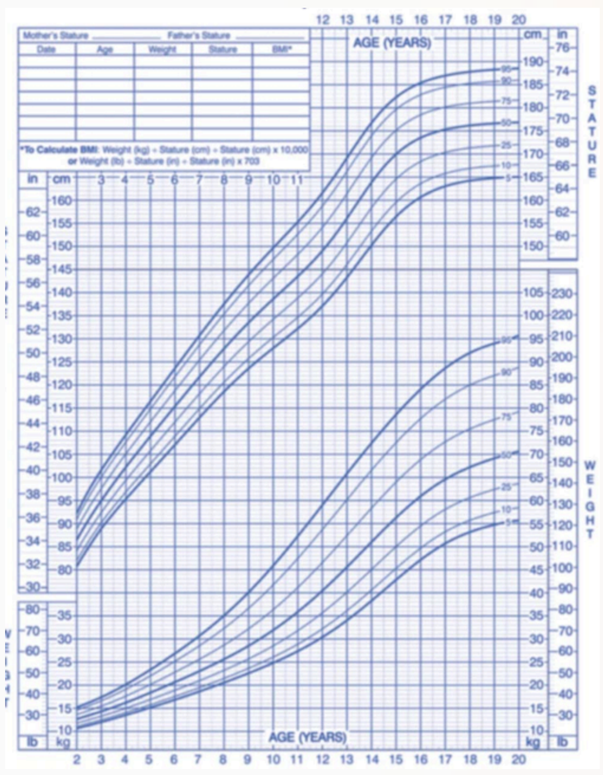
Background

NICE guidelines[1] make recommendations that all children taking ADHD medication have height, blood pressure and heart rate measured every six months. Weight should be measured six monthly for children over ten, and three monthly for children ten and under. Both height and weight should be plotted on a growth chart. This was being done routinely when children attended the ADHD clinic and a prescription was provided at the time, with a view to covering the period until the next review date.

It was observed that parents were frequently contacting the service outside of ADHD clinic days to move appointments and request additional prescriptions. There was concern that some children were missing out on their regular physical monitoring as a result of this and a decision was made to audit it.



Aims

1. To establish how many prescriptions were being issued outside of clinic appointments, and whether this practice resulted in children missing recommended physical reviews
2. To implement an intervention to reduce this.

Method

A retrospective review of the electronic patient record (EPR) of all children attending the ADHD clinic in the previous three-month period, July to September, was undertaken. The review looked at prescriptions issued outside of a clinic visit and the duration since the child had last been seen in clinic.

Following this, a letter was sent to all parents outlining the NICE guidelines for periodic physical review and explaining the rationale for it. They were advised going forward that if a child had not been seen within the recommended time frame, they would need to attend for review prior to receiving another prescription, with exceptions being made for emergencies. The registrar and the CMHN running the clinic also agreed that when arranging follow up appointments, they should ensure that they were scheduled for a week before the prescription end date, to allow for appointments to be rescheduled if necessary. Three months after these interventions were implemented, a further review of the EPR's were carried out and the same criteria were reviewed.

Results

There were 45 patients attending the ADHD clinic during the audit period. For the three-month period from July to September, 25 requests were made for repeat prescriptions outside of clinic visits, involving 18 individual patients. Of these, 6 prescriptions were issued without the patient having been seen within the recommended preceding timeframe, with 4 patients being involved.

Following the intervention, 12 requests for repeat prescriptions were made during the October to December period, involving 10 individuals. All of these children had been seen within the recommended preceding time frame. Following an intervention, which involved psychoeducation of parents and review of appointment allocation by clinic staff, the number of repeat prescriptions being issued was reduced by 52%.

	Pre Audit	Post Audit
Patients attending	45	45
Repeat Prescription requests	25	12
Physical reviews outside of NICE recommendation period	6	0

Conclusions

By implementing two simple interventions, there was a significant reduction in the number of prescriptions being issued outside of clinic time, and all children being provided with prescriptions were seen within the recommended time frame for physical review.

References: 1. Attention deficit hyperactivity disorder:diagnosis and management. NICE guideline [NG87] – updated 13 September 2019