

Stimulating improved monitoring with ADHD prescribing in Child and Adolescent Mental Health Service CHO1 Area – An Audit

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Background

In the Community Health Organisation Area 1 ADHD accounts for 36% of the case load. With increased awareness around ADHD worldwide, the creation of specialist CAMHS ADHD service in Dublin and the new adult ADHD national clinical program it is imperative that the coinciding increase in ADHD prescription medication is appropriately monitored clinically. The frequent changeover of psychiatry NCHD’s can lead to poor monitoring practice.

Aims and Objectives

This audit aims to establish if current practice is in line with the National Institute for Health and Care Excellence ‘ADHD: diagnosis and management’ 2018 guidelines, to complete an improvement action and re-audit to ensure appropriate impact.

Methodology

An audit checklist was created in Excel based on the NICE guidelines to be studied. A random selection of 20 charts of service users with ADHD were studied from Feb-March 2020. A new ADHD OPD proforma was discussed with the consultant, created and circulated highlighting the relevant guidelines. The guidelines were discussed at Multi-Disciplinary Team Meeting to increase awareness. The first 20 charts of service users who returned for face-to-face clinical assessments were reviewed following the introduction of the proforma in April-May 2021.

Results

In relation to pre-medication or ongoing monitoring, the child’s height, heart rate and blood pressure was generally documented (81-89%) but there was a noted improvement in weight measurement from 63% to 89%. There was a complete lack of plotting on a centile chart with only one case adherent across both audit cycles. There was a marked improvement in enquires regarding medication effectiveness and adverse effects from 19% to 94% and sleep issues from 31% to 100% following updating of the clinic proforma. Discussion regarding the decision to continue medication was had in all cases following the education and awareness plan from 69%.

Conclusion

This audit demonstrated generally good local compliance with adherence to guidelines for monitoring of height, heart rate and blood pressure with the second audit showing further improvement. Poor compliance in other areas such as discussion on medication effectiveness, continuation, adverse effects and sleep was advanced considerably with the new clinical proforma thus demonstrating the effectiveness of audit in improving clinical care. There is a need for further discussion with the MDT regarding the incorporation of centile charts into clinic reviews going forward.

Much improved compliance with creation of an OPD proforma.

