

Welcome to Project ECHO Population Health Network: Child and Adolescent ADHD Series

Series 1: Session 3

“Medications for ADHD and co-occurring conditions: the role and use of stimulant and non-stimulant medications in practice”



Supporting general practice, commissioning health services into gaps and driving service integration.

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An Australian Government Initiative

Acknowledgement of Countries



I'd like to begin by acknowledging the Traditional Owners and custodians of the unceded lands and waterways

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmarra, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jupagalk and Jaadwa peoples.

We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities. We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation. We support self determination for First Nations Peoples and organisations.



Ask the question. Do you identify as Aboriginal or Torres Strait Islander?

EVENT INVITE

GP DINNER


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WESTERN VICTORIA
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Join us for
a night of
learning and
networking

Western Victoria Primary Health Network invites you to join us for a professional dinner in your region.

This series of dinners aims to connect GPs, fostering discussions on primary care and providing a platform for networking.

The evening will feature presentations by two distinguished guest speakers:

 **Professor Lena Sancl**

 **A Clinical Neurologist**
from your local region



Professor Lena Sancl (PhD, FRACGP, MBBS) is an academic GP and Head of the Department of General Practice and Primary Care at the University of Melbourne, where she leads the Children and Young People's Research Stream. Amongst other roles, she is also the Chief General Practice Advisor to the Department of Health Victoria and inaugural President of the Australasian School Based Health Association.

EVENT LIST

Horsham

baa 3400
118 Baillie St
6pm-9pm
Wednesday 13 March
RSVP by 12 March

Ballarat

Mitchell Harris Wines
38 Doveton St N
6pm-9pm
Thursday 14 March
RSVP by 12 March

Warrnambool

Lady Bay Resort
2 Pertobe Rd
6pm-9pm
Wednesday 20 March
RSVP by 15 March

Geelong

Pavilion Geelong
95 Eastern Beach Rd
6pm-9pm
Thursday 21 March
RSVP by 15 March



Please register
using the QR code



Sponsored by



EVENT INVITE

Practice Manager & Practice Nurse Breakfasts

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Join us for a
morning of
learning and
networking

Western Victoria Primary Health Network invites you to join us for a Practice Manager and Practice Nurse breakfast gathering.

This breakfast will provide a networking opportunity and feature a presentation from a specialist in the Health and Wellbeing field.

 **Lisa Cosson, Planet Feel Good Horsham**



Lisa Cosson will discuss her passion, expertise and commitment to empowering individuals on their wellness journey.

EVENT LIST

Horsham

baa 3400
118 Baillie St
7:30am-9am
Thursday 14 March
RSVP by 12 March

Ballarat

Mercure Ballarat Hotel & Convention Centre
613 Main Road
7:30am-9am
Friday 15 March
RSVP by 12 March

Warrnambool

Pavilion Cafe & Bar
50 Viaduct Rd
7:30am-9am
Thursday 21 March
RSVP by 15 March

Geelong

Pavilion Geelong
95 Eastern Beach Rd
7:30am-9am
Friday 22 March
RSVP by 15 March



Please register
using the QR code



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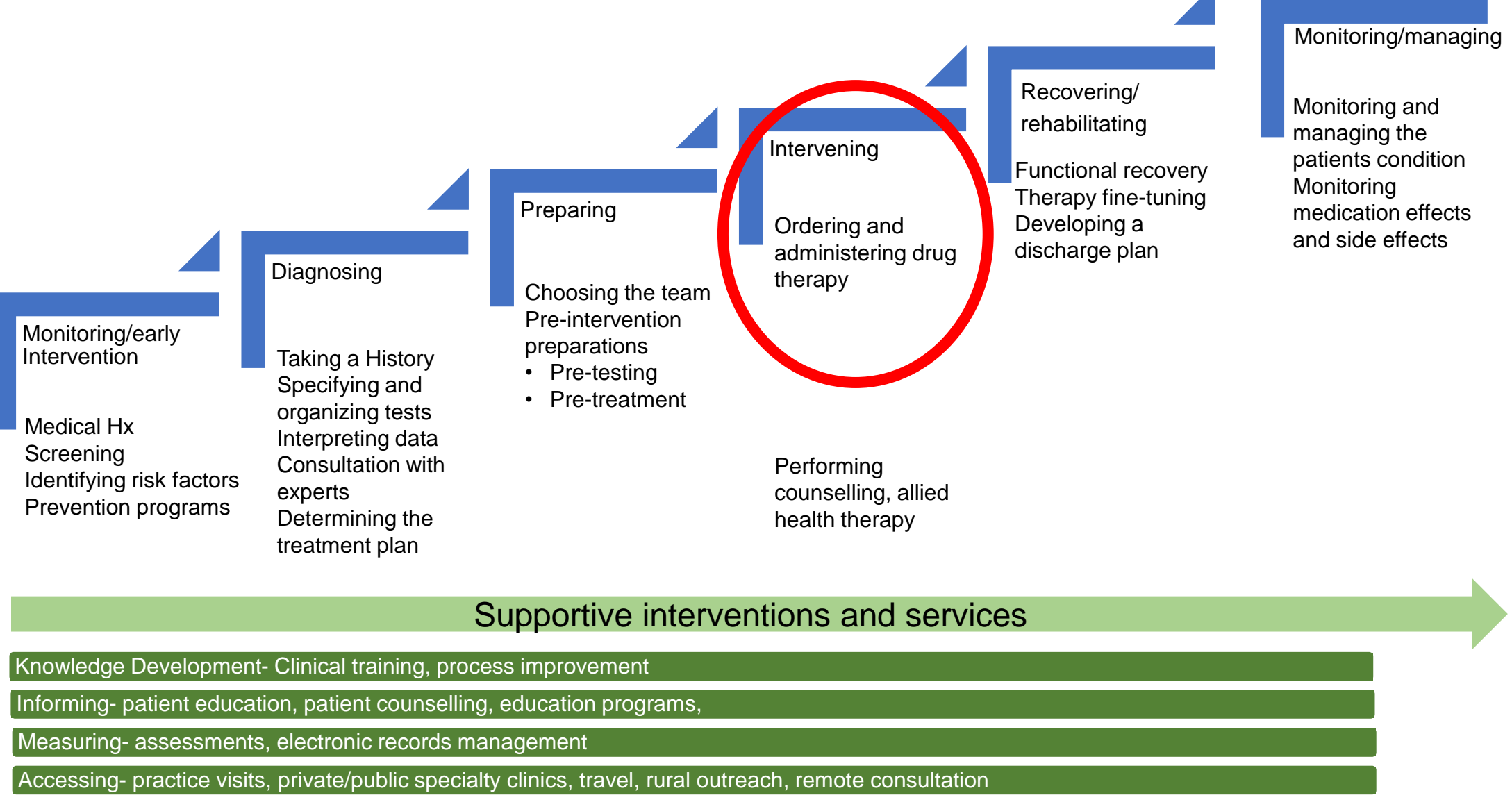
The care delivery value chain for an integrated practice unit

Stages on the value chain

Job to be done
"Clinical workflow"

"Consumer Journey"

Consumer value



ADHD care for children and young people in Western Victoria

The Problem statement:

Children, teens and their carers (with ADHD or undiagnosed ADHD) in Western Victoria need access to early intervention, assessment, information/education, coaching, medications, allied health care, care co-ordination, environmental supports and ongoing monitoring.

Solutions discussed to date:

- Identification and parent information resources by primary care
- Assessment support by primary care
- Good communication between primary care and paediatrics to support referrals
- Provisional diagnosis by primary care to support the psycho-social therapies and support options
- Prepare the family for the visit to the Paediatrician for prescribing
- Communication between primary care and paediatricians to support co-prescribing
- Established co-prescribing options in primary care
- GP education about prescribing and common SEs

Question from the group chat last week

Is there a self-report Vanderbilt that secondary school students can use, particularly those that don't have the 'back-up' from their parents?

- Clin 1: I find the ASRS could be used in mature high school students
- Clin 2: interview them and use their self report to guide me, rather than applying a tool. Or I would just ask them to self rate on a Vanderbilt. Get both parents and teenager to fill in the parent part as it is very useful discussion material
- Clin 3: Not aware of any validated free tool in this age group. I'm using the Achenbach Youth self report tool as a basic screening test. But it costs money and doesn't provide much depth. And like you I have used the adult ASRS checklist too.
- Clin 4: subjective qualitative interview is the best tool.



Session 3 Learning outcomes & Key Questions

- Describe the commonly used stimulant and non-stimulant medications in the care of ADHD.
 - Discuss role of GPs in collaborative prescribing for the medications under the current state regulations in Victoria.
 - Discuss the role of enhanced communication and information sharing in the practice of co-prescribing for stimulant and other common medications prescribed for ADHD under the PBS authority system
 - Participate in a community of learning and practice.
-
- What commonly used medications for ADHD can be initiated by GPs and which medications can GPs continue to prescribe once a Paediatrician or Psychiatrist have written the initial script?
 - How can interested GPs prescribe stimulant medication in collaboration with a Paediatrician or Psychiatrist
 - How can we establish supportive co-prescribing relationships in Western victoria
 - What do parents and carers need to know about this important step in care?





Etiquette/Zoom use

- Clearly name yourself with first name and surname.
- Introduce yourself / Role / Region / Organisation in "chat"
- Use chat to ask questions
- Please remain on 'mute' except when speaking
- **Please turn video on**
- In-session Evaluation at the end



- These sessions will be recorded for ongoing training and quality improvement purposes.
- The didactic presentations ONLY will be disseminated on our learning channel.
- Discussions will be de-identified where used for QI or research purposes.
- Please let us know if you would not like your comments recorded.

Data gathered from these sessions will not be shared publicly.
For internal reporting only.

Health Alert – Updated measles alert for Melbourne Airport and Metropolitan Melbourne

- Two further cases of measles have been reported in Victoria. This follows two cases of measles in returned overseas travellers recently reported.
- These cases attended multiple exposure sites in Melbourne and surrounds between 14 February 2024 and 1 March 2024 while infectious.
- Measles is a highly infectious viral illness that can spread from person-to-person and potentially lead to serious health complications.
- People who have attended the listed exposure sites during the specified dates and times should monitor for symptoms of measles.
- Read the full alert: [Updated measles alert for Melbourne Airport and Metropolitan Melbourne | health.vic.gov.au](https://www.health.vic.gov.au/updated-measles-alert-for-melbourne-airport-and-metropolitan-melbourne)

Agenda– Child and Adolescent ADHD Series 1: Session 3

“Medications for ADHD and co-occurring conditions: the role and use of stimulant and non-stimulant medications in practice”

Facilitator: Dr Bianca Forrester, Clinical Lead of Innovation and Learning, Western Victoria Primary Health Network

Didactic presentation:

A/Prof David Tickell, Paediatrician, Grampians Health Service

Panel for discussion:

Dr Kate Graham, Clinical Editor HealthPathways and COVID Clinical Advisor, Western Victoria Primary Health Network

Ms Katarzyna (Kate) Tognarini, Community pharmacist, AADPA Board Member and AADPA Education Committee co-chair

Ha Le, Research Fellow, School of Health and Social Development, Deakin University, Consumer/Carer advocate

Case presentation:

Dr Jess Zimmerman, GP, Nightingale Clinic

Network Co-ordinator: Jemma Missbach, Western Victoria Primary Health Network



MEDICATIONS FOR ADHD

A/Prof David Tickell, Paediatrician

WHEN/WHY TO TREAT?

- Need to confirm Dx (CBCCLs, Connors, Vanderbilts - beware symptom bias!)
 - Ensure more than 1 environment
 - Consider other diagnoses
- Look for functional impairment
 - Academic, social
- Treat the child, not the parent/carer, and not the teacher

WHAT TO USE?

• Stimulants*

- Methylphenidate (Ritalin[®], Ritalin LA[®], Concerta[®])
- Dexamfetamine (dexamfetamine[®], Vyvanse[®] **)

Inatt	Hyper/Impuls	Anx	Anger
✓ ✓	✓ ✓	✗	✗
✓ ✓	✓ ✓	✗	✗

• Non-stimulants*

- Atomoxetine (formerly Strattera[®])
- Guanfacine (Intuniv[®])

Inatt	Hyper/Impuls	Anx	Anger
✓	✓	✓	-
?	✓ ✓	-	✓

* ADHD medications do not treat oppositional defiance (ODD), but maybe lessening impulsivity helps some?

** Vyvanse = lisdexamfetamine (prodrug)

STIMULANTS

Type	Duration	Who	Dose	Best for	Administration
Ritalin® (SA) 10mg tabs	4-6 hours	Any age (aim not < 5yo)	Start 5-10 mg mane & midi, max 1mg/kg/d	Younger kids, starting	Can split/crush
Ritalin LA® 10, 20, 30, 40, 60, 80mg caps	8 hours	6+ years, must use SA first	10-80mg, 1:1 with SA dose, max 1mg/kg/day	School cover only, no lunch dose	Must swallow whole
Concerta® 18, 27, 36, 54mg MR tabs	12 hours	6+ years, must use SA first	18-72mg, approx. 1.8x SA dose	After school cover, no lunch dose	Must swallow whole
Dexamfetamine® 5mg tabs	4-6 hours	Any age (aim not < 5yo)	Start 5-10 mg mane & midi, max 1mg/kg/d	Younger kids, alt to Ritalin	Can split/crush
Vyvanse® 20, 30, 40, 50, 60, 70mg caps	12 hours	6+ years, can use first line	Start 20-40mg, max 70mg, dose to effect as it's a <u>prodrug</u>	Older kids, SFX ++ with other stims, no lunch dose	Can open and sprinkle/dissolve



STIMULANT SIDE EFFECTS

	SFX	%	Management
Short term	GIT, headaches	66%	Usually last 2-3 weeks, not Rx limiting
Long term	Loss of appetite	80%	After b'fast, incr calories, <u>drug holidays</u> , change Rx
	Sleep onset issues	80%	Avoid pm dosing, consider hypnotics/sedatives
Severe	Increased BP/HR	<<1%	Must change dose/drug if persists, careful if cardiac Hx!
Other	Incr. anx/aggression		Likely need to change drug, could add other Rx
	Growth stunting		50% of studies yes, 50% no, only lifetime 1-2cm if Rx >1 yr
	"Zombie"		Dose too high, often transient with starting/incr dose
	Long term probs?		All socioeconomic data +ve!! Cardiac ??
	Tics		Can increase but also treat!



TIME TO STOP

- Child/parental request
- Improving symptom control – usually adolescence
- Poor side effect profile (consider non-stimulant)
 - Persisting appetite suppression/LOW
 - Increased anxiety/aggression
- No need to wean
- Always consider drug holidays!

ATOMOXETINE

- Selective Noradrenaline Reuptake Inhibitor
- **Good for**  :
 - Comorbid ADHD and anxiety symptoms (esp. ASD kids with ADHD!)
 - Poor stimulant side effect profile (esp. LOA, BP/HR)
 - Effect over 10-12 hours, but also reaches steady state
- **Not so good**  :
 - Long time to steady state (like SSRIs) – but also means can use at night?
 - Need to maintain consistent daily dosing – no breaks, compromises steady state
- **SFX**
 - Same as stimulants but less frequent/severe
 - Same as SSRIs but less frequent/severe: remember 5% paradoxical reactions!
- **Dosing**
 - 0.6 mg/kg/day 1st week then 1.2 mg/kg, max 1.8 mg/kg or 100 mg
 - Caps of 10, 18, 25, 40, 60, 80, 100mg

GUANFACINE (INTUNIV®)

- Central acting alpha-2-agonist (like clonidine)
 - Works on 2/4 alpha receptors (cf. clonidine 4/4), thus less cardiac SFX
- **Good for**  :
 - More aggressive kids with hyperactivity/impulsivity
 - Adjunctive Rx with stimulants to reduce SFX... incr appetite/sleep, lower BP/HR
 - Effect over 12 hours (10-17)
- **Not so good**  :
 - Daytime sedation can limit dosing
 - Probably not as effective for inattention
- **SFX**
 - Sedation is main issue, esp. afternoon
 - Also hypotension/bradycardia (less than clonidine), headache, mood change
- **Dosing**
 - 1 mg then incr every few weeks to max 4mg as tolerated, can use bd/pm dosing
 - Tabs of 1, 2, 3 & 4mg

BEWARE ADHD MIMICS!

- Not all that quacks is a duck!
- **ADHD symptoms very common within or secondary to:**
 - Anxiety
 - ID
 - ASD
 - Sleep disturbance
 - Developmental delay
 - Trauma
- Medications may be more appropriate targeting the above!
 - Anxiolytics
 - Sedatives/hypnotics



Pre submitted question from the group

- Alternatives to stimulants in cases that they aren't beneficial or can't be tolerated – atomoxetine, guanfacine, Strattera, clonidine. When these are useful and tips around prescribing them.
- Sometimes I worry that the child's anxiety gets worse when they start medication? I'd love to hear about the side effects.



Vyvanse 40mg and 60mg shortages

Soluble in water

GP co-initiating Atomoxetine and Guanfacine

Theoretical and practical considerations?

Applying for a permit - I thought only one person could hold the permit at a time?

Health Pathways has a section on prescribing in the ADHD meds in adults / meds in kids pathways

- The issue is the permit is for a set dose.
- Apply for the max dose then there is no problem if the paed increases the dose, and also when there are supply issues
- I agree this is the “workaround” for this. We also need to understand that it will take time to develop comfort at raising doses/knowning side effects etc
- Me too! I am so comfortable with the adults but in <18 would be a new world
- GP 1: It's not hard through safe script I think... usually is instantaneous!
- GP 2. Not so fast though - last one I did took 2 weeks!
- GP 3. My record was 30 minutes!
- GP 1. The process takes about 15 minutes and I got the permit straight away!... but it sits in the safe script inbox, so is easily missed there. You don't necessarily get an email.



• <https://aadpa.com.au/adhd-stimulant-prescribing-regulations-in-australia-new-zealand/#vic>



Gathering Insights into General Practice and Allied Health in western Victoria

- Western Victoria Primary Health Network (WVPHN) has launched two important surveys to gauge the views of people working in general practice and allied health in our region and to clarify how we can enhance the support and training we offer.
- The two region-wide surveys – *What's it like in General Practice?* and *What's it like in Allied Health?* – are part of our Primary Healthcare Insights project to pinpoint what's useful and what may need improvement in the work we undertake.
- Both surveys are open to clinical and non-clinical staff.



[Gathering Insights into General Practice and Allied Health in western Victoria | Western Victoria Primary Health Network \(westvicphn.com.au\)](https://www.westvicphn.com.au)

HealthPathways

Project ECHO – Child ADHD

WHAT IS HEALTHPATHWAYS?

A web-based information portal providing locally agreed, evidence-based clinical guidelines and referral pathways designed to support primary health care providers, in particular General Practitioners, in the assessment, management and referral of patients.

Provides information on:

- How to assess and manage a range of conditions
- How to refer patients to local specialists and services in the timeliest manner
- Reference materials
- Educational resources
- Patient resources

A dynamic website with new pathways constantly under development and existing pathways regularly reviewed by local GPs and specialists to ensure they remain aligned with best practice, relevant to the local context.

CLINICAL

[ADHD in Children and Youth](#)

[ADHD Medications for Children](#)

[Behavioral Concerns in Children Under 6 Years](#)

[Behavioural Concerns in Children Aged 6 to 12 Years](#)

[Developmental Concerns in Young Children](#)

REFERRAL

[Non-acute Paediatric Medicine Assessment \(> 24 hours\)](#)

[Non-urgent Mental Health Referrals](#)

[Occupational Therapy](#)

[Urgent Mental Health Referrals](#)

[Mental Health Advice](#)

CONTACT

•New to HealthPathways?

Visit <https://westvic.communityhealthpathways.org/> and select 'register now'

•Use the "send feedback" button on the website or email: healthpathways@westvicphn.com.au

•The HealthPathways team can arrange for passwords to be bypassed if you provide your practice IP address.

WHO CAN USE HEALTHPATHWAYS?

•GPs and Health Professionals within the Western Victoria region can access HealthPathways. The portal is not designed to be used by the general public and can only be accessed by using a secure login and password. There is no cost to access.

Session Evaluation

- Please take the time to evaluate this **session**
- [Link](#) pasted into the chat

Upcoming Sessions

- Weekly from **22 February** until **21 March**



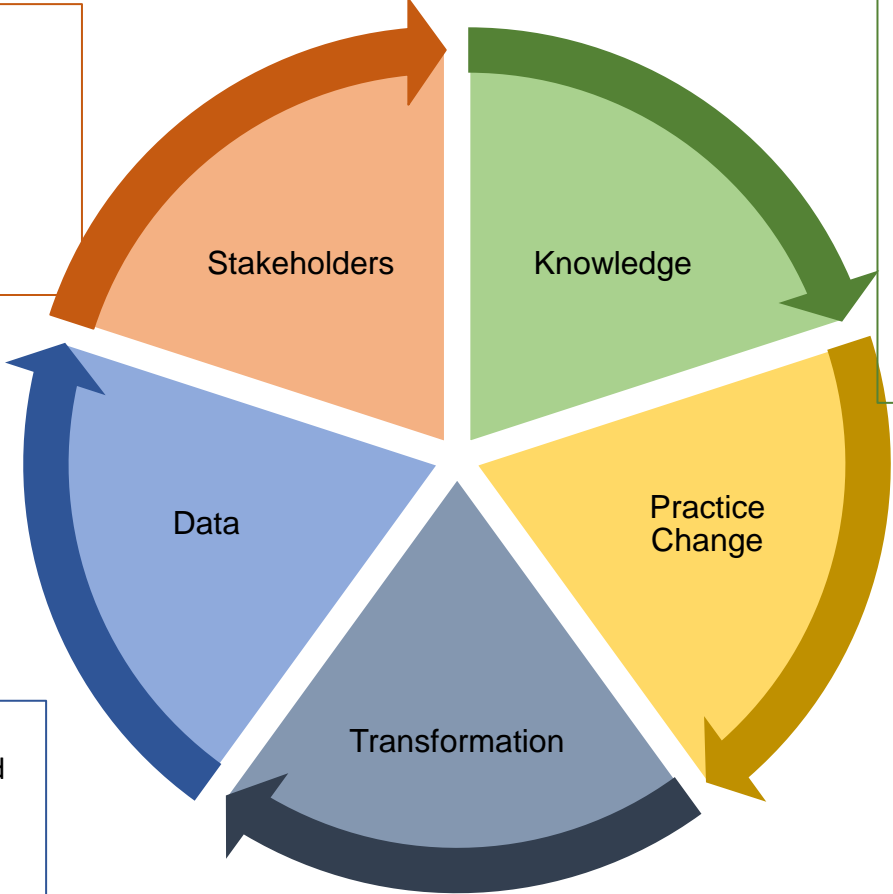
If you have a case, you would like to discuss with the group:

- **Case template** [here](#)
- Email echo@westvicphn.com.au
- Use the comment box in the evaluation form

Scoping the design problem- inputs into this series

- Barwon Paediatric team
- Grampians Paediatrics team
- Victorian Paediatric Clinical Network
- Barwon Area Mental Health Service
- Centre Community Child Health Royal RCH
- Consumer advocates
- GPs with special interest

- Australian ADHD Clinical Practice Guidelines
- Senate Inquiry report
- RACGP statement to the Inquir
- Annual Research Review: Perspectives on progress in ADHD science—from characterization to cause
- Recent Attitudes toward ADHD in the Broader Community: A Systematic Review



- Referrals to Private and Public Paediatric services both Ballarat and Geelong
- Lack of service options in Outer regions
- GP demand for referral options

- National ADHD shared care model network
- Consumer engagement in co-design
- Clinician engagement in co-design
- PHN co-design framework

- WVPHN Design Labs
 - Digital
 - Data
 - Health Pathways
 - Co-design
- Statewide sector meetings
- Emerging Minds



An Australian Government initiative

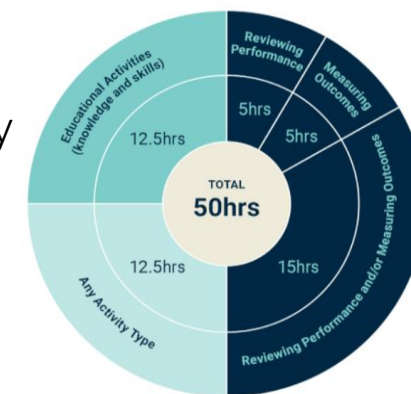
Learning outcomes

WVPHN Your CPD Centre

ECHO is a Peer Group Learning Activity

EA- Passive activity

RP- Interactive activity



Series Learning outcomes

- Describe the diagnostic classification of ADHD and identify commonly co-occurring conditions.
- Recognise the diverse experiences of children, adolescents and their caregivers and describe a patient centred and biopsychosocial approach to functional recovery and well-being.
- Discuss the potential role of primary care in ADHD identification, assessment, management, and support.
- Evaluate the barriers to providing best practice ADHD care for children, adolescents and their families.
- Participate in a community of interest, learning and practice.

Series Project Outputs

To generate design ideas and implementation solutions for Shared ADHD care models:

Case report of our region (not for publication or dissemination in public sites)

- Barriers and enablers
- Action ideas for investment

Health Pathways

- Scoping review of community child health pathways

Don't forget to fill out our session evaluation at the end of the session.

