





The UK NICE ADHD Guideline – 2018 Update

Professor Chris Hollis
University of Nottingham



Nottinghamshire Healthcare NHS Trust




Positive about integrated healthcare

Accelerating research from campus to clinic

1

Outline

- NICE process and scope
- Recommendations: 2018 vs. 2008
- Why make changes? NICE evidence review
- Medication choices and monitoring



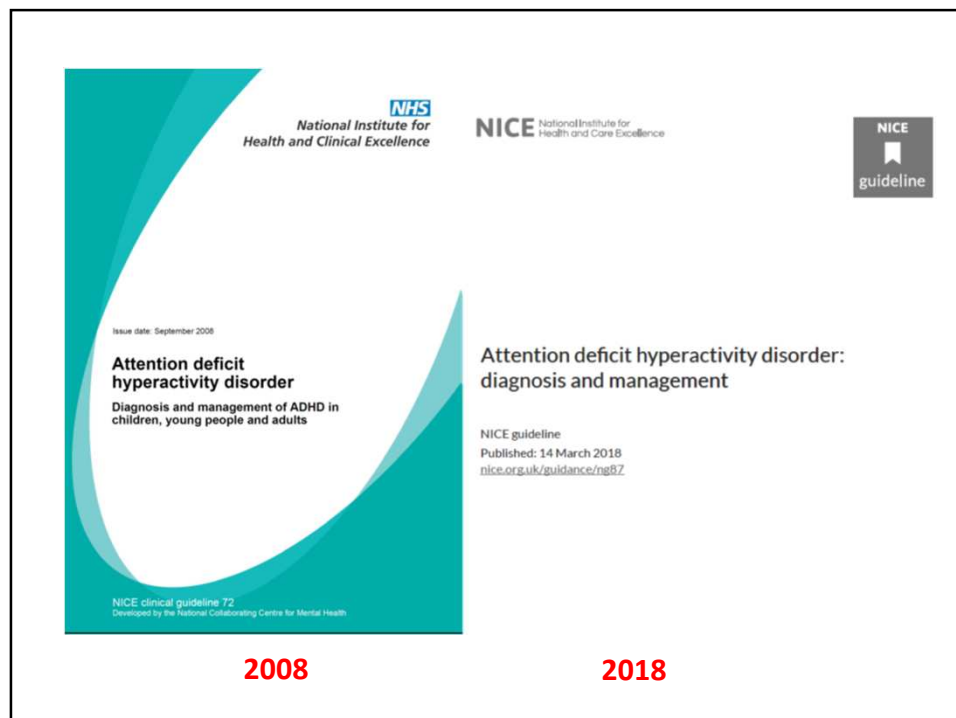
2

NICE Process

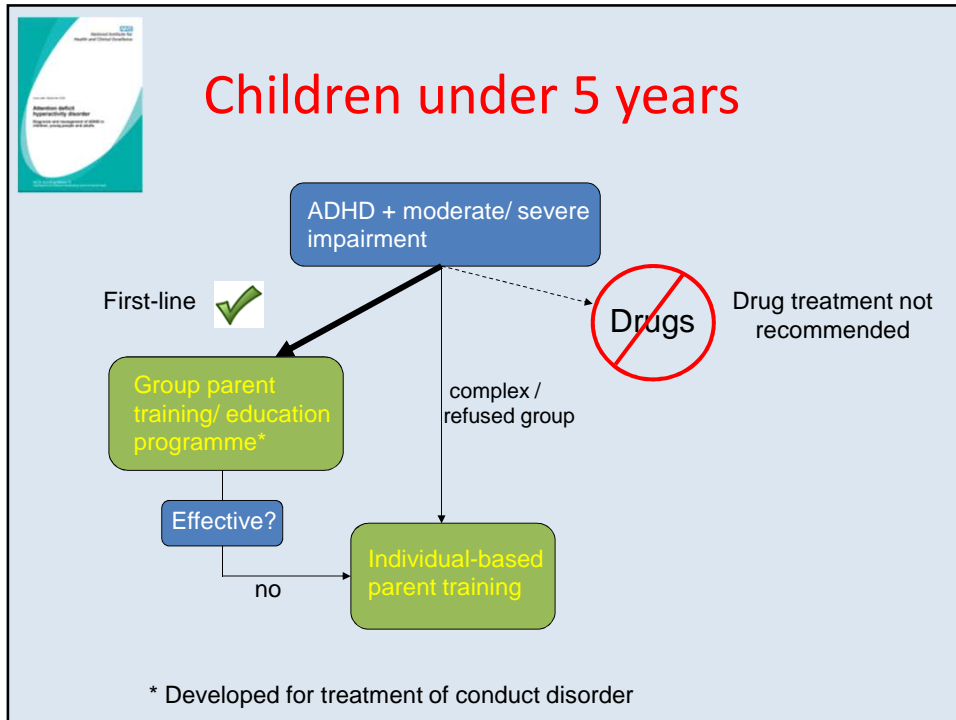
NICE
National Institute for
Health and Care Excellence

- Nationally funded agency
- Independent of medical societies and pharma industry
- Produces guidelines for all areas of health and social care
- Initial scoping exercise with stakeholders
- Guideline Committee confirms clinical questions to be addressed
- NICE conducts systematic and economic review of evidence
- Guideline Committee makes clinical practice and research recommendations

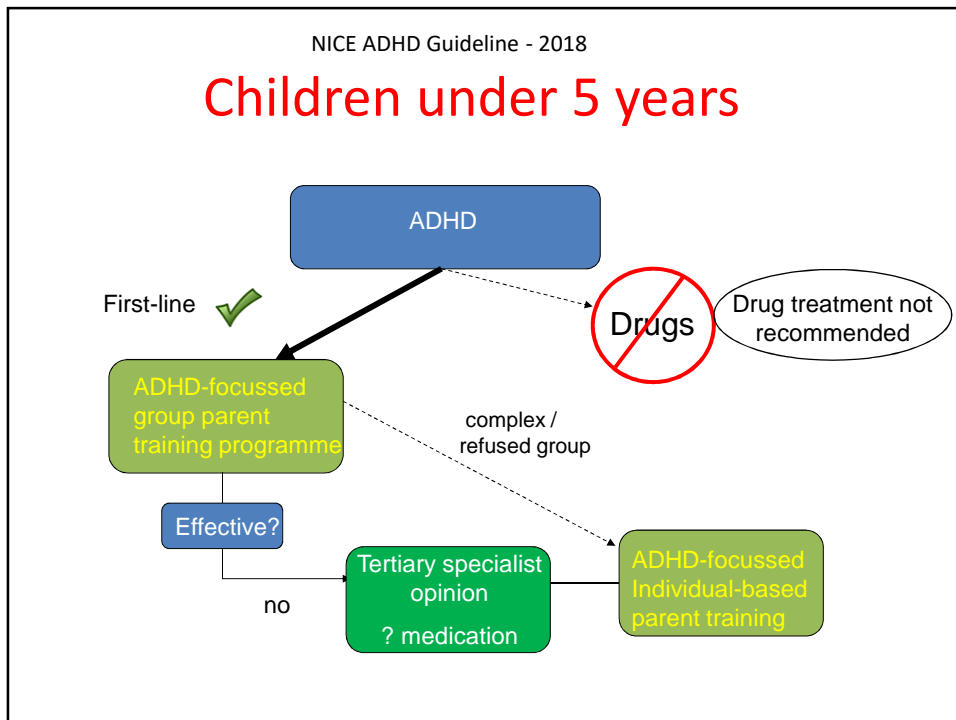
3



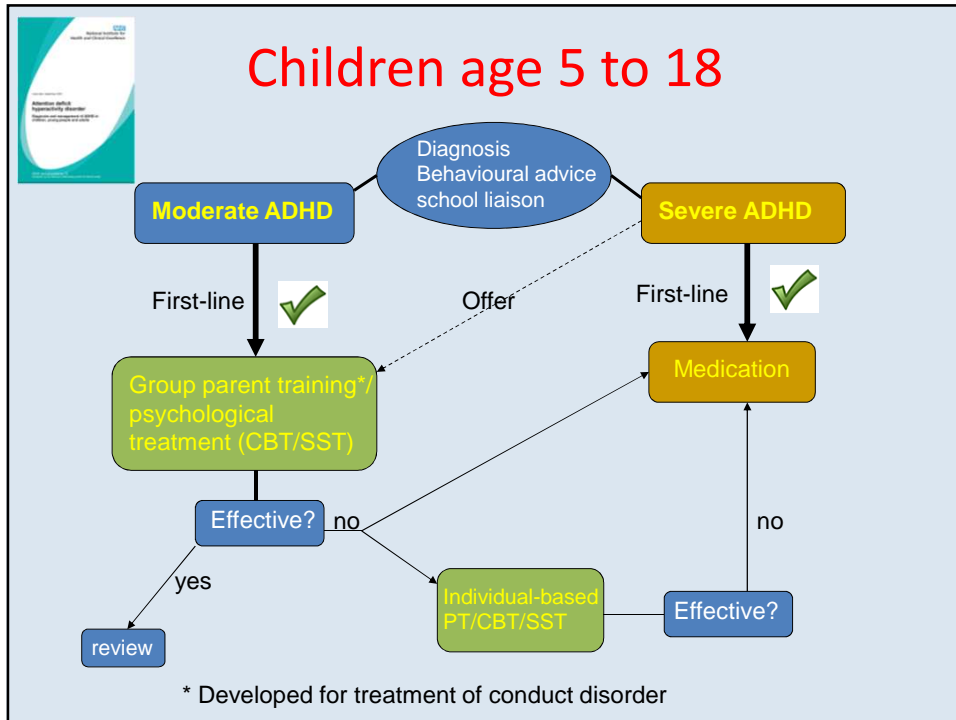
4



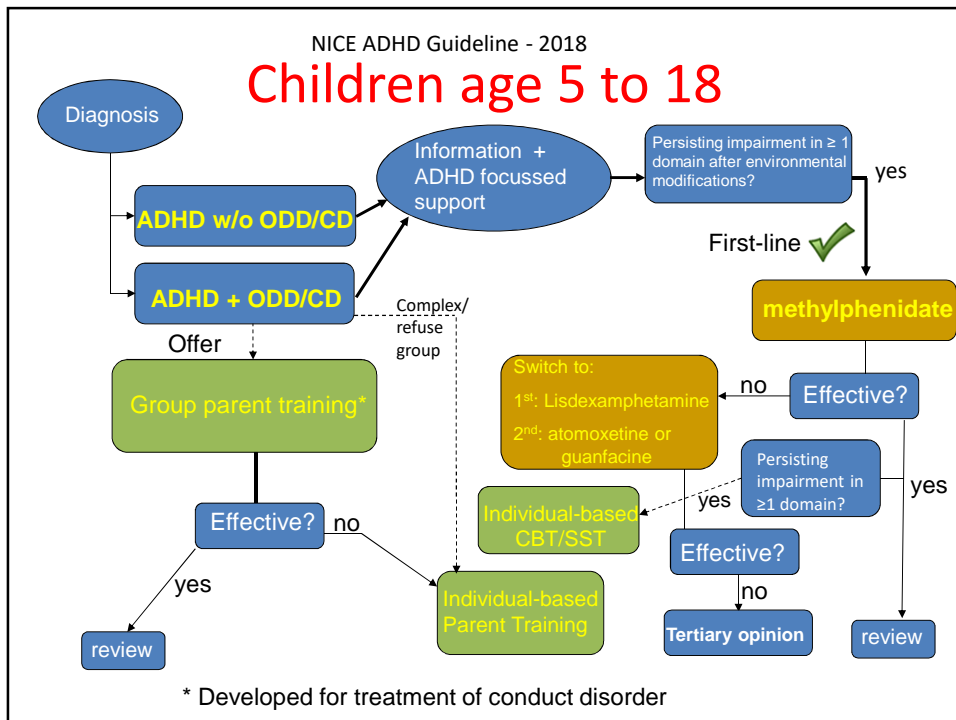
5



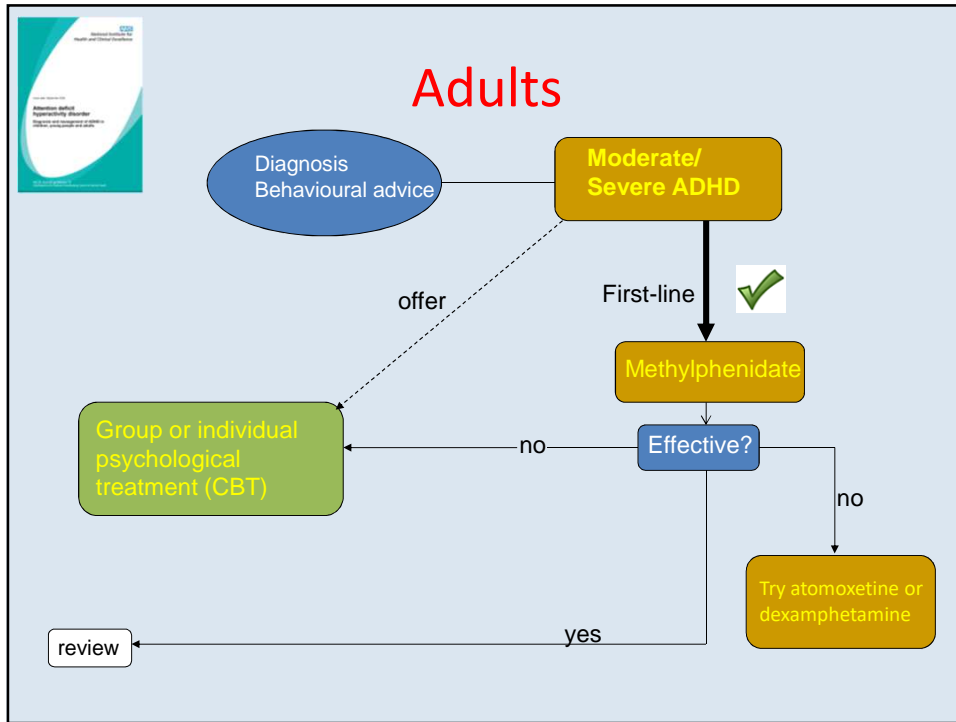
6



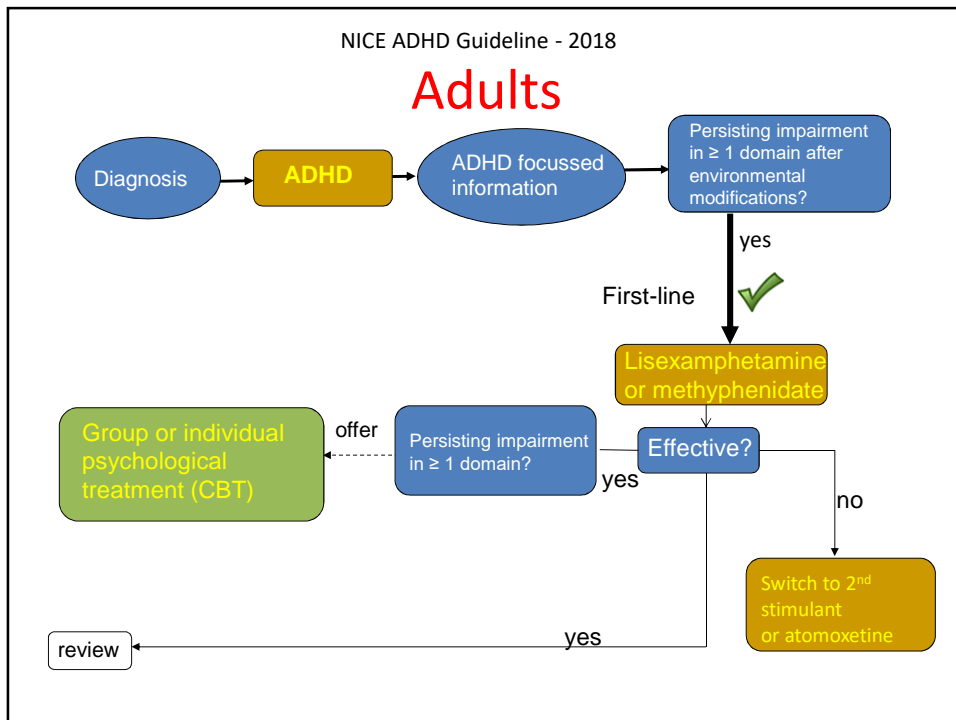
7



8



9



10

Non-drug treatments: Evidence

- Included studies across all interventions
 - 4 under 5 years
 - 49 children 5-18 years
 - 10 adults
- Quality of evidence: Overwhelming majority of studies **GRADE ratings low to very low**, predominantly due to risk of bias and imprecision
- Most evidence for ADHD and behavioural symptoms, not quality of life or other outcomes
- Evidence supported effectiveness for patient/parent/carer psychological interventions but not others
- Health economic modelling for parent training showed equivocal cost benefit

11

Drug treatments: Evidence

- Included studies stratified by age (Question 1):
 - 4 (under 5 years)
 - 70 (children 5-18 years)
 - 39 (adults)
- Quality of evidence: **GRADE**
 - Under 6 years: low to very low
 - 6 years and over: **moderate to low** (MPH, LDX, ATX, GFC), low to very-low for others [predominantly due to risk of bias and imprecision]
- Impossible to stratify by i) drug naive vs. previously treated, or ii) ADHD severity
- Clinical benefits in children & adults for stimulants, atomoxetine and guanfacine (children only).
- Stimulants generally more effective than non-stimulants
- Very little evidence on medication choice for people with ADHD and coexisting conditions
- The increased price of dexamphetamine means that it is no longer cost effective first or second line

12

Threshold for medication

2008:

Drug treatment not indicated as the first-line treatment for all school-age children and young people with ADHD....

Reserved for those with severe symptoms and impairment or those with moderate levels of impairment who have refused non-drug interventions, or whose symptoms have not responded sufficiently to parent-training/education programmes or group psychological treatment.

replaced by.....

2018: Offer medication for children aged 5 years and over (with ADHD) *only* if:

- their ADHD symptoms are still causing a persistent significant impact in at least one domain after environmental modifications.
- they and their parents have discussed information about ADHD
- a baseline assessment has been carried out

Will this make a difference in practice?

13

Medication Choices

- Stimulant medication first line
- Methylphenidate 1st in children and young people (UK license)
- Lisdexamphetamine more cost effective than dexamphetamine.
- Consider switching from Lisdex to Dex if not tolerating longer effect profile
- Offer same medication choices to people with ADHD and anxiety disorder, tic disorder or ASD as other people with ADHD
- Slower titration in people with ASD, tics and other mental health conditions

14

Medication Monitoring

- No requirement for routine baseline blood tests or ECG unless clinically indicated
- Weight: at baseline, 3 months, and then every 6 months (or 3 months if < age 10)
- Height: at baseline and every 6 months (children only)
- Pulse + blood pressure: at baseline, dose changes, and every 6 months

15

Comparison of 2008 and 2018 NICE Guidelines

	2008	2018
ADHD diagnosed by specialist	yes	yes
ADHD treatment stratified by severity	no	yes
ADHD drug treatment only if there is persisting impairment after environmental modifications	yes	yes
Psychological treatment 1 st line for mild/moderate ADHD	yes	no
Parent training reserved for <5 years and (≥5 yrs + ODD/CD)	yes	yes
Stimulants 1 st line medication	yes	yes
Do not use antipsychotics to treat ADHD	yes	yes

16

THANK YOU FOR YOUR ATTENTION!



17

Areas covered in NICE ADHD Guideline Update 2018

Updated from CG78 2008

- Recognition
- Information and support
- Monitoring and follow-up
- Adherence to treatment
- Managing ADHD

Not updated

- Diagnosis
- Dietary interventions (updated 2014)
- Involvement of education

Key change in review process

- Application of GRADE criteria
- Unsuccessful attempt to classify participants by ADHD severity

NICE drug recommendations take into account UK licensing

18