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| **GP MANAGEMENT PLAN. 721 (ADHD)** | | | | |
| **Patient problems / needs** | **Goals - changes to be achieved** | **Treatments services and patient actions** | **Arrangements for treatments** | |
| **1. General** | | | | |
| Carers understanding of attention deficit hyperactive disorder | Set a routine and stick to it.  Give praise and rewards for good behaviour.  Be tolerant ignore all but the important misbehaviours. Try to be accepting of the situation and be patient. Set non-negotiable rules for behaviour and clearly state the consequences of not following the rules. If the rule is broken, warn, and then act calmly and without argument. | Carer education | GP / nurse  Psychologist  Paediatrician | |
| Patient's understanding of attention deficit hyperactive disorder | Patient to have a clear understanding of ADHD and patient's role in managing the condition | Patient education | GP / nurse  Psychiatrist  Paediatrician | |
| Attention Deficit and Hyperactivity Disorder (ADHD) is one of the most common chronic behavioural disorders.  ADHD becomes apparent in some children during preschool and early school years.  In a classroom of 25 to 30 children, 1 will likely have ADHD. | | | | |
| **2. Lifestyle** | | | | |
| **Infants 1-24 months**  Breast feeding advice:  Injury prevention advice:  SIDs advice:  Sun safety:  Nutrition:  Assessment of hearing vision and speech:  Identify anaemia or iron deficiency: | | | | |
| **Preschool 2-5 years**  Hearing:  Vision:  Injury prevention:  Sub protection:  Dental care:  Physical activity:  Nutrition: | | | | |
| **School age 6-13**  Assess growth:  Ask about school progress:  Injury prevention:  Sun protection:  Dental care:  Physical activity:  Nutrition: | | | | |
| **Adolescence 14-19**  Identify health risk behaviours:  smoking alcohol and drugs:  Psychosocial development:  family support friends social life:  Education progress:  Sexual development:  Depression and Suicide:  Abuse emotional sexual and physical: | | | | |
| Nutrition | Encourage and support breast feeding  Eat plenty of vegetables, legumes fruits and cereals. Lean meat, fish, poultry and alternatives Milks, yogurt, cheese and alternatives Low salt foods. Limit saturated fats and consume only moderate amounts of sugar. Drink plenty of water, avoid sugary drinks and excess caffeine | Patient/carer education | GP to monitor  Dietician | |
| Physical activity | 5-18 at least 60 minutes of moderate to vigorous physical activity every day, no more than 2 hours of screen time per day | Patient exercise routine  Set timer for screen time | Patient/carer to implement | |
| Sexual Activity | All sexually active people under 25 should be screened for Chlamydia and other STIs | Patient/carer education | GP/nurse  Patient | |
| Accident and injury prevention | Stair guards, fire guards, smoke detectors, safe hot water, poison storage, car safety, water safety, bicycle helmets, etc | Patient/carer education | GP/nurse | |
| **3. Measurements** | | | | |
| Height:  Weight:  BMI: | Ideal: BMI ≤ 25 kg/m2 | Monitor  Review 6 monthly | Patient to monitor  GP/nurse to review | |
| Blood Pressure | Ideal:  < 130/80 mm Hg  HR: 60-100bpm regular | Check every 6 months | Patient  GP/nurse | |
| Kidney function test  Creatinine:  Albumin:  ACR:  eGFR: | Normal result to exclude dysfunction/disease  6.0 - 18 mmol/L spot creatinine  < 20 mg/L spot albumin  < 3.5 mg/mmol women ACR (< 2.5 men)  >90 ml/min eGFR | Check every 6-12 months | GP/nurse | |
| **4. Sun protection** | | | | |
| * Babies should not be exposed to direct sunlight, use lightweight wrap and only small amounts of sunscreen. * Use SPF 30 water resistant sunscreens every 2 hours more frequently if swimming or sweating. * Use light weight clothing longer sleeves hats and sun glasses | | | | |
| **5. Medication** | | | | |
| Medication review | Correct use of medications, minimise side effects | Patient education  Review medications | GP to review and provide education | |
| **Combining medication and behaviour therapy** has been more effective than using medication alone.  Choose stimulants as first-line medication due to high efficacy and safety for periods as long as 24 months.  Tricyclic and other antidepressants are effective in treating ADHD symptoms. | | | | |
| **Clonidine** may be an effective adjunct to stimulant therapy. Mild growth suppression can occur in children ages 7 to 10 years who were treated with stimulants for longer than 2 years. | | | |
| Alternative therapies | vitamins, herbs, vision therapy, and food supplements do not generally appear to be beneficial however a therapeutic trail of a low salicylates diet and Fish Oil supplementation on a trial basis may be worth considering | Patient education  Review medications | GP to review and provide education | |
| **6. Psychosocial** | | | | |
| Mood and distress from ADHD | Patients with ADHD may be completely unaware of their energy and behaviour which may lead to bullying, exclusion and social isolation.  Screen all ADHD patients for psychological, developmental, and psychiatric problems. | Consider K10 and MH Treatment plan | GP  Psychologist  Support Groups | |
| Carer Stress | Carers are at risk of depression, anxiety emotional distress loneliness and isolation. Carer support may be achieved through support groups, respite care, for carer support resources | Monitor every visit | Carelink  1800 052222 www.commcarelink.health.gov.au | |
| School and childcare communication | Communicate actively and directly with schools for treatment monitoring and follow-up. | Provide plans to child care, school and social activity providers | GP/nurse  Carer  Patient | |
| **6. Complications and Comorbidities** | | | | |
| Dental care | Fluoride paste, regular dental checks, avoid high carbohydrate or acidic snakes between meals, brush teeth twice daily with fluoride paste, use sugar free gum, mouth guards for contact sports, fluoridated water | Patient/carer education | Patient  Carer  Dentist | |
| Vision | Perform routine eye exam and encourage spectacle to be worn as needed, encourage sunglasses and do not look directly into the sun | Patient/carer education | Optometrist  Ophthalmologist | |
| Speech | Assess speech and if a delay is detected implement action to improve speech and verbal communication | Patient/carer education | Paediatrician  Speech pathologist | |
| Behaviour and social skills | Supportive psychotherapy, cognitive behavioural therapy, social skills training and parenting skills training | Patient/carer education | Psychologist  Occupational therapist | |
| Foot and nail care | Maintain optimal foot health, prevent com plications, ingrown toenails and assess for peripheral neuropathy | Patient/carer education | Podiatrist | |