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ADHD Psychiatric Assessment Report

Name: Nicholas Greatorex Riches

Date of Assessment: 15/06/2020

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Psychiatric ADHD Assessment Report

Name of patient:	Nicholas Greatorex Riches
DOB:	08/01/1971
Address:	1 Gordon Terrace Whitley Bay Newcastle NE26 2NH
Name of GP:	Dr A McManners
Address of GP:	Whitley Bay Health Centre Whitley Road Whitley Bay NE26 2ND
Date of assessment:	15/06/2020
Place of assessment:	Zoom Remote Consultation
Assessed by	Dr Suchitra Sabarigirivasan MBBS, DPM, MRCPsych, Post Grad Cert in Medical Law & Ethics Consultant Psychiatrist

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1. Summary of Findings and Diagnosis

I had the pleasure of assessing Nicholas on 15/06/2020. Due to the COVID-19 outbreak, this assessment was conducted by Zoom as per recent Public Health, GMC and Royal College of Psychiatrist guidelines.

Based on my assessment with Nicholas, which included a Clinical Interview with me, the assessment measures, and observations of Nicholas, I have concluded that he **meets** the Diagnostic Statistical Manual – Version 5 (DSM V) criteria for Attention Deficit Disorder.

Diagnostic Criteria for ADD/ ADHD
The ADHD assessment was conducted by evaluating Nicholas' performance and behaviour in correspondence with the diagnostic criteria set out by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: (DSM-V) – Appendix 1.

2. Treatment Plan and Recommendations

- Pharmacological
  - Nicholas will need thyroid function test, liver function test, kidney function test and ECG prior to commencing ADHD medication.
  - I recommend that he considers starting stimulant ADHD medication such as Elvanse.
  - If he would like me to help him start medication, then I have advised Nicholas to book further appointment after getting the test results and re-establishing face-to-face reviews.
  - He will need to complete a urine drug screen prior to starting treatment for ADHD.
  - **I also have advised Nicholas to share this report with his GP.**
- Work-based adjustments
  - ADHD is a disability recognised under the Equality Act 2010. Employers and universities are required to make reasonable adjustment to facilitate performance to full potential. Nicholas is likely to need a combination of quieter space for frequent breaks, access to noise cancellation headphones, frequent supervision to ensure he meets his deadlines, clear but fewer instructions at a time, software support to check his presentations before his lectures and clear achievable deadlines.

- Lifestyle
  - I strongly recommend that Nicholas informs DVLA and his car insurer about his diagnosis of ADHD as his insurance could be invalid if he were to make an insurance claim.

  - I would recommend that Nicholas refers to following websites which will be helpful in understanding services available for ADHD in the UK. After treatment with ADHD medication, Nicholas might want to consider coaching for ADHD which I will explore with him during his review appointments.
    www.aadduk.org
    www.adduk.org/help-support/support-groups
    www.addiss.org.uk
    www.mind.org.uk
    www.awp.nhs.uk/services/specialist/bristol-adhd-clinic

3. Presenting Issues / Purpose of Assessment

Nicholas has been thinking about ADHD for 3 months, since his partner's comment about the possibility of ADHD.

Nicholas did his own research into ADHD and was able to relate to the attention deficit elements of ADHD but did not think he had hyperactivity symptoms.

4. History of Presenting Difficulties

- **General Behaviour**
  Nicholas reported concentration difficulty, feeling as if his brain shut down, sidetracked easily, making mistakes due to lack of focus, having to have strict organisation systems to remember tasks, and procrastinating.

  Nicholas reported being able to sleep well. However, he is a late starter in the morning. He reported finding it hard to switch on in the morning, spending the early hours of the day feeling asleep, and this is followed by energised wide-awake period in the evening and going to bed late at night.

  Nicholas reported being easily frustrated with his environment for his inability to focus, anger and frustration towards his colleagues for pointing out his attention deficit or for communicating in a way that challenges his focus and memory.

- **Inattention**
  Nicholas reported childhood experience of attention deficit. As a child, he experienced difficulty focusing on schoolwork in primary school and was often told off for being absentminded. He said he used to daydream and was disorganised. The symptoms improved in secondary school and university. However, Nicholas became depressed at one point and again recently found himself being unhappy due to feedback he received regarding his tendency to make mistakes and for being disorganised. He felt, as a grown man, that the effects of the symptoms were worse on his quality of life and ability to function to his full potential.

  Nicholas reported ongoing experiences of careless mistakes even after trying to be focused on a set task, difficulty in sustaining attention in tasks, having to take a break every step during tasks that are mundane and not emotionally rewarding, sometimes zoning out during conversations, needing written instructions to be able to follow them, often failing to finish tasks that involved multiple steps or did not have a deadline, unfinished music projects, and needing the deadline rush to finish a task. He also reported being often easily distracted by noises and external stimuli, often forgetful and needing to write down activities, but reported being able to keep his belongings safe by placing then in a certain order.

- **Impulsivity**
  He described himself as an impatient person unable to wait for things to get done, waiting for his turn to talk in a multi-person meeting and needing distractions to zone out whilst waiting in a queue.

- **Hyperactivity**
  Nicholas did not see himself as experiencing hyperactivity. He did not fidget or have any issues being able to sit down and complete a task. He however reported frequently feeling a sense of restlessness and being on the go.

5. Developmental and Social History

Nicholas was a planned baby. He was not aware of any problems with his mother's pregnancy. He was not aware of any health problems during early development.

He went to mainstream school. Had Speech And Language Therapy for stuttering and this problem improved after secondary school years.

His memory of primary school involved being told off for being absentminded, forgetting his PE kit and being reprimanded by his teachers and being disorganised and messy with his schoolwork. He did well in lessons and worked hard academically. Teachers said he was on the whole very well behaved and gave good feedback that he was focused, but on the wrong

matters. He had friends in school and felt school was generally good. Nicholas took 4 subjects for A Levels and scored less than his full potential due to repeated viral infections affecting his performance.

Nicholas went to Nottingham University to study English literature. Following on from that Nicholas undertook an academic career and finished his PhD.

He then joined Newcastle University as a lecturer in linguistics. He is currently working in the same department of 15 permanent and several temporary lecturers.

He has been with his partner for the past 20 years and does not have any children.

6. Family History

Nicholas described his father as a "disorganised artist". His father was largely absent minded. His mother is a retired GP. Nicholas is the middle of 3 siblings, an elder sister and a younger brother. Nicholas's brother was hyperactive and was assessed for ADHD as a child. He went on to have drug problems as a young adult from which he has recovered and works as a carer.

Nicholas reported his paternal grandfather as being "mad". In his 40s, Nicholas's grandfather left a cooked turkey rotting in his oven for a whole year and it was not noticed until the following Christmas.

No other known family history of severe mental health problems or ADHD-type symptoms.

7. Past Psychiatric History

Depressed in mid-30s. Nicholas did not seek help for it. He reported symptoms such as losing any kind of meaningful communication, not wanting to exist but without thought to suicide, breaking down in tears and the symptoms took couple of years to completely resolve.

Went to GP about 1½ years ago for anger management followed by sessions with a psychotherapist.

Continues to occasionally experience stuttering.

8. Medical History

No physical health problems. Nicholas loves to run and repeatedly injures himself. He also reported a need to do hard physical exercise.

9. Previous Medication History

None.

10. Forensic History

None.

11. Substance Use / History

None relevant.

12. Individual Assessment / Mental State Examination

Appropriate eye contact with zoom camera, good virtual rapport and well kempt. No evidence of speech disturbance and spoke relevantly and coherently. Often looked distracted and this facial presentation had been noticed by his partner and a colleague. Had to be encouraged to keep to questions. Cognitive function grossly intact but if interrupted some evidence of loss of his train of thought. There was no evidence of formal thought disorder or other forms of symptoms suggestive of psychotic presentation. He reported his mood being okay even though he started the assessment feeling anxious. He showed good insight into his symptoms and need for treatment.

13. Psychometrics

- Barkley Scales
  Self-Report
  Childhood scale- 13/18 very often, 1/18 often and 1/18 sometimes. Nicholas felt the symptoms affect all areas of his life.

  Current score- 6/18 items as very often, 5/18 items as often and 1/18 sometimes. Items of SCT symptoms he reported very often experiencing 3/9 symptoms, 3/9 often and 3/9 sometimes. These symptoms affected all area of life except driving and leisure activities.

  Partner scale
  Current score- 1/18 very often, 6/18 often and 2/18 sometimes. SCT 3/9 very often, 3/9 often and 2/9 sometimes. The symptoms affect all parts of his life including immediate family, occupation, interaction with others and managing daily responsibilities.

- DIVA 5.0
  Nicholas scored 6/9 for attention deficit both in childhood and adulthood. He also scored 3/9 for hyperactivity and impulsivity both in childhood.

14. Information from Other Sources

School reports.

15. Risk

- Self: None relevant.
- Other's: No issues identified.

16. Conclusion

Nicholas, a 49-year-old academic, presents with symptoms of attention deficit, which affects his ability to function to his full potential all his life. His symptoms fulfil the diagnostic criteria for Attention Deficit Hyperactivity Disorder. He also reports anger and frustration which appears to be a consequence of untreated attention deficit disorder.

Yours sincerely

Dr Suchitra Sabarigirivasan
MBBS, DPM, MRCPsych, Post Grad certificate in medical law and ethics
Consultant Psychiatrist

17. Appendices

Appendix 1 – Investigation information for GP

As per NICE guidelines, before starting medication for ADHD, it is essential to review your physical health to rule out any contraindications for specific medication. This can be done either by completing a thorough initial assessment and/or referring to your medical records.

Although as per NICE guidelines, blood tests and ECG are not mandatory before initiating treatment, as a private prescriber, I would not have access to your medical records to rule out any underlying health problem that I need to consider before prescribing.

Hence to facilitate safe treatment initiation, **kindly speak to the GP and complete blood tests including full blood count, electrolytes, kidney function test, liver function test, thyroid function test, lipid profile, and ECG.**

Alternatively, GP might consider writing to me to confirm that you do not have any physical health concerns including cardiac or kidney complication that I need to consider whilst considering ADHD medication.

I routinely require confirmation of **a urine drug screen** prior to starting ADHD medication due to the high risk of general abuse of the medication and reduced level of monitoring available within the private sector. If this service is not available at your GP surgery, then I recommend that you arrange this privately.

Appendix 2-Overview of the DSM-5TM medical classification system for ADHD

- A persistent pattern of **inattention** and/or **hyperactivity-impulsivity** that interferes with functioning or development:

    - **For children**, six or more of the symptoms listed below in the table, which have persisted for at least 6 months to a degree that is inconsistent with developmental level, and that negatively impacts directly on social and academic/occupational activities. **Please note**: the symptoms are not solely a manifestation of oppositional behaviour, defiance, hostility, or failure to understand tasks or instructions

    - **For older adolescents and adults (age 17 and older**), five or more symptoms are required from the table below.

- Several inattentive or hyperactive-impulsive symptoms present prior to age 12 years

- Several inattentive or hyperactive-impulsive symptoms present in two or more settings (e.g. at home, school, or work; with friends or relatives; in any other activities)

- Clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning

- Symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by any other mental disorder (e.g. mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

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Appendix 3 - Diagnostic criteria for ADHD: symptoms of inattention, hyperactivity, and impulsivity.

Symptoms of inattention	Symptoms of hyperactivity and impulsivity
Often fails to give close attention to detail or makes mistakes	Often fidgets with or taps hands and feet, or squirms in seat
Often has difficulty sustaining attention in tasks or activities	Often leaves seat in situations when remaining seated is expected
Often does not seem to listen when spoken to directly	Often runs and climbs in situations when it is inappropriate (in adolescents or adults, may be limited to feeling restless)
Often does not follow through on instructions and fails to finish schoolwork or workplace duties	Often unable to play or engage in leisure activities quietly
Often has difficulty organising tasks and activities	Is often 'on the go', acting as if 'driven by a motor'
Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort	Often talks excessively
Often loses things necessary for tasks or activities	Often blurts out answers before a question has been completed
Is easily distracted by extraneous stimuli	Often has difficulty waiting their turn
Is often forgetful in daily activities	Often interrupts or intrudes on others