Congresso

PERCORSI DIAGNOSTICO-TERAPEUTICI CONDIVISI PER L'ADHD

Una risposta alle criticità e ai bisogni inevasi

Milano, 10 novembre 2015

AL COMPIMENTO DELLA MAGGIORE ETÀ

SESSIONE:
STRUTTURA DELLA RETE CURANTE PER L'ADHD

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IRCCS Istituto di Ricerche Farmacologiche Mario Negri
Scuola di Specialità, Università degli Studi di Milano

Al compimento della maggiore età

...

strategie da proporre, condividere e implementare nel contesto italiano

Sessione: Struttura della rete curante per l'ADHD

La transizione è un percorso di sviluppo: Il compimento dei 18 anni è solo uno dei passaggi

Altri tipi di passaggi:
- ✓ biologici
- ✓ sociali
- ✓ educazionali
- ✓ psicologici...

[*Developmental transition*]

+

Transizione ad un Servizio per Adulti

[***Healthcare*** *transition*]

Patologie croniche di tipo prevalentemente medico

The evidence base for transition is bigger than you might think. Rather than asking how best to manage the transition, we might ask how best to meet the needs of young people..

[McDonagh JE. Arch Dis Child Educ Pract Ed, 2015]

BMJ

Transition to adult care: Ready Steady Go

NHS UK since of 2002-2003
for rheumatology
http://www.uhs.nhs.uk

Rischio di maggiori difficoltà nel percorso di transizione correlate alle caratteristiche cliniche e al peculiare periodo in cui avviene

- ✓ Aumentato rischio di comparsa di comorbilità
- ✓ Differenti criteri diagnostici tra bambini e adulti
- ✓ Età cronologica spesso non corrispondente all'età di sviluppo
- ✓ Rischio aumentato di comparsa di nuovi disturbi

[Singh SP et al. Curr Opin Psychiatry, 2009]

[Paul M et al. Clin Child Psychology Psychiatry, 2014]

[Reale L & Bonati M. Eur Psychiatry, 2015]

European Psychiatry 30 (2015) 932–942

Mental disorders and transition to adult mental health services: A scoping review

L. Reale , M. Bonati

- ✓ **Esperienze di pazienti, famiglie e medici** (n=11) - Soddisfazione bassa. Bisogno di maggiore comunicazione tra i servizi e incontri condivisi e pianificati.
- ✓**Pazienti in transizione** (n=13) - Maggiori difficoltà per disturbi del neurosviluppo, soprattutto disturbi dello spettro autistico e ADHD.
- ✓**Modelli organizzativi** (n=8) - Due modelli principali. Sviluppo di protocolli di gestione della cura condivisi tra servizi esistenti. Sviluppo di servizi di transizione età- o disturbo-specifici.
- ✓**Valutazione della transizione** (n=2) Solo il **5%** dei pazienti effettua un transizione ottimale: pianificazione, informazioni e presa in carico condivisi.

ADHD e transizione

Year	Country	Setting	Target disease	Involved population [n]	Studied patients	
					[n]	[Age]
2015	Canada	Adult and paediatric eating disorder services	ED	Patients [32]	15	17–21
2015	UK	National mental health services	ADHD	Clinicians [22]	-	-
2014	US	Statewide transition support program	ID	(Case notes review)	139	11–22
2014	US	National alliance on mental illness	MDs	Parents [87]	19	18–25
2014	US	Transitional living programs	MDs	Patients [85]	29	19–24
2014	Italy	Regional ADHD paediatric centres	ADHD	Clinicians [86]	52	18–21
2013	Netherlands	South-Holland region hospitals and patient organizations	ID	Parents [131]	131	20,4 ± 2,9*
2013	US	Health care transition services	ASD	(Database analysis)	18,198	12–17
2013	UK	National mental health services, community paediatric services	ADHD	Clinicians' teams [10]	-	-
2013	Sweden	Child and adolescent psychiatry and general psychiatry units	MDs	Clinicians [65]	-	-
2013	UK	National mental health services	MDs	Health and social care professionals [8]	-	-
2013	Ireland	National mental health services	MDs	Clinicians [97]	-	-
2013	UK	National mental health services	MDs	(Case notes review)	154	18,1 ± 0,8*
2013	UK	Child and adolescent mental health services	ADHD	Patients [112]	10	17–18
2012	Spain	National mental health services	HD	(Database analysis)	2274	≥18
2012	Canada	Adult and paediatric eating disorder services, paediatric services	ED	Clinicians [-]	-	-
2012	US	Transition-age mental health service, national adult mental health service	MDs	(Database analysis)	2505	18–24
2012	UK	National mental health services	MDs	Clinicians [112], patients [77], parents [74]	11	16–21
2011	UK	National mental health services, paediatric services, social services	ID	Parents [62]	79	16–19
2011	US	National mental health services	MDs	(Database analysis)	26,336	9–17
2011	US	Specialist transition service for patients with childhood conditions	MDs	Parents [13]	63	11–22
2010	US	Urban, suburban and rural community services	ID	Clinicians [32], patients [99], parents [92]	16	13–23
2010	UK	National mental health services	MDs	Clinicians [23], patients [77], parents [74]	155	16–21
2010	UK	Paediatric neurodevelopment service	ADHD	(Database analysis)	139	14–19
2008	UK	Adult eating disorder service	ED	Patients [206]	206	16–25
2008	US	Tennessee Medicaid data	SED	(Database analysis)	134,569	14–17
2008	US	Community-based mental health services	SED	Clinicians [37]	8484	14–22
2008	UK	Community paediatric services	ADHD	Community paediatricians [42]	-	Children
2008	US	National mental health services	MDs	(Database analysis)	6326	6–35
2008	UK	National mental health services	MDs	Clinicians' teams [30]	155	16–21
2005	US	National mental health services	MDs	Parents [23]	-	14–25
2004	UK	National mental health services, pediatric services, social service	MDs	Health managers [86], clinicians [33]	-	16–19
1999	US	Specialist transition health services	MDs	Clinicians' teams [126]	-	-

Reale & Bonati
[Eur Psychiatry, 2015]

L'ADHD spesso persiste in età adulta con conseguente compromissione sociale, accademica e nel funzionamento lavorativo

[American Psychiatric Association, 2013]

Evoluzione

1) soggetti con **buon funzionamento** che non differiscono significativamente da soggetti sani di controllo

2) soggetti ADHD "in remissione parziale" con sintomi che non soddisfano più i criteri diagnostici pienamente ma che continuano a presentare difficoltà di concentrazione e impulsività, sintomi questi che spesso si traducono in difficoltà lavorative e nelle relazioni interpersonali, irritabilità, ansia e labilità emotiva: **65%**

3) soggetti ADHD con persistente sintomatologia ADHD tale da soddisfare i criteri diagnostici con outcome negativo caratterizzato dal manifestarsi di disturbi antisociali e/o psichiatrici, che più spesso presenterebbero depressione, problematiche di abuso di alcool e droghe e/o gravi comportamenti antisociali: **15%**

[Faraone, 2006; Biederman, 2000]

Trattamento

NICE National Institute for Health and Care Excellence 2008

Treatment for attention deficit hyperactivity disorder in adults

Drug treatment should be:

- the first-line treatment unless the person prefers psychological treatment
- started only under the guidance of a psychiatrist, nurse prescriber specialising in ADHD or other clinical prescriber with training in ADHD diagnosis and management
- part of a comprehensive treatment programme addressing psychological, behavioural and educational or occupational needs.

Methylphenidate should normally be tried first.

Consider atomoxetine or dexamfetamine if symptoms do not respond to methylphenidate or the person is intolerant to it after an adequate trial (usually about 6 weeks). Exercise caution if prescribing dexamfetamine to people at risk of stimulant misuse or diversion.

Consider atomoxetine as first-line treatment if there are concerns about drug misuse and diversion (for example, in prison).

Drug treatment for people who misuse substances should only be prescribed by healthcare professionals with expertise in managing both ADHD and substance misuse. For adults with ADHD and drug or alcohol addiction disorders, there should be close liaison between the professional treating the ADHD and an addiction specialist.

Do not use antipsychotics for ADHD in adults.

Trattamento farmacologico

METILFENIDATO *N06BA04*

Indicazioni cliniche per la prescrizione

Non registrato per alcuna indicazione nell'adulto.

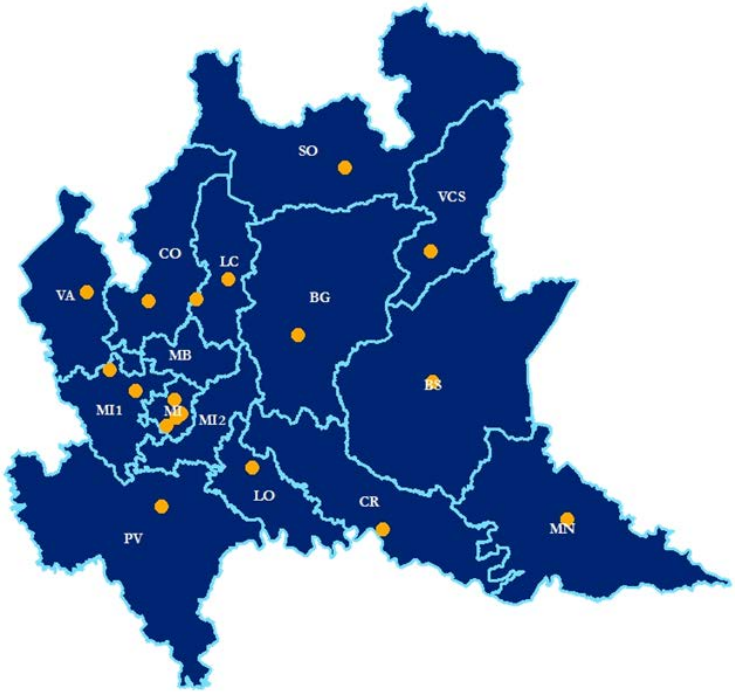
Legge 648/96

Trattamento del disturbo da deficit dell'attenzione e iperattività (ADHD) negli adulti già in trattamento farmacologico prima del compimento dei 18 anni di età.

ATOMOXETINA *N06BA09*

Indicazioni cliniche per la prescrizione

Trattamento del Disturbo da Deficit dell'Attenzione e Iperattività (ADHD). Negli adulti la diagnosi deve essere effettuata secondo i criteri stabiliti dal DSM 5 e deve essere confermata la presenza di sintomi dell'ADHD che erano preesistenti in età infantile.



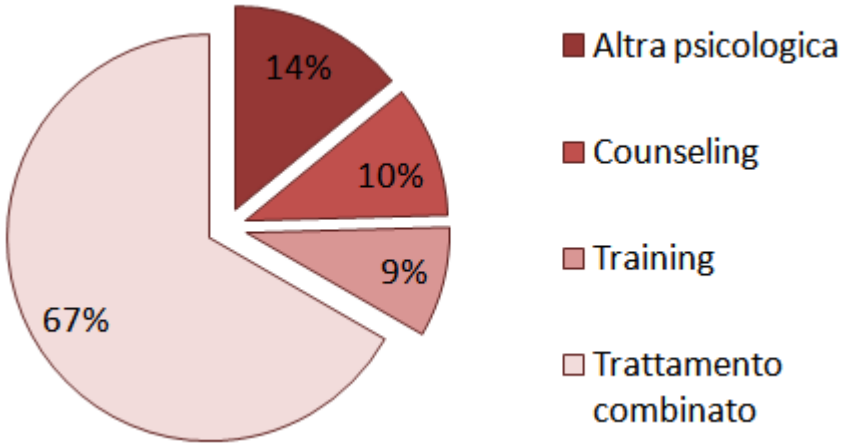
Registro regionale ADHD (2015)

(pazienti con ADHD in trattamento psicologico e/o farmacologico dal 2011)

ADHD > 17 anni = 57

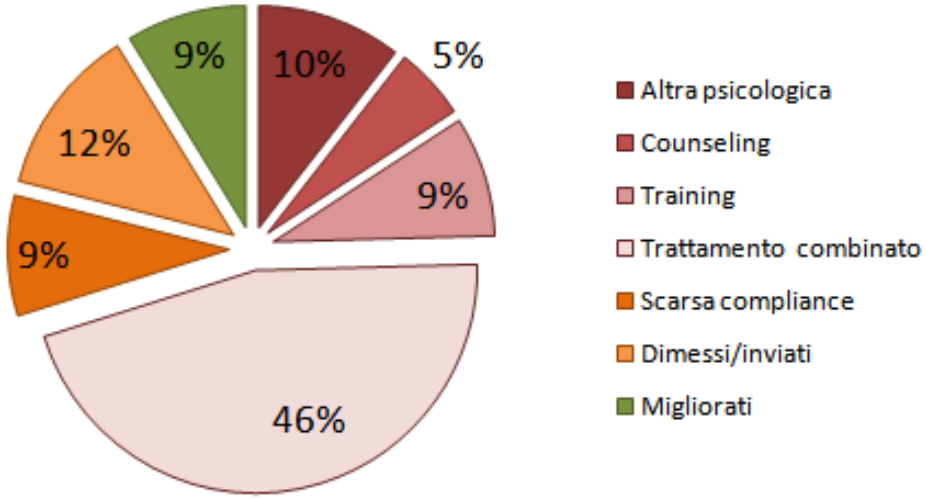
UONPIA - Trattamento alla diagnosi

Età media alla diagnosi = 14,3 anni



Dopo il compimento del 18° anno

Età media = 18,7 anni



ADHD e transizione: gli studi

40% necessità la transizione:

- ✓ in trattamento farmacologico
- ✓ con una o più comorbilità

[Marcer H et al. Child Care Health Dev 2008]
[Taylor N et al. Arch Dis Child, 2010]

19% effettua la transizione:

- ✓ in trattamento farmacologico
- ✓ con una o più comorbilità
- ✓ genere femminile
- ✓ più alta età alla diagnosi

[Blasco-Fontecilla H et al. Scientific World Journal, 2012]

Transition to Adult Mental Health Services for Young People With ADHD

Journal of Attention Disorders
1–8

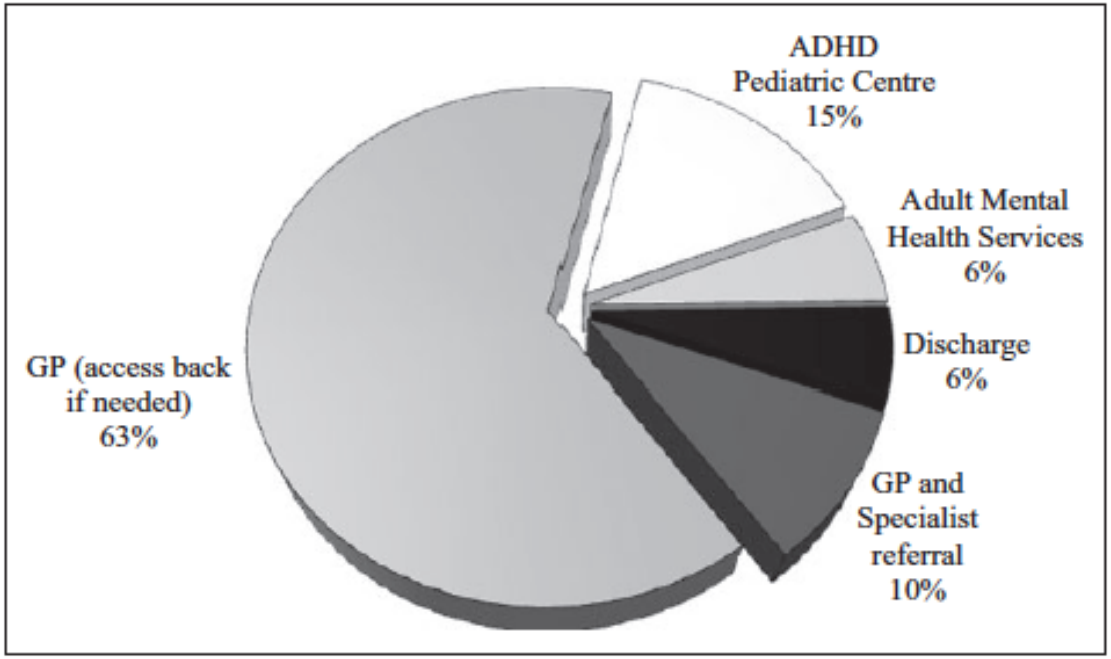
Laura Reale , Maria Antonella Costantino , Marco Sequi , and Maurizio Bonati

Descrivere la transizione dei pazienti ADHD in carico ai 18 centri di riferimento della Regione Lombardia al compimento della maggiore età

Registro Nazionale ADHD (2011)
ADHD > 17 anni Italia = 310
ADHD > 17 anni Lombardia = 52

Dati strutturali/organizzativi (2011)

- 687 pazienti ADHD
- 3% ≥ 16 anni
- 4 protocolli: 2 NA, 1 di valutazione



Postgrad Med, 2015; 127(7): 671–676

Transition to adult mental health services for young people with attention deficit hyperactivity disorder in Italy: Parents' and clinicians' experiences

Laura Reale , Simona Frassica , Astrid Gollner and Maurizio Bonati

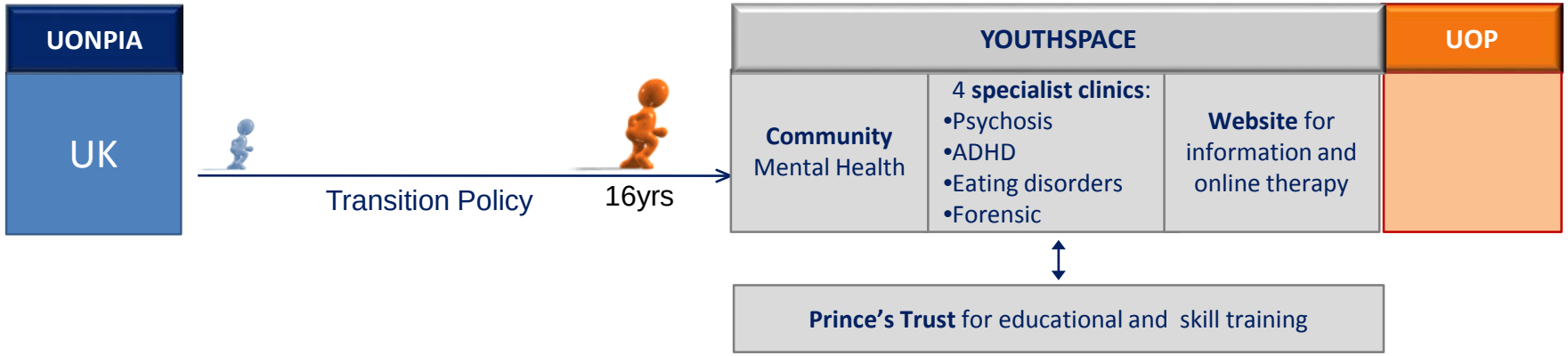
BARRIERE E BISOGNI	Genitori	Medici
Maggiore comunicazione tra i servizi	**X**	**X**
Minore rigidità sull'età cronologica del passaggio	X	
Riduzione dei tempi di attesa	X	
Incontri multipli e pianificati con NPI e psichiatra	**X**	**X**
Maggiore partecipazione nel percorso del figlio	X	
Protocolli formali		X
Necessità di maggiore formazione		X

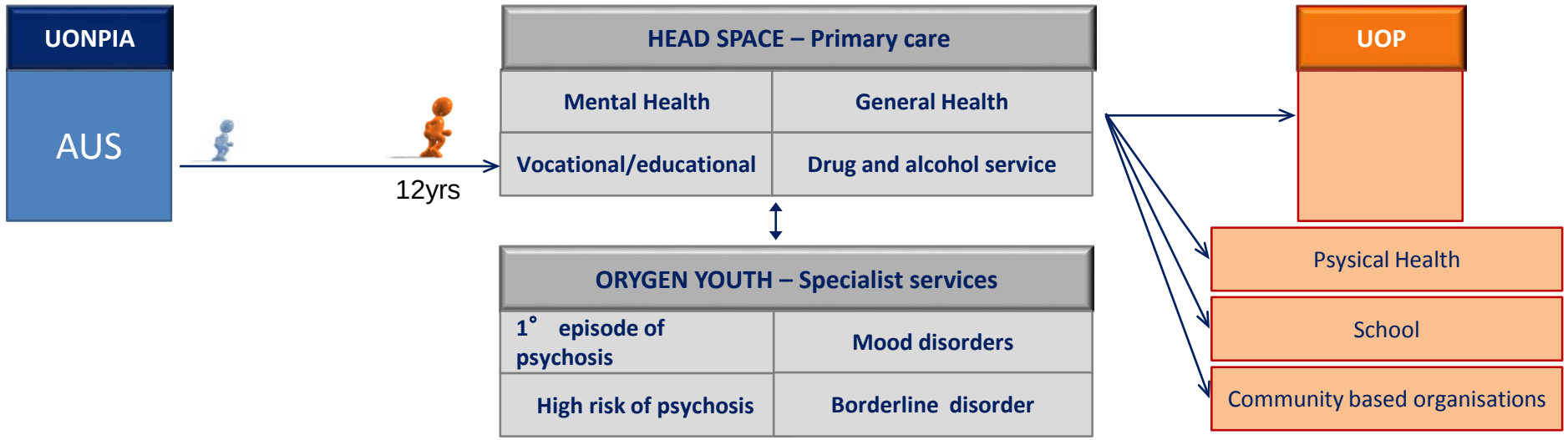
Modelli organizzativi per la transizione

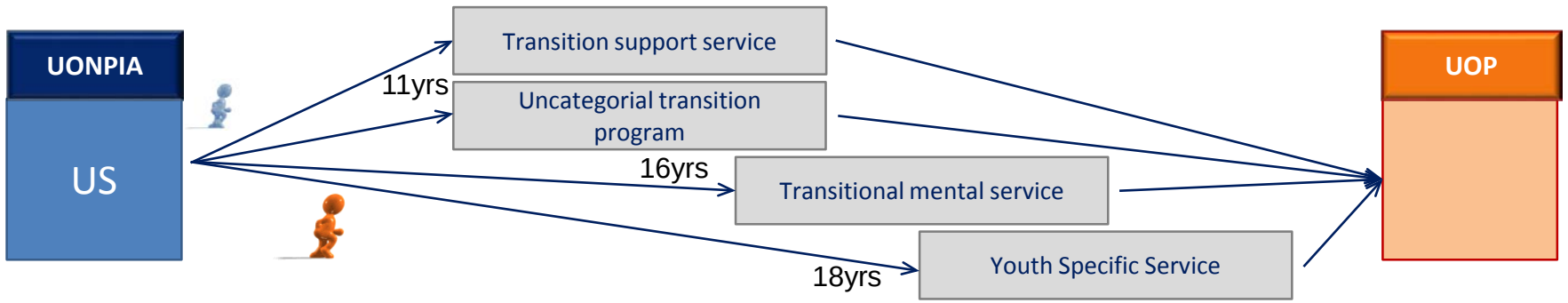
Studies describing services models

Year	Main aim	Instruments	Findings
2014	To describe the development of ambulatory consultative transition support services	Case note review	Service models include routine and focused morbidity screening and recommendations, care coordination of complex health and community service needs, and support for families
2013	To examine the provision of services and the transition process for ADHD patients	Survey questionnaire	Findings indicate lack of structured guidelines and limited communication between child and adult services as main barriers. Adult services often feel ill-prepared to deal with ADHD
2013	To identify the organisational factors which facilitate or impede transition to adult services	Qualitative interviews	There are some positive approaches to collaborative working across services and agencies, involving joint posts, parallel working, shared clinics and joint meetings
2012	To compare service use after offering transition-age-specific, versus standard, adult programs	Case note review	Age-specific services are associated with increases in outpatient service use and this, in turn, seems to be one of the factors related to a better outcome
2011	To assess the health, functional characteristics, and health care service needs of young adults	Survey questionnaire	Transition programs should assess patient health characteristics and service needs to design effective patient-centered services
2005	To explore needs and transition supports available within state child mental health systems	Survey questionnaire	There is a long way to go before patients can count on a comprehensive, age-appropriate and appealing service in the transition stage
2004	To explore needs and transition supports available within state child mental health systems	Qualitative interviews	The findings support the need for specialist transitional services and the adoption of an inter-professional service model incorporating education and social services
1999	To identify and characterize programs providing transition health services for adolescents	Survey questionnaire	For transition health services, the barriers to providing health care continuity are not the resistance of adolescents or their parents, but limitations of the health care system itself

[Reale L & Bonati M. Eur Psychiatry, 2015]


UONPIA
UK
Transition Policy
16yrs
YOUTHSPACE
UOP
Community Mental Health
4 specialist clinics:
•Psychosis
•ADHD
•Eating disorders
•Forensic
Website for information and online therapy
Prince's Trust for educational and skill training


UONPIA
AUS
12yrs
HEAD SPACE – Primary care
Mental Health
General Health
Vocational/educational
Drug and alcohol service
ORYGEN YOUTH – Specialist services
1° episode of psychosis
Mood disorders
High risk of psychosis
Borderline disorder
UOP
Psysical Health
School
Community based organisations


UONPIA
US
11yrs
Transition support service
Uncategorial transition program
16yrs
Transitional mental service
18yrs
Youth Specific Service
UOP

Il modello appropriato per l'ADHD (?)

Services for adults with ADHD: work in progress

David Coghill

BJPsych Bulletin (2015), **39**, 140–143

Specialist adult ADHD clinics in East Anglia: service evaluation and audit of NICE guideline compliance

Rakesh Kumar Magon, Beena Latheesh, Ulrich Müller

BJPsych Bulletin (2015), **39**, 136–140

Linee guida europee - ADHD e transizione

NICE National Institute for Health and Care Excellence **2008**

Treatment for attention deficit hyperactivity disorder in adults

Main recommendations

People with ADHD should be transferred to adult services if they continue to have significant symptoms of ADHD or other coexisting conditions.
Transition should be planned in advance by both referring and receiving services.
If needs are severe and/or complex, use of the care programme approach should be considered.

People with ADHD receiving treatment and care from CAMHS or paediatric services should be reassessed at school-leaving age to establish the need for continuing treatment into adulthood
If treatment is necessary, arrangements should be made for a smooth transition with details of the treatment and services that the young person will require
Precise timing of arrangements may vary locally but should usually be completed by the time the young person is 18 years.

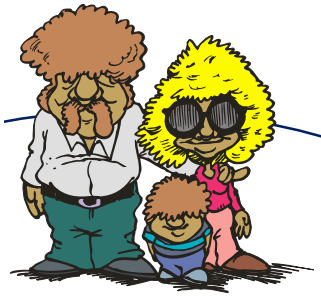
During the transition to adult services, a formal meeting involving CAMHS and/or paediatrics and adult psychiatric services should be considered, and full information provided to the young person about adult services.
For young people aged 16 years and older, the care programme approach should be used as an aid to transfer between services.
The young person, and when appropriate the parent or career, should be involved in the planning.

After transition to adult services, adult healthcare professionals should carry out a comprehensive assessment of the person with ADHD that includes personal, educational, occupational and social functioning, and assessment of any coexisting conditions, especially drug misuse, personality disorders, emotional problems and learning difficulties.

Linee guida europee - ADHD e transizione

Variables of the transition process		Clinician teams (N = 27) *n* (%)
Adult services to refer patients to	Adult Mental Health Service	17 (63)
	ADHD Child and Adolescent Reference Center	2 (7)
	Private Psychiatrist	3 (11)
	Don't know	5 (19)
Transition age	16 yrs	3 (11)
	17 yrs	4 (15)
	18 yrs	18 (67)
	19 yrs	2 (7)
Criteria for transitioning	Age	20 (74)
	Clinical characteristics	12 (44)
Referral method	Letter	7 (26)
	Telephone	9 (33)
	Email	5 (19)
	Other (appointment, protocol)	11 (41)
Shared information about transition	Patients	21 (78)
	Parents	22 (81)
	Other figure (teachers, social services, psychologists)	9 (33)
Transition timing	2 – 6 months	20 (74)
	12 months	1 (8)
	Don't know	6 (17)
Parallel care	Yes (2–4 joint appointments)	15 (55)
	No	12 (45)
Parental involvement	Yes	20 (74)
	No	7 (26)

[Reale L et al. J Atten Disord, 2014]



Bisogni ed esperienze
delle famiglie ...

Bisogni ed esperienze
degli operatori ...

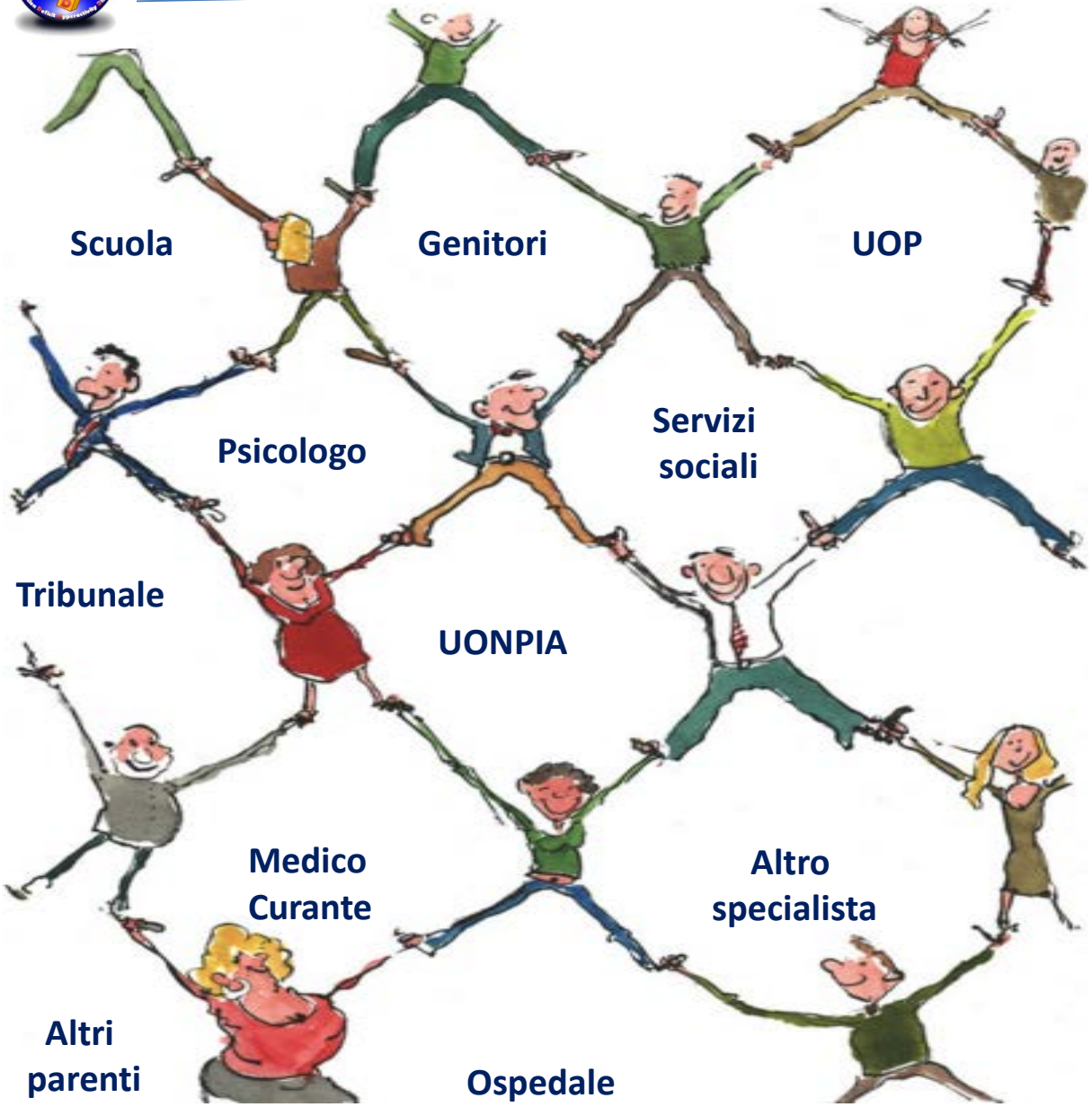
Dati strutturali
UONPIA e Centri ADHD ...

Revisione della letteratura ...

...

strategie da proporre,
condividere e implementare..
protocollo di transizione?

Condivisione



SINPIA
Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza

SIEP

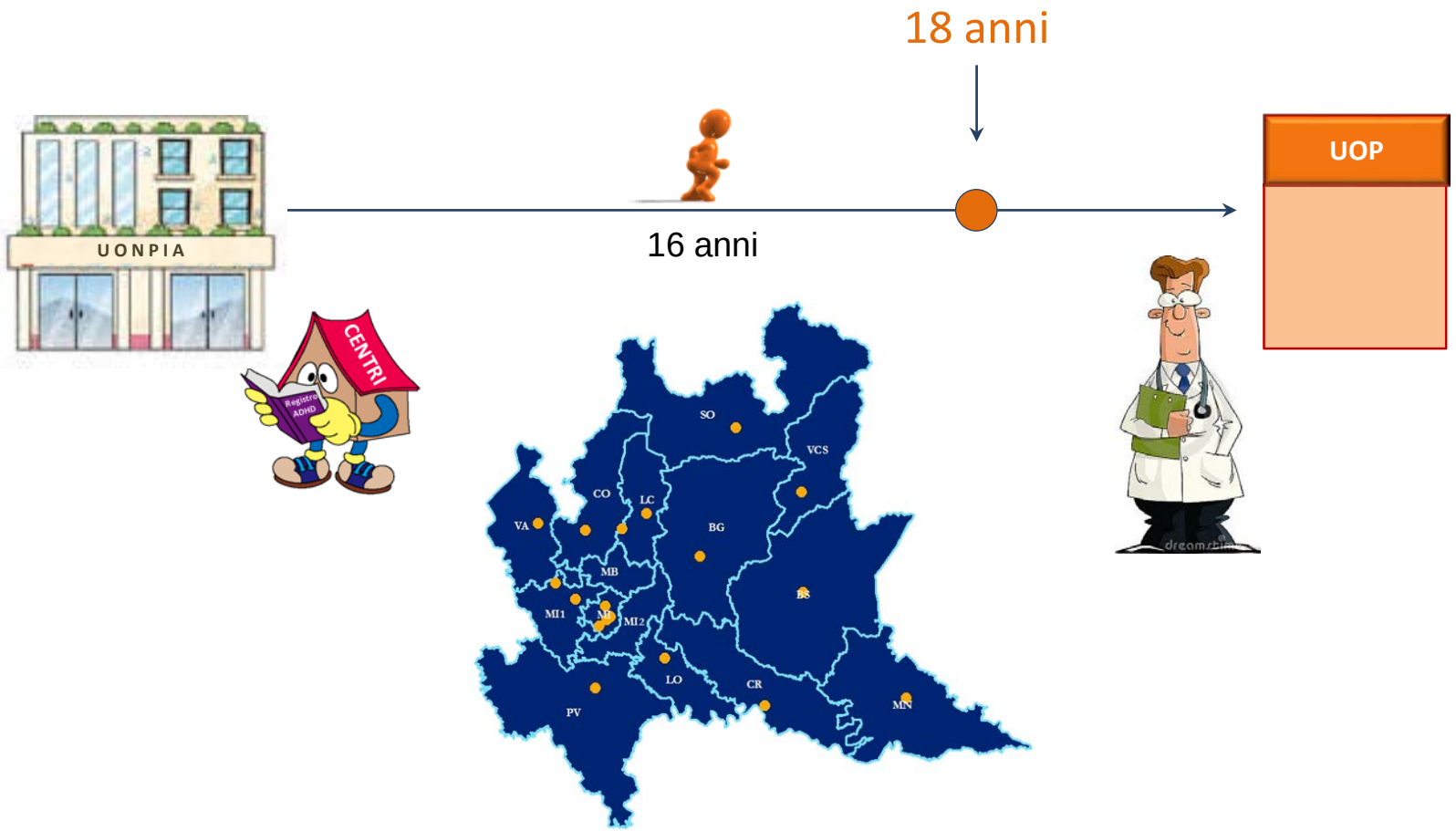
SSN

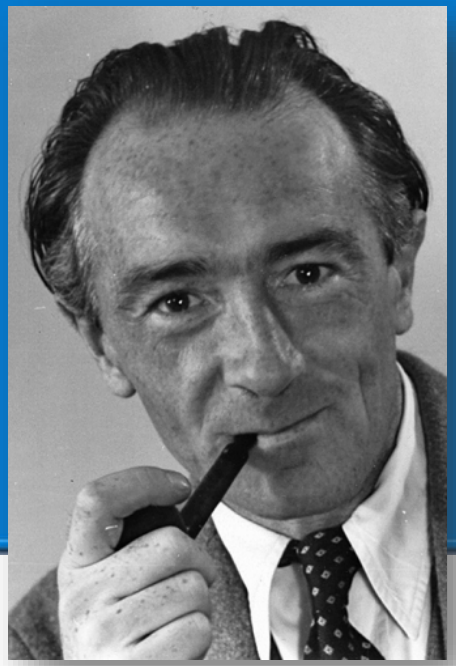
MIUR

Ministero della Salute

ISTITUTO SUPERIORE DI SANITÀ

Valutazione di efficacia





Non si può raggiungere
l'efficienza senza passare
per l'efficacia

(Archie Cochrane)

Grazie