



UNIVERSITY OF
CAMBRIDGE



Barnet, Enfield
and Haringey
Mental Health NHS Trust



Doctors with ADHD – Research update & Service development

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Declaration of interests

Advisory board / consultancy / speaker honorarium

- Shire (2014-15, 2017-18)
- Heptares (2013-14)
- Eli Lilly (2012, 2015)

Workshop honorarium

- UK Adult ADHD Network (2011-)
- British Association for Psychopharmacology (2010-)
- NHS mental health trusts (outside London)

Educational grants / travel expenses (2012-)

- Eli Lilly, Janssen-Cilag, Lundbeck, Shire, Sunovion

No shares, royalties or recent industry research

Lived experiences of doctors with ADHD

*“...I am 34 years old male hospital doctor in UK, self diagnosed ADHD couple of years ago but was in **continuous denial** due to my perfectionist traits. I had an extremely **tough time last year** as we became new parents, education/job failures, career at risk, physical health issues, financial disaster and family problems... last week went for **private – confidential assessment** with Qb test...”*

*“... I’ve known many **surgeons** who have ADHD and they have been excellent in their work. People with ADHD or ADD are usually bright people who are fast thinkers and fast acting. Some take **medication**; some use their high energy personalities. Being diagnosed with ADHD and receiving **appropriate treatment** can make all the difference in a person’s quality of life ...”*

other ADHD-related issues

- **Stigma:** Doctors find it difficult to talk about mental health problems. They feel ashamed when underperforming.
- **Disclosure:** Should doctors always disclose a diagnosis of ADHD?
- **Coming out:** Should doctors come out with their diagnosis (and experience with pharmacological treatment) when talking to patients and colleagues?
- **Denial:** Doctors find it difficult to accept that they have a problem with ADHD, especially if they are just about managing
- **Self-medication:** caffeine-containing drinks, modafinil, alcohol; but also problematic substance use (cocaine)

ADHD & Intellectual giftedness

CADDRA 2018, p.37

- **High IQ** does not preclude the possibility of **ADHD**.
- Intellectually gifted individuals with high energy may be **misdiagnosed** as having or not having ADHD.
- Intellectually gifted individuals with ADHD may also meet criteria of specific learning disabilities (**SpLD**) **and other comorbidities**.
- High IQ may help **coping with symptoms** and ... impairment may not develop until later [in life].
- Identification of **twice-exceptional** learners requires comprehensive assessment ... by professionals ... with knowledge and experience [of both ADHD and giftedness].

Research evidence

- **Prevalence:** 3.5% of a cohort of 5693 Chinese medical students had (self-reported) ADHD (Shen et al. 2018)
- Medical students with ADHD had higher rates of depression, suicidal ideation, anxiety, substance use, ASD and other SpLDs (Banks et al. 1995, Chen et al. 2018, Sedgwick 2018, Majumber et al. 2010)
- 25% of medical students reported **flexible dosing** of ADHD medication; females have **lower quality of life** (O'Callaghan & Sharma 2014)
- **Other relevant research:** Mental health, burn-out, fatigue, substance use in doctors (ADHD co-occurs at a high rate, but its rarely mentioned)

ADHD in adults: good practice guidelines

Royal College of Psychiatrists in Scotland

ADHD guidelines

NICE National Institute for
Health and Care Excellence

NICE
guideline

Attention deficit hyperactivity disorder: diagnosis and management

NICE guideline
Published: 14 March 2018
[nice.org.uk/guidance/ng87](https://www.nice.org.uk/guidance/ng87)

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CADDRA
CANADIAN ADHD RESOURCE ALLIANCE

Canadian ADHD
Practice Guidelines
Fourth Edition

2017-18

Guía de Práctica Clínica sobre el Trastorno por Déficit de Atención con Hiperactividad (TDAH) en Niños y Adolescentes

NOTA:

Han transcurrido más de 5 años desde la publicación de esta Guía de Práctica Clínica y está pendiente su actualización.

Las recomendaciones que contiene han de ser consideradas con precaución teniendo en cuenta que está pendiente evaluar su vigencia.

GUÍAS DE PRÁCTICA CLÍNICA EN EL SNS
MINISTERIO DE SANIDAD, POLÍTICA SOCIAL E IGUALDAD



Kurzfassung der interdisziplinären evidenz- und konsensbasierten (S3) Leitlinie
„Aufmerksamkeitsdefizit-/Hyperaktivitätsstörung (ADHS) im Kindes-, Jugend-
und Erwachsenenalter“

AWMF-Registernummer 028-045

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Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie e.V. (DGKJP)
Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde e.V. (DGPPN)
Deutsche Gesellschaft für Sozialpädiatrie und Jugendmedizin e.V. (DGSPJ)

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Berufsvorstand der Kinder- und Jugendärzte e.V.

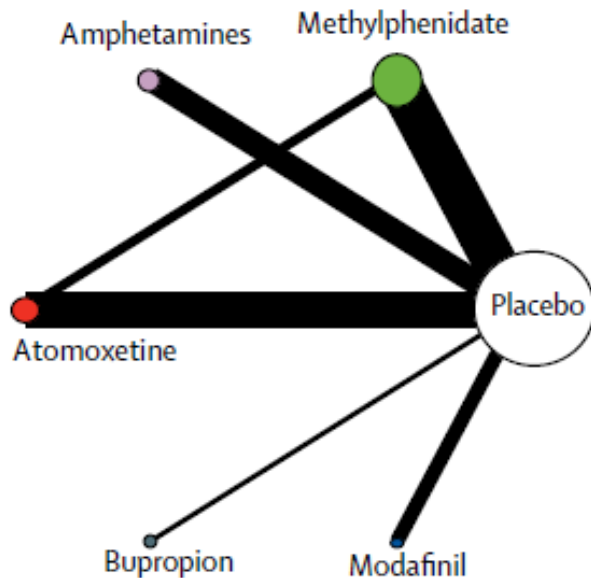
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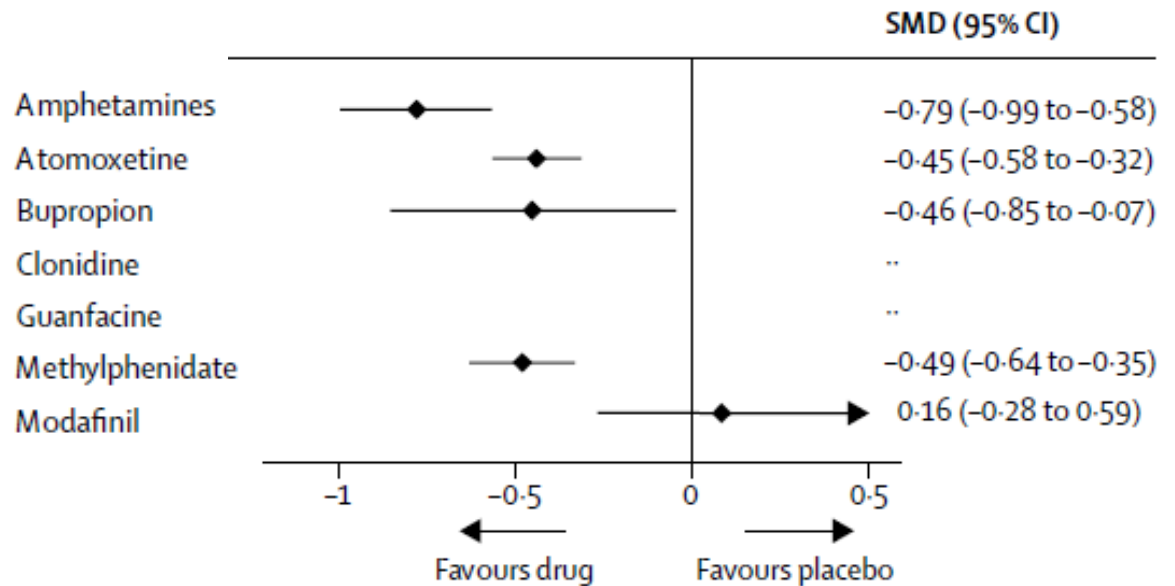
Comparative efficacy and tolerability of medications for ADHD in children, adolescents, and adults: a systematic review and network meta-analysis

Cortese et al., Lancet Psychiatry 2018; 5: 727-738

Number of RCTs



Efficacy rated by clinicians



Medication use and performance on higher education entrance tests in individuals with ADHD

Lu et al., JAMA Psychiatry 2017; 74: 815-822

Characteristic	ADHD Group ^a		P Value for Test of Group Differences ^b
	Medicated (n = 2745)	Never Medicated (n = 973)	
Male, No. (%)	1386 (50.49)	547 (56.22)	.002
No. of tests per person	1.58 (1.08)	1.53 (0.89)	.18
Age at test, y	22.26 (3.36)	21.63 (3.08)	<.001
Test score	94.12 (46.13)	83.46 (45.32)	<.001
IQ in stanine scores ^c	5.69 (1.86)	5.41 (1.71)	.08
Highest educational level >12 y of education, No. (%)			
Father	1262 (45.97)	405 (41.62)	.02
Mother	1457 (53.08)	464 (47.69)	.005

This **pharmaco-epidemiological study** showed that individuals with a diagnosis of ADHD had **higher scores** on the Swedish Scholastic Aptitude Test (SweSAT), a standardised higher education entrance test, **when** they were **medicated**.

Effect of pharmacological enhancement on the cognitive and clinical psychomotor performance of sleep-deprived doctors:

A randomized controlled trial

Sugden et al., Ann Surgery 2012; 255: 222-227

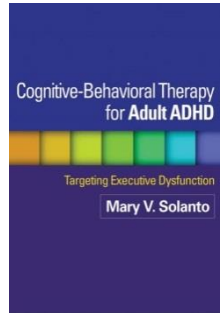
Cognitive task results

		Placebo	Modafinil	<i>F</i> Statistic	<i>P</i>
IED	Stages completed	8.6 (0.17)	9.0 (0.00)	4.64	0.04
OTS	Mean latency	21198.1 (322.53)	17414.9 (1598.96)	2.42	0.13
	Mean latency to correct, 5 move problems	36555.5 (10971.61)	25589.8 (3236.40)	4.34	0.04
	Mean attempts	1.2 (0.02)	1.2 (0.06)	0.05	0.83
CGT	Probability of choosing the most likely outcome	0.98 (0.01)	0.97 (0.01)	0.57	0.46
	Percentage bet placed on decision	0.61 (0.02)	0.63 (0.02)	0.39	0.54
	Overall proportional bet	0.57 (0.02)	0.58 (0.02)	0.01	0.92
	Deliberation time	2234.5 (140.9)	2128.1 (232.2)	0.39	0.71
	Delay aversion	0.24 (0.04)	0.10 (0.03)	6.76	0.01
Reverse SSP	Errors	2.68 (0.32)	1.6 (0.34)	5.24	0.03
	Span length	6.05 (0.27)	6.8 (0.37)	2.58	0.12

”**Modafinil 200 mg** given to a cohort of **sleep-deprived doctors** was found to **improve cognitive processes** critical for efficient information processing, flexible thinking, and decision making under time pressure but was not effective in improving clinical psychomotor performance.”

Treatment of doctors with ADHD

- **Environmental Modifications** (NICE 2018)
- **Methylphenidate or Lisdexamfetamine first-line** (NICE 2018); start with low dose / encourage flexible dosing.
- **Psychoeducation, CBT, Mindfulness**
- **Time management training** (Solanto 2011)
- **Groups for doctors** (Kooij 2013: “*safe environment for exchanging experiences with ADHD as a professional and patient; dealing with acceptance and shame*”)
- **Reasonable adjustments:** admin support / extra time for paperwork / clinics, voice recognition software, more flexible working hours, quiet office
- **Access to work funding** (for PA/medical secretary)



Redefining negative ADHD traits

- **Distractible** or **Super-observant**?
- **Internal distractions** or **Rich imagination**?
- **Hyper-focusing** or High **capacity to concentrate**?
- **Impulsive** or Capable of **quick responses**?
- **Hyperactivity** or **High energy level**?
- **Inattention to detail** or **Can see the big picture**?
- **Easily bored** or High **capacity for innovation**?

Adapted from: Nadeau KG (1997) ADD in the Workplace:
Choices, Changes and Challenges

Conclusion

- **Access to treatment** can be hard, but if treated appropriately, **doctors with ADHD can flourish** and their employers can benefit from the **positive aspects of ADHD** (eg high levels of energy, sociability, creativity, ability to think out of the box).



- **More research and better services** for doctors with ADHD are needed.

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Thank you for your attention !