

# The transition from children's services to adult services for young people with attention deficit hyperactivity disorder: the CATCh-uS mixed-methods study

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**Disclaimer:** This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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## Plain English summary

### The CATCh-uS mixed-methods study

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## Plain English summary

The focus of this study was the move (transition) from child to adult health-care services for patients with attention deficit hyperactivity disorder in the UK. We used reports from paediatricians and child psychiatrists gathered each month over 1 year to measure how many young people need attention deficit hyperactivity disorder medication into early adulthood. We ran surveys for service users, health workers and commissioners to find out what adult attention deficit hyperactivity disorder services are available. To understand transition experiences, we interviewed patients, parents, general practitioners and clinicians working in both child and adult services.

We found that, each year, between 270 and 599 per 100,000 (0.27–0.60%) people aged 17–19 years will need to continue attention deficit hyperactivity disorder medication, but only one in five is actually seen in adult mental health services. Adult attention deficit hyperactivity disorder services are unevenly spread across the UK. General practitioners are often left to fill gaps in care, yet they have concerns about prescribing attention deficit hyperactivity disorder medication without specialist backup. Where adult attention deficit hyperactivity disorder services exist, what they offer may be limited. This is commonly only attention deficit hyperactivity disorder diagnosis and medication. The medication focus of services mean that stopping medication often means losing health service support. Many patients think that attention deficit hyperactivity disorder medication is necessary only for school, which is not always the case. Good handover of patient information from child services to adult services, preparation of patients for the move and for adult life with attention deficit hyperactivity disorder, and parent involvement all support transition.

To our knowledge, these are the first national measurements of how many young people need ongoing attention deficit hyperactivity disorder medication management in their late teens. Demand will increase, as prescriptions in childhood for attention deficit hyperactivity disorder medications have risen steadily for several decades. The data collected for this study and the national map of attention deficit hyperactivity disorder services (available through the UK Adult ADHD Network) provide rich information to help plan future services and improve outcomes for children and adults with attention deficit hyperactivity disorder.



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