Paediatricians Views on Their Role in the Assessment and Management of ADHD and Autism

O’Keeffe, F. McNicholas
Department of Child and Adolescent Psychiatry, Our Ladies Hospital for Sick Children, Crumlin, Dublin 12

Abstract
ADHD and Autistic Spectrum Disorders (ASD) are a core component of paediatricians case work in the UK and US, but the situation in Ireland is less clear. Due to significant underdevelopment of Child and Adolescent Mental Health Services in Ireland, there is less scope to explore the views of a group of paediatricians in relation to their current and future practice of assessing and managing ADHD and ASD. The outcome of our study indicated that more than half of the paediatricians surveyed are directly involved in the assessment or treatment of ADHD and ASD. Eighty five percent (85%) of paediatricians believed that they should have a role in the assessment of ADHD and ASD and over half had thought that they should be involved in managing ADHD and ASD. There is potential to develop collaborative specialist services in Ireland for the identification and treatment of children with ADHD and ASD. The development of a well coordinated integrated care pathway may reduce waiting times for families and lead to easier access to services.

Introduction
Childhood mental illness represents a large proportion of the disease burden in young people globally which cause significant functional impairment and are in need of intervention. Despite increased public awareness, it has been shown that the vast majority of children with mental health difficulties still do not receive appropriate services Ireland, despite significant recent developments in child mental health, there are still difficulties in accessing services with extensive waiting lists in many areas. The government’s mental health policy, A Vision for Change, which outlines a return to materials and improvements in services with extended waiting lists. A national survey carried out by the Child and Adolescent Mental Health Service Advisory Group looked at the activity within each CAMHS for a one month period in 2008. It was found that there were a total of 3,117 children and adolescents waiting to be assessed. Approximately 21% of the initial assessments which took place during that period had been on the waiting list for more than a year.

In the current economic climate, understaffed teams are struggling to meet increasing demands with ever dwindling resources and funding urgently need to be considered in order to prevent secondary morbidity and associated increase in personal and financial implications for the child, family and society. In the national survey 2008, almost thirty percent of the case load seen in CAMHS was children presenting with ADHD and over 9% had presentations of a child with Autistic Spectrum Disorders/Problems (ASD). In the UK, this is an area where the community paediatrician plays a vital role. Given the shortage of resources in Ireland, the authors propose that there may be scope to develop alternative multi agency care pathways for the identification and treatment of ADHD and ASD. Paediatricians and child psychiatrists could develop a coordinated approach to the management of these children subject to potential barriers being identified and remedied. The aim of our study was to explore the views of a group of paediatricians in relation to their current practice or the possibilities on developing alternative specialist services for the identification and treatment of children with ADHD and ASD.

Methods
A sample of 72 paediatricians, attending a national paediatric study day was asked to complete a study questionnaire focussing on two main areas: paediatricians views on assessment and treatment of ASD and ADHD and their level of training and practice in these areas.

Results
The majority of respondents were general paediatricians (48, 67%), and 15% were community paediatricians. 22 practiced in Dublin (30%), 19 practiced under 6 years (16%), but a significant number older children; 89% (n=64) aged between 5-11; and 75% (n=54) up to age 18. With regard to ADHD, 85% of paediatricians believed they should have a role in assessment and 76% thought they should be involved in treating ADHD. More than half (54%, n=38) replied that this is their current practice. Almost half of the group, (19, 45%) reported that they provide treatment other than medications. Many (46%, n=31), have had previous training in ADHD (8% in Ireland, 13% abroad, 7% placement in specific ADHD CAMHS and 10% part-time, half-day attendance at conferences and day courses), but more than half (56%, n=38) indicated an interest in additional training.

In relation to the ASD and related disorders, a similar number believed they should have a role in the assessment (88%, n=59) and treatment (82%). Just over half of the group (53%) are directly involved in treatment or assessment of a child with ASD, with 8 respondents (11%) having their own ASD specific team. Almost one quarter of this group (23%) provide treatment other than medication. Over a third of the group (35%) have had specialised training in ASD, which involved placement in Ireland (11%), abroad (4%), attendance at specialist training (8%); and attendance at courses and conferences (6%). 28% had some training in Behavioural management and 27% had some training in child psychiatric services. More than half of the paediatricians (55%) requested additional training or more information on Autism.

The group was asked about the availability of other assessment and treatment services. Almost half (47%, n=33) had ready availability of a dietician service. However only 11% (n=8) reported that speech and language or occupational therapy were as difficult to access as psychiatric assessments, counselling services, and child psychiatry, with only 6% (8%) suggesting easy access to psychology. 11% (n=8) to counselling services, and 16% (n=12) to child psychiatry.

Discussion
Our findings suggest that currently more than half of the paediatricians surveyed are directly involved in the assessment of ADHD and ASD. Furthermore, there is a willingness and expectation from the vast majority surveyed to become involved in managing both Autism and ADHD, and to receive additional training in these areas. In the US, ADHD and ASD are routinely treated by paediatricians as well as primary care clinicians, psychologists and psychiatrists. The American Association of Paediatrics has stipulated that paediatricians have a responsibility to assess and treat ADHD and it has provided a comprehensive toolkit designed for paediatrics which includes guidelines and protocols on assessment and treatment of ADHD and Autism. Studies from the United States have found that both child psychiatrists and paediatricians agree that ADHD, more so than managing other psychiatric disorders, should be assessed and treated by paediatricians.

In a national survey carried out by the American Academy of Pediatrics, it was found that 91% of primary care paediatricians agreed that paediatricians should identify children with ADHD and 65% reported they usually manage ADHD. It was noted that those paediatricians who perceived that they should be responsible for treating ADHD had twice the odds of reporting that they manage ADHD themselves.

In the UK, the National Institute of Clinical Excellence recommends that children with suspected ADHD should be referred to secondary care services including paediatricians as well as child psychiatrists. In child and adolescent mental health services, paediatricians play a front line role in terms of identifying and managing certain neuropsychiatric conditions. In order to develop an integrated care pathway with our paediatric colleagues, we need to respond to their requests and provide regular training in these areas. We have developed well structured services with multiagency input. It is also important to develop with our primary care colleagues, shared care protocols in these areas, to disseminate clear practice guidelines and to develop national child mental health policies in order to make appropriate care in and to allow ready transfer for such cases back to child psychiatry when requested. It is imperative for families to have easy access to services and to improve practice efficiency and standards. Pilot services should be developed and evaluated to look at the feasibility of such an approach.

Correspondence: F McNicholas
Department of Child and Adolescent Psychiatry, Our Ladies Hospital for Sick Children, Crumlin, Dublin 12
Email: Fiona.mcnicholas@olhsc.ie

Paediatricians Views on Their Role in the Assessment and Management of ADHD and Autism 1
References


