



# Diagnosis and Treatment of ADHD in Europe

**SURVEY 2020**

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## EXECUTIVE SUMMARY

The ADHD-Europe Survey 2020 (answered by 22 member organisations from 19 countries) reflects some positive changes over the last decade, compared to the previous surveys, namely:

- 1) the number of countries with national guidelines for ADHD have increased
- 2) more medication brands are available
- 3) increased specialist awareness of 'ADHD in adults' as well as the 'lifelong condition of ADHD'

Unfortunately, there remain circumstances that are in dire need of improvement:

- 1) Continued long waiting lists for children to access diagnostic services in most member countries; (contrary to the early intervention advice of the NICE 'gold' standard).
- 2) Continued inadequate provision of health services for adults in many countries (while research shows that untreated ADHD can lead to increased risk self-medication or drug addiction, unemployment, increased traffic accidents, etc) and lack of family clinics where child AND parent can be treated simultaneously (as ADHD is a heritable trait).
- 3) 'Generic' medication brands. Some members report increased medication side-effects for minors using generics, others report positive effects. This urgently warrants unbiased research, including research into comparative medication efficacy and treatment adherence with branded and generic medication. National medicine procurement systems may take mainly price into consideration whilst lacking specialist and patient feedback mechanisms (except for extreme physical side-effects). In addition, 'out of stock' situations jeopardise especially youths during examination times.
- 4) Lack of access to specialists and lack of medication options. National and regional discrepancies exist (especially in rural areas of large countries, island (countries) and Eastern European countries) which are often due to inadequate national funding for mental health services.
- 5) Continued cultural "stigma" about ADHD amongst specialists, in the media and the general public. Some member countries even mention that dominant professionals apply a psychoanalytic approach only instead of a multi-modal treatment approach for children and adults with ADHD. There are different viewpoints on ADHD as a disorder and on its medication in society.

**The survey shows that despite positive developments, the ideal situation, in which an individual with ADHD can access the same standard of care and medication wherever they are in the EU, is still very far from reality.**

It is evident that research, support and contact between members of ADHD-Europe is beneficial to the European ADHD community.

## INTRODUCTION

### ADHD-Europe

ADHD-Europe (2008) was set up in Belgium by 13 founding member organisations. ADHD Europe represents the voices of national and regional ADHD organisations from across Europe. Our members are made up of Non-Governmental Organisations, Charities, Family Support Groups, and other grass roots organisations, who share similar aims and agendas. Its mission is to advance the rights and dignities, and advocate for, all those affected by Attention Deficit Hyperactive Disorder (ADHD) and co-existing conditions across Europe. It currently represents the voices of 29 member organisations in 22 countries in the European geographical area and beyond. Our website is [www.adhdeurope.eu](http://www.adhdeurope.eu)

ADHD-Europe has a vision for an inclusive European community, where people affected by ADHD can experience well-being, achieve their full potential, and contribute to their community and society.

### Attention Deficit Hyperactive Disorder (ADHD)

ADHD is a neurodevelopmental disorder of the brain, categorised as a mental health disorder and a disability. It is described and classified in the *Diagnostic and Statistical Manual of Mental Disorders (USA, DSM 5, 2013)*, and in the World Health Organisation International Classification of Diseases 11th Revision (ICD-11, 2018) as:

*“Attention deficit hyperactivity disorder is characterized by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity, with onset during the developmental period, typically early to mid-childhood. The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for age and level of intellectual functioning and significantly interferes with academic, occupational, or social functioning. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility, and problems with organization. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. The relative balance and the specific manifestations of inattentive and hyperactive-impulsive characteristics varies across individuals and may change over the course of development. In order for a diagnosis of disorder the behaviour pattern must be clearly observable in more than one setting.”* (source: <https://icd.who.int/en>)

### History of the “Diagnosis and Treatment of ADHD in Europe” Survey

The initial survey (2009) was an opportunity for the ADHD-Europe member organisations to learn about each other’s work and common challenges such as the lack of national health policies addressing ADHD, the lack of specialised professionals for the provision of diagnosis, medication and treatment, limited

educational support measures for children with ADHD and lack of awareness of adult ADHD in the 19 member countries in the European area.

In 2011, the survey was updated by 22 member countries, and additional topics such as ADHD prevalence, national policies, coaching and adults in the workplace were discussed. Conclusions drawn included: some countries now had ADHD national health policies in place, however, there was room for improvement within the educational sphere as well as regarding the waiting lists for services; also limited access to ADHD medication amongst the member countries was noted. The 'gold' standard of ADHD care described in the NICE guidelines (UK) provided hope and inspiration for the European ADHD community. The results of these previous surveys are available on the ADHD-Europe website.

In 2020, the survey was answered by 22 organisations from 19 member countries. It reflects the current context with the revised global medical manuals DSM 5 (2013) and ICD-11 (2018). The 2011 survey questions were re-evaluated and updated with the topic of generic medication. The survey layout was re-designed to include some colourful visual summary pie charts, graphs, and internet links.

### **Methodology of the Survey:**

The survey questions were re-drafted and approved by the Board and Professional Board, after which they were sent out by email. The survey was compiled in both 'word' documents and later all transferred to an online 'google form' format to facilitate the members. Some questions could be responded to in descriptive form, others were multiple choice to enhance quantitative data collection. Some respondents were very elaborate with their descriptive answers, others provided less (maybe due to language barriers). This may have influenced the results. For future reference, providing 'translated' versions of the forms may elicit more qualitative data, however the survey should also include quantitative data to facilitate visualisation and comparison (keeping in mind above limitations). Continuous constructive re-evaluation of the survey, addition of current topics and considering the purpose of the data is recommended as well as keeping the survey easy for the members to engage with.

The intent for regular survey updates and increased collaboration on important topics (such as collecting negative feedback to generic medication and lobbying for incorporation of patient feedback into the medication procurement system) has been an indirect result of the update of this survey for the Board and members.

The survey report was written incorporating qualitative and quantitative data in a new format including colourful pie diagrams and some statistics for enhanced visual interpretation. The descriptive overview of each country's response was retained by adding these to the appendix for reference.

## SURVEY RESULTS 2020

### Participant ADHD-Europe Member organisations:

The twenty-two members representing nineteen countries that contributed to the survey are the following and have provided the below information, (in some countries multiple member organisations replied): Belgium, Croatia, Cyprus, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Luxembourg, Malta, Slovenia, Spain, Sweden, The Netherlands (2 organisations), and the United Kingdom (3 organisations). The Board would like to express their gratitude to these participants.

### National Policies

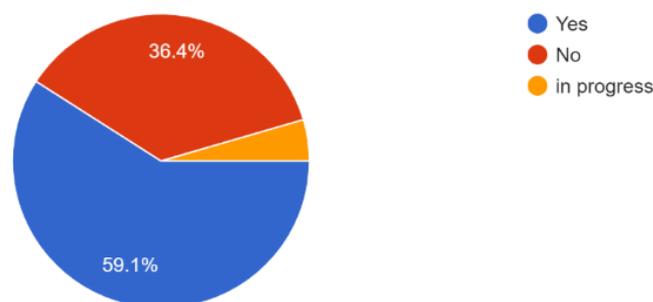
In 2008, the National Institute for Health and Clinical Excellence (NICE) published guidelines for the diagnosis and treatment of ADHD in the United Kingdom. These guidelines have come to be regarded as a ‘gold’ standard in Europe (nevertheless, in the absence of supportive funding in the UK they remain just guidelines). It’s recommendations were updated in 2018:

<https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/attention-deficit-disorder>

In the summary chart below, members replied that 10 countries (59 %) now do have a national policy for ADHD (or equivalent), in 1 (Sweden) the policy is in the making and in 8 countries (36%) namely Italy, Greece, Croatia, Luxembourg, Malta, Hungary, Cyprus and Slovenia there is no national government health policy yet.

Q 1: Does your country have a national guideline for ADHD Diagnosis, medication and treatment for children and adults ?

22 responses



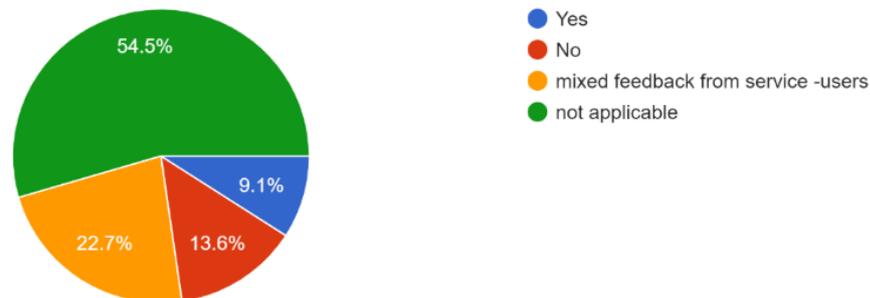
**Figure 1: National Guideline Pie Chart**

Compared to the previous surveys, there has been a marked increase in ADHD national guideline policies by the governments, although in some cases it is administrated at a regional level (UK, Spain, Belgium) or in an alternative form of

a national medical consensus basis or registry by the professionals instead (Greece, Italy). Some policies are still limited to children below 18 years of age instead of reflecting the fact that ADHD is a lifetime condition and including adults (France, Italy, Luxembourg, and Cyprus). According to the Luxembourg association, this may be partially due to the pharmaceutical company registrations limits to 17 years of age which hinders a change of government and insurance policies for those diagnosed after 18 years of age.

Q2: If your country does not have a national guideline: is there any standard procedure for ADHD diagnosis, medication and treatment in the national and private health services ?

22 responses



**Figure 2: Standard ADHD procedures in health services**

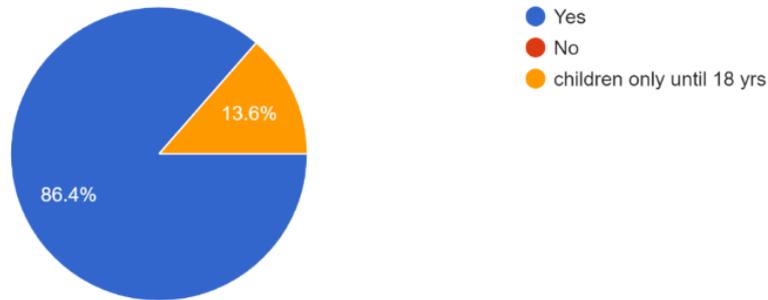
For the countries that do not have a national guideline policy, the majority replied that there is no standard of care for ADHD patients and they receive mixed feedback from their members regarding access to services, diagnosis, and treatment.

### **National Health Services**

The members replied that in most countries there are national health services for ADHD; however, as mentioned above, France, Italy, Luxembourg and Cyprus note that these services are limited to those who have been diagnosed as children before reaching their 18<sup>th</sup> birthday.

Q3: Does your country have national health services for ADHD Diagnosis, medication and treatment for children and adults ?

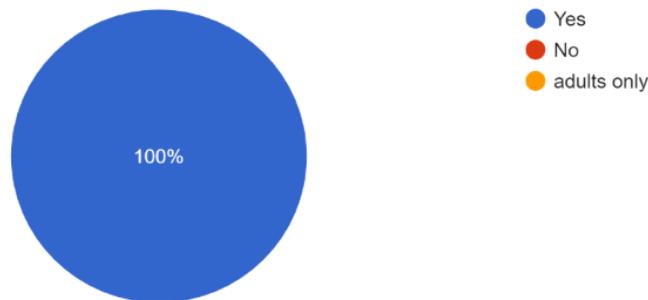
22 responses



**Figure 3: National Health Services**

Q4: Does your country have private health services for ADHD Diagnosis, medication and treatment for children and adults ?

22 responses



**Figure 4: Private Health Services**

### Diagnosis and Treatment

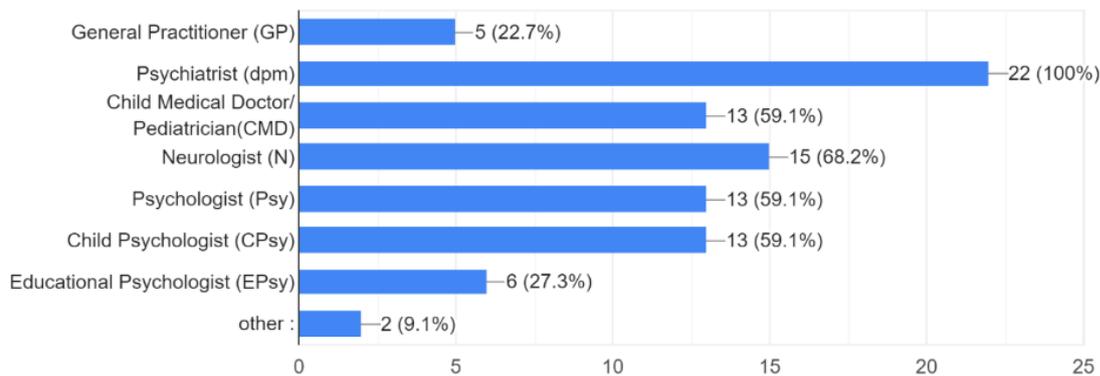
The NICE ‘gold’ standard recommendation is for assessment, diagnosis, and treatment by a multidisciplinary team. In most member countries, specialised medical doctors (psychiatrists, paediatricians, neurologists, etc) work together with psychologists on assessment procedures with subsequent diagnosis and treatment. Some, however, work as a ‘chain’: starting with a medical doctor who refers a patient to the psychologist who then refers to specialists for multimodal treatment (which may often include medication). Others (Greece and Hungary) restrict diagnosis and treatment in the public health service to a few recognised medical professionals or hospitals. This can be detrimental for national access to services, especially for patients in rural areas or islands. In the UK, Sweden and The Netherlands, specialised prescribing nurses take over the routine care for the

ADHD patient which reduces the need to visit the specialist or 'shared care' doctor for a repeat prescription.

From the charts below, it is clear that many more specialists are permitted to diagnose children compared to adults.

**Q5: Who can diagnose a child ? (multiple answers accepted)**

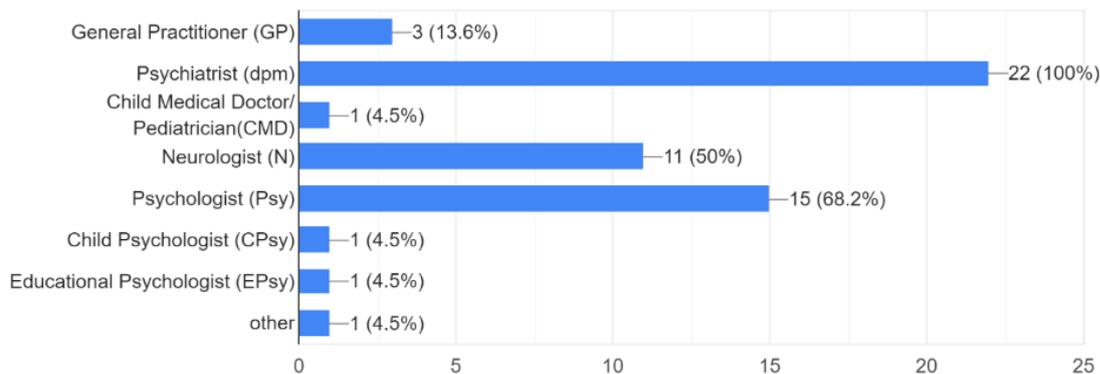
22 responses



**Figure 5: Child diagnosis of ADHD**

**Q6: Who can diagnose an adult ? (multiple answers accepted)**

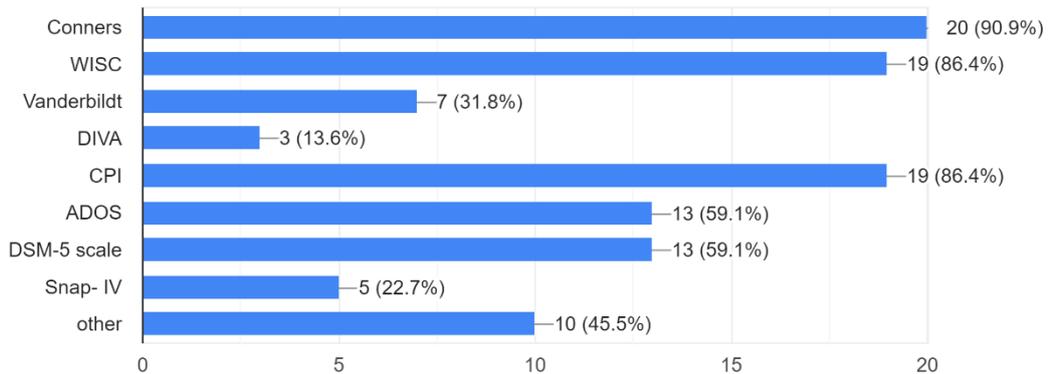
22 responses



**Figure 6: Adult diagnosis of ADHD**

The diagnostic tests which are most often used for children are: Conners Scales, Wisc, Clinical Personal Interview & history (CPI), ADOS (autism), ADHD-rating scale DSM-5, Vanderbilt scales, Snap scales, Young Diva-5 and others. These may be used in conjunction. The scales assessments are often not expensive, and they can be used for re-testing after a period of treatment to see improvements or at an interval of 2 years for review.

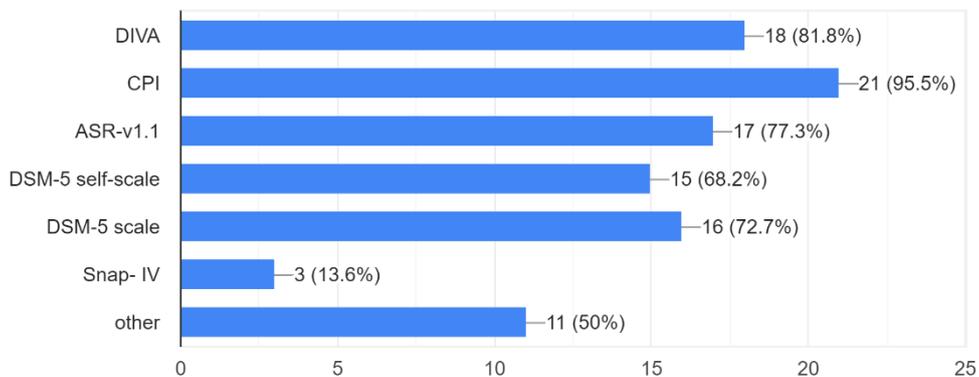
Q7A: which diagnostic tests/tools are used FOR CHILDREN? (multiple answers accepted)  
22 responses



**Figure 7: Diagnostic tests for ADHD in children**

The most frequently used diagnostic tests for adults are the Clinical Personal Interview and History together with the Diva-5, ADULT ADHD SELF-REPORT SCALE (ASRS-V1.1), ADHD Rating Scale DSM-5, Adult ADHD Self-reporting screening scales and others.

Q7B: which diagnostic tests/tools are used for ADULTS ? (multiple answers accepted)  
22 responses



**Figure 8: Diagnostic tests for ADHD in adults**

## **The ADHD diagnostic process**

In summary, most members described the diagnostic process through the national health services by the mechanism of a 'chain' of referrals from family doctor to specialists. Most mentioned that the services are subject to waiting lists.

The diagnosis for both children and adults commonly consists of an intake appointment with clinical personal and family history and disorder-specific questionnaires (self-ratings and informant-ratings) resulting in a written psychological report and followed-up by treatment advice from further specialists.

In Hungary, the national health service provides a 1–2 week stay in a psychiatric hospital to diagnose and initiate medication treatment for children. Several members mention specialised children's health service centres (France, Malta, UK, and NL). Only Slovenia, Hungary, The Netherlands, and Iceland specifically mentioned a multi-disciplinary team collaboration for children's diagnosis and treatment.

The length of the diagnostic process can take up to 18 months (with Ireland having the longest process mentioned). In many countries, check-up appointments with specialists are held at 3 – 6 months intervals during treatment. In some countries, the monthly medication prescription is under supervision of the family doctor.

Regarding the adult national health services, overall, there is much less availability. Especially noted are that France, Hungary, Slovenia, and Luxembourg has very few services, even in the private sector. In these countries, the support organisations assist to find the qualified specialists. In the UK, specialised ADHD clinic services are mentioned, however, they are characterised by waiting lists of 2 years. In Denmark, average waiting lists of 1.5 years are mentioned, due to lack of capacity. In Greece, there are only 2 national clinics available for adults for providing diagnosis and medication prescription, these provide no therapy, however.

The adult diagnostic assessment consists of self-rating disorder-specific questionnaires and checklists integrated with a personal clinical history, family and third-party and evaluation of co-morbid symptoms. Not all tests are available in many foreign languages. Additional tests are mentioned in the individual country surveys.

## **The ADHD diagnostic process by private health services**

In most member countries, people can self-refer or get a referral from their family doctor for private health services. They are also affected by waiting lists, however, an initial appointment and beginning diagnosis assessment will be undertaken on average within 3 – 6 months. This is fast compared to the waiting lists ranging

between 1- 3 years in the national health services of the different member countries.

The NICE 'gold' standard recommendation of "early intervention" is affected by these long waiting lists for specialists, and in those countries where the private services are not covered by private health insurance, only those with sufficient financial means can opt to obtain private services (if available).

The costs of these private services are not known exactly (however, a range between €300- €1000 per diagnosis and depending on the tests performed has been suggested). In some countries, costs are (partially) refunded by the health insurance. However, for many (especially adults) it is at personal expense.

In Cyprus, no national health services for adults exist, only private services are available. In Italy, all private services are at private cost. In Hungary, appointments for private services are with only approximately 1 month waiting time. In the UK, a private specialist can still refer a patient for subsidised government medication on the national NHS system. In France, an adult paying for private health services will be partially reimbursed.

### **Advantages of private health services**

The 'fast track' time advantage is the most frequently mentioned reason why someone would opt for private health services. Both the shorter waiting time for the initial appointment as well as the faster diagnosis process and initiation of a treatment plan were noted.

Access to (highly) specialised professionals regarding ADHD was another important advantage, providing an optimal diagnosis and treatment plan, especially for adults in member countries where national services for ADHD are limited or non-existent.

Partial or full reimbursement for the financial costs for private health insurance were noted by some; however, others emphasised the expense was at personal cost.

In Ireland, Spain, Italy, Luxembourg, Malta and Cyprus, adults have to make use of private services as virtually no national services exist. In Denmark, private services have 1.5 years waiting list as only 'ADHD with co-morbidities' are tackled by the national health service and the rest is requested to make use of private services. In Malta, public health services for children are only available until approximately 2pm (during school hours) after which some specialists then work at private clinics serving children and adults at private cost.

## **How are the ADHD diagnostic costs for children and adults covered?**

Most member countries cover or partially refund the national services for ADHD diagnostic cost for children and adults, many also mention the (partial) refund of private services through the (compulsory) private insurances for children. In Belgium, The Netherlands, Cyprus, Malta, and Iceland, adults are not refunded for any private services regarding ADHD unless their private insurance covers it while in Luxembourg there is a partial refund.

Some members mention ADHD disability allowance (France), a monthly amount paid to parents to cover unreimbursed treatments; however, these are not in place in all countries.

## **The administrative process of getting ADHD medication (for a child or for an adult), once prescribed by the professional**

In most member countries, the initial medication treatment for children or adults can be only prescribed and monitored by the psychiatrist (or paediatrician / other specialist). Children must have a six-month follow-up appointment with their specialist and adults an annual visit. In the Netherlands, the specialist will remain in contact by email or phone. In some countries, the specialist prescribes for 3 months and in others the family doctor provides 'shared care' and prescribes medication. In the UK, Sweden and the Netherlands, specialised prescribing nurses may also be involved.

In Finland, Denmark, Sweden and The Netherlands, this process is completely electronic, and prescriptions are sent directly to the local pharmacy for collection (for up to 3 months' supply). In Greece and Belgium, electronic prescriptions are also used by specialists. In Malta, there are 5 documents (permit letter, white control card, POYC registration card, identity card and a pre-organised valid monthly doctor's prescription) that must be presented in order to collect medication.

In Italy, the psychiatrist releases the child's therapeutic plan, however, the prescription must be collected from the pediatrician and the medication from the pharmacy. Many member countries have special national permits for ADHD medication (to monitor and control the use of narcotic and psychotropic drugs as stipulated by law) and a national pharmacy of our choice scheme (POYC).

Most medication is prescribed for 1 month, 28 days (France), or 3 months (Luxembourg); however, in Hungary only a 4-day medicine supply is provided. In France and Italy, methylphenidate treatment may continue to be refunded into adulthood (until approximately 24 years of age) if an ADHD diagnosis is made before the age of 18 years. In a few countries, some medication has to be collected from special hospitals (Atomoxetine - France, Atomoxetine & dexamphetamine - Belgium) or from across the border (guanfacine imported from Germany – as it is not available in Luxembourg yet).

## Is ADHD medication for children and adults prescribed based on "best medication for the patient " or a standard public health medication brand (private and national services)?

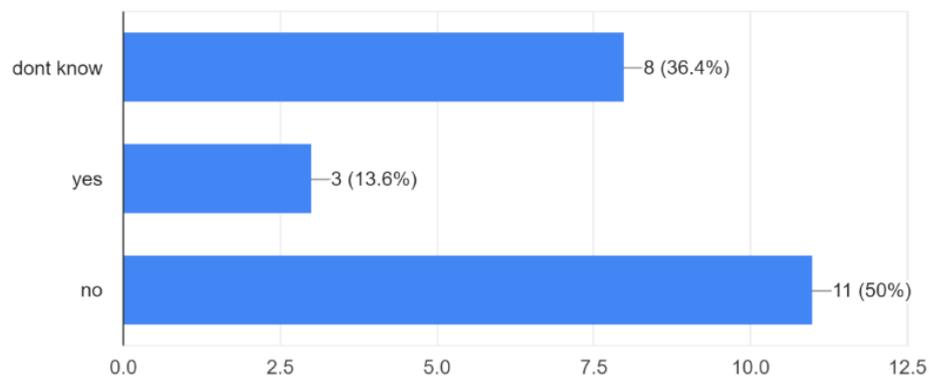
The most common response to this survey question was that the standard national health medication is chosen as first treatment in Slovenia, Belgium, Finland, Malta, UK, Cyprus, Luxembourg, Sweden and Spain. The 'best medicine for the patient' was mentioned by Iceland (although the pharmacy offers the lowest price medication), Ireland and The Netherlands (price refund depends on insurance).

Regarding private services, specialists prescribing the "best medication for the patient" was noted by Spain, Cyprus, and the UK.

Greece, France, Luxembourg, Italy and Hungary mention reluctance in prescription of medication by specialists due to a history of psycho-analytic psychiatry and the cultural stigma of ADHD.

Q16: Are there any significant differences reported between private and national health service professionals' prescriptions of ADHD medicine for children and adults?

22 responses



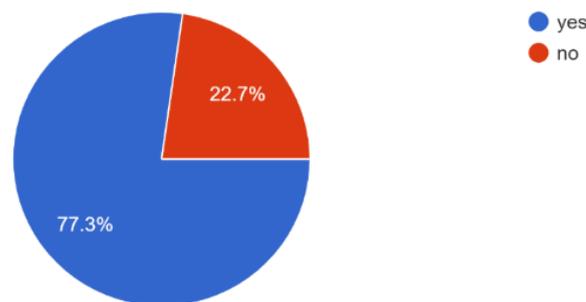
### Figure 9: Medication prescription

Many countries do have access to different brands and generic medications as standard national health medication in the national health system. Some countries are very limited in their medication stock: Luxembourg has only methylphenidate for children; adults in Luxembourg are prescribed off-label and Belgium too; in The Netherlands, all stimulant medication for adults is also prescribed 'off label'. Italy has 2 medications only: methylphenidate and atomoxetine, and they are sometimes 'out of stock'. Malta has only 3 national generic brands (and 2 brands at pharmacy/private cost, often 'out of stock') and Greece only 3 branded medications

(Ritalin, Concerta and Strattera). The dosage range of these medications are often also limited. This limits the ‘toolbox’ of the specialists for the optimal ‘best medicine for the patient’ within the ‘gold standard’ multi-modal treatment plan. It is a clear indication that within Europe, there is no uniform medical treatment for a child or adult with ADHD.

Q17: Is there a ( ADHD ) medicine complaints procedure for side-effects to the patient's health in the national public health system ?

22 responses



**Figure 10: Medication complaint procedure**

In most countries, complaints about medication are registered with the family doctor or specialist or directly to the national agency. Full details on this point can be found in the country profile appendix.

**Any additional comments regarding ADHD diagnosis and medication prescription:**

Some members commented on the lack of access to trained and prescribing specialists (Belgium, Slovenia, the Netherlands, France). In general, most members mention the long waiting lists: Iceland, Cyprus, Malta, Ireland, Italy, The Netherlands, and Spain.

Generic medication complaints (Iceland, UK, Cyprus) and lack of access to variety of medication (Luxembourg) have also been noted.

Religious and societal ‘stigma’ related to ADHD and medication (Hungary, France) and psycho-analytic psychiatry (Greece, France) were given as comments by some countries.

For additional comments, see the country form in the appendix.

## **How are the ADHD medication costs (for children and adults) covered for the patient?**

The only member country that does not refund any ADHD medication costs is Cyprus. The Irish health system refunds medication in full until 16 years of age only, Italy until 18 years. Free of cost medication is provided in Slovenia and Malta (no age limit). In Finland, medication is free up to a maximum amount after which a fee is charged. In Greece, the €50 monthly prescription cost of the psychiatrist is not refunded, whilst 75% of the medication cost is covered by the national system. The remainder of the member countries have different medicine cost patient contributions ('prescription charge' (UK / NHS) or free after an 'own risk' sum (The Netherlands), and unique national health systems with compulsory or voluntary private insurances, which cannot be compared to each other (see individual country appendix for details).

If ADHD medication costs for children and adults are completely covered by the national public health system, is there any insight into the cost? If yes, provide further information.

Insight into the national health services costs regarding ADHD medication is available in some countries, such as The Netherlands, UK, Sweden, Denmark and France; this can give an indication of the use of the different ADHD medications and the national budget allocated.

## **Are there any significant differences between national citizens and EU citizens for the use of the national public health system and medication cost reimbursement?**

Most EU and EEA member countries replied that anyone registered with the local social security system would have access to the same standard of care and reimbursement as locals. Due to Brexit, the situation in the UK is to be clarified.

## **Any additional comments regarding ADHD medication and cost reimbursement:**

Recurrent 'out of stock' of ADHD medication is an important problem mentioned by Iceland, Greece, Cyprus, Italy, Malta, and The Netherlands, which warrants urgent investigation and tackling by the national authorities.

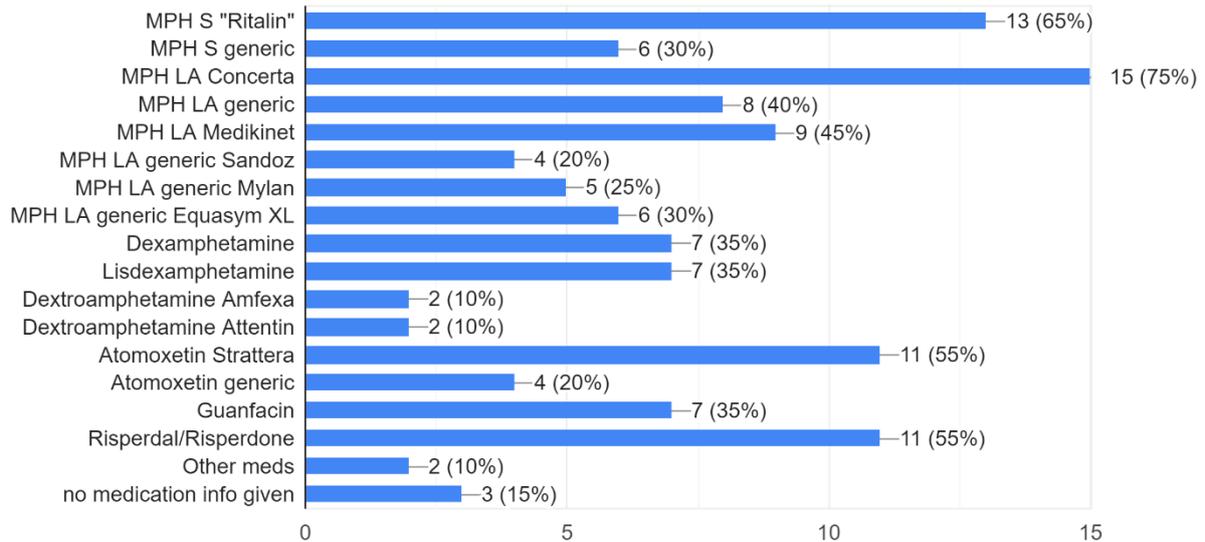
Secondly, the change from "brand" to "generic" ADHD medication labels is problematic. Many complaints have been received by the organisations on behalf of their members which are substantiated by professionals. This warrants review by the national authorities and indicates a need for patient and professional feedback to be incorporated in the national medication purchasing procedure.

Thirdly, the lack of access to a variety of medication options was mentioned by Italy, Hungary, Malta, Greece and Iceland, which means that there is no 'best

medication for the patient' policy. Europeans moving from one country to another cannot continue to take their medication 'brand' if it is not available in the country they moved to. Previously, a lack of access to specialists was also mentioned, especially in rural areas. Additional comments can be found in the appendix of country profiles.

### MEDICATION AVAILABILITY

20 responses



**Figure 11: Medication availability**

## CONCLUSION

In conclusion, the following points can be made which reflect some positive changes amongst the member countries over the last decade: the increased availability of national guidelines for ADHD, the increased number of medication brands available to the patients, and the increased awareness about adult ADHD as well as the lifelong condition of ADHD by specialists.

Unfortunately, there are also some problematic issues that remain visible in most countries, such as the continued long waiting lists for national health services for children (contrary to the advice of early intervention in the NICE 'gold' standard) and the lack of adequate national health services and multi-modal treatment, including medication for adults. This, while research shows that unmedicated ADHD treatment can lead to increased chance of self-medication or drug addiction, unemployment, increased traffic accidents, etc.

There are many reports of the less effective 'generic' ADHD medications throughout Europe, which should be investigated by the national authorities. This includes increased reporting of negative medication side-effects with minors and overall, less efficacy (which in turn may lead to less treatment adherence or increased use of multiple medications and increased need for professional advice visits negating the cost-effectiveness) which national medication purchasing authorities may not be aware of due to lack of patient/doctor feedback mechanisms. Some positive feedback regarding generics has also been noted, unbiased research is necessary.

National and regional discrepancies remain: a lack of access to specialists and a lack of a variety of medication for the ADHD patient (especially in the smaller countries, rural areas, islands, and Eastern European countries), due to inadequate national funding for mental health services.

Lastly, "stigma" (negative presumptions and prejudices) in the media and society about ADHD is still highly prevalent.

The survey shows that the ideal situation, in which an individual with ADHD can access the same standard of care and medication wherever they are in the EU, is still very far from reality.

It is, however, very evident that research, support and contact between members of ADHD-Europe is beneficial in order to exchange information, collaborate and lobby on behalf of the European ADHD community.

## APPENDIX 1: SURVEY 2020 QUESTIONS

Organisation name and country: .....

Q1: Does your country have a national guideline for ADHD Diagnosis, medication and treatment for children and adults?

Q1A: internet link of National ADHD Guideline (if available).

Q2: If your country does not have a national guideline: is there any standard procedure for ADHD diagnosis, medication and treatment in the national and private health services?

Q3: Does your country have national health services for ADHD Diagnosis, medication and treatment for children and adults?

Q4: Does your country have private health services for ADHD Diagnosis, medication and treatment for children and adults?

Q5: Who can diagnose a child?

Q6: Who can diagnose an adult?

Q7A: which diagnostic tests/tools are used for children?

Q7B: which diagnostic tests/tools are used for adults?

Q8: Explain briefly the ADHD Diagnostic process in your country (for a child and an adult) by the NATIONAL health services.

Q9: Explain briefly the ADHD diagnostic process in your country (for a child and an adult) by the PRIVATE health services, especially if there are any differences from the national health services.

Q10: Explain why an ADHD patient and their family would choose to use private health services instead of national health services, or not.

Q11: How are the ADHD diagnostic costs for children and adults covered?

Q12: Which professionals can prescribe ADHD medication for children? (multiple answers accepted)

Q13: Which professionals can prescribe ADHD medication for adults?

Q14: Describe the administrative process of getting ADHD medication (for a child or for an adult), once prescribed by the professional.

Q15: Is ADHD Medication for children and adults prescribed based on "best medication for the patient " or a standard public health medication brands by private and national health service professionals?

Q16: Are there any significant differences reported between private and national health service professionals' prescriptions of ADHD medicine for children and adults?

Q17: Is there a medicine complaints procedure for side-effects to the patient's health in the national public health system?

Q17A: internet link of national medication complaints system (if available).

Additional comments regarding ADHD diagnosis and medication prescription in your country?

Q18: How are the ADHD medication costs (for children and adults) covered for the patient?

Q19: If ADHD medication costs for children and adults are completely covered by the national public health system, is there any insight into the cost? If yes, provide further information.

Q20: Are there any significant differences between national citizens and EU citizens for the use of the national public health system and medication cost reimbursement?

Additional comments regarding ADHD medication / cost reimbursement?

**MEDICATION AVAILABILITY ( tick which ones are available)**

- Methylphenidate short-release "Ritalin"
- Methylphenidate short -release generic
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic
- Methylphenidate long-release Medikinet
- Methylphenidate long-release generic Sandoz
- Methylphenidate long-release generic Mylan
- Methylphenidate long-release generic Equasym XL
- Dexamphetamine
- Lisdexamphetamine
- Dextroamphetamine Amfexa
- Dextroamphetamine Attentin
- Atomoxetine Strattera
- Atomoxetine generic
- Guanfacin
- Risperdal / Risperdone (comorbid)
- Other
- no medication prices / details supplied

Other medications

## APPENDIX 2: COUNTRY PROFILES

### Organisation name and country: ADHD, ASC & LD Belgium ASBL, Belgium (BE)

Q1: Yes

Q1A: (BE) Yes, since 2013 and the information was partly updated in 2018 in Belgium. <https://www.trajet-tdah.be> and [www.css-hgr.be](http://www.css-hgr.be)

Q2: not applicable

Q3: Yes

Q4: Yes

Q5: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy), other. Q6: Psychiatrist (dpm), Neurologist (N).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS), ADHD-rating scale DSM-5, other.

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), other.

Q8: (BE) Note: According to the Belgian National Guidelines, only a Child Psychiatrist or a Neuro-pediatrician can diagnose ADHD (which means these are the two types of professionals who can prescribe medication). In reality, a psychologist or a neurologist can do the pre-diagnosis if they are experts on ADHD, but they have to work closely with a psychiatrist in order for their patients to get medication prescribed for them after the diagnosis. This can mean an extra cost for the patient. Once a psychiatrist has authorized the use of ADHD medication for a child or adolescent, s/he is required to monitor the patient during the first 3-6 months in order to titrate the dosage to what has the most benefit with the fewest side effects. If stimulant medication does not bring any improvement or the side effects are too severe, the attending psychiatrist can prescribe either Atomoxetine (Strattera) or Guanfacine, the only non-stimulant options available in Belgium as per the Guidelines. For pre-evaluation, notification to parent and only referred to testing with parental approval; scheduled for medical exam, hearing test, vision test, executive function assessment, "logopède" evaluation (OT/speech & Lang), cognitive exam, IQ test, sometimes Vision Therapy; if the suspicion is still there of ADHD, the child is referred to a Child Psychiatrist or Neuro-pediatrician in the public health services, which can take as long as 1-2 years. From patient feedback not all these diagnostic processes were offered for every child. Child: Parents usually initiate the process, sometimes because of unfavourable school feedback. Very often, they contact our organization as the first step to finding out how to find a suitable Child Psychiatrist to test their child.

Psychoeducational testing is almost always done first by a psychologist, followed by an Occupational Therapist and a behavioural ophthalmologist's evaluation (Centrum Beter Zien). When there are still problems, the parents make an appointment with a Child Psychiatrist, a Neuro-pediatrician, or a Child

Psychologist who collaborates with a Child Psychiatrist or Neuro-pediatrician to get a diagnosis, a detailed report for the school and - if needed - a prescription for ADHD medication. The process is much shorter when the parents can access private health services. The psychoeducational report highlights the child's strengths and weaknesses and is very useful for the identification of discrepancies between the child's innate abilities and one or more areas where he struggles. It may also point to possible comorbidities. ADHD ASC, and LD Belgium works closely with the parents and families at this phase to help them understand the report better. This includes finding out which interventions are most needed to improve the situation for the child / adolescent. These range from Cognitive Behaviour therapy, social skills training, ADHD coaching to help improve executive functioning, to finding a suitable subject and/or a homework tutor for the pupil. Normally these services will be carried out by English speaking professionals that are known to the ADHD ASC & LD Belgium network.

Q9: (BE) Flanders = Dutch speaking part of Belgium run under Flemish Government Walloon = French speaking part of Belgium under French speaking Government ADHD Diagnoses depends on the doctors or medical professional as there are reported cases of years of medical exams before the ADHD diagnoses is given. Adult: The first step is an extensive medical exam to preclude physical causes for the person's problems; after this, they are put on a list for referral to a Psychiatrist who specializes in adult ADHD (if lucky). Testing includes completion of self-reported questionnaire, inventory of any struggles experienced at school and /or at work, a psych analysis follows for any comorbidities. The whole process of diagnoses could take quite a long time because of waiting lists (hospitals). ~Explained more below. Generally, this is the route that is taken when an adult is at-risk of losing their job due to undiagnosed ADHD and possible comorbidities and it begins with a referral to the National Health services. (The route is checking for medical/physical problems then going to the psychiatrist) Otherwise, we have found that adults contact ADHD ASC and LD Belgium (English), TDAH Belgique (French) or Centrum Zitstil (Dutch), if they suspect that ADHD might be their problem and if it is our organization, they often go through the private health services because of the waiting periods and English is easier to understand. Adult: Adults who have never been identified as having ADHD in their childhood usually look online for assistance when their symptoms make life difficult for them. Very often, they begin with ADHD ASC and LD Belgium whether they are French or Dutch speaking and especially if they use English as the language of communication. We help them understand their symptoms and if they want to get tested, point them in the right direction. They must go through rigorous medical exams to rule out other reasons for their symptoms and if they have cardiovascular problems, this is taken into account if they need medication. In the private health system, the process is much quicker than the Public Health Services but costs more. As there is more awareness now about adult ADHD in Belgium, it is possible to get diagnosed and treated through the National Health system, but the waiting lists are long because there are fewer doctors specializing in adult ADHD. Anyone can go for private diagnose, which is a higher service charge than the National Health system charge. As a rule, only adults who are in danger of losing their employment because of undiagnosed ADHD are referred to adult ADHD clinics to begin the process of diagnosis and treatment. The company could refer the employee to a specialist but not

necessarily an ADHD coach. Being diagnosed won't necessarily solve the problem but problems can be solved by a sympathetic Human Resource department by looking into workplace accommodations. Many only want to understand themselves better and to learn as much as possible about the condition. They may have already had to face some challenging situations at work or in personal relationships before seeking help for ADHD; in the case of high achieving women, this tends to be burnout. During the recovery period when they are on sick leave, they begin to realize that ADHD might be the underlying reason for their situation. These are the people who also begin attending our adult support group for people with neurodiverse brains. Our organisations helps adults with all learning differences/disorders such as Autism Spectrum Conditions, Aspergers, Dyslexia, Dyspraxia, Dyscalculia - other Learning Disorders.

Q10: (BE) Child: One reason would be to get a quicker diagnosis and report for the school so that the child can access school services and accommodations. Secondly, if the child does not speak either French or Dutch because the family is newly arrived in Belgium (it happens very often) and they use English as their language of communication in Belgium, they need to find English-speaking specialists (first a Child Psychologist to conduct a psycho-educational evaluation and a Child Psychiatrist to do further testing for ADHD. Adult: As for children, adults who decide to use private services do so because of language reasons or to speed up the diagnosis process. Generally, for both children and adults, there are long waiting periods for a diagnose in hospitals, but private services are more expensive than those done by the Public Health system.

Q11: (BE) Children: Neuro-pediatrician or psychiatrist visits are payable at the time of each visit and the parents are refunded according to their medical insurance. Psychiatrist visits (diagnosis, monitoring treatment, etc.) are 95% reimbursed for children who are under 18 years of age. In the case of visits to their general practitioner, children can be part of the global medical system whereby visits are automatically refunded. Diagnosis counts as a normal visit to a doctor, Neuro-pediatrician or Child Psychiatrist and is refunded accordingly. Adults: Doctor or psychiatrist visits are payable up front and the patient is refunded according to their medical insurance. The reimbursement depends on the medication and the pharmacies follow the INAMI guidelines. No automatic refunds are available for adults. They pay at the time of each visit and submit the documentation to their insurance provider in order to receive a partial refund. Diagnosis usually counts as a doctor or psychiatrist visit in terms of what is refunded.

Q12: Psychiatrist (dpm).

Q13: Psychiatrist (dpm).

Q14: (BE) Children: Monthly prescriptions are required from the attending Child Psychiatrist and providing the ADHD medication is on the list of available ADHD medications available in any pharmacy, the prescription is filled and payment taken upfront. Parents then submit the pharmacy receipts to their medical insurance provider in order to get reimbursed. If the pharmacist is satisfied that the medication was prescribed by a psychiatrist, s/he fills the prescription. There are no special permits required. In the case of Dexamphetamine and Atomoxetine (Strattera), these medications cannot be

filled at any pharmacy, but in a hospital. Adults: Monthly prescriptions are required from a Psychiatrist for the ADHD medication best suited to the patient. Once an adult has received a diagnosis from a psychiatrist and s/he has written the first prescription, a person's general physician (GP) can prescribe the ADHD medication afterwards as long as the patient continues to see the psychiatrist to review the medication and the side-effects from time to time. This is, however, not written in the Belgium Guidelines. The visits are refunded but not the medication.

Q15: (BE) Children: Initially, each child is prescribed the standard public health medication brands by both the National Health and the private health provider; only after the attending specialist can show that this medication does not work for the child – usually after 3-6 months of monitoring – can a different brand medication be prescribed. Therefore, it is not “the best medication for the patient” until everything else fails. Adults have more flexibility provided they are prepared to pay for the medication of their choice – provided it is registered Belgium.

Q16: No

Q17: Yes.

Q17A: (BE) The Belgian National Guidelines have very detailed recommendations about what psychiatrists should do to help their patients manage side effects of ADHD medication. If they follow these Guidelines exactly, they have the backing of the National Health authorities and can make a good case for a change of medication. <https://www.trajet-tdah.be> and [www.css-hgr.be](http://www.css-hgr.be) Parents and adult patients can contact the FEDERAL AGENCY FOR MEDICINAL PRODUCTS AND HEALTH PRODUCTS (FAMHP) to report any grievance they might have concerning an ADHD medication they have been prescribed, how it was prescribed and/or about the side-effects they are experiencing as a result of this medication. Visit the website: [www.afmps.be](http://www.afmps.be) or send an email to [adversedrugsreactions@fagg-afmps.be](mailto:adversedrugsreactions@fagg-afmps.be). The Patient advises the doctor who reports on their 'yellow card': <https://www.famhp.be/sites/default/files/downloads/fiche-jaune-FR-2009-03-24.pdf>

Any additional comments regarding ADHD diagnosis and medication prescription in your country:

(BE) As per the Belgian National ADHD Guidelines, only a Child Psychiatrist or Neuro-pediatrician can diagnose a child with ADHD but this really means that these are the only two specialists who can prescribe ADHD medication. There are some ADHD specialised Child Psychologists and Neuro-psychologists in Belgium who are very well able to diagnose ADHD in children and adolescents but they must ask their clients to see a Child Psychiatrist with whom they collaborate to prescribe the necessary medication and to continue to monitor them while they are medicated.

Extra Diagnostic Tests: Adult: CAARS short version; Conners Adult scales; DAWBA (for adult and child); ADHD Rating Scale DSM-5 ACE (NL) (Kooij) Diagnostic interview for children w/ADHD CAPA K-SADS Child/Ado Psy Ass. Affective disorders; ADEXI CHEXI (children) TEXI (teenagers) Stroop Test TEA-CH

(6-16 yrs.) WCST Test. The Belgian Guidelines are detailed and thorough and have continually been updated. However, they must be implemented to be truly effective, which is not always the case.

Q18: (BE) ADHD medication costs for children and adults are mentioned below. However, a patient takes their prescription to the pharmacy, pays full price, and then needs to forward the receipt to be claimed back from the Belgian Public Health system, which is run by several different private insurance companies following the health system called INAMI. Persons working at the EU Commission have a different process. Children: Every citizen in Belgium is required to have a health insurance provider (Mutuelle), which they can supplement with private insurance if needed. 75% of the total cost of Rilatine short acting and Rilatine MR is reimbursed for children up to 18 years of age. They must submit their receipts for this medication to their health insurance provider each month to get reimbursed. Adults: ADHD medication for adults (18+) is not reimbursed in Belgium. However, if a citizen (Belgian born or from an EU state) is unable to pay the monthly fee for the health insurance provider because of losing their job, or through illness, etc., the Belgian Social Security authority waives the monthly charge for such a person and allows them to keep their health coverage with a co-payment for medication, etc. It is not clear at this point if this would include ADHD medication.

Q19: (BE) -

Q20: (BE) In Belgium, all residents, no matter from which country they hail, can make use of the National Public Health Service and have access to medication. The reimbursement, however, is only for specified medicines, as approved by INAMI (Belgian National Public System), and residents who have private medical insurance can get a reimbursement. Belgium Public Health services does not operate like its counterpart in France, for example, where you are automatically reimbursed via the Social Security System. The Belgian patient or parent needs to submit their documentation to the insurance who reimburses according to the INAMI guidelines for the specific medication. In the case of ADHD medications for children up to 18 years of age, there is no difference between the reimbursement procedure for National and EU citizens. No ADHD medication is reimbursed for adults, whether they are Belgian nationals or from other EU countries. If an EU citizen arrives in Belgium, they can produce their EU medical card and their proof of ADHD treatment reference letter and they are able to get a prescription from a doctor or psychiatrist for said medication (providing it is available in Belgium). An ADHD patient does not need to be a registered resident in Belgium to get access to medicines from a pharmacy. The policy and healthcare system in their Member State from will automatically approve the reimbursement of the ADHD medication needed as well as the necessity of visiting a doctor or psychiatrist while outside their own country. Having an EU medical card in their possession makes the process run smoothly.

Any additional comments regarding ADHD medication / cost reimbursement:  
(BE) Yes! Private purchases of ADHD medication is allowed with a prescription as per the availability of the medicines. Different ADHD patients have different needs so some patients do not see their psychiatrist every month to get a prescription, but every three to six months. In January 2020, Belgium converted from paper to barcoded prescriptions, which means that one piece of paper

authorizes either three or six refills. Doctor or psychiatrist visits are payable upfront, and the patient is refunded according to their medical insurance. For psychiatrist visits, children (under 18 years of age) are 95% refunded. Adults are generally given a 60% reimbursement for doctor/psychiatrist visits. In the case of adults who have low income, they get a higher reimbursement and Social Security contributions are waived.

## **MEDICATION AVAILABILITY**

- Methylphenidate short-release "Ritalin"
- Methylphenidate short-release generic
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic
- Methylphenidate long-release Medikinet
- Methylphenidate long-release generic Mylan
- Methylphenidate long-release generic Equasym XL
- Dexamphetamine
- Atomoxetine Strattera
- Guanfacin
- Risperdal / Risperdone (comorbid)
- Other

Other medications: (BE) Clonidine, Wellbutrin, Provigil and Venlaffaxazine

**Organisation name and country: Udruga Budenje, Croatia (CR)**

Q1: No

Q1A: (CR) –

Q2: Mixed feedback from service-users.

Q3: Yes

Q4: Yes. Q5: Psychiatrist (dpm), Psychologist (Psy), Child Psychologist (CPsy)

Q6: Psychiatrist (dpm), Psychologist (Psy).

Q7A: Wechsler Intelligence Scale for Children (WISC), Vanderbilt Assessment Scales, DIVA young, Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS), ADHD-rating scale DSM-5, Snap- IV.

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5.

Q8: (CR) Child: psychological, psychiatric assessment, pediatrician, neuro-pediatrician if needed. Adult: psychological, psychiatric assessment, family doctor, neurologist if needed.

Q9: (CR) –

Q10: (CR)-

Q11: (CR) Both: national public health system or at private costs.

Q12: Psychiatrist (dpm)

Q13: Psychiatrist (dpm)

Q14: (CR) –

Q15: (CR)-

Q16: Not known.

Q17: Yes.

Q17A: <http://www.halmed.hr/en/Lijekovi/Za-pacijente/Kako-prijaviti-sumnju-na-nuspojavu-lijeka/>

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (CR)-

Q18: (CR) Information about medication: <http://www.halmed.hr/Lijekovi/Baza-lijekova/>

Q19: (CR)-

Q20: (CR) -

Any additional comments regarding ADHD medication / cost reimbursement: (CR) -

### **MEDICATION AVAILABILITY**

- Methylphenidate long-release Concerta
- Risperdal / Risperdone (comorbid)
- Other

No medication prices / details supplied

Other medications: (CR) -

**Editor's note-** Concerta 18 & 36 mg (methylphenidatum):

<https://mediately.co/hr/drugs> <http://www.halmed.hr/Lijekovi/Baza-lijekova/>.

Only Concerta, Risperidone, Olanzapine prescribed in Croatia - source:

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30178-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30178-0/fulltext)

**Organisation name and country: ADHD CYPUS, Cyprus (CY)**

Q1: No.

Q1A: (CY) - Assessment is done through the Ministry of Education for accommodations in schools. Diagnosis is done through Child-psychiatrist/ Psychiatrist and medication prescribed if appropriate.

Q2: No.

Q3: Children only until 18 yrs

Q4: Yes. Q5: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N), Educational Psychologist (EPsy)

Q6: Psychiatrist (dpm), Neurologist (N), Educational Psychologist (EPsy).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Vanderbilt Assessment Scales, Clinical Personal Interview & history, ADHD-rating scale DSM-5.

Q7B: Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5, Snap- IV, other.

Q8: (CY) Assessment is done through the Ministry of Education for accommodations in schools.

Q9: (CY) Child: Diagnosis is done through Child Psychiatrist/Psychiatrist and medication prescribed if appropriate. Adult : nothing available in public health service.

Q10: (CY) Child: Long waiting times for appointments. Adult: Nothing available in the public health sector.

Q11: (CY) Children: Free or low cost in public sector and circa 400 euros in private sector Adults: circa €400 in private sector.

Q12: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N).

Q13: General Practitioner (GP), Psychiatrist (dpm), Neurologist (N).

Q14: (CY) Both: Prescription is taken to general hospital pharmacy or private pharmacy and medication is purchased.

Q15: (CY) Child: Standard public health medication. Adult: At discretion of practitioner.

Q16: No.

Q17: NO.

Q17A: (CY) Not that we are aware of. The patient is referred back to the physician.

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (CY) Yes. government health services have waiting lists - private diagnosis expensive but faster - changes in medication (brands vs generic).

Q18: (CY) Both: Not covered by public health insurance. Q19: (CY) Not known. Public Health System is in process of changing.

Q20: (CY) No, if they are registered in the public system. Any additional comments regarding ADHD medication / cost reimbursement: (CY) frequent out of stock medicine - changes from brand to generic medication - limited medicines available.

#### **MEDICATION AVAILABILITY:**

- Methylphenidate short-release "Ritalin"
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic
- Atomoxetine Strattera
- Risperdal / Risperdone (comorbid )

No medication prices / details supplied

Other medications: (CY) –

**Organisation name and country: ADHD-Foreningen, Denmark (DK)**

Q1: Yes

Q1A: (DK) <https://www.sst.dk/da/udgivelser/2018/nkr-adhd-hos-boern-og-unge> ,  
<https://www.sst.dk/da/udgivelser/2015/nkr-adhd-hos-voksne>

Q2: not applicable

Q3: Yes

Q4: Yes

Q5: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N),Psychologist (Psy), Child Psychologist (CPsy). Q6: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), ADHD-rating scale DSM-5.

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5.

Q8: Both: need a referral from your GP for private medical specialist services. Only private services available at the moment due to lack of capacity national health system. Waiting list for private care is still aprox. 1.5 yrs.

Q9: (DK) A referral from your GP for private specialist medical services. Waiting list. Diagnostic tests and clinical interview by psychologists who refers to psychiatrist for case advice and medication.

Q10: (DK) At the moment, ADHD patients are forced to use private services if they "only" are in for ADHD. That means that if the papers only describe ADHD, and not any comorbidity, ADHD patients are declined from public services and referred to private services. These have waiting time for up to 1,5 years.

Q11: (DK) Refunded / free of cost, if assessment and diagnosis is from public hospital. Also if referred to private services by doctor.

Q12: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD). Q13: Psychiatrist (dpm)

Q14: (DK) - Professional (psychiatrist) prescribes and monitors. Electronic health records system.

Q15: (DK) Mostly "standard" medication prescription, but we do see more of prescriptions that refer to "best for patient".

Q16: Do not know.

Q17: Yes.

Q17A: (DK)  
<https://blanket.laegemiddelstyrelsen.dk/forms/mopform/reporter/?style=borger>

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (DK) -

Q18: (DK) Part refunded: see <https://www.medicinpriser.dk/> for medicine.

Q19: (DK) No. For pharmacy medication cost prices, see: <https://www.medicinpriser.dk/>

Q20: (DK) No. Any additional comments regarding ADHD medication / cost reimbursement: (DK)-

#### **MEDICATION AVAILABILITY:**

- Methylphenidate short-release "Ritalin"
- Methylphenidate short -release generic
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic
- Methylphenidate long-release Medikinet
- Methylphenidate long-release generic Sandoz
- Methylphenidate long-release generic Equasym XL
- Dexamphetamine
- Lisdexamphetamine
- Dextroamphetamine Amfexa
- Atomoxetine Strattera
- Atomoxetine generic
- Guanfacin
- Risperdal / Risperdone (comorbid)

Other medications: (DK) Denmark has many brands of medication, see <https://www.medicinpriser.dk/> where one can check the brand, price, price fluctuations and alternative brands as well as patient re-imburement.

**Organisation name and country: TDAH PACA, France (FR)**

Q1: Yes. Q1A: (FR) YES However, these “recommendations for good practice” are not guidelines strictly speaking and pertain to children and adolescents only. No effort was made to implement these recommendations and update them after 5 years, for example. [https://www.has-sante.fr/upload/docs/application/pdf/2015-02/tdah\\_argumentaire.pdf](https://www.has-sante.fr/upload/docs/application/pdf/2015-02/tdah_argumentaire.pdf)

Q2: not applicable Q3: Yes Q4: Yes

Q5: Psychiatrist (dpm), Neurologist (N), other. Q6: Psychiatrist (dpm), Neurologist (N), other.

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Clinical Personal Interview & history.

Q7B: DIVA, Clinical Personal Interview & history, ADHD Rating scale DSM-5, other.

Regarding the tests: Some are not available translated into French. No norms for scores in French speaking population... Often downloaded from the Internet. DIVA-5 recently available in France. ADHD Rating Scale DSM-5 not translated into French. However, the ADHD-RS DSM-IV was translated and disseminated. Wender Utah Rating Scale translated into French for adults.

Q8: (FR) Child: No specific national service. Reference centers for learning disorders and/or ASD exist in each administrative department and may diagnose ADHD. There are some pediatric services or CAP services developing ADHD diagnosis and treatment. Parents can reach (or any MD may refer the child to) the public CAP services but professionals there are mostly under influence of psychoanalytic theories. Child may consult speech therapists (reimbursed by Social Security) or psychologists (not reimbursed by Social Security) who may suspect the diagnosis and ask a specialist for confirmation. So called “platforms for neurodevelopmental disorders under the age of 7” have been promoted by the government. The concept shall be extended to children up to 12 years old. Parent support associations often help finding the right specialist. Adult: Adults: No specific national services. There are some reference centers for bipolar disorders, addiction services or psychiatric services offering ADHD diagnosis and treatment. Some psychologists and psychiatrists here and there, mostly addiction or sleep specialists can be reached in hospitals. No national registry exists! Parent support associations often help finding the right specialist.

Q9: (FR) Same as above. Child: In France, parents can access directly to psychiatrists (and be partly reimbursed by the Social Security) without the obligation to be referred by their GP. Adult: Same as Q8. In France, adult can access directly to psychiatrists (and be partly reimbursed by the Social Security) without the obligation to be referred by their GP.

Q10: (FR) Child: Shorter waiting lists, predominance of psychoanalysis theories among CAP psychologists and psychiatrists. Adult: Shorter waiting lists.

Q11: (FR) Children: Consultation with any MD are reimbursed (some private specialists may ask for a higher amount of money), speech therapists are

reimbursed (some private therapists may ask for a higher amount of money). Parents are charged for all other costs (e.g. psychological assessments, other therapies) unless performed in the public health system when available. When the child's disability is recognized by the "Maison Départementale de la Personne Handicapée" (MDPH), an amount of money is given monthly to the parents to pay for unreimbursed treatments. The amount depends on the burden/impairment and may be up to 500€ per month. Adults: Same as above except that adults can be given a monthly amount of money by the MDPH for their treatment. Other social aids exist however, not specifically to cover ADHD diagnostic costs.

Q12: General Practitioner (GP), Psychiatrist (dpm), Neurologist (N).

Q13: General Practitioner (GP), Psychiatrist (dpm), Neurologist (N).

Q14: (FR) Children: Methylphenidate is available in in-town pharmacies. Treatment for 28 consecutive days can be given at once. The prescription by the specialist at the public hospital / private clinic is valid for one year and shall be renewed every 28 days by any MD (public or private regardless of his specialty). There are concerns about a generic brand of Concerta® that appears to be less effective than the princeps. Since the 1st of January 2020, there is a mandatory generic substitution with a number of issues. Patients are obliged to pay for their treatment or be switched to another brand (i.e. Ritalin®, Medikinet® or Quasym®). Atomoxetine is only available in hospital pharmacies. The doctor (who doesn't need to be a specialist) requests on-line the authorization to the "Agence Nationale de la Sécurité du Médicament et des Produits de Santé" (ANSM). This is called a Temporary Use Authorization (ATU in French). The treatment is delivered at no cost to the patient. Amphetamines (Attentin®) are available in France under the process of ATU for a very limited number of patients, mostly those with narcolepsy or foreigners who were previously treated in their countries and come living in France. Guanfacine is not available in France at all. Adults: Methylphenidate immediate release is licensed for adults with narcolepsy, all other forms of methylphenidate are not licensed for ADHD in adults. However, the Social Security tolerates that the doctor do not write "off label" on the prescription. The Social Security recognizes that ADHD may persist at adulthood and reimburses methylphenidate only if first prescribed before age of 18. Atomoxetine can be obtained via the ATU process (see above) Amphetamine (Attentin®) can be obtained via the ATU process (see above) Guanfacine is not available at all.

Q15: (FR) Not known. Q16: Not known. Q17: Yes Q17A: (FR) Yes. Any MD has the legal obligation to declare any adverse effect of any treatment to the "Centre Régional de Pharmacovigilance" (e.g. [https://ansm.sante.fr/Declarer-un-effet-indesirable/Pharmacovigilance/Centres-regionaux-de-pharmacovigilance/\(offset\)/4](https://ansm.sante.fr/Declarer-un-effet-indesirable/Pharmacovigilance/Centres-regionaux-de-pharmacovigilance/(offset)/4)), one in every university hospital. There is no legal obligation to declare ineffectiveness, but it is not forbidden. The doctor or the patient himself fills a form on-line. The information is checked, and databases searched, and a written answer is returned. If validated, the declaration is entered in the national and international databases for adverse events. For example, this is the issue with regard to the generic brand of Concerta®.

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (FR) Lack of specialists: - students in medicine

didn't have any courses on ADHD since two years ago) - vast majority of psychology students are forced to apply psychoanalytic theories in the first three years of their cursus. Time for diagnosing ADHD is underpaid so doctors in public hospitals are not encouraged to proceed by the hospital directors ("Time is money") Teachers are not trained to spot neurodevelopmental disorders and it is not rare they refuse to rate the child's behaviour pretending they don't want to be involved in a diagnosis process that would lead to prescribe a drug... Lack of awareness and Stigma.

Q18: (FR) See above.

Q19: (FR) YES, but no update since 2014.

<https://ansm.sante.fr/content/download/105139/1331877/version/1/file/Rapport+m%C3%A9thylph%C3%A9nidate+-+VF.pdf>

Q20: (FR) No, if they are resident with access to the Social Security system.

Any additional comments regarding ADHD medication / cost reimbursement:  
(FR) We need amphetamine to be labelled in France. Mylan's generic of Concerta® is concerning. Dexamphetamine and Atomoxetine are only available in France under the regimen of Autorisation Temporaire d'Utilisation (ATU = Temporary Authorization for Use) delivered by the Health Ministry. Patients can get the product for free at the declared hospital pharmacy. The ATU procedure pertains to products that do not have a label. However, the vast majority of patients treated by dexamphetamine in France have narcolepsy or diurnal hypersomnia. Risperidone is not a treatment for ADHD, although available in France.

#### **MEDICATION AVAILABILITY:**

- Methylphenidate short-release "Ritalin"
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic
- Methylphenidate long-release Medikinet
- Methylphenidate long-release generic Mylan
- Methylphenidate long-release generic Equasym XL
- Dextroamphetamine Attentin
- Atomoxetin Strattera
- Other
- no medication prices / details supplied.

Other medications: -

**Organisation name and country: ADHD-liittory ADHD Association, Finland (Fi)**

Q 1: Yes 1A: (Fi) <https://www.kaypahoito.fi/hoi50061> Q2: not applicable Q3: Yes  
Q4: Yes

Q5: General Practitioner (GP), Psychiatrist (dpm), Neurologist (N). Q6:  
Psychiatrist (dpm)

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS), ADHD-rating scale DSM-5, Snap- IV, other.

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5, Snap- IV, other.

8: (Fi) Diagnosis by school doctor or childcare centre doctor with referral to special healthcare if needed. For adults: referral from the general practitioner /occupational health doctor to psychiatrist.

Q9: (Fi) Parents/ child or adults can book private health service appointment with a psychiatrist.

Q10: (Fi) Waiting time can be long in public healthcare. Q11: (Fi) Costs are covered by the national public health service for children and adults. Q12: General Practitioner (GP), Psychiatrist (dpm), Neurologist (N).

Q13: Psychiatrist (dpm). Q14: (Fi) Both have electronic patient records and prescriptions.

Q15: (Fi) for both: methylphenidate is first prescribed medication.

Q16: No Q17: Yes Q17A:

[https://www.fimea.fi/web/en/pharmaceutical\\_safety\\_and\\_information/pharmaceutical\\_safety/reporting\\_adverse\\_reactions](https://www.fimea.fi/web/en/pharmaceutical_safety_and_information/pharmaceutical_safety/reporting_adverse_reactions)

Any additional comments regarding ADHD diagnosis and medication prescription in your country:

(Fi) Additional diagnostic tests/tools are for children "Kesky" and for adults "WURS" and "BADDS". The school doctor can also prescribe ADHD medication for child. Private diagnosis is expensive but faster. There are changes in the medication (brands vs generic).

Q18: (Fi) Both are partly covered by the national public health service up to €572 cost, then after only €2,50 per prescription.

Q19: (Fi) No Q20: (Fi) If EU citizen lives or works in Finland, health service and medication will be covered by public health system. Temporary stay (excluding acute emergency treatment) is not covered.

Any additional comments regarding ADHD medication / cost reimbursement :  
(Fi) No.

### **MEDICATION AVAILABILITY**

- Methylphenidate short-release "Ritalin"
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic Sandoz
- Methylphenidate long-release generic Mylan
- Dexamphetamine
- Lisdexamphetamine
- Guanfacin

Other medications: (Fi) -

**Organisation name and country: ADHS-Deutschland, Germany (DE)**

Q1: Yes Q1A: [https://www.awmf.org/uploads/tx\\_szleitlinien/028-045I\\_S3\\_ADHS\\_2018-06.pdf](https://www.awmf.org/uploads/tx_szleitlinien/028-045I_S3_ADHS_2018-06.pdf)

Q2: not applicable. Q3: Yes Q4: Yes. Q5: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician (CMD), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy), Educational Psychologist (EPsy).

Q6: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Vanderbilt Assessment Scales, Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS), ADHD-rating scale DSM-5. Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5.

Q8: (DE) Child: The diagnosis integrates information from a detailed developmental anamnesis and family history, psychodiagnosis as well as physical diagnostics and differential diagnostics. The assessment of the current clinical symptoms and their severity is based on the exploration of the parents and other caregivers, e.g., teachers. The exploration should always integrate information from multiple raters and take into account different areas of life. Structured or semi-structured interviews and checklists are used as well as disorder-specific questionnaires (parent- and teacher ratings) Adult: The diagnosis integrates information from a detailed developmental anamnesis and family history, psychodiagnosis as well as physical diagnostics and differential diagnostics. In adulthood, diagnosis is mostly based on the exploration of the patient, taking into account information by relatives or third parties (for example school certificates). Structured or semi-structured interviews and checklists are used as well as disorder-specific questionnaires (self-ratings and informant-ratings).

Q9: (DE) Same. Waiting lists for government health services. Private diagnosis expensive. Q10: (DE) Private services is faster but expensive. Q11: Relevant diagnostic procedures are covered by health insurance (only extra procedures depend on the status of the insurance)

Q12: (DE) All medical doctors but the recommendation is that ADHD medication should be started and prescribed by specialists only: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician (CMD), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy), Educational Psychologist (EPsy). Q13: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy).

Q14: All medical doctors but the recommendation is that ADHD medication should be started and prescribed by specialists only.

Q15: Usually along the guideline algorithm which does not imply that all medications are tested but also not that "one brand fits all". All medical doctors can prescribe but the recommendation is that ADHD medication should be started and prescribed by specialists only.

Q16: No Q17: Yes Q17A: (DE) If serious new side effects occur these should be reported to the Federal Ministry

[https://www.bfarm.de/DE/Arzneimittel/Pharmakovigilanz/RisikenMelden/Nebe  
nwirkungsmeldungBuerger/\\_node.html](https://www.bfarm.de/DE/Arzneimittel/Pharmakovigilanz/RisikenMelden/Nebe<br/>nwirkungsmeldungBuerger/_node.html)

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (DE) Yes, approval status differs but stimulants are first-line medication for children and adults.

Q18: (DE) Most medication is covered by insurance companies, some medicine has additional costs for patient.

Q19: No. Q20: (DE) All approved medications will be reimbursed but pricing is fixed by the Federal Joint Committee (G-BA) which is the highest decision-making body of the joint self-government of physicians, dentists, hospitals and health insurance funds in Germany. If companies sell for higher prices the additional costs need to be covered by the patients. Any additional comments regarding ADHD medication / cost reimbursement: -

### **MEDICATION AVAILABILITY**

- Methylphenidate short-release "Ritalin"
- Methylphenidate short -release Medikinet
- Methylphenidate long-release Concerta
- Methylphenidate long-release Medikinet
- Methylphenidate long-release generic Equasym XL
- Dexamphetamine
- Lisdexamphetamine
- Dextroamphetamine Attentin
- Atomoxetine Strattera
- Guanfacin

Other medications: Elvanse, Intuniv

**Organisation name and country: ADHD Hellas & National Kapodistrian University of Athens, Medical school, Dept. of Psychiatry, Greece (GR)**

Q1: No Q1A: - Q2: No Q3: Yes Q4: Yes Q5: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N)

Q6: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy)

Q7A: Conners Scales (parent and teachers), Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS), other.

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), other.

Q8: (GR) Child: There are national health services for ADHD diagnosis and medication but not for treatment. Many remote areas and islands do not have access to national or private services. Regarding diagnosis- the use of standardised tests like SDQ, Dupaul and Achenbach are widely used. Many services complete a full psycho-educational assessment, including WISC III or V, learning assessment and occupational assessment. This is in addition to a developmental history and a clinical interview. In Greece, there are only two national clinics for ADHD adult diagnosis (Athens and Heraclio, Crete) and medication. None for treatment. There is no standard procedure. It largely depends on how each clinic works. Nevertheless, regarding treatment the standard approach is that of occupational therapy, individual psycho-therapy, family work and individualised education plan (at least in theory). Medication is under-used, reserved mainly for severe cases of hyperactivity and conduct problems. The Athens University Psychiatric Clinic and the Hellenic Psychiatric Association (section for neuro-developmental disorders across the lifespan) have agreed for a standard procedure for adult ADHD diagnosis.

Q9: Child: the same as national services. Adult: Largely unknown. Only very few adult psychiatrists deal with that. There are very few child psychiatrists and psychologists able to perform a comprehensive adult assessment, including (on top of a clinical interview) executive functioning testing (CPT, STROOP, ATRAIL).

Q10: Child: More expertise, short waiting list, provision of treatment options, liaison work with school and continuity of care. Adult: more expertise (although still limited).

Q11: Child: If assessed in NHS, the cost is covered by public insurance. If assessed privately, the cost is covered privately.

Q12: Psychiatrist (dpm) Q13: Psychiatrist (dpm)

Q14: Both: Patient is issued with an electronic prescription, supervised and governed by a service which is under the Ministry of Health.

Q15: Best medication for the patient by both health services. Note that: Ritalin, Concerta and Strattera are the only medications available (only brands, no generics) Risperdone/Risperdal for aggression.

Q16: yes Q17: yes Q17A: Medication complaints should be directed to psychiatrist and for side effects a report can be made :

Any additional comments regarding ADHD diagnosis and medication prescription in your country: \*

(GR) Additionally:1) the Dupaul, SDQ, Achenbach tests are used for children. 2)National health services have long waiting lists (1-2 years). Private diagnosis is expensive (€250-€500) but faster. 3) National services are very guarded to prescribe medication because of a very long history of prominent social and psycho-analytic psychiatry in Greece but this is slowly changing. The difference in national /private services depends on who runs the service.

Q18: Both: Public insurance covers 75% of the national health service costs.

Q19: No. Q20: Same for resident EU citizens who have national insurance.

Any additional comments regarding ADHD medication / cost reimbursement :

(GR) Private purchase is allowed if the medication is not a controlled substance. If medication is a controlled substance, the doctor has to issue an electronic prescription only. Monthly prescription by the psychiatrist is a cost (€50) which is not refunded. Limited medicines available. "Concerta" medication is frequently out of stock.

#### **MEDICATION AVAILABILITY**

- Methylphenidate short-release "Ritalin"
- Methylphenidate long-release Concerta
- Atomoxetine Strattera
- Risperdal / Risperdone (comorbid)

No medication prices / details supplied

Other medications: -

**Organisation name and country: ADHD Hungary (HU)**

Q1: No Q1A: - Q2: Yes Q3: Yes Q4: Yes Q5: Psychiatrist (dpm) Q6: Psychiatrist (dpm)

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS), ADHD-rating scale DSM-5.

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5.

Q8: There are no local community health services for ADHD. Psychiatric hospitals have developed protocol for examination. Child: All examinations are carried out over 1-2 weeks at the psychiatric hospital with a doctor, psychiatrist, psychologist and special education teacher. Medication is tested too. Adult: the clinical personal interview and DIVA questionnaire are used.

Q9: Private appointments are done within 1 month. No reimbursement of cost. In Hungary, children with ADHD are not accepted, there is no proper education, healthcare/leisure programs. Therapies are expensive, not supported and there are few specialised professionals.

Q10: Both: There is no national service where you do not pay. The waiting list is for 2 -3 years.

Q11: Both: social insurance covers part and rest at private costs. Limited locations only.

Q12: Psychiatrist (dpm) Q13: Psychiatrist (dpm)

Q14: Both: Psychiatrist can only prescribe medication. Ritalin prescription only double after ordering the full price without rebate. Strattera medication is price sponsored.

Q15: Not known. Q16: No Q17: No Q17A: Not known. For medication complains, patients will need to speak to their psychiatrist. For other complaints, ADHD patient organisations can help patient.

Any additional comments regarding adhd diagnosis and medication prescription in your country: (HU) Medication is not given when parents object.

The 'scientology' religious movement has an influence, it does not acknowledge the existence of mental health disorders.

Q18: Hungary's healthcare system is financed through the Health Insurance Fund (HIF), which is primarily responsible for recurrent health care costs. Patients make co-payments on certain services, including pharmaceuticals.

Q19: No. Q20: Foreigners have to pay the full price for the diagnosis, tests, and medication.

Any additional comments regarding ADHD medication / cost reimbursement: There are only 2 medications: 'Ritalin' and 'Strattera'. There are no state pharmacies anymore. ADHD medications are always on prescription with strict conditions.

### **MEDICATION AVAILABILITY**

No medication prices / details supplied

Other medication: -

**Organisation name and country: ADHD Samtokin (The ADHD Association), Iceland (IS)**

Q1: Yes. Q1A: (IS) <https://www.landlaeknir.is/gaedi-og-efirlit/heilbrigdisstarfsfolk/klininskar-leidbeiningar/leidbeiningar/item14931/ADHD---vinnulag-vid-greiningu-og-medferd> Original document from 2012:

<https://www.landlaeknir.is/servlet/file/store93/item14259/ADHD-7.%20mars%202012.pdf> Update from 2014 to accommodate DSM-5 and other matters: [https://www.landlaeknir.is/servlet/file/store93/item23317/ADHD%20loka\\_utgafa\\_2014\\_lagad\\_2017.pdf](https://www.landlaeknir.is/servlet/file/store93/item23317/ADHD%20loka_utgafa_2014_lagad_2017.pdf)

Q2: not applicable. Q3: Yes Q4: Yes Q5: Psychiatrist (dpm), Child Medical Doctor/Pediatrician(CMD), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy). Q6: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS), ADHD-rating scale DSM-5, other.

Q7B: DIVA, Clinical Personal Interview & history, ADHD Rating scale DSM-5, other.

Q8: (IS) Child: A team consisting of CMD, DPM and CPsy lead the work, but consult with parents, teachers and school health staff and other parties that may have relevant information. Adult: A team of DPM's and Psy's conduct interviews, tests and discuss the outcome. Additional tests are: 1. SDQ 2. K-SADS 3. WPPSI-R, WISC- IV 4. ASEBA 5. CAPALETTI 6. CPT 7. TEACH 8. TOVA 9. NEPSY-II 10. Rey Complex Figure Test 11. FAS 12. Rey Auditory Verbal Learning Test 13. ABC-II 14. TOLD 15. SRS 16. SCQ. Instead of ADOS, ASSQ is used. Some of these tests are not used for adults. TEACH is used in relation to autism not ADHD diagnosis. TOLD is used once ADHD diagnosis is being considered, not as part of diagnosis.

Q9: (IS) Child: A child is usually diagnosed by a CMD or referred to a Cpsy/Psy, which may then refer the child to a CMD after diagnosing Note: According to the clinical guidelines it is preferable this work is done by a team – in case of children that usually includes a number of specialists. Adult: DPM can diagnose – either alone or in co-operation with a Psy. It is common the individual starts out with a Psy and then has to seek out a DPM, specifically if the intention is to try drug therapy. Note: According to the clinical guidelines it is preferable this work is done by a team – for example 1 DPM and one Psy – most DPM's probably prefer to do so where possible.

Q10: (IS) The national diagnostic team has a growing waiting list – approx. 12-18 months per child – many parents are forced to go through the private sector. Adult: The waiting list is 30-36 months · Note: In both cases this comes down to public finance as well as the simple fact that more qualified DPM's are needed in Iceland.

Q11: (IS) Children: In theory most or all health care for children should be free of charge. The reality however is that in many cases parents will suffer some cost – not the least when choosing the private sector. Government will only cover part

of that cost via the Icelandic Health Insurance. Private health insurance is not common and usually exclude ADHD, Adults: Going through the public health ADHD team an individual will pay minimum amount – maybe +/- €205 in total. Most DPM's have a contract with the Icelandic Health Insurance. Individual will pay <€100 per interview and are reimbursed for some of the rest. Consulting a Psy is rarely covered by the Icelandic Health Insurance and an individual is likely to pay €500-€1200 for ADHD diagnosing.

Q12: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N).

Q13: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD),Neurologist (N).

Q14: (IS) Note in addition to Q12 & Q13 :Child: \* GP can only prescribe ADHD medicine when a CMD/N/DPM has started treatment – mainly though as a backup option. Adult: \*\* GP can only prescribe ADHD medicine when a CMD has started treatment – mainly though as a backup option or later on when regular CMD consultation is no longer needed. This mainly applies to medication based on methylphenidate or amphetamine related ingredients. GP's can prescribe medication based on Atomoxetine as well as some other medication accepted for off-label use for ADHD. Administrative process for both: Doctor applies for a special national permit covering a specific type of medication (brand or generic. The process may take 2-4 working days (occasionally longer). Without this a chemist is not allowed to fill a prescription (for example a 'valid' EU prescription), nor would the National Health Insurance subsidise the cost.

Q15: (IS) For both child & adult: It is up to the specialist to choose a medication. Unless a prescription stipulates a specific make (brand or generic), the chemist is supposed to offer a lower cost alternative. But it is up to the parent to choose. National Health Insurance will however only subsidise the cost according to the lowest cost alternative (if generic is available). If an individual can not tolerate generic medication, a special permit can be granted in order to get the brand name original fully subsidised.

Q16: No Q17: yes Q17A: (IS) <https://www.ima.is> Icelandic Medicines Agency. Doctor and/or patient can (and preferably both should) report side effects etc. If the intention is to get a brand name medicine fully subsidised the doctor will follow up with new application for a special permit. How long this process takes really depends on the severity of side effects and how thoroughly the doctor presents the case. Apart from that the IMA works in conjunction with all sister institutions in EU/EEC and aims to provide similar service. The IMA director has though recently voiced that Icelandic health professionals [and individuals for that matter] could and should be more active in reporting such issues. The implication being that statistics for reporting in Iceland is somewhat lower than elsewhere in Europe.

Any additional comments regarding ADHD diagnosis and medication prescription in your country:

(IS) Waiting lists are counting in multiple years and this has to be addressed by Icelandic authorities – not the least in regard to children, even 6-12 months wait

is utterly unacceptable at a young age when a child is developing fast, both mentally, physically and socially. Going the private route – Psy work for adults is not subsidised and thus cost of diagnosing can easily go well past €1000. Same can actually apply to children since ‘jumping the cue’ often means paying full price without being able to apply for a government refund. Brand vs. generic ... Generic alternatives should be and probably mostly are fully acceptable alternative to brand names. The government does offer the possibility of proving a generic option does not work and thus get a brand medicine fully subsidised. However – regarding the current alternatives to Concerta, it looks to us unacceptable to accept some of them as real generic alternatives. This applies not the least to Methylphenidate Sandoz, which seems to generate complaints going well above 50%. MS was tested and accepted by the Danish MA (thus for all EU/EES countries) – even re-screened and given a green light again. Complaining to the IMA only results in the institution point out this fact. This particular example really points out that we may need a way to address such complaints simultaneously with all the EU/EES MA institutions. Additional note to Q16: Well ... not really. The government argument may be that to many are diagnosing and thus over-prescribing medication – but the reality is that neither children or adult health service ADHD team are coping with the workload. If looking specifically towards the adult group Iceland has probably had more than a fair share of rouge doctors prescribing ADHD medication without cause (some due to wrong diagnosing and some due to drug misuse) – but with stricter control systems this problem seems to have fallen sharply in the past 1-2 year.

Q18: (IS) Children: National public health system and private cost. For the most part children health cost should be covered by the national public health system. For medication there is a “cost roof” [separate from other health cost] where parents/ adult patients will carry 100% of the first ca. €200p/y. Then lowering in steps to 15%, 7,5% and after ca. €500 it’s down to 0%. For children this “cost roof” covers all children in family combined. Note: Unless a special permit is granted this will only apply to the lowest cost of a generic alternative – meaning that if you choose a brand name without a special permit then you carry the price difference.

Q19: (IS) No. Q20: (IS) No. Any additional comments regarding adhd medication / cost reimbursement:

(IS) 1) frequent out of stock medicine. Iceland, just like the rest of Europe has been experiencing frequent out of stock issues for medication. This partly comes down to BREXIT related issues – but also looks like big pharmas are looking at some European market sections as to small to really bother sometimes to keep stock available – this may in some instances even apply to Europe as a whole. Part of this problem also relates to EU/EES regulations that stipulates the “drug information leaflet” has to be provided in a printed form. By allowing for the leaflet to be only provided in a digital format it will be far easier for countries to purchase drugs as 'one big entity' and thus help battling this situation. 2) changes from brand to generic medication. So far generic substitution is only available for Concerta and Strattera. For the most part the generics are an acceptable choice – but lately we have seen repeated stock problems for generic drugs. However, one generic drug stands out in terms of complaints regarding how it seems to differ from the original brand – in this

case is Concerta. Multiple complaints have been made about Methylphenidate Sandoz – far to many to be acceptable – and some (informal) research seems to indicate the generic MS released the methylphenidate irregularly and/or too fast. One possible factor may be type of food consumed. MS was qualified by the Danish Medicines Agency – which later on saw reason to look again into the matter – but eventually came to the same conclusion. Serious irregularities were found during the original testing – and this matter should be looked at by an independent party. 3) limited medicines available. The number of brands (original and generics) on offer in Iceland is very limited compared to for example the rest of Scandinavia – for example only two amfetamin related stimulants were allowed some 2-3 years ago (Attentin and Elvanse) and to this day no drug based on guanfacine is on offer. The Icelandic Medicine Agency works closely with its counterparts within the EU/EES – which indicates this may largely come down to lack of interest from importers rather than official limitations.

### **MEDICATION AVAILABILITY**

- Methylphenidate short-release "Ritalin"
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic
- Methylphenidate long-release Medikinet
- Methylphenidate long-release generic Sandoz
- Dexamphetamine
- Lisdexamphetamine
- Atomoxetine generic
- Risperdal / Risperdone (comorbid)

Other medications: (IS) Multiple generic Methylphenidate long-release; multiple generic Atomoxetine

**Organisation name and country: ADHD Ireland (IR)**

Q1: Yes.

Q1A: (IR) These are for children (Nice Guidelines from the UK are used but not official)

<https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/camhssop.pdf>

Q2: mixed feedback from service -users Q3: Yes. Q4: Yes.

Q5: General Practitioner (GP), Psychiatrist (dpm), Psychologist (Psy), Child Psychologist (CPsy), Educational Psychologist (EPsy)

Q6: General Practitioner (GP), Psychiatrist (dpm), Psychologist (Psy).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), other.

Q7B: DIVA, Clinical Personal Interview & history, other.

Q8: (IR) Referral from GP, initial assessment within 3 months but could be 18 months for ADHD assessment is done.

Q9: (IR) Private clinicians will diagnose a child earlier, national service only from 6 years. Multi-disciplinary model from national service but not with private clinician. Very little available service in either public or private for adults.

Q10: (IR) Cost, the only advantage to going private is speed of access (18 months for children and virtually no services for adults in the public sector)

Q11: (IR) In public service, all is funded by the State, in private all is paid by the parent or adult.

Q12: General Practitioner (GP), Psychiatrist (dpm).

Q13: General Practitioner (GP), Psychiatrist (dpm).

Q14: (IR) In either case you simply bring the prescription to the pharmacy.

Q15: (IR) "best medication for the patient ". Q16: No. Q17: No. Q17A: n/a

Any additional comments regarding ADHD diagnosis and medication prescription in your country:

(IR) It's too slow for children and little available for adults

Q18: (IR) State will pay up to 16 years all that you pay (unless you can show hardship etc).

Q19: (IR) n/a.

Q20: (IR) No, we are members of the EU so equal access for all EU citizens

Any additional comments regarding ADHD medication / cost reimbursement:  
(IR) No

## **MEDICATION AVAILABILITY**

No medication prices / details supplied.

Other medications: -

**Editor's note:** <https://www.hpra.ie/homepage/medicines/medicines>: Ritalin, Concerta, Tyvense and Strattera available.

**Organisation name and country: AIFA ODV, Italy (IT)**

Q1: No Q1A: (IT) - There are some standard procedures written on a national diagnostic protocol but they are not followed by all centres due to time and diagnostic tests availability.

Q2: No Q3: Yes Q4: Yes Q5: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Psychologist (Psy).

Q6: Psychiatrist (dpm), Psychologist (Psy).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS).

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5.

Q8: (IT) Neuro-psychiatrist first assesses the child. Tests are submitted by psychologists. speech therapists and psychomotricists. Adult: psychiatrist visit first the patient. Tests are submitted by psychologists.

Q9: (IT) There are private centers affiliated with the public health service that can make diagnosis and psychological therapy but cannot prescribe medication. Private health service is very expensive and completely charged at private costs to the patient/ families.

Q10: (IT) Child: Poorly trained doctors and long waiting lists in the public health oblige to use private services Adult: There are few public treatment centres in Italy and the number of diagnosis is tiny compared to estimation. Patient often emigrate to other Italian cities where diagnosis and psychotherapeutic treatments are available on private basis, nevertheless pharmacological treatments can be prescribed only by psychiatrists listed by the Region Health Administration.

Q11: (IT) Children: The National Health System does not charge children's diagnosis Private centre's cost is entirely charged to families. Adults: There are few centers. Diagnosis and treatments have a different cost decided by the Regional Health System.

Q12: Psychiatrist (dpm). Q13: Psychiatrist (dpm)

Q14: (IT) Children: Therapeutic plan is released by the child neuro-psychiatrist, you than ask the pediatrician for a prescription. You can show the prescription to the pharmacist to withdraw the medication which is free. Adults: Therapeutic plan is released by the psychiatrist to present to your general family doctor to get a prescription and withdraw the medication in the pharmacy. Medications are free if therapeutic plan was made before eighteen years of age.

Q15: (IT) Children and adult: we have only two medication in Italy methylphenidate and atomoxetine prescribed in different dosages, distributed by the pharmaceutical company approved by the drug agency. We have do not

have many medication brands for ADHD. Sometimes during the year, the medicines are out of stock.

Q16: yes

Q17: yes Q17A: (IT) - Every citizen can report a suspected adverse reaction through an appropriate "Template form for citizens reporting side effects", which can be downloaded from the website of the Agenzia Italiana del Farmaco - Italian Medicines Agency (AIFA) at the following address: <http://www.agenziafarmaco.gov.it/en/content/reporting-adverse-reaction>

Any additional comments regarding ADHD diagnosis and medication prescription in your country:

(IT) Private diagnosis is expensive (€300 - €600 approx.). The minimum waiting time for a first visit in the national health system is at least 6 months or more. In some areas, such as Campinia region, service-users feedback is that it takes 8 months to 1 year before the first visit.

Q18: (IT) Children: free of charge under the national public health system. Adults: at private cost/ private services only, if after 18 years of age.

Q19: (IT) No. Q20: (IT) Resident EU citizens get the same use.

Any additional comments regarding ADHD medication / cost reimbursement: (IT) No private purchase for ADHD medication is allowed without a prescription. Sometimes the medicine is out of stock which can be very problematic for school/work.

## **MEDICATION AVAILABILITY**

- Methylphenidate short-release "Ritalin"
- Methylphenidate short -release generic
- Methylphenidate long-release Concerta
- Atomoxetine Strattera
- Risperdal / Risperdone (comorbid)

Other medications: (IT) -

**Organisation name and country: Treffpunkt ADHS, Luxembourg (LU)**

Q1: No Q1A: (LU) - Q2: mixed feedback from service -users Q3: Children only until 18 yrs Q4: Yes

Q5: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy)

Q6: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), DIVA junior, Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS), ADHD-rating scale DSM-5.

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5.

Q8: (LU) Children who have been treated before 18yrs will have medication reimbursement. Child diagnosis consists of multi-diagnosis tests, blood, OTO, EEG, otorhinolaryngologist, psychomotor specialist, psychologist, ophthalmologist and orthoptist.

Q9: (LU) same as above

Q10: (LU) Child: services and waiting time are the same, no difference.

Q11: (LU) Child CNS national public health system and optional private insurance will cover costs. Per 3 months prescription.

Q12: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N).

Q13: General Practitioner (GP), Psychiatrist (dpm), Neurologist (N).

Q14: (LU) Child on CNS need a special prescription (carnet de stupefiants, which is valid for 3 months) and then pay only 20% of medication cost.

Q15: (LU) Children only methylphenidate available. Adults private prescriptions can be for methylphenidate, ATMX, and guanfacin.

Q16: don't know Q17: yes Q17A: (LU)

<https://guichet.public.lu/en/entreprises/sectoriel/sante/medecins/notification-effets-indesirables-medicaments.html>

Any additional comments regarding adhd diagnosis and medication prescription in your country:

(LU) For children only Ritalin, Medikinet and Concerta are available. For Adults 'off-label' prescriptions of Methylphenidate, Atomoxetine (Strattera) a non-stimulant medication, and (imported) guanfacin can be prescribed and might be (partially) refunded by private insurance.

Q18: (LU) Children are covered by the national health insurance and private insurance. Adults reimbursed only by private insurance.

Q19: (LU) No Q20: (LU) If registered with the CCSS and CNS, no difference.

Any additional comments regarding ADHD medication / cost reimbursement:  
(LU) -

### **MEDICATION AVAILABILITY**

- Methylphenidate short-release "Ritalin"
- Methylphenidate long-release Concerta
- Methylphenidate long-release Medikinet
- ~~Lisdexamphetamine~~ correction
- Guanfacin (imported)

No medication prices / details supplied

Other medications:-

**Organisation name and country: ADHD Malta, Malta (MT)**

Q1: No Q1A: A draft national guideline is being developed by the Ministry of Health & CYPS.

Q2: mixed feedback from service-users Q3: Yes Q4: Yes.

Q5: Psychiatrist (dpm), Child Psychologist (CPsy), Educational Psychologist (EPsy). Q6: Psychiatrist (dpm), Psychologist (Psy).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Vanderbilt Assessment Scales, Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS).

Q7B: Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5.

Q8: Child: GP doctor refers patient to Child/Youth Psychological Services (CYPS), after intake and diagnostic tests by a psychologist, a diagnosis and treatment plan with medication is prescribed by the psychiatrist and every 6 months a check-up appointment is made. Adult: Doctor refers patient to Psychological Out Patient (POP) at the national hospital Mater Dei, an appointment / intake /diagnosis will be made by the psychologist after which a treatment plan/medication will be made and every 6 months a check-up appointment is made.

Q9:Child: parents take the child to the psychologist, the diagnosis tests are often made in summer, they are quite expensive and subject to waiting list and the report can take up to 3 months to be finished, a treatment plan is suggested and educational support suggestions are made in the report which the school has to provide ( such as apply for learning assistant in the classroom). The parents can opt to visit a psychiatrist to check if medication will be prescribed as art of the treatment plan, several visits will be needed to optimise the medication and follow-up appointments have to be initiated by the parents. All costs are at private cost (diagnosis might be partially covered if they have private insurance) including medication, unless the parent requests the psychiatrist to apply for the Permit, white control card and POYC system. Adult: Patient can initiate a visit to psychologist or psychiatrist to ask for diagnosis of complaints, the specialist will diagnose or refer, and all appointments are paid by the patient and follow up appointments are made upon their initiative.

Q10: Child: waiting lists at CYPS are aprox 1 year. Depending on the severity of the complaints and their financial situation, the parents often opt to pay for private services. Appointments with private psychologists are fast (no waiting list), however the diagnostic tests are expensive and often take part in summer with the report taking 3 months to be produced. The procedure within the national health services however takes longer as diagnostic procedures depends on the internal waiting list for services and appointments are only available during school hours which means that the child misses school and the parent has to take leave from work. Services are not provided after 1pm daily. Some of the specialists working at CYPS provide the same services

privately in the afternoon. From the feedback of parents joining ADHD Malta complaints regarding the high private costs and copying of reports, lack of expertise on ADHD and bias against medication use from psychologists has been noted. Lack of accountability by these medical professionals makes parents attempt to combine government and private services as best as possible to get their child help. Adult: National POP waiting list are approx 1 year for the first appointment and upto six months between appointments. Private appointments with psychiatrists and psychologists are often within a week (no waiting lists) and cost between 35 – 75 euro per visit. Diagnosis, treatment, and medication plan can often be accomplished within a few visits. From the feedback of adults joining ADHD Malta indicate complaints regarding varying specialists' expertise on ADHD and treatment /medication issues. All expenses are borne by the patient unless requests the psychiatrist to apply for the Permit, white control card and POYC system. Lack of accountability by these medical professionals makes patients attempt to combine government and private services as best as possible to get help. Within the local mental health professional community ADHD is often dismissed as a relatively benign condition whilst only patients in crisis and self-harm situations are treated in an accountable manner within the national health system.

Q11: (MT) Child & Adult: National Diagnostic health services are completely covered by government health system. Private services are completely at private cost (unless the patient has a private health insurance coverage for which approval must be requested).

Q12: General Practitioner (GP), Psychiatrist (dpm). Q13: General Practitioner (GP), Psychiatrist (dpm).

Q14: (MT) Child: once the psychiatrist prescribes a medication, three papers need to be filled: a permit application, a control card (for medications collected) and a POYC application to collect medicine from your local pharmacy. These papers all have different validity dates and need to be renewed periodically with updated application papers from the psychiatrist. Each month the family doctor has to be asked to write a new monthly prescription at private cost (€ 5 – 10) in order to request the POYC medicine. Adults: once the psychiatrist prescribes a medication, three papers need to be filled: a permit application, a control card (for medications collected) and a POYC application to collect medicine from your local pharmacy. These papers all have different validity dates and need to be renewed periodically with updated application papers from the psychiatrist. Each month the family doctor has to be asked to write a new monthly prescription at private cost (€5 – 10) in order to request the POYC medicine.

Q15: Children & Adults : national health service specialists will always prescribe the standard generic brands as provided by POYC unless the patient experiences severe side-effect (self-harm/etc) then a special application can be made for a different medication on a 'named basis' (after a board reviews the complaint and gives permission). Private specialists often prescribe on a 'best medication for the patient' basis as the patient will buy the 'brand' medication at their own cost (government medication is not for private purchase) however the patient can be registered for POYC /generic medication too. In 2018 the national medication system switched to generic brands as part of an EU-wide health cost cutting process.

Q16: Yes. Q17: Yes. Q17A: (MT) Yes, both the family doctor has to register a complaint as well as the patient (or parent) regarding side-effects for an application for a different medication to be considered 'on a named basis'. The patient complaint should be registered online:

<http://www.medicinesauthority.gov.mt/complaints>. The current experience is that the complaint and review board process takes at least 6 months during which time the patient will have to buy medication at private costs while the process takes place.

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (MT) - government health services have long waiting lists of approx 1 year – this is not acceptable for parents as they are often in a crisis situation with their child at home and at school and thus private services are sought and paid. Parents point out that the government health staff only provide morning services and have no incentive to improve the waiting lists as they provide private practise services in the afternoon. - Government medication was changed in 2018 from 'brand' which was very effective to 'generic' which is much less effective for many patients – this lack of effective medication and the deterrent of the high private cost undermines the optimal treatment plan for patients. - Within the ADHD Malta group many more complaints of self-harm and suicide danger have been reported in the adolescent age group after the introduction of 'generic' medication. A national strategy for ADHD, effective services and 'best medication for the patient' seem far away.

Q18: (MT) Children & adults: national health medication is 'generic' brand and at no cost to Maltese residents. Private prescriptions are 'brand' label and expensive and not refunded by national or private insurance at all.

Q19: (MT) No, the costs price of the national medications is not public.

Q20: (MT) Yes, national citizens have free health care and medication whilst EU citizens have to show payslips and EHIC card and may be subject to additional charges.

Any additional comments regarding ADHD medication / cost reimbursement: (MT) Only few ADHD medications available and unfortunately 'out of stock' of the brand medications Ritalin and Concerta happens on average 2 -3 times per year, sometimes at exam time (such as Feb 2020 at the start of final secondary school exams). In 2019, the POYC medication was not out of stock however the lack of effectiveness of the 'generic' medication is a source of stress to the ADHD community who claim much less effective treatment plan & more side-effects have been registered. A review Board (national health service) was set up to deal with the approx 50 families that requested to change from generic medication (back) to brand medication and have been approved but it takes time. Several patients have notified ADHD MALTA that medication period of 3 months not refunded at the beginning of the medication treatment of the Concerta brand as it is more expensive for POYC (national pharmacy system). The system is not completely electronic yet and often the parent/adult patient has to supervise at least 3 documents renewal dates besides the monthly prescription papers which have to be requested from their GP ( at €5-€15 euro per prescription), namely medication letter from psychiatrist , white control card, POYC card/yellow access letter.

**MEDICATION AVAILABILITY:**

- Methylphenidate short-release "Ritalin"
- Methylphenidate short -release generic
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic Mylan
- Atomoxetine Strattera
- Risperdal / Risperdone (comorbid)

Other - no medication prices / details supplied (some unknown)

**Organisation name and country: Impuls & Woordblind, The Netherlands (NL)**

Q1: (NL) Yes Q1A: (NL)

<https://www.ggzstandaarden.nl/zorgstandaarden/adhd/samenvatting>

Q2: (NL) Not applicable. Q3: (NL) Yes Q4: (NL) Yes

Q5: (NL) General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician (CMD), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy), Educational Psychologist (EPsy)

Q6: (NL) General Practitioner (GP), Psychiatrist (dpm), Psychologist (Psy)

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS).

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5

Q8: (NL) Child: clinical interview, questionnaires (sometimes physical examination, IQ test, QB test, MOXO test or other neurological test if required). Adult: clinical interview, DIVA questionnaire, sometimes QB test, rarely physical examination.

Q9: (NL) same as national health service.

Q10: (NL) Depends on the waiting lists (which both services have) and on financing by national and compulsory private insurance.

Q11: (NL) Children are covered by the locality (limited yearly budget), in the private sector it depends on your compulsory private insurance which percentage (70 - 100%) you get refunded. Adults are covered in the national public health system; in the private sector it depends on your compulsory health insurance regulations (70-100%).

Q12: (NL) General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician (CMD), Neurologist (N)

Q13: (NL) General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician (CMD), Neurologist (N)

Q14: (NL) Both: medication prescribed for 3 months by professionals, entered into electronic database, collection at local pharmacy.

Q15: (NL) Both: professionals will prescribe according to 'best medication' however this is influenced by availability and preference of insurance companies (this influences the reimbursement for patient)

Q16: (NL) No. Q17: (NL) Yes. Q17A: (NL) national pharmacovigilance centre LAREB: <https://www.lareb.nl/en/>

Any additional comments regarding ADHD diagnosis and medication prescription in your country:

(NL) GP to be contacted for effectiveness complaints, for side - effects there are the national pharmacovigilance centre LAREB and Poisoning Centre UMC Utrecht.

Q18: (NL) In the Netherlands everyone is covered by national public health system together with a compulsory private insurance company policy for additional services, chosen by the patient. Children costs will be annual €250 euro 'own risk' of compulsory private insurance maximum. Adults have €385 euro 'own risk' and €250 contribution, after which all medication is free of cost.

Q19: (NL) Yes, the costs are publicly available: [www.medicijnkosten.nl](http://www.medicijnkosten.nl)

Q20: (NL) No.

Any additional comments regarding ADHD medication / cost reimbursement: (NL) Three medications (Amfexa, Inttuniv and Elvanse) are very expensive and not prescribed much - the pharmaceutical industry with a special regulation. Medications are more frequent 'out of stock' leading to substitution of own medication for another brand.

### **MEDICATION AVAILABILITY**

- Methylphenidate short-release "Ritalin"
- Methylphenidate short -release generic
- Methylphenidate long-release Concerta
- Methylphenidate long-release Medikinet
- Methylphenidate long-release generic Mylan
- Methylphenidate long-release generic Equasym XL
- Dexamphetamine
- Lisdexamphetamine
- Dextroamphetamine Amfexa
- Atomoxetine Strattera
- Guanfacin
- Risperdal / Risperdone (co-morbid)
- Other

Other medications:(NL) Local manufacture of medication by Pharmacy Regenboog. Additional medications: Bupropion, Aripiprazol, Pipamperone. Out of stock problems occur.

**Organisation name and country: Radboud University and Karakter facility (highly specialised for most complicated ADHD patients), the Netherlands (NL2)**

Q 1: Yes. Q1A: (NL2) (NL)

<https://www.ggzstandaarden.nl/zorgstandaarden/adhd/samenvatting> and for adults: <https://www.nvvp.net/website/nieuws/2015/monodisciplinaire-richtlijn-adhd-bij-volwassenen-fase-1-gepubliceerd>

Q2: Not applicable. Q3: Yes. Q4: Yes. Q5: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician (CMD), Neurologist (N), Child Psychologist (CPsy). Q6: General Practitioner (GP), Psychiatrist (dpm), Neurologist (N), Psychologist (Psy).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS), ADHD-rating scale DSM-5, other. Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5, other.

Q8: (NL2) Child: Step 1: a child is referred for clinical evaluation by the GP or community service centre. At that point, the decision is made based on the complexities of the problems to refer the child for specialized or generic diagnostics and treatment. Step 2: Through parent and teacher questionnaires information is summarized on the main points of concern, pre/perinatal circumstances, developmental milestones, somatic wellbeing, social/family circumstances, major life events, results of prior clinical evaluations and treatment and school results. Internalizing and externalizing behaviour (including ADHD) is compared to age and sex corrected norms. Step 3: a visit to the clinic takes place that takes around 2.5 hours and always includes two health care professionals, usually a medical specialist (psychiatrist, clinical psychologist, clinical neuropsychologist) and generalist (GZ-psychologist). The child and parents are interviewed together and separately. An observation of the child takes place during a child psychiatric observation. Initial hypotheses regarding what is explaining the problems are discussed with the parents (and child if above 12 years old). In some cases, the diagnostic process is finished and treatment plans are discussed. In most cases, step 4 takes place. Step 4: additional diagnostic information is gathered, such as: family diagnostic observation (in case familial relationships seem to contribute largely to the problems of the child), ADOS (in case ASD is suspected), IQ (if TIQ <85 or > 115 is suspected), neuro-psychological testing (in case information processing difficulties are suspected, such as specific learning disorders), classroom observation (in case parent and teachers ratings widely differ), specialized somatic investigations (child neurologist, clinical geneticist, child paediatrician etc in case somatic co-morbidity is suspected). Step 5: all information is collected and diagnosis/diagnoses are made and a treatment plan is discussed and started. During treatment, evaluations take place roughly every three months. Adult:

[https://richtlijndatabase.nl/richtlijn/adhd\\_bij\\_volwassenen/diagnostiek\\_adhd\\_bij\\_volwassenen.html](https://richtlijndatabase.nl/richtlijn/adhd_bij_volwassenen/diagnostiek_adhd_bij_volwassenen.html)

Q9: (NL2) Not known as only few private services available. Q10: (NL2) Both: High socioeconomic status/high income families may seek private health care to avoid waiting lists (minority of patients).

Q11: (NL2) Child: the local authority / municipality covers costs. Adults: partly national public health system (which includes a compulsory private insurance) and maybe a small part at private cost.

Q12: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician (CMD), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy), Educational Psychologist (EPsy).

Q13: General Practitioner (GP), Psychiatrist (dpm), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy), Educational Psychologist (EPsy).

Q14: (NL2) Both: after a formal diagnosis, if/when medication is prescribed & sent to local pharmacy for collection on a 3 monthly basis after which the patient/nurse practitioner /team of nurse-GP-professional are in contact and renew the prescription. Only those with a 'BIG' licence are allowed to diagnose and prescribe for children and adults according to the following criteria:  
<https://english.bigregister.nl/>

Q15: (NL2) Child: Based on treatment guidelines, intervention with medication start with methylphenidate or dexamphetamine and only when not effective, atomoxetine or guanfacine are used. Professionals have the freedom to prescribe the medication brands they think is best helping the patient using the guidelines. Not all brands are available in NL.  
[https://www.farmacotherapie.kompas.nl/bladeren/indicatieteksten/adhd\\_bij\\_kinderen](https://www.farmacotherapie.kompas.nl/bladeren/indicatieteksten/adhd_bij_kinderen) See flowchart: <https://www.kenniscentrum-kjp.nl/professionals/adhd/> Adult:  
<https://www.ggzstandaarden.nl/zorgstandaarden/adhd/herstel-participatie-en-re-integratie>

Q16: No. Q17: Yes. Q17A: (NL2) Yes: <https://www.lareb.nl/en> If the patient is experiencing side effects and is not helped with the medication, change in type of medication is no problem.

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (NL2) Only professionals who have a 'BIG' registration may treat children and adults. Nurse practitioner may also be involved. GP refers case to 'GZ'-psychologist or clinical (neuro) psychologist (<http://english.bigregister.nl/>). 2) Test such as SDQ, CBCL/TRF and semi-standardised behavioural observation at school or in the clinic. It differs per clinic which scales are used, but standardized questionnaires are always part of the diagnostic procedures. Cognitive assessment other than intelligence (attention, executive functions, memory, etc) becoming increasingly part of standard diagnostic procedures. 3) Health services have long waiting lists, largely due to a sharp reduction in finances during the past years to both health care services and primary/secondary education. Increasing numbers of children are referred for clinical evaluation.

Q18: (NL2) For both: Short acting methylphenidate is reimbursed by the national public health system, long acting methylphenidate, dexamphetamine and atomoxetine/guanfacine is partly paid by parents/adult patient.

Q19: (NL2) No. However, for the patient's medication costs, there is a website:  
<https://www.medicijnkosten.nl>.

Q20: (NL2) No. Any additional comments regarding ADHD medication / cost reimbursement: (NL2) Long-acting stimulants are sometimes out of stock, the same for guanfacine 20mg.

**MEDICATION AVAILABILITY: -**

Other medications: -

**Organisation name and country: Eternia - Rainbow Warriors ADHD Slovenia (SL)**

Q1: No. Q1A: (SL) Only one publication is available, with Slovenian government co-financing

<https://www.scoms-lj.si/files/Biti%20stars%CC%8C%20otroku%20z%20ADHD.pdf>

This is general Guideline for reformatory institutions, but not specific for ADHD.

Q2: Mixed feedback from service-users Q3: Children only until 18 yrs. Q4: Yes.

Q5: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy).

Q6: Psychiatrist (dpm)

Q7A: Conners Scales (parent and teachers), other.

Q7B: other

Q8: (SL) Diagnostic process for children happens on parents or Educational Psychologist initiative. The diagnostic process happens in the (Pediatric) psychiatry. The diagnostic process is hardly available for adults, as it isn't standardised, and it mostly depends on doctor's personal opinion regarding ADHD.

Q9: (SL): Generally private psychiatric clinics have concessions for Public health service, so all expenses are covered by National PH fund. Adults might find better chance for constructive support regarding ADHD in concession clinic.

Q10: (SL) The diagnostic process is not standardised; therefore some private health services might present more organised approach towards ADHD diagnosis.

Q11: (SL) The national diagnostic process for children is covered from Slovenian public health fund.

Q12: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy).

Q13: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy).

Q14: (SL) Medication is generally available in pharmacies, also covered by national healthcare fund.

Q15: (SL) By our knowledge standard public health medication brands are promoted.

Q16: Not known. Q17: No Q17A: (SL) University Clinical Centre of Ljubljana, capital city provides such link along with some Pharmaceutical stores  
<https://kf.kclj.si/NUZ/landing.xhtml> The national complains system exist only for vaccination.

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (SL) Due to poor standardisation of diagnostics

process it largely depends on professional's opinion and viewpoint over the ADHD status. Confirmed diagnoses are therefore unevenly distributed over different clinics.

Q18: (SL) Public health system covers all regular medication costs.

Q19: (SL) We don't have those insights at our disposal.

Q20: (SL) By my knowledge national citizens and EU citizens are treated equally in the public health system, however we are not sure regarding accessibility of such medication for foreign citizens over our Public Health System.

Any additional comments regarding ADHD medication / cost reimbursement:  
(SL)-

### **MEDICATION AVAILABILITY**

- Methylphenidate short-release "Ritalin"
- Methylphenidate long-release Concerta
- Atomoxetine Strattera
- Atomoxetine generic
- Risperdal / Risperdone (comorbid)

no medication prices / details supplied.

Other medications: (SL) Nature & meditation :)

**Organisation name and country: Adana Foundation, Spain (ES)**

Q1: Yes Q1A: [https://portal.guiasalud.es/wp-content/uploads/2018/12/GPC\\_574\\_TDAH\\_IACS\\_compl.pdf](https://portal.guiasalud.es/wp-content/uploads/2018/12/GPC_574_TDAH_IACS_compl.pdf) (2017)

Q2: not applicable Q3: Yes. Q4: Yes. Q5: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician (CMD), Neurologist (N), Psychologist (Psy), Child Psychologist (CPsy), Educational Psychologist (EPsy).

Q6: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy).

Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Vanderbilt Assessment Scales, DIVA young, Clinical Personal Interview & history, Autism Diagnostic Observation Schedule (ADOS), ADHD-rating scale DSM-5, Snap- IV, other. Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5.

Q8: (ES) Child: Good anamnesis (medical overview) information from parents, family, and teachers. Recommended to study physical condition as well as comorbid or confusing symptoms through psycho-pedagogical test and explore other possible learning problems and IQ as well as depressive/anxiety issues. Adult: Good anamnesis with information from childhood from family and others, diagnostic tests, and evaluation of co-morbid symptoms.

Q9: (ES) For both: Same process. Can be complete depending on tests done.

Q10: (ES) Child: In many cases parents prefer private services because they don't have to wait for more than 1 year to get the diagnosis and because they also look for additional treatment, not only medication, such as psycho-pedagogical support, social skills and parent training. Adult: In the public health services there are not many services for ADHD, mainly medication in extreme cases. Many adults want coaching services, psycho-education or psychological help which are not given by the national health services.

Q11: (ES) Free of charge by the national health system. Some private insurance companies refund the diagnosis and psychological services.

Q12: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician (CMD), Neurologist (N). Q13: Psychiatrist (dpm), Neurologist (N).

Q14: (ES) Child: A prescription is required. Methylphenidate, atomoxetine, lisdexamfetamine and guanfacine are indicated for the disorder. Adult: A prescription is required. Methylphenidate and atomoxetine are indicated for the disorder. In the case of lisdexamfetamine, if the patient was already taking this medication during childhood or does not respond to other medications.

Q15: (ES) For both the 'best medication for the patient' is chosen by the professional although in the national health service the standard cheapest medication is often prescribed while the private service professionals will choose the optimal medication for the individual needs.

Q16: No. Q17: No. Q17A: (ES) - <https://www.notificaram.es/Pages/CCAA.aspx#no-back-button>

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (ES) Public health services may have a waiting list of 1 year or more. Private diagnosis can be expensive but is faster. Medication prescribed by the public health services are often the generic cheap brands while private prescription is more patient-oriented / brands. No public psychopedagogical treatment or social skills, few parent and school training. The national health system is decentralised and in each autonomic community there may be different rules such as that some ADHD medications require a permit, excluding Atomoxetine, Rubifen retard, generics and Medikinet which are approved in all areas. Other medications may require a permit or the medication's use in childhood due to problems with other prescriptions.

Q18: (ES) Both: medication costs min. 40% or more depending on their income. Private insurance often doesn't include medication cost reimbursement.

Q19: (ES) No. Q20: (ES) If EU citizen works in Spain and has registered at the TGSS, they will be provided with a health card (tarjeta sanitaria individual or TSI) which is the same as nationals.

Any additional comments regarding ADHD medication / cost reimbursement: (ES) Reimbursement for national health service medication prescriptions only.

#### **MEDICATION AVAILABILITY:**

- Methylphenidate short -release generic
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic
- Methylphenidate long-release Medikinet
- Methylphenidate long-release generic Sandoz
- Methylphenidate long-release generic Mylan
- Lisdexamphetamine
- Dextroamphetamine Attentin
- Atomoxetine Strattera
- Guanfacin

Other medications:-

**Organisation name and country: RF ATTENTION, Sweden (SE)**

Q1: in progress. Q1A:(SE) - Q2: (SE) Yes. Q3: (SE) Yes. Q4: (SE) Yes.

Q5: Psychiatrist (dpm), Psychologist (Psy)

Q6: Psychiatrist (dpm), Psychologist (Psy)

Q7A: Wechsler Intelligence Scale for Children (WISC), Clinical Personal Interview & history, ADHD-rating scale DSM-5, Snap- IV.

Q7B: Clinical Personal Interview & history, ADHD Rating scale DSM-5.

Q8: (SE) Child and parents or adult visit psychologist for diagnostic services.

Q9: (SE) Same as above.

Q10: (SE) Faster (shorter waiting period)

Q11: (SE) national public health system

Q12: (SE) Psychiatrist (dpm)

Q13: (SE) Psychiatrist (dpm)

Q14: (SE) For both: a nurse compiles the information and recommends adjustments if needed with neurologist/Psychiatrist, who decides and puts into electronic journal and sends an electronic prescription to pharmacy for collection.

Q15: (SE) According to the recommendations of the National Board of Health.

Q16: (SE) Do not know

Q17: (SE) yes

Q17A: (SE) <https://busa.registercentrum.se/>

Any additional comments regarding ADHD diagnosis and medication prescription in your country: \* (SE) Private diagnosis expensive (approx. 20 000 SEK) but usually faster

Q18: (SE) Children are covered by the national public health system, adults are subsidized

Q19:(SE) Only on national basis. The pharmacy also offers cheaper generics.

Q20: (SE) If prescription is made in Sweden, no difference.

Any additional comments regarding ADHD medication / cost reimbursement: (SE) no

**MEDICATION AVAILABILITY:**

- Methylphenidate short-release "Ritalin"
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic

- Methylphenidate long-release Medikinet
- Methylphenidate long-release generic Equasym XL
- Dexamphetamine
- Lisdexamphetamine
- Atomoxetine Strattera
- Guanfacin
- Risperdal / Risperdone (co-morbid)

No medication prices / details supplied.

Other medications: (SE)-

**Organisation name and country: Oxford ADHD & Autism Centre, UK (UK 1)**

Q1: Yes Q1A: (UK1) <https://www.nice.org.uk/guidance/ng87> Q2: not applicable  
Q3: Yes Q4: Yes

Q5: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Psychologist (Psy), Child Psychologist (CPsy)

Q6: Psychiatrist (dpm), Psychologist (Psy) Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Vanderbilt Assessment Scales, Clinical Personal Interview & history, other.

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5, other.

Q8: (UK1) Varies according to different areas but screening questionnaire to school & home/child, psychiatric interview and in some areas QB check. For adults: Varies according to different areas: some centres do a DIVA plus psychiatric interview and some just use a psychiatric interview alone.

Q9: (UK1) At our private centre, for children we use Conner's screening questionnaires, QB check, WISC-V and Psychiatric/developmental interview. For adult: at our private centre, we use Barkley 's questionnaires, DIVA and Psychiatric interview.

Q10: (UK1) For children: Private health services have shorter waiting times. For adults: private health services have shorter waiting times or the lack of NHS services in most cases.

Q11: (UK1) NHS covers costs for all. Q12: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD). Q13: General Practitioner (GP), Psychiatrist (dpm).

Q14: (UK 1) For children and adults: the GP takes over the monthly prescribing task under "shared care arrangement" with the specialist. Children must have a 6-month follow-up appointment with their specialist and adults' annual visit.

Q15: (UK1) Children and adults are normally prescribed the best medication but the cheapest brand.

Q16: Don't know. Q17: Yes Q17A: (UK1) <https://www.nice.org.uk/bnf-uk-only>

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (UK 1) Nurse prescriber is another professional which can prescribe ADHD medication for children and adults. BNF 'yellow card ' system for reporting adverse effects of medication. Q18: (UK1) Both by NHS

Q19: (UK1) Yes, the local clinical commissioning groups review costs and give advice to primary and secondary care.

Q20: (UK 1) Don't think so.

Any additional comments regarding ADHD medication / cost reimbursement:  
No.

**MEDICATION AVAILABILITY:**

No medication prices / details supplied

Other medications: - (UK1)

**Organisation name and country: ADHD Solutions CIC, UK (UK2)**

Q1: Yes Q1A: (UK2) <https://www.nice.org.uk/guidance/ng87> Q2: not applicable  
Q3: Yes. Q4: Yes.

Q5: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N), Child Psychologist (CPsy).

Q6: Psychiatrist (dpm). Q7A: Conners Scales (parent and teachers), Wechsler Intelligence Scale for Children (WISC), Vanderbilt Assessment Scales, Clinical Personal Interview & history, other.

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5, Snap- IV.

Q8: (UK2) In our area, GP refers to single point of access for referral into Community Paediatrics (under 12 yrs) or CAHMS (over 12yrs), acceptance is low and waiting lists very long. Reports collected and rating scales completed at home and at school, assessed for ADHD and ASD, some children have QB Test. For an adult: GP referral into Adult Mental Health Services for assessment then refer on to ADHD Clinic if ADHD is suspected. Waiting lists are very long aprox 2 years min.

Q9: (UK2) Both: GP or self-referral to private Clinician for assessment and treatment- assessment varies according to Clinician.

Q10: (UK2) National health services are patchy and long waiting lists. However private services are expensive and nor reimbursed.

Q11: (UK2) Both: public services covered by national health system (NHS) and private services are at your own costs (maybe covered by private insurance).

Q12: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD).

Q13: General Practitioner (GP), Psychiatrist (dpm).

Q14: (UK 2) Both: monthly prescriptions are available from GP or clinic as shared care protocols are in place. Specialists nurses are also allowed to assist with medication. Some medications are not available in some areas.

Q15: (UK2) Standard generic brands normally prescribed on NHS. Medication changes can be discussed with specialist nurse or GP. Service users' feedback that private services are more likely to prescribe 'best medication for the patient'.

Q16: Don't know. Q17: Yes Q17A: (UK2) ADHD medication complaints are directed to GP. National complains: <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (UK2) National health care advantages: Specialist nurse able to assist diagnosis & prescribe medication. GP has shared care agreement with Clinician. Unfortunately, NHS waiting times are long and

threshold for referral is high, generic medication brands are not as effective. Private care is expensive, and quality differs.

Q18: (UK2) Child: NHS - no charge; private prescriptions are very expensive. Adult: NHS prescription charges apply; private prescriptions are very expensive.

Q19: (UK2) Indications:  
<https://www.nice.org.uk/advice/esnm19/chapter/Estimated-impact-for-the-NHS>

Q20: (UK2) No. Any additional comments regarding ADHD medication / cost reimbursement : (UK2) No.

**MEDICATION AVAILABILITY:**

No medication prices / details supplied

Other medications:-

**Organisation name and country: ADDISS (UK3)**

Q1: Yes Q1A: (UK3) <https://www.nice.org.uk/guidance/ng87>

Q2: not applicable. Q3: Yes. Q4: Yes

Q5: Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N).

Q6: Psychiatrist (dpm), Neurologist (N), Psychologist (Psy).

Q7A: Conners Scales (parent and teachers), Clinical Personal Interview & history, ADHD-rating scale DSM-5, Snap- IV.

Q7B: DIVA, Clinical Personal Interview & history, Adult ADHD Self-Report Scale (ASR-v1.1), Adult ADHD Self-Report screening scale for DSM-5, ADHD Rating scale DSM-5, other,

Q8: (UK3) Parent will request the GP makes a referral to CAMHS, sometimes at the request of the school, another agency but mostly because the parent knows there is an issue and seeks the referral themselves. Adults will need to be referred to an adult service by the GP and cannot self-refer to an Adult ADHD NHS service.

Q9: (UK3) Most people will self-refer to a private service, though the private doctor will insist on writing a follow up to the GP. This is because after the patient is settled on medication the GP can take over the role of prescribing on a shared care basis. This means the patient can then receive NHS prescription. Prescriptions are free for children and adults on benefits. Adults would normally pay no more than around £9 for an NHS prescription.

Q10: (UK3) Patients will choose a private service if the waiting list in their area is more than three months. The process on the NHS for children can take anything up to a year. Children are first triaged and if they think the likely outcome of an assessment will be ADHD they are asked to come back several months later for a full assessment and treatment. During this time they are often sent on a parenting course. Sometimes there is no service in an area and this again is another reason to go privately. Finally some families have no confidence in their local NHS service and have been failed by their service for failing to recognise inattentive symptoms as being impairing.

Q11: (UK3) The NHS covers everything for children and adults.

Q12: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N).

Q13: General Practitioner (GP), Psychiatrist (dpm), Child Medical Doctor/ Pediatrician(CMD), Neurologist (N).

Q14: (UK3) Take your prescription direct to the chemist, or GPs can send direct to the chemist of your choice. Prescriptions for controlled drugs are only issued for a month at a time.

Q15: (UK3) Private doctors can prescribe anything, even medications that are not licenced in the UK. The NHS is different in each trust and recommended

medications are very much a postcode lottery. Patients are advised by patient organisations to demand the medication that is best for you and not for the budget of your trust.

Q16: No. Q17: Yes. Q17A: (UK3) ADHD medication complaints are directed to GP. National complains: <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Any additional comments regarding ADHD diagnosis and medication prescription in your country: (UK3) In the UK we have specially trained nurse prescribers who can diagnose and prescribe for children and adults on the NHS and privately. They often do the follow ups for titrating medication

Q18: (UK3) The NHS or by the patient if going privately unless there is a shared care arrangement.

Q19: (UK3) The Local Clinical Commissioners for Mental Health in each trust review costs.

Q20: (UK3) Not at the moment but this may change after December 2020.

Any additional comments regarding ADHD medication / cost reimbursement: (UK3) In the UK we have specially trained nurse prescribers who can diagnose and prescribe for children and adults on the NHS and privately. They often do the follow ups for titrating medication.

## **MEDICATION AVAILABILITY**

- Methylphenidate short-release "Ritalin"
- Methylphenidate short -release generic
- Methylphenidate long-release Concerta
- Methylphenidate long-release generic
- Methylphenidate long-release Medikinet
- Methylphenidate long-release generic Equasym XL
- Dexamphetamine
- Lisdexamphetamine
- Atomoxetine Strattera
- Atomoxetine generic
- Guanfacin
- Risperdal / Risperdone (comorbid)

No medication prices / details