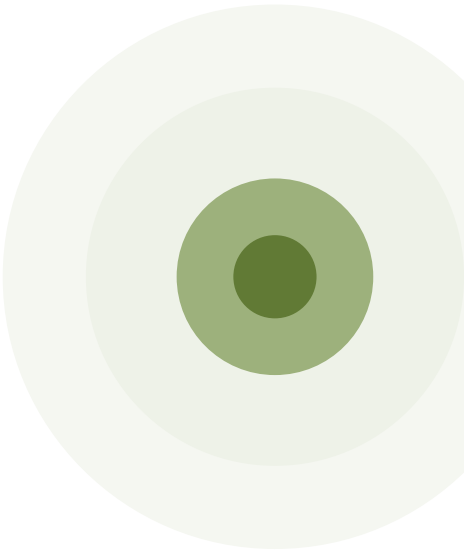
A GUIDE FOR ADULTS WITH ADHD AND THE PEOPLE CLOSE TO THEM

# Living Well with ADHD

A guide for adults after diagnosis



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The latest version is always at umid.co.uk/resources

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# What is in this guide

BEFORE YOU START

# About this guide

This guide is for adults who have recently been diagnosed with attention deficit hyperactivity disorder (ADHD) at UMID, and for the partners, family members and friends who support them. It brings together what we would want you to know in the weeks and months after a diagnosis: what ADHD is and how it shows itself in adult life, what tends to help day to day, what psychological support and medication can and cannot offer, how treatment works with us, and where to find reliable help.

You do not need to read it all at once. Part 1 gives the essentials in a few pages. The later parts can be read as questions arise, and many people find it useful to come back to the guide at different points.

The guide is the same for everyone we diagnose with ADHD as an adult. Your assessment report is the place for anything specific to you, and where the two differ, your report and your clinician's advice take priority.

**KEEPING THIS GUIDE UP TO DATE**

This guide is updated regularly. The most recent version is always available at umid.co.uk/resources. If you received this guide some time ago, please check there for the current edition.

**IF YOU NEED HELP URGENTLY**

UMID sees people by planned appointment and is not able to provide crisis or emergency support. If you are struggling, please use the services below. They are there for exactly this, and you will not be wasting anyone's time.

- **If your life is at risk**, or you feel you cannot keep yourself or someone else safe, call **999** or go to your nearest **A&E**.
- **For urgent mental health help** that is not an emergency, call **NHS 111** and choose the mental health option, or use 111.nhs.uk. You may be able to speak to a mental health professional.
- **Samaritans**: call **116 123**, free, at any time of day or night.
- **Shout**: text **SHOUT** to **85258** for free, confidential support by text, at any time.
- **CALM** (Campaign Against Living Miserably): call **0800 58 58 58**, open from 5pm to midnight every day, for free, confidential and anonymous support for anyone aged 18 or over who is affected by suicide or suicidal thoughts. CALM also offers webchat at www.thecalmzone.net.
- **If you are under 19**, you can also call **Childline** on **0800 1111**. The number does not appear on your phone bill.

PART 1

# First steps after diagnosis

IN THIS PART

- The essentials, for when you are short of time or energy
- What many people feel after an adult diagnosis
- A short list of things worth doing in the first few weeks
- Support from UMID after the diagnosis

## The essentials

A diagnosis of ADHD means that the difficulties you have described, with attention, restlessness, impulsivity and organising daily life, have been present since childhood, affect how you manage now, and are best understood as ADHD rather than as something else. It is a description of how your mind tends to work. It is not a judgement about your character, your intelligence or your effort.

Many adults with ADHD live full and successful lives, and there is a good deal that can help. What helps is different for each person. For most, it is a combination of understanding the condition, changing the way tasks and surroundings are set up, looking after sleep and health, support at work or in study, and for some, medication or psychological support.

You do not have to make any decision straight away. Medication is an option we can discuss, not an expectation, and many people choose to begin with the practical approaches in Part 3.

## What people often feel after diagnosis

People react to an adult diagnosis in very different ways, and most feel more than one thing. Relief is common: a sense that long-standing difficulties finally make sense and were not simply a personal failing. So is sadness or anger about the past, about school reports, jobs, relationships or years spent believing you were careless or lazy. Some people feel unsettled, wondering which parts of themselves are “the ADHD” and which are simply them. Others feel very little at first and find that thoughts arrive later.

All of these reactions are understandable. It can help to talk them through with someone you trust, to read accounts from other adults diagnosed later in life, or to join a peer support group (see Part 9). If low mood, anxiety or distress becomes persistent or overwhelming, please speak to your GP, and use the urgent help routes at the front of this guide if you ever feel unsafe.

## Things worth doing in the first few weeks

A SHORT CHECKLIST

- **Read your report** when you have the time and energy, and note anything you want to ask about.
- **Think about medication without pressure.** Part 5 explains the options and Part 6 explains how treatment works with us. If you are considering medication and hope that your GP will take over prescribing in the longer term, speak to your GP early (see Part 6).
- **Check your position on driving.** If ADHD or any medication affects your ability to drive safely, you must tell the DVLA (see Part 7).

- **Consider support at work or in study.** You may be entitled to reasonable adjustments, and schemes such as Access to Work and Disabled Students' Allowance can help (see Part 8).
- **Start with one practical change**, such as a regular bedtime or a single place for keys and wallet, rather than several at once (see Part 3).
- **Decide who you want to tell**, if anyone, and when (see Part 9).
- **Keep the urgent help details** somewhere you can find them.
- **If you are unsure what further help you need**, you can book a free 30-minute appointment with UMID's Clinical Director to talk it through (see below).

## Support from UMID after the diagnosis

Your feedback meeting will have covered the support options that may help you. Some people find that the diagnosis and the information in this guide are what they need. Others want further help, either now or at a later point. Both are fine.

UMID offers a range of services after diagnosis: occupational therapy, psychological therapies and psychiatric care, including medication where it is appropriate. These are arranged separately from the assessment, and current fees are on our website at umid.co.uk/our-fees.

If you are unsure what would help, you can book a free 30-minute appointment with UMID's Clinical Director to talk through your support needs after diagnosis and which options would best meet them. To arrange it, or if you have any question about your assessment, email umid@umid.co.uk.

PART 2

# Understanding ADHD in adult life

IN THIS PART

- What ADHD is, and what it is not
- How ADHD often shows itself in adults
- Emotions, and the idea of rejection sensitivity
- Other conditions that can occur alongside ADHD
- Women, hormones and ADHD

## What ADHD is

ADHD is a neurodevelopmental condition, meaning that it arises from differences in how the brain develops and works, and it is present from childhood. Its main features are inattention, hyperactivity and impulsivity. Some people have mainly difficulties with attention, some mainly with restlessness and impulsivity, and many have both. ADHD runs in families, and genetic factors play a large part in why some people have it. It is not caused by poor parenting or a lack of discipline, and it is not a sign of low intelligence.

For many people, ADHD continues into adulthood, although the way it shows itself usually changes. Visible hyperactivity in childhood often becomes an inner restlessness in adult life, a mind that feels busy or hard to switch off, or a need to keep moving or keep occupied.

A diagnosis is made when these features have been present since childhood, occur across different parts of life, and cause real difficulty. Everyone loses focus or acts on impulse at times. In ADHD, these patterns are more frequent, more persistent and have a greater effect on daily life.

## How ADHD often shows itself in adults

Adults with ADHD commonly describe some of the following, though no one has all of them:

- finding it hard to start tasks, especially those that feel dull, complicated or open-ended, and then finding it hard to finish them;
- losing track of time, running late or underestimating how long things take;
- forgetting appointments, bills or things said a moment ago, and misplacing everyday items;
- being easily pulled away by noises, thoughts or notifications, while at other times becoming so absorbed in something interesting that everything else is forgotten (often called hyperfocus);
- restlessness, fidgeting, talking a great deal or interrupting, and difficulty relaxing;
- acting or deciding quickly, for example in spending, driving or speaking, and sometimes regretting it later;
- a sense of working much harder than others to achieve the same result, and feeling exhausted as a consequence.

How much these patterns matter depends a great deal on circumstances. Many people manage well with structure and support, and find their difficulties increase with a new job, a baby, study, illness, bereavement or anything that removes their usual routines. Some adults have spent years compensating through extra effort, lists, late nights or anxiety, and only reached assessment when the demands of life outgrew those strategies.

ADHD is thought to be recognised less often in women than in men, partly because inattentive difficulties are less obvious to others than hyperactivity.

## Emotions and rejection sensitivity

Many adults with ADHD describe emotions that arrive quickly and strongly: frustration that flares, excitement that runs away, or low moments that feel sudden. This is often called emotional dysregulation, and international expert statements on adult ADHD recognise it as common, even though it is not one of the formal diagnostic features.

You may also come across the term **rejection sensitivity**, sometimes called rejection sensitive dysphoria. It describes intense emotional pain in response to criticism or perceived rejection, and many adults with ADHD say it captures something important about their experience. It is worth knowing that this is a term from clinical experience and lived experience, not a medical diagnosis, and research on it is still limited and mostly based on interviews and questionnaires. If it describes you, that is worth taking seriously and discussing, but it does not need a separate label or a separate treatment. The approaches in Parts 3 and 4, including understanding your own triggers and some forms of psychological support, can help.

## Conditions that can occur alongside ADHD

Other conditions are more common in people with ADHD than in the general population. They include anxiety, depression, sleep problems, autism, specific learning difficulties such as dyslexia, developmental coordination disorder (dyspraxia), tics, and difficulties with alcohol, drugs or gambling. People with ADHD are also at higher risk of suicide, which is one reason we encourage you to seek help early if your mood becomes low.

Having another condition does not change the ADHD diagnosis, but it can change what helps and the order in which things are tackled. For example, severe depression or heavy alcohol use usually needs attention before ADHD medication is started. If you think another condition may be affecting you, please raise it with your GP or at your next appointment with us.

## Women, hormones and ADHD

Some women notice that their ADHD symptoms vary across the menstrual cycle, during and after pregnancy, or around the perimenopause and menopause. Research on this is growing but is still at an early stage, and studies so far are small and do not yet give clear guidance on what to do. If you notice a pattern, it is worth keeping a simple diary for a few months and bringing it to your GP or to your ADHD review.

PART 3

# Everyday strategies that help

IN THIS PART

- Setting up your surroundings to work for you
- Organisation, time and memory
- Using technology without it becoming another distraction
- Sleep, exercise, food, caffeine and alcohol
- Relationships, emotions and being kind to yourself

Most of the suggestions in this part come from clinical experience and from what adults with ADHD have found useful, rather than from trials that test each tip on its own. NICE, the body that sets national guidance for the NHS, recommends that changes to a person's environment and routines are tried and reviewed as part of any treatment plan. The aim is not to follow every suggestion, but to try a few, notice what helps you, and keep those.

## Setting up your surroundings

Small changes to your surroundings can reduce the effort that concentration takes.

- **Reduce what competes for your attention.** Where you can, work somewhere quieter, facing away from busy areas, with only what you need for the task in front of you. Keep your phone out of sight and close tabs and applications you are not using.
- **Manage noise.** Some people concentrate better with noise-cancelling headphones, instrumental music or steady background sound such as white noise. Others need silence. Try different approaches and keep what works.
- **Keep clutter down.** A clear surface makes it easier to start. Labelled storage and a fixed place for important papers help things to be found.
- **Allow for movement.** If you think better when moving, it is reasonable to stand, pace during phone calls, use a fidget object or take short movement breaks. Many adults with ADHD find that a small amount of movement helps them stay with a task, and it is not a sign of disinterest.
- **Work in shorter blocks.** Rather than planning long sessions, try focused periods of around 15 to 25 minutes with a timer, followed by a brief break away from the screen, ideally outdoors or on your feet.

## Organisation, time and memory

- **Write it down straight away.** Rely on one place, digital or paper, for tasks and deadlines, and add things the moment they arise rather than trusting yourself to remember.
- **Break tasks into first steps.** "Sort out the tax return" is hard to start. "Find last year's form" is easier. Make the first step small enough that it feels almost too easy.
- **Park distracting thoughts.** When an unrelated idea pops up, jot it down and return to it later. This lets you let go of it without losing it.
- **Set reminders for the preparation, not just the event.** An alarm 30 minutes before you need to leave is often more useful than one at the time of the appointment.
- **Make time visible.** Clocks you can see, timers and blocking out time in a calendar can help with the sense that time slips away.

- **Give things a home.** Keep keys, wallet, phone and bag in one agreed place by the door. A short checklist on the inside of the front door can help with leaving the house.
- **Review briefly each day.** A few minutes each morning or evening to look at what is coming up can prevent surprises.
- **Build in rewards.** Many people with ADHD find that a small, near-term reward helps more than a distant goal. Plan something you enjoy after a task, and vary the rewards to keep them interesting.
- **Ask for instructions in writing.** Written confirmation of what was agreed, at work or at home, reduces the load on memory.

## Using technology

Calendar reminders, to-do list apps, timers and focus apps that limit access to distracting websites can all be useful. The best tool is usually the simplest one you will actually use. Be cautious about spending more time setting up new systems than using them, and about notifications becoming a fresh source of distraction.

## Sleep

Sleep problems are common in adults with ADHD, and poor sleep makes attention, mood and patience worse for anyone. It is one of the most useful areas to work on.

- Keep regular times for going to bed and getting up, including at weekends.
- Try to put phones, tablets and computers away for an hour before bed, and keep screens out of the bedroom if you can.
- Keep the bedroom dark, quiet and cool.
- Avoid caffeine in the afternoon and evening.
- A wind-down routine, such as a warm shower, reading or a relaxation exercise, can help a busy mind settle.
- Most adults need around 7 to 9 hours of sleep a night.

If sleep remains poor despite these changes, or if you snore heavily or feel very sleepy during the day, please discuss it with your GP. If you take ADHD medication, tell us if it is affecting your sleep, because the timing or dose may need adjusting.

## Physical activity

Regular physical activity is good for physical and mental health, can help with anxiety and low mood, and many people with ADHD find it helps them feel calmer and more focused afterwards. NICE and the NHS both recommend it. The NHS advises adults to do at least 150 minutes of moderate activity or 75 minutes of vigorous activity each week, with strengthening activities on at least two days. Choose something you enjoy, because that is what you are likely to keep doing. Activities with other people or at fixed times can help with routine. Short bursts count, and some activity is better than none.

## Food and appetite

NICE advises a balanced diet, good nutrition and regular exercise for people with ADHD. Regular meals help to keep energy and concentration steady, and it is easy to skip meals when absorbed or rushed. Keeping easy, nourishing food and a water bottle to hand can help.

There is no special diet that treats ADHD, and cutting out whole groups of foods is not recommended as a general treatment. If you notice a clear pattern between a particular food and how you feel, keep a food diary for a few weeks and discuss it with your GP. Some people ask about fatty acid (omega-3 and omega-6) supplements. National guidance advises against them as a treatment for ADHD in children and young people and does not recommend them for adults, and the NHS describes the evidence as very

limited. Please talk to your GP or pharmacist before taking any supplement, particularly alongside medication.

If you take stimulant medication, it can reduce appetite, especially in the middle of the day. Taking the medicine with or after breakfast, eating a good meal in the evening when the effect has worn off, and having snacks to hand can help. Tell us if you are losing weight.

## Caffeine, alcohol and drugs

Many adults with ADHD use caffeine to help them get going. Too much can worsen sleep and anxiety, and combined with stimulant medication it can add to jitteriness and a fast heartbeat. Keep an eye on how much you have, and avoid it later in the day.

The NHS advises that men and women should not regularly drink more than 14 units of alcohol a week, spread over three or more days. Alcohol tends to worsen sleep, mood and impulsive decisions, and the NHS advises trying not to drink while taking methylphenidate because alcohol can increase its effects and side effects. We ask people to keep alcohol to a minimum while starting ADHD medication.

Recreational drugs and medicines not prescribed for you should be avoided. They can interact dangerously with ADHD medication, and they make it very difficult to tell whether a treatment is working. If you are finding it hard to cut down alcohol or drugs, please tell your GP or us. It is a common difficulty in people with ADHD, and help is available without judgement.

## Relationships

ADHD can affect relationships in ways that are easy to misread. Forgetting plans, being late, losing track of a conversation or interrupting can come across as not caring, when the person cares a great deal. Partners and family members can end up carrying more of the organisation of shared life, which can breed resentment on both sides.

Things that often help include:

- talking together about how ADHD affects you, what helps and what does not, at a calm moment rather than during an argument;
- sharing systems, such as a joint calendar or a shopping list both people can see;
- agreeing who does what, based on each person's strengths rather than on who remembers;
- noticing when a conversation is getting heated and agreeing that either person can pause it and come back to it later;
- making time for enjoyable things together, not only for managing tasks.

Social situations can be tiring when you are trying hard to keep track of a conversation or hold back from interrupting. It is fine to choose settings that suit you, to spend time with people who understand, and to take a break when you need one.

## Emotions and stress

If strong emotions are a part of your experience, it can help to learn your early warning signs, such as tension, a racing mind or feeling suddenly irritable, and to have a plan for those moments. That might be stepping away for a few minutes, going for a walk, breathing slowly, or putting off a reply to a message until you have calmed down. Mindfulness practice, which means paying attention to the present moment on purpose and without judging it, helps some people notice emotions earlier and respond more deliberately. Short guided exercises of a few minutes are a reasonable place to start.

## Being kind to yourself

Many adults diagnosed with ADHD have spent years being criticised, or criticising themselves, for things that were harder for them than for others. A diagnosis is a chance to replace some of that criticism with

understanding. That does not mean giving up on change. It means expecting change to be gradual, starting with one thing at a time, noticing what goes well as well as what does not, and treating setbacks as information rather than proof of failure.

It is also worth noticing what you are good at and what you enjoy. Your interests, skills and relationships are as much a part of you as your difficulties, and building on them is often where progress starts.

PART 4

# Psychological support

IN THIS PART

- What the evidence says about psychological approaches for adult ADHD
- Cognitive behavioural therapy adapted for ADHD
- Coaching, mindfulness, apps and peer support
- How to find a therapist, and help for anxiety or depression

## What the evidence says

NICE recommends that psychological treatment is considered for adults with ADHD who have chosen not to take medication, who find it hard to take medication regularly, or for whom medication has not worked or has caused side effects that they cannot tolerate. NICE also suggests considering psychological support alongside medication when medication has helped but difficulties remain. Where psychological treatment is offered, NICE advises that it should include at least a structured, supportive psychological intervention focused on ADHD, with regular follow-up, and that this may include parts of, or a full course of, cognitive behavioural therapy (CBT).

It is fair to be honest about the strength of this evidence. CBT is the best-studied psychological approach for adult ADHD, and studies suggest it can reduce ADHD symptoms and may help with anxiety and low mood in the short term. However, the studies are mostly small and short, and the certainty of the findings is rated as low. A large 2025 review that compared a wide range of treatments for adult ADHD found that CBT, mindfulness and psychoeducation improved symptoms when clinicians rated them, but not when people rated their own symptoms. In other words, psychological approaches can be genuinely useful, particularly for building skills and coping with the emotional side of ADHD, but the research does not yet tell us how large or lasting the benefit is, or who is most likely to benefit.

## Cognitive behavioural therapy adapted for ADHD

CBT for ADHD is practical and focused on everyday life. It usually covers:

- understanding ADHD and how it affects you in particular;
- skills for planning, organising, prioritising and managing time;
- ways of starting tasks and reducing procrastination;
- noticing unhelpful thoughts, such as “I always mess things up”, that make tasks feel harder, and finding more balanced ways of looking at them;
- managing frustration, stress and strong emotions;
- keeping going with new habits once therapy ends.

It can be delivered one to one, in groups or online. Some structured programmes have been developed specifically for adults with ADHD. When choosing a therapist, ask whether they have experience of working with adults with ADHD and whether they adapt their approach to it.

## Psychoeducation

Psychoeducation simply means learning about ADHD in a structured way, often in a group. Understanding the condition can reduce self-blame, help you explain your needs to others and make practical strategies easier to choose. Reading this guide, and the books and websites in Part 9, is a form of psychoeducation.

## Mindfulness

Mindfulness-based programmes teach attention to the present moment and a non-judgemental attitude towards thoughts and feelings. Studies in adults with ADHD suggest it may help with ADHD symptoms, although, as with CBT, the studies are small and the findings are not consistent across all measures. Mindfulness is low in risk and inexpensive to try, which makes it a reasonable option if it appeals to you.

## Coaching

ADHD coaching focuses on practical goals, such as organising work, building routines or studying, usually through regular sessions and accountability. Many people find it helpful, but there is very little good-quality research on coaching for adults with ADHD, and coaching is not a regulated profession in the UK. If you are considering a coach, ask about their training and experience, what a course of sessions involves and what it will cost, and be cautious about anyone who promises particular results.

## Apps

Some apps are built on CBT principles for adults with ADHD; Inflow is one example. Early research on this kind of app is encouraging but limited, and most apps charge a subscription. They may suit people who like to work independently or who cannot easily access therapy, but they have not been compared directly with working with a therapist, so we cannot say how they measure up.

## Peer support

Meeting other adults with ADHD, in person or online, can reduce the sense of being the only one, and it is a good source of practical ideas. ADHD charities run support groups, some specifically for people who have been diagnosed recently (see Part 9). Online communities vary in quality: the most helpful ones are supportive, constructive and share reliable information.

## Finding a therapist, and help for anxiety or depression

If you would like therapy, your GP can advise on what is available locally. If you are looking privately, check that the therapist is registered or accredited with a recognised professional body. The British Association for Behavioural and Cognitive Psychotherapies (BABCP) keeps a register of accredited CBT therapists (babcp.com), and practitioner psychologists must be registered with the Health and Care Professions Council, whose register can be checked at www.hcpc-uk.org/check-the-register/.

If you are experiencing anxiety or depression, you can refer yourself to NHS Talking Therapies for anxiety and depression if you live in England and are aged 18 or over (16 or 17 in some areas). You do not need a diagnosis to refer yourself. Tell them that you have ADHD, so that they can take it into account.

PART 5

# Medication for ADHD

IN THIS PART

- Whether medication is right for you
- The medicines used for adult ADHD in the UK
- What to expect, common side effects and when to seek help
- Rules for controlled drugs, supply problems and brand changes
- Pregnancy, travel, sport, breaks and stopping

This part gives general information. Your own treatment is always discussed and agreed with you individually, and the patient information leaflet supplied with your medicine gives further detail.

## Is medication right for me?

Medication is a choice, not a requirement. NICE recommends offering medication to adults whose ADHD is still causing significant difficulty in at least one area of life after changes to their environment and routines have been tried. Some people decide to try medication soon after diagnosis; others prefer to start with other approaches and revisit the question later; some decide it is not for them. All of these are reasonable.

Things to weigh up include how much ADHD is affecting your work, study, relationships, safety and wellbeing; what you have already tried; your physical and mental health; your own views about medication; and the practical commitments treatment involves, which are explained in Part 6.

## What medication can and cannot do

ADHD medicines are the treatments with the strongest evidence for reducing the core symptoms of ADHD in the short term. Many people notice meaningful improvements in concentration, organisation, restlessness and impulsivity, and describe finding everyday tasks less effortful. Not everyone benefits, however, and some people have side effects that outweigh the benefits.

It is important to have realistic expectations. Medication does not teach skills, change long-standing habits by itself or treat conditions such as anxiety or depression. Trials in adults show benefits on ADHD symptoms but have not shown a clear benefit on overall quality of life, and most last weeks or months rather than years, so the long-term effects are less certain. Large studies that follow people over many years have found that periods of taking ADHD medication are associated with lower rates of accidents, injuries and some other harms. These studies are encouraging, but they show an association rather than proving that medication is the cause.

Many people find that medication works best as one part of a wider plan, making it easier to put practical strategies into place.

## The medicines used for adults

ADHD medicines are divided into stimulants and non-stimulants. Both act on the brain's chemical messengers involved in attention and self-control, mainly dopamine and noradrenaline.

**Stimulants** are usually tried first in adults. NICE recommends either lisdexamfetamine or methylphenidate as the first choice for adults.

- **Methylphenidate** comes in immediate-release forms, which work for a few hours, and modified-release forms, which release the medicine gradually through the day. Different modified-release brands release the medicine in different patterns, which matters if a brand is changed (see below).
- **Lisdexamfetamine** is a long-acting medicine taken once a day, which the body converts into dexamfetamine.
- **Dexamfetamine** is a shorter-acting medicine that is sometimes used in particular circumstances, for example when lisdexamfetamine helps but its effect lasts longer into the day than suits the person.

If one stimulant has been tried properly, at an adequate dose, without enough benefit, NICE suggests trying the other.

**Non-stimulants** include **atomoxetine**, which NICE recommends for adults who cannot tolerate the stimulants or for whom they have not worked. It builds up gradually and can take several weeks to reach its full effect. **Guanfacine** is licensed for children and young people. National guidance is that it is used in adults only with advice from a specialist ADHD service.

Some ADHD medicines are licensed in the UK for starting treatment in adults, and others are licensed only for children or for adults who began treatment before the age of 18. A medicine used outside its licence is described as "off-label". Off-label prescribing is common and legitimate in ADHD care when the evidence and national guidance support it, and your prescriber will tell you if a medicine is being used in this way.

Which medicine is chosen depends on your preferences, your physical and mental health, other medicines you take, how long you need the effect to last each day, and which products are available.

## Finding the right dose

There is no standard dose of ADHD medication, and the right dose cannot be predicted from age, sex, weight or how severe the symptoms are. Treatment therefore starts at a low dose, which is increased gradually while the benefits and any side effects are monitored. This process is called titration. It usually takes around three months, and longer if a medicine needs to be changed.

## Common side effects

Side effects are most noticeable when starting or increasing a dose and often settle over the first few weeks. With stimulants, the more common ones include:

- reduced appetite and some weight loss;
- difficulty getting to sleep;
- headaches, stomach ache, dry mouth or feeling sick;
- feeling anxious, irritable or low, or a dip in mood as the medicine wears off later in the day;
- small increases in heart rate and blood pressure.

Atomoxetine can cause feeling sick, stomach upset, dry mouth, headache, reduced appetite, difficulty sleeping, tiredness and increases in heart rate and blood pressure. It can also reduce interest in sex, and in some men it affects erections or orgasm.

Please tell us about any side effect that troubles you. Many can be managed by changing the timing or dose, or by trying a different medicine. Anyone can also report a suspected side effect to the medicines regulator through the Yellow Card scheme at yellowcard.mhra.gov.uk.

> **WHEN TO SEEK MEDICAL HELP STRAIGHT AWAY**
> Call **999** or go to **A&E** if you have chest pain; a fit or seizure; signs of a stroke, such as drooping on one side of the face, weakness on one side of the body or slurred speech; or thoughts of harming yourself or someone else.

Call **999** if you have signs of a serious allergic reaction, such as sudden swelling of the lips, mouth, throat or tongue, or difficulty breathing or swallowing.

Call your GP or **NHS 111** straight away if you have a fast, pounding or irregular heartbeat; fainting or unusual breathlessness; seeing or hearing things that are not there; new or worsening low mood, anxiety, agitation or aggression; or new tics. If you take atomoxetine and notice signs of a liver problem, such as yellowing of the skin or eyes, dark urine, tenderness on the right side just below the ribs, or unexplained sickness, tiredness or itching, stop taking it and get medical advice straight away.

Please also let us know afterwards, so that we can review your treatment. Do not wait for a reply from us before getting help, because we are not able to respond urgently.

## Heart health and monitoring

Before starting medication, we check your heart rate, blood pressure and weight, and ask about your own and your family's heart health. Some people need a heart tracing (an electrocardiogram, or ECG) or blood tests before starting, depending on their history and readings. During treatment, heart rate and blood pressure are checked before and after each dose change and at least every six months, and weight is monitored.

ADHD medicines usually cause only small rises in heart rate and blood pressure. Their long-term effects on the heart are less certain. A 2022 review of earlier studies found no clear increase in heart disease, although it could not rule out a modest one. A large Swedish study published in 2024 found that the risk of heart and circulation problems rose gradually with each year of use, most clearly for high blood pressure. This is why regular monitoring continues for as long as you take medication, and why people with a history of heart problems need particular caution and sometimes the advice of a heart specialist.

## Rules for controlled drugs

Methylphenidate, lisdexamfetamine and dexamfetamine are Schedule 2 controlled drugs, which means extra legal rules apply to how they are prescribed and supplied. In practice:

- a prescription must be dispensed within 28 days of the date on it, and if the pharmacy can only supply part of it, the rest cannot be collected after those 28 days;
- each prescription is usually for no more than 30 days' supply, and repeat dispensing is not allowed;
- you may be asked to sign for the medicine or show identification when collecting it;
- the medicine should be stored securely, and it is illegal to give or sell it to anyone else.

Atomoxetine and guanfacine are not controlled drugs.

## Supply problems and brand changes

Since 2023 there have been national disruptions to the supply of several ADHD medicines. Many have now resolved, but availability of particular products, especially some brands of modified-release methylphenidate, can still vary. We cannot guarantee that a particular medicine will always be available, and occasionally a switch to another product is needed.

Different brands of modified-release methylphenidate are not all interchangeable, because they release the medicine in different patterns. National guidance is that these medicines are usually prescribed by brand name, and the medicines regulator advises caution when switching between them. If your pharmacy tells you that your usual brand is unavailable, or offers you a different one, please contact us before you take it, so that we can confirm it is suitable and issue a new prescription if needed. If you do

change brand, read the leaflet carefully, because instructions such as whether to take it with food can differ, and let us know about any change in how well the medicine works or any new side effects.

**AVOIDING GAPS IN TREATMENT**

Request prescriptions in good time, well before you run out. Controlled drug prescriptions have to be sent by post, so allow for posting and pharmacy time; our website gives the current request deadlines. Let us know early if your pharmacy is having difficulty obtaining your medicine. If you have had a break from treatment of more than about two weeks, please check with us before restarting at your usual dose.

## Pregnancy, breastfeeding and contraception

If you are planning a pregnancy, become pregnant or are breastfeeding, please tell us and your GP as soon as you can. Information about the safety of ADHD medicines in pregnancy is limited, and the decision about whether to continue is an individual one that weighs the benefits of treatment against the possible risks. Please do not stop suddenly without advice. Some ADHD medicines pass into breast milk only in very small amounts; this is also something to discuss individually. The Best Use of Medicines in Pregnancy (BUMPS) website, run by the UK Teratology Information Service, has reliable leaflets on individual medicines at www.medicinesinpregnancy.org. Methylphenidate does not affect how contraception works, but if any medicine makes you vomit, check your contraceptive pill's instructions, because vomiting can stop the pill from working.

## Travelling with medication

If you travel abroad with a controlled drug:

- carry it with you in your hand luggage, in its original packaging, when you leave and re-enter the UK;
- take your prescription or a letter from your prescriber confirming that it has been prescribed for you, with the name, strength and amount of the medicine, because it may be taken away at the border if you cannot show that it is yours;
- check the rules of the country you are visiting with its embassy before you travel, because some countries restrict or ban ADHD medicines, and travelling with a medicine that is illegal there can lead to a fine or imprisonment;
- for a longer trip, talk to us early, because controlled drugs are not normally prescribed for more than about a month at a time. The Home Office's Drug and Firearms Licensing Unit can advise on leaving the UK with controlled drugs (dflu.ie@homeoffice.gov.uk).

We can provide a travel letter if you need one. Please ask in good time before you travel.

## Sport

Some ADHD medicines are on the list of substances banned in competitive sport. If you compete in a sport governed by anti-doping rules, check with UK Anti-Doping and your sport's governing body whether you need a Therapeutic Use Exemption before competing.

## Reviews, breaks and stopping

NICE recommends that ADHD medication is reviewed at least once a year by a healthcare professional with training and expertise in ADHD, to consider how well it is working, any side effects and whether it is still needed. While you are treated through UMID, whether we prescribe or your GP prescribes under shared care, we review you every six months (see Part 6). Planned breaks or dose reductions are sometimes worth considering to see whether medication is still helping, and this is best discussed and

planned with us. Breaks are not suitable for every medicine; atomoxetine, for example, works best when taken every day.

Please talk to us before stopping medication. Stopping is not usually dangerous, but stopping suddenly can cause withdrawal symptoms such as low mood or tiredness, and we can help you plan it.

## Reading more about your medicine

Detailed leaflets on ADHD medicines are available on UMID's Choice and Medication website at www.choiceandmedication.org/umid/. This site is provided for UMID patients and their carers. The NHS website also has clear information on methylphenidate for adults at www.nhs.uk/medicines/methylphenidate-adults/.

PART 6

# Treatment with UMID

**IN THIS PART**

- How assessment and treatment fit together
- What needs to be in place before starting medication
- Titration appointments and home monitoring
- After titration: shared care with your GP or continuing privately, and reviews every six months
- Contacting us, and where to find current fees

The details of our services, including appointment arrangements and current fees, are kept up to date on our website at umid.co.uk/adhd. Fees are listed at umid.co.uk/our-fees.

## Assessment and treatment are separate

Your assessment established the diagnosis and set out recommendations. Starting medication is a separate step, provided through our ADHD treatment package, which is available to people who were diagnosed at UMID. You do not need to decide straight away. If more than six months pass between your assessment and your decision to try medication, we will need to see you for a further review first, because circumstances and health can change.

Your GP will not usually start ADHD medication on the basis of a diagnosis. National guidance is that ADHD medication is started by a healthcare professional with training and expertise in ADHD, and your GP can only take over prescribing later, under a shared care agreement, if they agree to do so.

## Before starting medication

To start medication safely and to judge what it is doing, some things need to be in place:

- a reasonably settled period of life and daily routine, without major upheaval;
- no current medical or mental health crisis. Severe depression or anxiety, suicidal thoughts, and problems with alcohol or drugs need attention first, because treating ADHD while these are active is often ineffective and can be harmful;
- no recreational drugs or medicines not prescribed for you, and alcohol kept to a minimum;
- blood pressure, pulse and weight within a safe range;
- your consent for us to share information about your treatment with your GP. This is a requirement of safe prescribing, and we cannot prescribe without it.

## Titration appointments

Titration involves a series of short video appointments over about three months, closer together at the start and further apart as the dose settles. At the first appointment we discuss the medicine options, their benefits and risks, and decide together what to start. At each later appointment we review benefits, side effects and your readings, and agree any change in dose. During titration, you can email us with questions about the effects or side effects of your medication between appointments. Replies can take a few working days, so if a side effect is severe or worrying, do not wait for our reply. Use the advice in the box “When to seek medical help straight away” in Part 5. Outside titration, clinical advice is given in appointments rather than by email.

For most people titration takes around three months. For some it takes longer, usually because a medicine needs to be changed or supply problems interrupt treatment.

## Home monitoring

You will need your own upper-arm blood pressure monitor and weighing scales, and to provide your blood pressure, pulse and weight readings at the start of every titration appointment. Appointments cannot go ahead without them, because they guide safe dosing. A pharmacist can advise on choosing a clinically validated monitor.

**TAKING A BLOOD PRESSURE READING**

Sit on an upright chair with a back, with your feet flat on the floor and your arm resting on a table. Put the cuff on your bare upper arm rather than over clothing. Relax, breathe normally and do not talk during the reading. Take a second reading a few minutes after the first, and record both with the date and time.

## After titration: shared care or continuing privately

Once a stable dose has been reached, we review with you whether the medication is improving your daily life and whether you would like to continue.

**Shared care with your GP.** A shared care agreement allows your GP practice to take over prescribing and to carry out its own physical health checks every six months, while you continue to see us for a specialist review every six months. Shared care is entirely at the discretion of your GP practice. It is a voluntary arrangement that a practice may decline, and many practices currently decline to share care with private providers. We therefore strongly recommend asking your GP practice, before you start medication, whether they would be willing in principle to take over prescribing after titration. You can download a template letter to use when asking from the UMID Resources page at umid.co.uk/resources. We can only make a shared care request after titration if your practice has confirmed its willingness in writing beforehand.

For a shared care request, the dose needs to have been stable for at least a month, the medicine needs to be clearly helping, side effects need to be manageable and your recent physical health readings need to be satisfactory. Under shared care, you remain responsible for attending your six-monthly specialist reviews and your GP monitoring appointments, and for telling both your GP and us about any significant change in your health.

**Continuing privately.** If shared care is not agreed, or you prefer it, we can continue to prescribe privately, with a review every six months. Private prescriptions are paid for at the pharmacy, in addition to our fees. Current fees are on our website at umid.co.uk/our-fees.

**Reviews every six months.** We review everyone taking ADHD medication every six months, whether or not a shared care agreement is in place. Each review covers your blood pressure, pulse and weight, and how your ADHD and your treatment are going. NICE sets a minimum of one review of ADHD medication a year by a healthcare professional with training and expertise in ADHD, and it also recommends checking blood pressure, pulse and weight every six months in adults taking ADHD medication. This is why we review every six months. GP practices carry out their own six-monthly checks only where they have agreed shared care, which is the case for a minority of the people we treat, so please do not rely on your GP practice to monitor your treatment. Where shared care is in place, your GP's checks and our reviews both continue.

## Contacting us

Email is the most reliable way to reach us, at umid@umid.co.uk. If you decide that you would like to try medication, email us to say so, and tell us what your GP has said about shared care; we will then send you the booking forms.

Our practice support team can help with bookings and scheduling, invoices and payment, forms and prescription requests, and technical problems with video appointments, but cannot give clinical advice. If you need to be seen sooner than planned, you can ask for an earlier appointment, although the first available appointment may not be immediate. If you would like us to discuss your care with a family member or someone else, we will need your written consent, and the discussion is arranged as a separate appointment.

PART 7

# Driving

IN THIS PART

- When you must tell the DVLA
- Driving and ADHD medication, including the drug-driving law

## When you must tell the DVLA

The law requires you to tell the DVLA if your ADHD, or your ADHD medication, affects your ability to drive safely. If your driving is not affected, you do not need to tell the DVLA. If you are unsure, ask us or your GP. You can be fined up to £1,000 if you do not tell the DVLA about ADHD that affects your driving, and you may be prosecuted if you are involved in an accident as a result. If you hold a full car or motorcycle licence, you can tell the DVLA online or by post. Full details are at www.gov.uk/adhd-and-driving.

The same duty applies if you hold a bus, coach or lorry licence, and the GOV.UK page explains the different form used for those licences. If you are still learning to drive, you do not usually need to tell the DVLA unless your doctor has told you that your ADHD or medication affects your ability to drive safely.

## Driving and medication

Large population studies have found that people with ADHD have lower rates of road accidents during periods when they take ADHD medication than during periods when they do not. These studies show an association rather than proving cause, but they are consistent with what many people report about their concentration on the road.

Until you know how a new medicine or dose affects you, take care with driving, cycling and using machinery, and do not drive if you feel dizzy, drowsy or unable to concentrate.

In England, Scotland and Wales it is illegal to drive if any medicine, prescribed or not, is making you unfit to drive. The government's guidance on the drug-driving law also names amphetamine, including dexamfetamine, among the prescribed medicines that have legal limits in the blood. Lisdexamfetamine is not named, but it is converted into dexamfetamine in the body, so it is sensible to treat it in the same way. You can drive while taking these medicines if they have been prescribed for you, you take them as advised by a healthcare professional, and they are not making you unfit to drive. It is sensible to keep evidence of your prescription with you, such as the pharmacy label or a copy of your prescription. More information is at www.gov.uk/drug-driving-law.

PART 8

# Work, study and your rights

IN THIS PART

- The Equality Act 2010 and reasonable adjustments
- Support at work, including Access to Work
- Support in further and higher education, including Disabled Students' Allowance

## The Equality Act 2010

Under the Equality Act 2010, you are considered disabled if you have a physical or mental impairment that has a substantial and long-term effect on your ability to carry out normal daily activities. "Substantial" means more than minor or trivial, and "long-term" means lasting, or likely to last, 12 months or more. Many adults with ADHD meet this definition, although whether a particular person does depends on their circumstances, and some people do not think of themselves as disabled. Meeting the definition gives you protection from discrimination and a right to reasonable adjustments. The Act applies in England, Scotland and Wales; Northern Ireland has its own legislation.

## Work

You are not usually obliged to tell an employer about your diagnosis, and it is your decision whether and when to do so. Telling your employer can make it easier to ask for reasonable adjustments, which are changes an employer must make so that a disabled worker is not put at a substantial disadvantage. Adjustments that adults with ADHD often find helpful include:

- a quieter workspace, a fixed desk rather than hot-desking, or noise-cancelling headphones;
- written instructions and written summaries of meetings;
- help with planning and prioritising work, and regular check-ins with a manager;
- flexible working hours or some home working;
- breaking large projects into stages with interim deadlines;
- reducing interruptions at times that need concentration.

**Access to Work** is a government scheme that can help you get or stay in work if you have a physical or mental health condition or disability. It can provide a grant towards practical support such as specialist equipment, assistive software or a job coach, and it offers support for managing your mental health at work. You need to be 16 or over and in, or about to start or return to, a paid job in England, Scotland or Wales; Northern Ireland has a different scheme. The government's guidance names ADHD as one of the conditions it can support, and you do not need a diagnosis to apply. An Access to Work grant does not affect other benefits and does not have to be paid back. It does not pay for reasonable adjustments that your employer is legally required to make. Applications have been taking several months to process, so it is worth applying early. The government announced in 2026 that it is reviewing the scheme, so please check the GOV.UK page for the current rules. Details are at www.gov.uk/access-to-work.

**Acas**, the independent workplace advice service, publishes guidance on neurodiversity at work for employees and employers at www.acas.org.uk/neurodiversity-at-work. The **Equality Advisory and Support Service** gives free advice if you think you have been discriminated against, at www.equalityadvisoryservice.com.

If your employer asks for a report on how your ADHD affects your particular job, that usually needs an occupational health assessment, which looks at your role and workplace in detail. We can provide a letter confirming your diagnosis, on request.

## Study

If you are at college or university, or about to start, contact the disability or student support service early, rather than waiting until a difficulty arises. Colleges and universities have a duty under the Equality Act to anticipate the adjustments disabled students may need. Adjustments commonly agreed for students with ADHD include extra time and rest breaks in examinations, a smaller or separate examination room, access to lecture recordings and materials in advance, written confirmation of deadlines, agreed stages for long assignments, and regular contact with a named member of staff.

**Disabled Students' Allowance** (DSA) can help with study-related costs that arise because of a disability, such as specialist equipment, assistive software or specialist study skills support. In England, the amount depends on your needs, not your household income, and it does not have to be paid back. After applying, you have a needs assessment, which is an informal conversation about the support that would help. Do not buy equipment before your assessment, because it will not be refunded. Universities and funders usually ask for a diagnostic report from a qualified clinician as evidence. The arrangements differ in Scotland, Wales and Northern Ireland. Details for England are at www.gov.uk/disabled-students-allowance-dsa.

We can provide letters confirming your diagnosis for education or employment, on request.

PART 9

# Sharing your diagnosis and finding support

IN THIS PART

- Deciding whether, when and how to tell people
- Supporting a partner or family member with ADHD
- Organisations, websites and books we recommend

## Deciding whether to tell people

Whether to share your diagnosis, and with whom, is entirely your decision. Some people tell almost everyone; others tell only a partner or close friend, or no one at all. Many find that when people close to them understand ADHD, patterns such as lateness, forgetfulness or interrupting are less likely to be taken personally, and practical support becomes easier to arrange.

If you decide to share, it can help to think about who would benefit from knowing, what you want them to understand, what helps and what does not, and when to talk, choosing a calm moment rather than the middle of a disagreement. You can share as much or as little as feels right, and you can point people to reliable information, such as this guide or the websites below.

## For partners and family members

If someone close to you has been diagnosed with ADHD, learning about the condition is one of the most useful things you can do. It can help to separate the person from the difficulty: forgetting an arrangement is more often a problem of memory and planning than a sign of not caring. Agreeing shared systems, dividing tasks according to strengths and making space to talk openly can ease strain on both sides. It is also important to look after yourself, and some of the organisations below offer support to families as well as to adults with ADHD.

## Organisations and websites

- **NHS: ADHD in adults** gives clear, reliable information on symptoms, diagnosis and treatment. www.nhs.uk/conditions/adhd-adults/
- **Royal College of Psychiatrists: ADHD in adults** is an information resource written by psychiatrists for the public. www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/adhd-in-adults
- **ADHD UK** is a charity offering information, free online support groups (including groups for people recently diagnosed as adults) and resources on work and diagnosis. adhduk.co.uk
- **ADDISS** (the National Attention Deficit Disorder Information and Support Service) is a long-established charity providing information and resources for adults, families and professionals, with a telephone line on 020 8952 2800. www.addiss.co.uk
- **ADHD Adult UK** is a charity run by adults with ADHD, offering information and peer support, including an online community. www.adhdadult.uk
- **AADD-UK** is a website run for and by adults with ADHD, including details of some adult ADHD support groups. aadduk.org
- **ADHD Foundation** is a neurodiversity charity offering information, training and support for children and adults. www.adhdfoundation.org.uk

- **Hub of Hope** is a national directory of mental health support, searchable by postcode, including local services and groups. hubofhope.co.uk
- **NHS Talking Therapies** for anxiety and depression, which adults in England can refer themselves to. www.nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression/
- **UMID: ADHD assessment and treatment** sets out our services, pathway and arrangements. umid.co.uk/adhd

## Books

These books are written for adults with ADHD. Several are American, so some of the services and legal details they mention do not apply in the UK, but the practical advice travels well.

- **Taking Charge of Adult ADHD** by Russell A. Barkley (second edition, 2021). A clear, practical guide by a leading ADHD researcher, suited to readers who want to understand the condition in depth as well as what to do about it.
- **The Adult ADHD Tool Kit** by J. Russell Ramsay and Anthony L. Rostain (2014). Practical coping strategies drawn from CBT, suited to readers who like a structured, hands-on approach.
- **Mastering Your Adult ADHD: Client Workbook** by Steven A. Safren and colleagues (second edition, 2017). The workbook from a CBT programme tested in clinical trials, best used with a therapist or by readers who are comfortable working through exercises alone.
- **The Mindfulness Prescription for Adult ADHD** by Lidia Zylowska (2012). An eight-step mindfulness programme adapted for ADHD, suited to readers interested in mindfulness.
- **A Radical Guide for Women with ADHD** by Sari Solden and Michelle Frank (2019). Written for women, particularly those diagnosed in adulthood, with a focus on self-acceptance as well as practical change.
- **Order from Chaos** by Jaclyn Paul (2019). A practical guide to organising a home and daily life, written by an adult with ADHD.
- **ADHD an A-Z** by Leanne Maskell (2022). A UK book written by an author with ADHD, arranged as short entries on everyday topics that are easy to dip into.
- **The ADHD Effect on Marriage** by Melissa Orlov (2010). Written for couples in which one partner has ADHD, and useful for partners as well as for the person with ADHD.

AT THE BACK

# Words used in this guide

**ADHD (attention deficit hyperactivity disorder)**: a neurodevelopmental condition, present from childhood, involving difficulties with attention, activity levels and impulsivity that affect daily life.

**Access to Work**: a government scheme that provides grants and support to help disabled people and people with health conditions get or stay in work.

**CBT (cognitive behavioural therapy)**: a practical talking therapy that looks at the links between thoughts, feelings and actions, and builds skills for managing difficulties. It can be adapted for ADHD.

**Controlled drug**: a medicine with extra legal controls on how it is prescribed, supplied and stored, because it could be misused. Stimulant ADHD medicines are Schedule 2 controlled drugs.

**DSA (Disabled Students' Allowance)**: funding for study-related support needed because of a disability, for students in higher education.

**DVLA (Driver and Vehicle Licensing Agency)**: the government agency that holds driving licences in Great Britain and must be told about medical conditions that affect safe driving.

**ECG (electrocardiogram)**: a simple, painless test that records the electrical activity of the heart.

**Emotional dysregulation**: emotions that arise quickly and strongly and are hard to settle, commonly described by adults with ADHD.

**Equality Act 2010**: the law in England, Scotland and Wales that protects people from discrimination, including on the grounds of disability.

**Hyperfocus**: becoming so absorbed in an interesting activity that time and other tasks are forgotten.

**Modified-release**: a form of a medicine designed to release it gradually, so that one dose lasts longer.

**Neurodevelopmental condition**: a condition arising from differences in how the brain develops, present from early life. ADHD, autism and dyslexia are examples.

**NICE (National Institute for Health and Care Excellence)**: the organisation that publishes national guidance on health and care in England.

**Non-stimulant**: an ADHD medicine that works differently from stimulants, such as atomoxetine or guanfacine.

**Off-label**: the use of a medicine in a way that is outside the terms of its UK licence, for example in a different age group. It is common and legitimate when supported by evidence and guidance.

**Peer support**: support from other people who share a similar experience.

**Psychoeducation**: structured learning about a condition and how to manage it.

**Reasonable adjustments**: changes that employers and education providers must make so that disabled people are not put at a substantial disadvantage.

**Rejection sensitivity**: a term from lived experience for intense emotional pain in response to criticism or perceived rejection. It is not a medical diagnosis.

**Shared care agreement**: an arrangement in which a specialist starts a treatment and a GP agrees to take over prescribing and routine monitoring, while the specialist continues to review the treatment. It is voluntary for the GP.

**Stimulant**: a group of ADHD medicines, including methylphenidate, lisdexamfetamine and dexamfetamine, that increase the activity of certain chemical messengers in the brain.

**Therapeutic Use Exemption (TUE)**: permission from an anti-doping body for an athlete to use a medicine that is otherwise banned in their sport, because they need it for a medical condition.

**Titration**: starting a medicine at a low dose and increasing it gradually to find the dose that gives the best balance of benefit and side effects.

# Where this information comes from

This guide was written by the clinical team at UMID using national guidance, regulatory information and published research. Where the research is limited or uncertain, we have said so. The main sources are listed below. Academic papers are listed with a web address that leads to a summary of the paper; some full papers require a subscription.

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**UMID services**

43. UMID. Our fees, including the ADHD six-monthly review. umid.co.uk/our-fees
44. UMID. Resources, including the template letter for asking a GP practice about shared care. umid.co.uk/resources
45. UMID. Clinical policy on six-monthly reviews of ADHD medication and on shared care with GP practices. Confirmed by the clinical lead, September 2026.

AT THE BACK

# Ownership and use



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The latest version of this guide is always available at

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