Wider health needs in attention deficit hyperactivity disorder from lived and professional experience: a qualitative framework analysis

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BACKGROUND

- People with attention deficit hyperactivity disorder (ADHD) are at greater risk of both physical and mental health disorders (1-3)
- Primary care play a vital role in holistic ADHD management (4). However, the perspectives on health in ADHD from primary care professionals (PCPs) and those with lived experience (LE) are unclear.

AIMS

- To explore LE and PCP perspectives on the physical and mental health needs of people with ADHD.
- To understand existing support available.

METHODS

- Qualitative semi-structured interviews with LE participants (n=11) and PCPs (n=9), recruited via clinical research networks/online surveys.
- Data were analysed using reflexive thematic analysis (5), using NVivo.

RESULTS

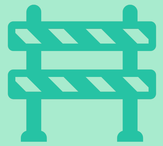
Theme 1: Understanding Health in ADHD

- Identified Health Risks
- Conceptualisation of ADHD in Health

“Just general self-neglect as a consequence of depression associated with ADHD can have harmful effects.” (GP)

"they just deal with that, rather than acknowledging how much health all is interlinked." (YP)

Theme 2: Barriers to Health in ADHD



- Behavioural Risks
- Inadequate Support

”[healthcare systems] that may not necessarily have much sympathy with their particular difficulties" (GP)

I know that unmedicated [ADHD] can shorten your life…increased tendency to get into accidents, live a less healthy lifestyle” (YP)

Theme 3: Addressing Health in ADHD

- Peer Dynamics
- Empowerment and enablement
- Specific recommendations

"we do want to empower our patients rather than help them…so enable them to do things, we can do that" (GP)

“To have more specific support relating how those symptoms might manifest in different situations…would probably be quite useful.” (YP)

DISCUSSION

- Whilst lived experienced and professional participants were aware of the associated health risks in ADHD, there were differing opinions on how ADHD relates to health, and where primary care sits in this relationship.
- This lack of framework came across in the discussion of interventions, where there was no consensus in how resources were utilised (e.g. social prescribers, mental health workers)
- There were varying accounts of agency in health in ADHD, with reference to both personal and structural factors in the health of people with ADHD.

CONCLUSION

- Our findings suggest that there is a spectrum of need within health in ADHD, covering physical and mental health conditions which are mediated by both personal and structural factors.
- Our findings suggest that further research into how services are best utilised in the holistic management of ADHD is warranted

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