

Our ref: DV – GF – BDC169260

NHS number: 6015046279

Clinic Date: 29 December 2024

Typed: 29 December 2024

Private and Confidential

Dr Caroline Swinney
Rooley Lane Medical Centre
Rooley Lane
Bradford
West Yorkshire
BD4 7SS

Dear Dr Swinney

Patient: Georgia Fox**Date of Birth: 18 September 1997****Address: 1 Tempest Square, Bradford, West Yorkshire, BD4 0FE**

Diagnosis	<ol style="list-style-type: none">1. Adult Attention Deficit Hyperactivity Disorder (ADHD) (Combined subtype; DSM V)2. Mixed Anxiety and Depressive Disorder3. Gilberts Syndrome
Medication before Assessment:	
ADHD Medication	None
Other Psychotropic Medication	Fluoxetine 20mg OD
Other Medication	None
CHANGES TO MEDICATION	<p>Psychiatry-UK will commence treatment with stimulant medication - lisdexamfetamine (Elvanse)</p> <p>(Georgia understandably wished to have some time to consider her decision regarding medications- I have referred her to the titration team but there is no obligation for her to take medications).</p>
ACTIONS FOR GP	<ol style="list-style-type: none">1. Please inform us if systolic BP is more than 140 or diastolic is more than 90, or if resting pulse is more than 100 or is irregular (the patient should self-monitor blood pressure and heart rate).2. If the patient is currently under the care of another mental health service, please forward this report to the other service, and please also forward any correspondence from other services involved in the patient's care to Psychiatry UK.

	3. Please inform us if at any point the patient is admitted to a psychiatric unit, or is assessed under the Mental Health Act, or presents with a significant deterioration of their mental state or an increased risk of harm to self or others.
Psychiatry UK Plan	<ol style="list-style-type: none"> 1. In accordance with the NICE Guidelines (www.nice.org.uk/guidance/ng87) for the management of Adult ADHD, we plan to commence stimulant medication, which is the first-line treatment recommendation. 2. Prescribing of medication and monitoring of their response during titration will be undertaken by Psychiatry UK. 3. We plan for the patient to self-monitor blood pressure and heart rate during medication titration and while continuing on medication (we can send a blood pressure monitor in order to do this). 4. As per guidelines for first line therapy, we have decided to commence Lisdexamfetamine. Side effects include the impact on sleep, appetite, less commonly headache. Our Titration Service will carry out monitoring and dose titration. 5. Once stability is achieved, we will arrange a follow-up appointment, inform you of the need for ongoing medication and management, and ask for your consideration of a shared care agreement.
Physical Observations	<u>Date taken:</u> BP: Pulse: Weight: Height: BMI: (This will be submitted before treatment is commenced.)
ID Presented	UK Drivers Licence
Allergies	No known drug allergies

Reason for Referral

Georgia is a pleasant young lady who is working as a special needs teacher. She sought a psychiatric assessment due to longstanding concerns about symptoms she associates with ADHD.

She has been familiar with ADHD for years through her professional work and has noticed a strong connection with children who have the condition. Her interest in seeking an assessment was further amplified after becoming a mother, as she experienced a significant increase in symptoms following the birth of her children.

Georgia expressed a desire to understand her symptoms better and explore potential treatment options, as she has been managing anxiety and mood swings for some time. Her

referral was prompted by a combination of personal insight, professional exposure, and familial patterns, leading her to seek clarity and support for her symptoms.

Adult ADHD Self Report Scale (ASRS) Scores

	Never	Rarely	Sometimes	Often	Very Often
19/01/2024	0	1	4	8	5

History of Presenting Complaint

Georgia has been involved in the field of Special Educational Needs (SEN) for seven years and is currently in her fourth year of teaching. She completed her degree with the Open University part-time while working and is preparing to start her teacher assessments next month. Throughout her education, she found it challenging to complete assignments on time, often requiring extensions and submitting work at the last minute. Despite these challenges, she achieved good grades in her GCSEs, ranging from B to A*. Georgia feels that she can only function effectively under high pressure and deadlines.

In terms of physical activity, Georgia tried various hobbies as a child, including dance, gymnastics, and horse riding, but did not continue with them. However, she practised karate for ten years, which she found beneficial for discipline. Currently, as a busy working mum of two, she (understandably) does not have much time for hobbies.

Georgia has struggled with focus and concentration, often losing track of tasks. She frequently misplaces items, such as her Driver's Licence, which she has lost four times this year. She starts cleaning one room and then forgets, moving to another room. She experiences difficulty organising tasks and often feels overwhelmed by multiple thoughts.

Socially, Georgia was confident in primary school, but by the end of year 7, she felt anxious and struggled to fit in with friends. Although she had a close-knit group of friends, she felt different and did not fully fit in. She enjoyed performing arts, which boosted her confidence, but felt uncomfortable doing tasks as herself.

Emotionally, Georgia has experienced anxiety since childhood and mood swings, but she does not consider it to be depression. She has been prescribed Fluoxetine but struggles to remember to take it regularly. She sometimes scratches herself when upset or frustrated, leaving marks but not causing bleeding- we discussed this, and is not acute self-harm, more in line with the ADHD symptoms and frustration.

In terms of impulsive behaviour and financial management, Georgia has accumulated debt due to impulsive spending on small items and hobbies. She often regrets purchases but finds it difficult to return items. She becomes fixated on new hobbies, such as wanting to start ice skating lessons, despite knowing she may not stick with them.

Before the assessment, an ADHD symptom assessment proforma was submitted, providing extensive details of the history of symptoms. Combined with the information gained during our assessment using the DSM-5 and DIVA-5 criteria, the score was:

- 8 out of 9 inattentive symptoms
- 7 out of 9 for hyperactive/impulsive symptoms.

Georgia completed an Adult ADHD Self report on 10 November 2024, in which they gave examples of ADHD like symptoms occurring in childhood and adulthood in the following domains:

Inattention symptoms:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or in other activities.
- Often has trouble holding attention on tasks.
- Finds it difficult to listen when spoken to directly.
- Finds it difficult to follow through on instructions and fails to finish tasks due to distractions.
- Has trouble organizing tasks and activities.
- Avoids, dislikes, or is reluctant to do tasks requiring mental effort over a long period of time.
- Often loses things necessary for tasks and activities.
- Is easily distracted.

Hyperactivity and impulsivity symptoms:

- Often fidgets, taps hands or feet, or squirms in seat.
- Feels restless when required to remain still.
- Acts as if always on the go.
- Talks excessively.
- Blurts out answers before questions are completed.
- Interrupts or intrudes on others.

Georgia often made careless mistakes in schoolwork due to not double-checking her work and missing details in verbal instructions because she would zone out or get distracted. She needed multiple activities to maintain attention, often requiring background music or frequent breaks. Simple tasks like cleaning her room took days due to distraction and becoming overwhelmed. She quickly lost interest in extracurricular activities. Georgia often forgot what people said to her and worried about interactions afterward. She left important tasks to the last minute and pretended to do homework while doing something else. She frequently lost things like homework and needed replacements. She was easily distracted by background noise and her thoughts. Georgia fidgeted often, sat in odd positions, and developed uncontrollable twitches. She felt restless when still, struggled to fall asleep, and was always on the go with lots of energy. She talked excessively, interrupted others, and blurted out answers before questions were completed, often needing reminders to wait her turn.

Georgia reports frequent inattention symptoms, such as struggling to understand questions and missing key details in university work, forgetting training instructions at work, and misplacing items like keys and paperwork. She often starts new hobbies but loses interest quickly, and has difficulty completing tasks due to distractions. She finds it hard to focus during conversations, often getting lost in her thoughts. Hyperactivity symptoms include frequent fidgeting, restlessness, and feeling mentally overwhelmed by multiple tasks. She prefers to be constantly engaged in activities and struggles to sit still. Impulsivity is evident in her tendency to interrupt conversations, talk excessively, and blurt out answers before questions are completed. She often feels the need to speak quickly to keep up with her thoughts, leading to interruptions and difficulty knowing when to stop talking.

The symptoms reported above have had a long-term impact on educational, employment, emotional, family, finances, friendships and leisure time/relaxation/sleep.

Her mother who is also involved in the field of SEN also collaborated this history on discussion with Georgia.

A Wenders Utah rating scale was also completed which again strongly indicated presence of symptoms prior to aged 12, which was corroborated by clinical interview today.

Psychiatric History

Georgia has experienced some anxiety since childhood and has had mood swings and low moods, which she did not initially identify as depression. Her GP summary notes anxiety and depression. She has been prescribed Fluoxetine 20 mg once daily, on multiple occasions but struggles with remembering to take it or order new prescriptions.

Georgia has not been admitted to any psychiatric or mental health-related hospitals, nor has she been involved with outpatient psychiatric treatments, community mental health teams, or crisis teams.

She has a history of engaging in superficial scratching when upset or frustrated, which rarely leads to bleeding but leaves bruise marks.

Georgia has experienced financial stress due to impulsive spending and has a history of feeling different and struggling with fitting in socially, particularly during secondary school.

Medical History

Georgia describes herself as generally in good health. She has been diagnosed with Gilbert syndrome. She is currently taking Fluoxetine 20 as above, no other medications.

She has no known allergies. There are no known issues with diabetes, heart problems, or cardiovascular issues.

Personal and Developmental History

Georgia was born and raised in Leeds. She has a younger brother and sister who are twins, and they both still live at home with her parents. Her mother works in a similar field to her, providing behaviour and special needs support in a mainstream school, and they have discussed Georgia's experiences in depth. Georgia is currently engaged to her fiancé, with whom she has two children, a five-year-old boy and a two-year-old girl. The relationship is described as going well.

Georgia attended primary school where her mother worked, and she was involved in performing arts during secondary school. As above, we spoke of challenges faced with ADHD symptoms causing issues during school. She achieved a range of B to A* grades in her GCSEs. After leaving secondary school, she initially pursued Performing Arts at college but left after a few months. She later pursued a degree with the Open University and completed a BA Honours in Education Studies in Primary Education. She has been working in the field of special educational needs for seven years and is currently in her fourth year of teaching. Georgia experienced difficulties with assignments during her degree, often requiring extensions and completing work at the last minute.

Throughout her life, Georgia participated in karate for ten years during her childhood. She also tried various activities such as dance, gymnastics, and horse riding but did not stick with them for long. Georgia currently lives in Bradford with her fiancé and children,

Forensic History

Georgia confirmed that she has never had any problems with the police or the law.

Drug and Alcohol History

Georgia reported that she was quite responsible with alcohol consumption during her teenage years, with her parents being aware of her drinking, which typically occurred at friends' houses. She indicated that she has always been sensible with alcohol and currently only drinks socially. Georgia stated that she has never smoked and did not engage in the use of illegal drugs or recreational substances.

Family Medical and Psychiatric History

Georgia reports a family history suggestive of psychiatric disorders, particularly on her father's side. Although no formal diagnoses have been made, there is a strong suspicion that her father has ADHD, and there is a history of ADHD within her father's family, with some younger relatives receiving diagnoses.

There is no known family history of chronic medical conditions such as diabetes, hypertension, autoimmune disorders, or heart disease

Mental State Examination

Georgia was a very pleasant well kempt lady, she was initially slightly anxious, but a good rapport was formed.

No speech abnormalities were noted, including rate, tone, or volume. Spontaneous, coherent, and articulate. There was no evidence of pressured speech.

Mood was subjectively 'good' and objectively euthymic with a reactive affect- no suicidal thoughts, positive about future. There were no reported thoughts of self-harm, suicide, or harm to others. We discussed some themes such as self esteem issues and being self-critical which are often seen as a result of the ADHD.

No disorder of thought form nor content. There was no evidence of perceptual abnormalities. Cognitively intact globally, although not formally assessed.

She had good insight into the condition.

Capacity and Consent

There was no reason to suspect that Georgia might not have capacity to consent to treatment.

Risk Assessment/Safeguarding

Georgia did not report any current or past suicidal ideation, self-harm, or violent behaviour. She mentioned experiencing anxiety since childhood and occasional low moods, but she has not identified these as significant risks to her wellbeing.

Georgia has two young children and lives with her fiancé, and she did not indicate any concerns about their safety or wellbeing.

Diagnostic Formulation

Georgia was assessed against the DSM-5 criteria for ADHD in adults. Georgia met the DSM-5 criteria for Adult ADHD as follows:

Criterion A: Symptom score – 15/18 Met the criteria for inattentive and hyperactive/impulsive symptoms.

Criterion B: Gave a history of a lifelong pattern supported by a collateral report.

Criterion C/D: Has impairment in multiple domains of functioning.

Criterion E: These symptoms cannot be better explained by another psychiatric disorder.

Driving Information

Driver

The DVLA states “You must tell DVLA if your attention deficit hyperactivity disorder (ADHD) affects your ability to drive safely.” Further information is available from <https://www.gov.uk/adhd-and-driving>.

Additional Resources which may be helpful:

<https://www.ukaan.org>

<https://aadduk.org>

<http://addiss.co.uk>

Access To Work allows people to get support in work if they have a disability or health condition, which includes ADHD. This service can offer support based on your needs, which could include adaptations and ADHD coaching.

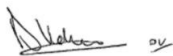
Please see link for more information: <https://www.gov.uk/access-to-work>.

Alcohol and Illicit Drugs

Do not drink alcohol while taking stimulant medicines. Alcohol may make the side effects of stimulants worse. Remember that some foods and medicines contain alcohol, please discuss this further with your consultant, if required. Also, it is potentially fatally dangerous to use illicit drugs, such as cocaine and amphetamines, when prescribed ADHD medication.

Note to Patient: If errors have been made in this letter regarding information you have provided, please do not hesitate to get in touch, and they can be corrected.

Kind regards



Dr Dinal Vekaria

Consultant Psychiatrist

MD, MRCPsych, PGCert Med Ed, MSc, Sec 12 approved

GMC 610788

CC Georgia Fox

Psychiatry UK phone lines are staffed from 8am to 6pm Monday to Friday. You can also contact us via the live chat on our website during those times. If you need to contact us outside of these hours, you can leave a message on your portal. We endeavour to get back to you within five days; however, there may be delays due to the popularity of our service.

***** NEED URGENT HELP? *****

If your issue is urgent and cannot wait, or if you have a medical emergency, please contact 111, or your GP's out-of-hours service. In extreme emergencies, please go to your local Accident and Emergency provider. You can also visit <https://psychiatry-uk.com/urgent-help> for further advice.