ADHD:
overdiagnosis or opportunity?

The recent interim report from the independent ADHD Taskforce, commissioned by NHS England, brings to the forefront a critical discussion about attention deficit hyperactivity disorder (ADHD) in the UK.[1] The argument that neurodevelopmental conditions are socially constructed or overdiagnosed[2] is a diversion when the real difficulties experienced by individuals whose functioning is significantly impacted are undeniable. With waiting lists for assessment increasing across the UK, the Taskforce compellingly argues that the prevailing issue is, in fact, significant unmet need and underdiagnosis, resulting in serious educational, employment, social, physical, and mental health problems across the lifespan.[1]

The current system for ADHD care

The current system for ADHD care often relies heavily on limited-capacity secondary and specialist services, creating immense bottlenecks and extremely long waiting lists. Current services are siloed and often offer diagnosis-only services. A diagnosis without subsequent, integrated support leaves individuals, particularly young people and adults, without the necessary tools and guidance to thrive in education, employment, daily living, and social interactions. Additionally, the arbitrary separation of services depending on age or neurotype is woefully inefficient and inadequate.

Contrary to outdated perceptions, ADHD and autism are common and often co-occurring.[1] ADHD and other neurodivergence is not just about mental health, although it is widely acknowledged that the majority of patients with mental health difficulties are managed in primary care.[3] Associated physical health disorders include dysautonomia, postural orthostatic tachycardia syndrome, fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome, allergies, atopic conditions, inflammation, and autoimmune conditions.[4] Furthermore, adults with ADHD are more susceptible to general health conditions such as obesity, type 2 diabetes, asthma, hypercholesterolaemia, and hypertension.[5] Emerging research also highlights complex brain–body connections between neurodivergence and common variant connective tissue disorders such as joint hypermobility, which are associated with perplexing physical symptoms such as chronic pain and fatigue.[6] Significant overlap exists with other neurodevelopmental disorders, such as dyspraxia, developmental language disorder, and dyscalculia.[7]

"We urgently need top-level commitment from policymakers and healthcare leaders. By investing in our primary care infrastructure, recognising the expertise that GPwERs [GPs with extended roles] *bring, and fostering a culture of understanding and support for neurodiversity, we can unlock the full potential of primary care."*

Opportunity

The inherent co-occurrence of multiple physical and mental health disorders associated with neurodivergence underscores the need for a broad, holistic clinical lens in assessment. This presents a crucial opportunity for primary care to transform patient outcomes and broader societal wellbeing by the 'mainstreaming' of ADHD into primary care.[8]

As holistic practitioners, GPs are uniquely positioned to address this huge unmet need. Our comprehensive understanding of mental and physical health, coupled with our role as the first point of contact in the healthcare system, makes us ideally suited to support patients who are neurodivergent. Indeed, as GPs, we support patients across the lifespan and can recognise patterns within families. Together with our expertise in managing these prevalent physical and mental health issues, we are arguably better placed to identify and support patients who are neurodivergent presenting with such comorbidities, than our increasingly specialist colleagues. The management of ADHD is not inherently more complex or difficult than other common health conditions currently treated within primary care and can be effectively managed by trained GPs, overseeing a team of allied health professionals. Specialist mental health services can then focus on patients with complex or severe mental health difficulties, reflecting the expertise of psychiatrists in navigating challenging psychiatric presentations, especially those with other psychiatric conditions or where medication initiation is complicated. This would involve aligning ADHD care pathways with those for other common health conditions within a community service, rather than leaving diagnosis and management to siloed, highly specialist services.

Barriers and potential solutions

The current GP model cannot support this. Barriers such as resource limitations and system capacity clearly hinder implementation. The current GP workforce is overwhelmed, GPs are

leaving the NHS and those that remain are working longer hours.[9] Counter-intuitively, highly trained GPs are out of work.[10] So we have a generalist workforce committed to providing holistic care and a patient population desperate to receive their services, but currently a lack of effective means to connect the two.

A potential solution to this impasse is the GP Extended Role Framework. A GP with an extended role (GPwER) is a GP who undertakes a role that is beyond the scope of GP training and the MRCGP, and undertakes further training in assessment, diagnosis, and support.[11] The GPwER in ADHD framework was published in March 2024[12] and a GPwER in neurodiversity is currently in press. While many GPs have undertaken additional training in neurodiversity in general and ADHD in particular (there were over 2000 sign-ups to the One Day Essentials Conference in October 2024), there is currently no mechanism for them to assess and diagnose patients who are neurodivergent under the current funding pathways.

We urgently need top-level commitment from policymakers and healthcare leaders. By investing in our primary care infrastructure, recognising the expertise that GPwERs bring, and fostering a culture of understanding and support for neurodiversity, we can unlock the full potential of primary care.

It is time to put aside the divisive discussions surrounding 'overdiagnosis' and recognise the fact that those seeking diagnosis are in need of support, and doing so offers a significant opportunity for primary care in terms of really making a difference to our patients.

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