

MIDER

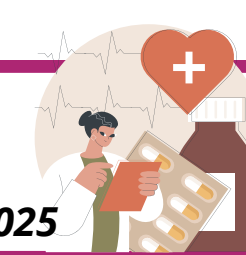
Improving the Process of Medication Titration in Adult ADHD Pathway

Item Type	Internal Poster
Authors	DeCates, Angharad;Supported by the Quality Improvement Team
Citation	DeCates, Angharad. Improving the Process of Medication Titration in Adult ADHD Pathway. Coventry and Warwickshire Partnership NHS Trust. 2025
Publisher	Coventry and Warwickshire Partnership NHS Trust
Rights	Attribution-NonCommercial-NoDerivs 2.0 UK: England & Wales
Download date	2026-06-13 12:41:50
Item License	http://creativecommons.org/licenses/by-nc-nd/2.0/uk/
Link to Item	https://mider.dspace7.openrepository.com/handle/20.500.14200/8959

LD&A 2025-26/02 Improving the Process of Medication Titration in Adult ADHD Pathway

Project Lead: Dr Angharad DeCates, *ST6 Registrar* (Project supported by the Improvement Team)

July 2025



Project Aim: To reduce the time taken to titrate Attention Deficit Hyperactivity Disorder (ADHD) medication and handover to shared care by 50%.

Rationale: NICE NG87 outlines guidance for initiating ADHD medication for adult patients with stimulant medication: NICE & BNF advise that medication should be initiated by a specialist with the starting dose being given initially, then titrated weekly according to symptoms and adverse effects. However, standard practice in the CWPT ADHD treatment clinic has been to start medication, then follow patients up every 4 to 6 weeks. In practice, due to service pressures this is currently 2-3 months. In between clinic visits, additional prescriptions are ordered via email from patients supplying recent physical observation measurements (BP, HR, weight). There is no contact with patients in between. After titration and dose stabilisation, prescribing and monitoring of ADHD medication is carried out under Shared Care Protocol arrangements with primary care. The average time taken from initial dose to transfer of shared care is 246 days. This impacts how many patients can be commenced on medication in clinic.

Plan: Introduce Rapid Titration Clinic



- Patients contacted weekly by specialist prescriber by phone.
- Prescriptions sent in advance of commencing treatment.
- Appointments shorter, 20 minutes & special clinic set up.
- Only 2 clinic letters to GP at start and end of medication titration.
- Create patient and GP information leaflet.

Measures:

- Time from first appointment to last appointment.
- Feedback from staff and patients.



Cycle 1: Six patients in clinic

Do:

- Weekly turn around was tight.
- Difficulties getting prescriptions / medications on time.
- Patients had not done the required observation, prescriptions could not be generated until these were provided.
- Medication stock issues
- Prescriptions sent in advance of commencing treatment.

Study:

- 2 patients had not completed titration.



**Average
83 days**



Cycle 2: Plan: Clinics alternate weeks.



Measures:

- Time from first to last appointment.
- Feedback from staff and patients.
- More patients attending with observations?
- Is there enough time to get prescription and medications?
- Can meds be titrated at each appointment.

Do:

- Medication was able to be titrated at most appointment.
- More patients provided observations.
- Less paperwork for clinicians.

Study:

- Data shows a reduction.

Benefits:

74%
reduction in average
time taken to
complete
treatment

Cycle 2

63 days

Cycle 1

83 days

Baseline

246 days

**Average
63 days**



Outcomes:



Reduction
in repeat
prescriptions
required



Patients
appreciated
the **speed**
of titration

Clinical admin
reduced
by **1 hour**
per clinic



No
additional
admin
work



Future Benefits

- > Reduced waiting times
- > Reduced costs of repeat PXs

Next Steps:

Scale up of
Retreat clinics

Use time saved to
> appointments

Continue to monitor
impact on wait times