ADHD — Autism, LD & Pre-Treatment Workup

Co-occurring conditions, baseline workup & contraindications

CLINICAL PATHWAY

Pre-treatment workup before the first stimulant dose: BP, heart rate, weight, bloods (TSH, baseline urine drug screen, LFTs if atomoxetine planned). Cardiology input is symptom- and history-driven — not a routine ECG for everyone.

AUTISM & LEARNING DISABILITIES

• **Autism spectrum disorder:** DSM-5-TR allows both an ASD and an ADHD diagnosis together — autism is no longer an exclusion criterion. Look for restricted/repetitive behaviours, sensory sensitivities, social reciprocity difficulties; refer to psychology for formal assessment if suspected

• **Learning disabilities:** 50–60% of people with ADHD have co-occurring dyslexia, dyscalculia or dysgraphia. Medication treats attention only, not the learning disability — literacy programmes, OT and educational/workplace adjustments are separate supports

CARDIOVASCULAR ASSESSMENT

• **History first:** ask about exertional chest pain or breathlessness, syncope, palpitations, a heart murmur, hypertension, congenital heart disease or prior cardiac surgery, and a first-degree relative with sudden cardiac death under 40

• **Baseline vitals:** document BP, heart rate and weight before the first dose — stimulants commonly raise heart rate and BP, and you need a baseline to judge any change

• **Cardiology/ECG:** reserved for a positive history or symptoms above, not a routine test for every patient — current guidance is risk-based, not age-based

OTHER BASELINE INVESTIGATIONS

• **TSH:** hyperthyroidism is a contraindication; hypothyroidism mimics ADHD — check and normalise before starting

• **Urine drug screen:** baseline before the first prescription; if positive for cannabis or stimulants, address substance use first

• **LFTs:** only if atomoxetine is planned — baseline, repeat at 4–6 weeks, then annually; stop if ALT >3× the upper limit of normal

• **Height, weight & BMI:** stimulants suppress appetite and can impair growth in children — record at every visit; reconsider dose if weight loss exceeds 10% of baseline

KEY CONTRAINDICATIONS

Moderate–severe hypertension or symptomatic cardiovascular disease; untreated/acute mania or psychosis; current substance misuse; severe depression, suicidality or anorexia nervosa; glaucoma, hyperthyroidism, or MAOI use within 14 days. Guanfacine is TGA-approved only for ADHD diagnosed before age 18 — not a general adult non-stimulant option. Confirm the complete list against the current product information at the TGA eBS or AMH before prescribing.

■ SAFETY

• Stabilise hypertension and clear symptomatic cardiac disease before starting — recheck BP and consider a non-stimulant (atomoxetine) if hypertension persists

• Don't start a stimulant in untreated mania, psychosis, or active substance use disorder — treat the acute episode first

• Check hepatic function before and during atomoxetine; stop if ALT rises above 3× the upper limit of normal or jaundice develops

■ RED FLAGS / REFER

• Positive cardiac history or exertional symptoms → cardiology review before any stimulant

• Suspected autism or a significant learning disability → psychology/educational assessment alongside ADHD management

• Any absolute contraindication present → specialist review of stimulant versus non-stimulant options before initiating