# The Transition – What happens to young adults with ADHD in the transition period?

Final presentation Phase 1
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# Content

- Background, Project Scope and Summary
- Introduction to ADHD and the Transition
- Results

# Five key questions are analysed to answer the main question

## Sub-questions

**1. The transition from child and adolescent psychiatry to adult psychiatry**

a. **What does the transition look like today?**
b. How can patients best be prepared for the transition?
c. What is the optimal transition?

**2. The withdrawal from the psychiatry services**

a. **When and why do the patients withdraw?**
b. Which patients withdraw?
c. What is needed to prevent?
d. What are the short-term consequences for the individual?
e. What are the long-term consequences for the society?

**3. The return to the (adult) psychiatry services**

a. **Why or why not do the patients return, after how long and how?**
b. What can make it easier for the patients to reconnect?
c. What does the return mean for the patient?
d. How has the diagnosis changed during the withdrawal?

**4. Medication**

a. **What happens with the medication?**
b. Do the patients continue to self-medicate during the disappearance (and what are the consequences if they don't?)
c. How does the situation differ between patients on different drugs?

**5. Other**

a. What are other patient needs that aren't met by the health care today?
b. **What other support functions or care contacts exist or should exist during the transition period?**
c. What can Takeda do to improve the situation for young adults during the transition period?

# To provide deeper insight into the questions at issue, 10 interviews have been performed with representatives across segments

## Interviews

| Child and Adolescent Psychiatry & Adult Psychiatry | Other |
| --- | --- |
| • Middle sized region– Child and adolescent psychiatric care<br>• Large sized region – Child and adolescent psychiatric care<br>• Middle sized region - Adult psychiatric care<br>• Large sized region– Department of Health care management with focus on accessibility to the psychiatric care<br>• Large sized region - Child and adolescent psychiatric care | • Two researchers within neuropsychiatric disorders at Karolinska Institutet<br>• Previous manager at the Swedish government responsible for psychiatric care<br>• Expert and previous research within child and adult psychiatric care<br>• Representative from patient organization Attention |

***Interviews were performed via phone due to Covid-19 and each interview took approximately 30-45 minutes. Answers are often based on personal opinions and perceptions.***

# Executive summary

## Key findings

- *There is a 50% reduction in ADHD medical consumption at the age group 20-24 years and a slight increase at the age group 25-29 years.*
- *This reduction coincides with the time ADHD patients are transferred from child and adolescent psychiatric care to adult psychiatric care.*
- *The decline can be explained in three ways 1) The health system fails to transfer young adults to adequate adult care 2) Young adults feel independent and decide to withdraw from their medication 3) Young adults are no longer dependent on medication after successful treatment at the child and adolescent psychiatric care.*
- *The results show discrepancies in the transition from child and adolescent care to adult psychiatric care. The processes differs between the care givers, and many ADHD patients are referred to regular primary care, either directly or, more commonly, by adult psychiatric care.*
- *The information in the referrals from child and adolescent psychiatric care to adult psychiatric care is often perceived as limited and of poor quality.*
- *After a few years of absence some young adults return to the adult psychiatric care. Young adults being absent from their medication are at risk for falling into undesirable behaviour and experiencing more severe symptoms.*
- *The ADHD patient group is a heterogenic group that can be divided into three segments: patients with comorbidities (20%), patients with severe symptoms (30%) and patients with mild symptoms (50%).*

## Conclusions

- *An optimal transition would mean that the young adult receives adequate support, knowledge and skills to gradually increase their independence.*
- *A gradual transition combined with comprehensive and integrated service prepares and motivates the patients to continue with their treatment and medication.*
- *Integrated service and clear communication is critical to prevent young adults from dropping out of adult psychiatric care.*
- *A designated case manager following the process could help the patient with communication during the transition period.*
- *Patients with severe symptoms and comorbidities should be prioritized in the health care system and followed closely during the transition to adult psychiatric care.*
- *Research have shown that health care utilization and costs of psychiatric disorders for young adults are greater in individuals with childhood ADHD.*
- *In Sweden there are three additional support functions apart from the health care system that can help individuals diagnosed with ADHD to get better structure in their lives as adults.*
- *The transition from child and adolescent care to adult care appears to be a problem across the health care system in Sweden and not only for patients with ADHD.*

## Recommendations

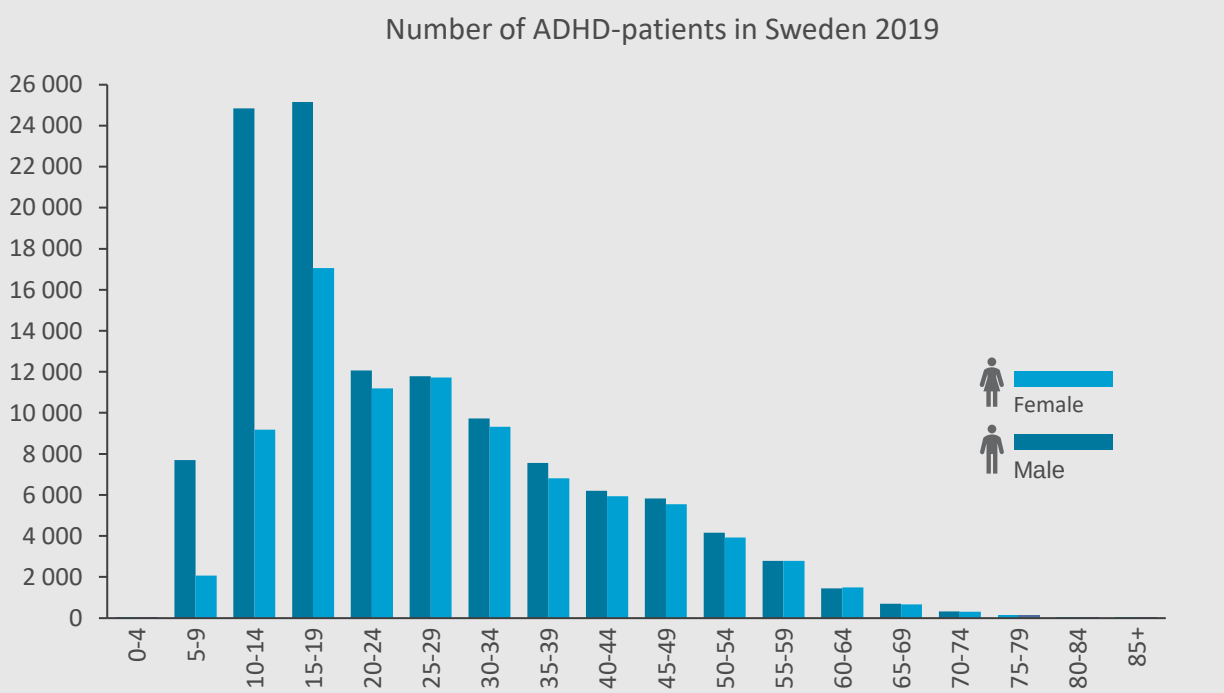
- *The transition between child and adolescent psychiatric care and adult psychiatric care should be more centred around the patient.*
- *The health care system must provide continuity and health provision during the transition for ADHD patients.*
- *The transition must start early and be adapted to patients' needs. Patients with severe symptoms and comorbidities should be prioritized in the system.*
- *More scientific evidence is needed to support optimal transition programs for ADHD patients.*
- *Patients should be followed-up after the transition period to make sure they are receiving adequate health care, and maintaining their well being.*
- *National and regional follow-ups for ADHD patients in Sweden is deficient. Better follow-ups is needed to understand how young adults perceive the transition to adult psychiatric care.*
- *National guidelines, knowledge-sharing and standards is needed to help support regions in finding better ways of transitioning patients from child and adolescent psychiatric care to adult psychiatric care.*

# Content

# There is a significant decline in the number of patients with ADHD between the age group 15-19 and 20-25

## Patients with ADHD in Sweden

**Number of ADHD-patients per age group and gender in Sweden 2019[1]**




**Comment:**

- There is a decline in the number of patients between the age group 15-19 and 20-24 and a slight increase for females at age group 25-29.
- More males are diagnosed at a younger age, compared to females, where the number of patients significantly increase at the age group of 15-19.

**Background information**

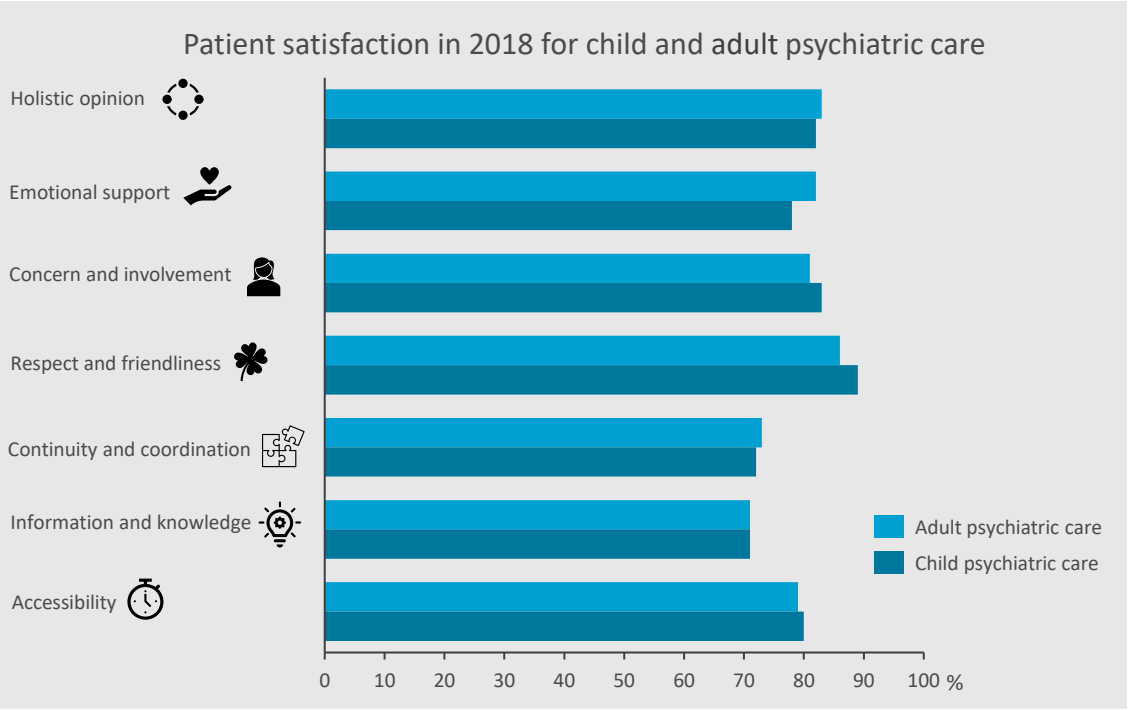
- Attention-Deficit/Hyperactivity Disorder (ADHD) is the most common diagnosis within child and adolescent psychiatry today[2].
- The incidence of ADHD has increased as a result of improved awareness and acceptance of the diagnosis the last couple of years [2]. This also explains the low diagnosis numbers in higher age groups.
- Although, in Sweden, there is a significant decline in the number of patients with ADHD in the age group 20-24 years old [1].
- Takeda has noticed a reduction in medical consumption around the age of 18, which coincides with the transition from child and adolescent psychiatric care to adult care.
- Since symptoms of ADHD often continue when entering adulthood, it is essential to investigate the underlying aspects to why there is an unforeseen decline in the number of ADHD patients in early adult life [3].
- Young adults may experience symptoms of ADHD as more difficult compared to younger children since the society is often expecting more (e.g. university, work and social expectations) [3].
- ADHD is often diagnosed later among females compared to males, as indicated on the graph to the left[1].
- ADHD is one of the more dominating diagnosis at the child and adolescent psychiatric care in comparison to the adult psychiatric care [4].
- In Sweden there are no national guidelines supporting regions in the transition between child and adolescent psychiatric care to adult psychiatric care, the routines are handled locally by each region[4].

*Source: [1] Data from Socialstyrelsen, [2] Wernerssen et.al, [3]Lieshout et.al, [4]Sirona analysis*

# There are no major differences in patient satisfaction between child and adolescent psychiatric care and adult psychiatric care

## Patient satisfaction

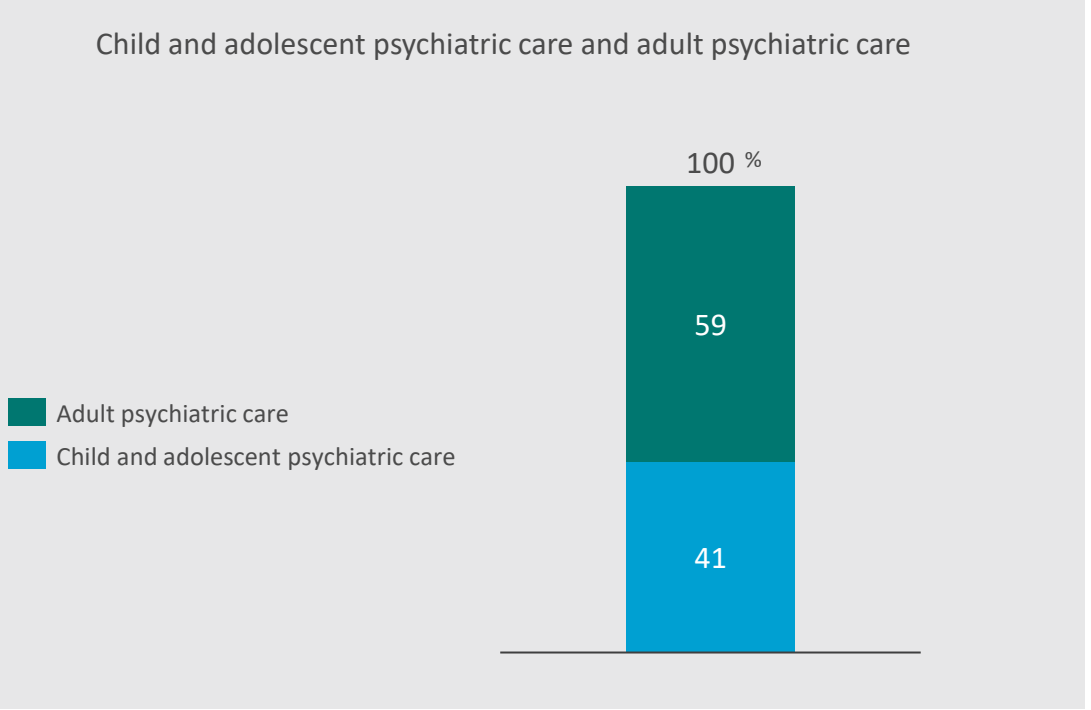
**Difference in patient satisfaction between child/adolescent and adult psychiatric care[1,3]**




**Comment:**

- The patient satisfactory surveys from 2018 in the child and adolescent psychiatric care compared to adult psychiatric care show no substantial difference
- The surveys were not specific to patients with ADHD but rather the level of patient satisfaction in general within the psychiatric care

**Percent of patients within child and adolescent care and adult psychiatric care[2,3]**




**Comment:**

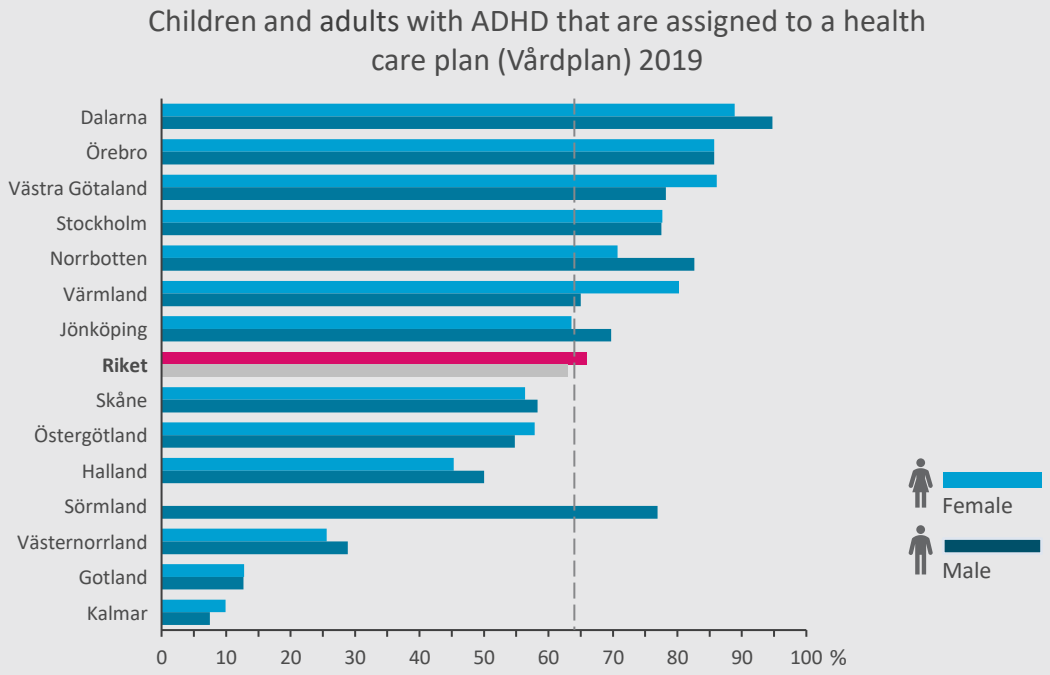
- 41% of the ADHD patients belong to the child and adolescent psychiatric care and 59% belong to the adult psychiatric care
- Most patients get diagnosed with ADHD within the child and adolescent psychiatric care, however, there has been an increase in ADHD diagnoses among parents to children with ADHD

*Source: [1] Data from Patientenkät 2018: Vuxenpsykiatrin öppenvård och barn- och ungdomspsykiatrin öppen vård, [2] Data from Socialstyrelsen, [3] Sirona Anlysis*

# Patients with an individual health care plan may have a more successful transition from child and adolescent psychiatric care to adult psychiatric care

## Health care plan

### Health care plan for children and adults[1]




**Comment:**

- 14 out of 21 regions in Sweden reported in 2019 that on average 64% of ADHD patients were assigned to a health care plan. 7 regions did not report any data in 2019.
- Health care plans can be an important aspect in the transition between child and adolescent psychiatric care to adult psychiatric care

### Key insights[2,3]

**Comment:**

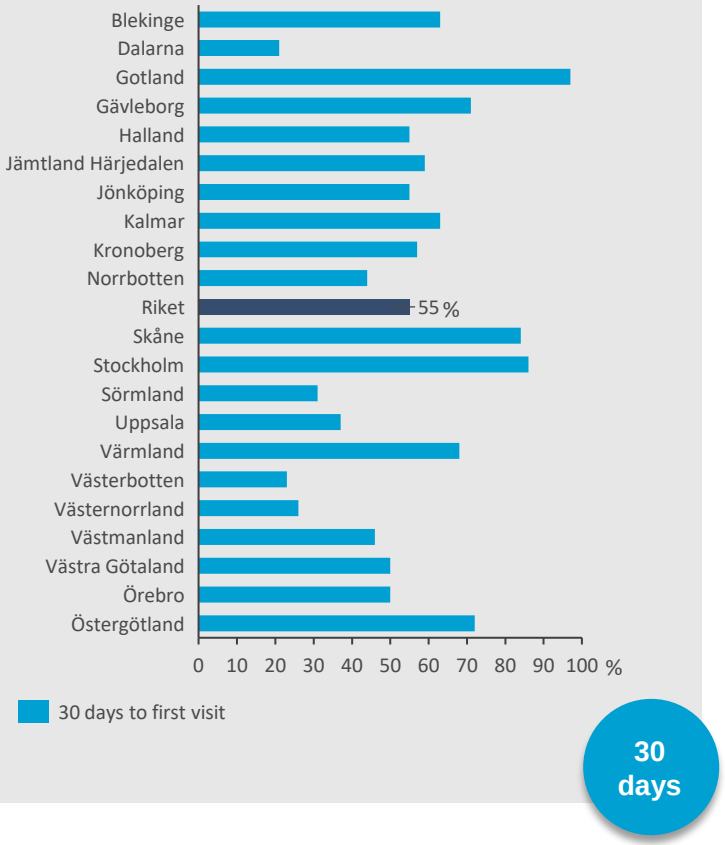
- The aim of a health care plan *(Vårdplan)* is to clearly document the treatment the individual and the healthcare provider agreed to carry out. The health care plan indicates who has the main responsibility for the treatment and the patient throughout the process.
- The plan describes the intended treatment that is needed, the goals of the treatment and the efforts needed from the healthcare provider . The following should be stated in the plan:
  - ✓ The patient's issues and necessities
  - ✓ Long-term and short-term goals
  - ✓ Treatments and/or medication that are planned to be carried out
  - ✓ When the treatment should be followed-up
- The plan is created by the patient, the healthcare provider and the parents, if the patient is under 18 years old when the plan is made.
- The health care plan is always given to the patient for the individual to closely follow during the treatment. If changes are necessary during the process this is discussed with the healthcare provider and the plan is updated according to the changes. The plan should always be documented in the medical records.

*Source: [1] Data from Vården i Siffror 2019: Vårdplan upprättad vid ADHD - Andel personer med ADHD-behandling som har fått en vårdplan upprättad, [2] Vad är en vårdplan – BUP, [3] Sirona analysis*

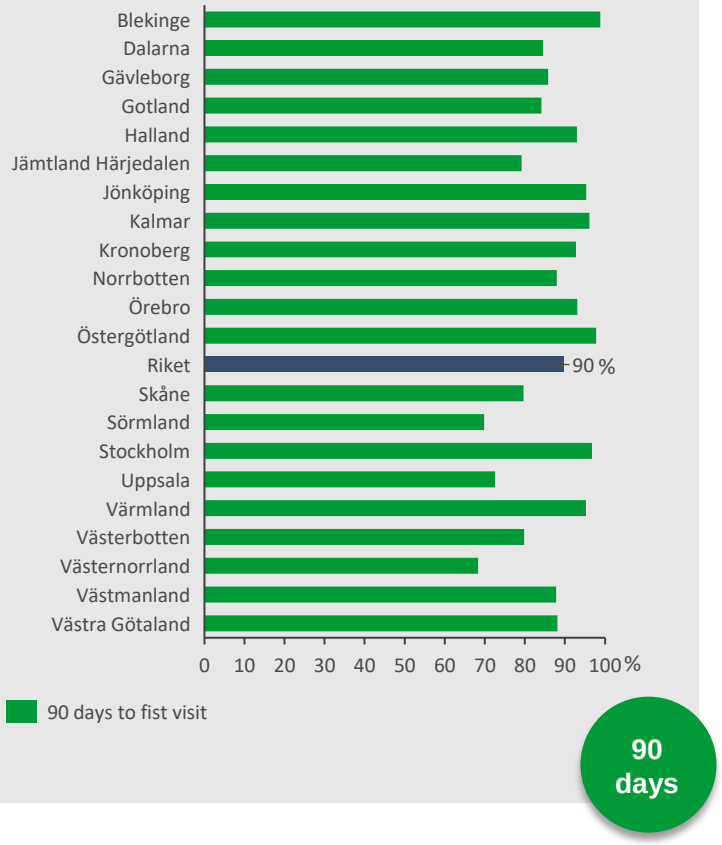
# There is no apparent difference in accessibility between child and adolescent psychiatric care and adult psychiatric care

## Accessibility

### Accessibility to child and adolescent psychiatric care 2019 [1]




### Accessibility adult psychiatric in Sweden 2019 [2]




### Key insights [3]

**Comments :**

- Accessibility between child and adolescent psychiatric care and adult psychiatric care is difficult to compare since there are different "*health care guarantees*" (Vårdgaranti) in Sweden.
- For children, the guarantee is 30 days until a first visit and for adults it is up to 90 days until a first visit in the psychiatric care.
- The comparison may be misleading since the graph shows better accessibility to adult care than to child and adolescent care due to the different *"health care guarantees".*
- An overall understanding of accessibility is important since it may impact the transition to adult psychiatric care.
- Below the age of 18, the individual is supposed to get a first visit within 30 days. As a young adult (18+) in the psychiatric care you might have to wait up until 90 days. It is possible that the young adult give up before they get a first visit.
- Patients with ADHD are not always transferred to adult psychiatric care. They can be referred to regular primary care.
- The accessibility is not specific to patients with ADHD but for accessibility in general within child and adult psychiatric care.

*Source: [1] Data from Väntetider.se* - Barn- och ungdomspsykiatri -2019, *[2] Data from Vården i Siffror 2019:* Genomförda första besök inom 90 dagar i allmänpsykiatrisk vård, *[3]Sirona analysis*

# Content

Background, Project Scope and Summary

Introduction to ADHD and the Transition

▶ Results

# Phases in the transition period

**The transition** from child and adolescent psychiatry to adult psychiatry

**The withdrawal** from psychiatric care

**The return** to (adult) psychiatric care

**Medication**

**Other**

# There are discrepancies in the transition between child and adolescent care to adult psychiatric care as well as differences between regions in Sweden

## Findings: What does the transition look like today?

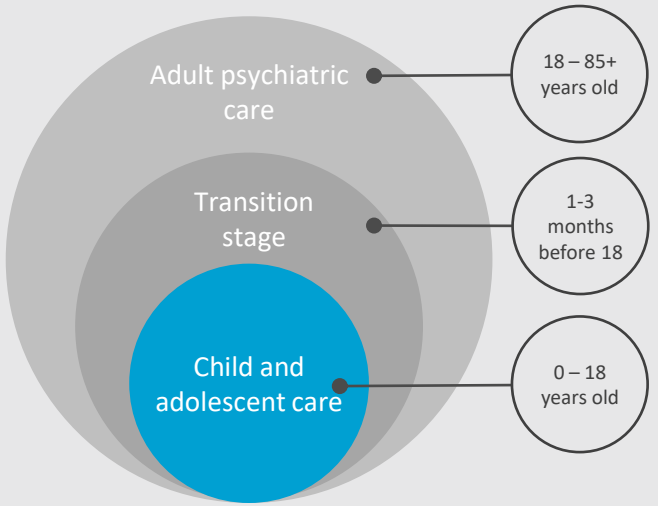
The transition

**Adolescents are referred to adult psychiatric care or regular primary care at the age of 18** [1,2]

- The transition from child and adolescent psychiatric care to adult psychiatric care takes place on the day adolescents turn 18. Exceptions from the ordinary routine seems to be rare for patients with ADHD.
- A referral is sent to the adult psychiatric care between 1-3 month before the transition.
- Adolescents are then referred either to regular primary care or to the adult psychiatric care. This varies between regions and from case to case.
- If the adolescents turn 18 during ongoing treatment, the treatment might get interrupted. However, the child and adolescent psychiatric care can sometimes allow an exception, depending on the situation.

**Different routines across Sweden** [1,2]

- The transition differs between regions in Sweden. Smaller regions appear to have better structure and surveillance for adolescents transitioning to adult psychiatric care.
- No region specify that they follow-up transitions on an active basis which means that they often do not know how the patient experienced the change or if they dropped-out.
- Interviews indicate poor coordination and knowledge sharing between regions, and no national follow-up exists.
- Different routines within the country can potentially lead to inequalities affecting individual's success in life and well being.




**Comments:**

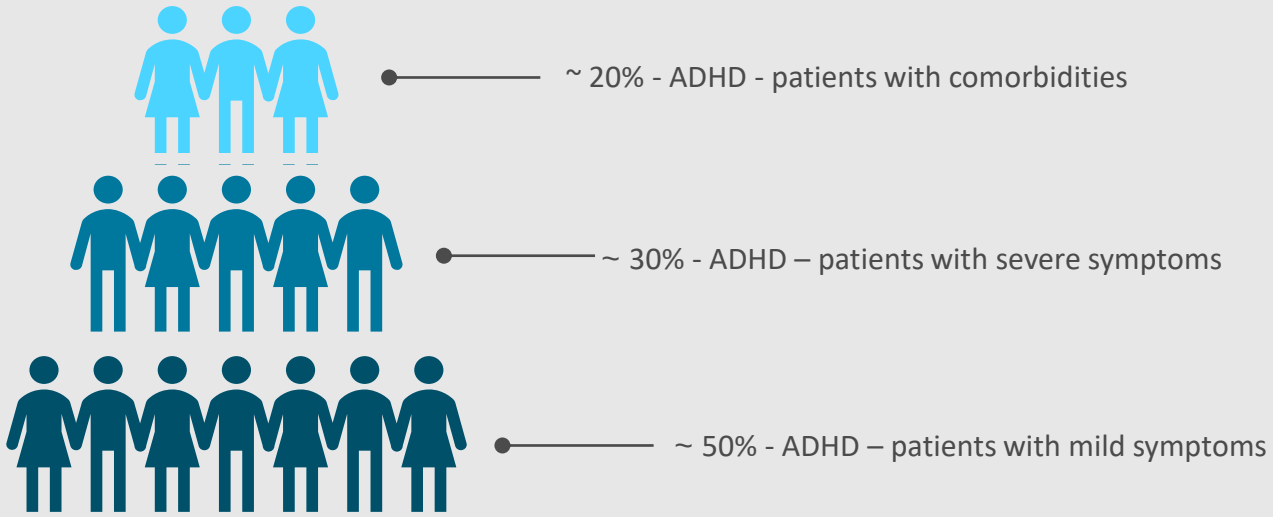
- According to interviews, neither the child and adolescent psychiatric care nor the adult psychiatric care feel the central responsibility for the transition.
- Communication between the healthcare providers is often limited and referrals are the primary communication channel during a transition.

*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis*

# The ADHD patient group is a heterogenic group, that can be divided into three segments: patients with comorbidities, patients with severe symptoms and patients with mild symptoms

## Findings: What does the ADHD-patient group look like?

**ADHD-patient groups with different severity levels** [1]




**Comments:**

- Approximately 50% of patients with ADHD either have severe symptoms or comorbidities [1]
- These patients are more likely to still be affected by the disorder when entering early adulthood [1]
- Patients with severe symptoms and comorbidities should be prioritized in the health care system and followed closely during the transition to adult psychiatric care [2]
- According to experts, the child and adolescent psychiatric care should arrange specific transition plans for patients at a larger risk not to lose them in the transition to adult psychiatric care [2]
- Transitions for these individuals could be inspired by other patient groups such as psychosis and schizophrenia where transitions have shown to be more successful [1]
- Studies have shown the prevalence for ADHD persisting into adulthood is 2.8%–3.4% [3]

*Source: [1]Interviews with regions and researchers in the filed, patient groups are estimated and not statistically proven, [2]Sirona analysis, , [3]Du Rietz et al.*

# An optimal transition would mean that the young adult receives adequate support, knowledge and skills to gradually increase their independence

## Findings: What is the optimal transition?

The transition

**An optimal transition would not disturb the health status of the patient** [1,2]

- An optimal transition would mean that the patient's treatment and health is not affected in a negative way during the transition period.
- Young adults should receive adequate and personalized support, preparation and education before, during and after the transition to the adult psychiatric care, as well as comprehensive and integrated services.

**A case manager could assist in a smooth and sufficient transition for patients in the risk group** [1,2]

- A case manager could be a person that has the main responsibility for the individual to assure for continuity of health provision.
- The case manager could be assigned to individuals' that the child and adolescent psychiatric care consider as patients associated with more risk.
- Before leaving the child and adolescent psychiatric care a first visit should be scheduled at the new adult psychiatric care. The patient should not end up at the bottom of the waiting list.
- A potential case manager can make sure a first visit at the adult psychiatric care is scheduled if resource are scarce within the health care system.

**Transition to adult psychiatric care occurs at a later stage** [1,2]

- Some healthcare providers and researchers think the transition should be delayed until adolescents have finished high school to avoid potential problems in the treatment and in school.
- Today there are no financial incentives for the child and adolescent psychiatric service to delay the transition.
- Some regions in Sweden have specific clinics for young adults called *"UngaVuxna"* where individuals are welcomed between the age 17-25 years old.
- Children and adolescents treated within the addiction psychiatric care *(Beroendecentrum)* in Region Stockholm are allowed to stay until they turn 25.

*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis*

# A gradual transition combined with comprehensive and integrated service prepares and motivates the patients to continue with their treatment and medication

## Findings: How can patients best be prepared for the transition?

The transition

### Gradual transition

- Adequate support and skills to gradually increase the patients independence is critical for a successful transition [1,2]
- Follow-ups after the transition would help the patient stay connected to the health care and motivate them to continue their treatment [1,2]

### Integrated service

- Communication between health care providers, school, parents and the patient before, during and after the transition to adult psychiatric care is essential [1,2]
- A “transition meeting” together with the old and new healthcare provider as well as the patient would better prepare the individual for the adult psychiatric care [1,2]

### Case Manager

- A case manager could support the patient throughout the transition and follow-up with the healthcare providers during the transition period [1,2]
- This prepares the patient and eases the transition, both for the health care system and for the patient [1,2]

*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis*

**The transition** from child and adolescent psychiatry to adult psychiatry

**The withdrawal** from psychiatric care

**The return** to (adult) psychiatric care

**Medication**

**Other**

# According to statistics, it appears that patients have the tendency to drop-out of their treatment and/or medication between the age of 20 and 24

## Findings: When and why do the patients withdraw?

The withdrawal

**1**

**Poor coordinated service and emotional support** [1,2]

- Many young adults withdraw from their treatment and/or medication between the age 20 and 24 years. Poor coordination during the transition to adult psychiatric care seems to be one of the determining factors.
- The child and adolescent care is described as more friendly and trusting, while entering the adult psychiatric care is perceived as “scary” and “intimidating” by young adults.
- The child and adolescent psychiatric care are more individual based and tailored for patients with ADHD oppose to adult psychiatric care where ADHD patients are in the periphery of a larger group with more severe problems.

**2**

**Entering adulthood reinforces the feeling of independence** [1,2]

- Some young adults tend to drop-out because the feeling of independence is strengthened when they turn 18, and they no longer want their parents to be involved in communication with the psychiatric care.
- The feeling of independence sometimes means that young adults want to handle their diagnosis without further treatment and/or medication. They express a need to find out who they are and how they feel without the medication.
- Some individuals contact the health care services because they want to revoke their ADHD diagnosis in order to apply to certain programs, studies or jobs.
- There is also a perception that medication is mostly beneficial for activities in school, which may lead to withdrawal after high school.

**3**

**Lack of national support and recommendations to the regions** [1,2]

- The literature and the interviews indicate a growing demand for national guidelines, not simply for the transition in psychiatric care but in general for transitions from children and adolescent care to adult care [3].
- The child and adult care have a joint responsibility for the transition, but in the practical world, it seems unclear who has the main responsibility. This leads to confusion and increase the risk of no one taking the responsibility at all. National guidelines need to be more clear of what is expected from the regional health care services.
- The National Board of Health and Welfare in Sweden are currently working on guidelines to regions on how to better handle ADHD and Autism and the transition to adult psychiatric care will be included [4].

*Source: Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis, [3]Vårdanalys 2019:* Förberedd och sedd - Förutsättningar vid övergången från barn- till vuxensjukvård, [4]Socialstyrelsen: *https://www.socialstyrelsen.se/om-socialstyrelsen/pressrum/press/nationella-riktlinjer-tas-fram-for-neuropsykiatriska-funktionsnedsattningar/*

# Integrated service and clear communication is critical to prevent young adults from dropping out of the adult psychiatric care before, during and after the transition period

## Findings: What is needed to prevent patients from withdrawing?

The withdrawal

**Clear communication in the referral documentation** [1,2]

- Referrals are critical for a smooth and sufficient transition in Sweden since this is the only way of communication between the healthcare provider.
- Well communicative referrals appears to be one of the obstacles during the transition. If the new healthcare provider does not get adequate information about their new patient it is frustrating for both the healthcare provider and for the patient.

**Better monitoring between health care providers** [1,2]

- Healthcare providers, both from the child and adolescent psychiatric care and the adult psychiatric care, should stay connected during a transition period, even if resources are scarce.
- Standardized processes for all transitions from child to adult care would ease the process for both the health care providers and the patients across the system.

**A case manager following the process** [1,2]

- A designated case manager could help the patient with communication during the transition period.
- The person can help with contact to other agencies necessary for a smooth transition e.g. insurance companies, social care services and employment agencies.

**National follow-ups on regional performance** [1,2]

- A simple survey can be sent to patients after the transition to ask whether they are still connected to the health care and if their transition was adequate in terms of information and support.
- This would improve an overall understanding of the transition from child and adolescent psychiatric care to adult psychiatric care.

*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis*

# Young adults being absent from their treatment and medication are at risk for falling into undesirable behavior and experiencing more severe symptoms

## Findings: What are the short-term consequences for the individual?

The withdrawal

**1**

**Treatment and medication get interrupted** [1,2]

- If young adults drop-out from the health care service at the age of 18, their treatment and/or medication often get interrupted.
- Given that the adolescent brain still develops during the transition from puberty to adulthood, adolescents might need help and support to make decisions whether to continue with their treatment and/or medication at the time of transitioning to adult psychiatric care.

**2**

**Risk of falling into undesirable behavior** [1,2]

- Early adulthood is a challenging period in life with an enormous emotional strain. Functions already difficult to handle are put under additional stress during this period.
- Adulthood means increased demand on one's independence and social expectations. This period is often associated with risks such as dependence on parents, loneliness and onset of mental health conditions, which is further intensified for individuals with ADHD [3].
- Interrupted treatment and ADHD medication may lead to adverse outcomes such as undesirable behavior e.g. unemployment, violence, self-harm and unfavourable effects on academic, health, and social outcomes.

**3**

**Starting over from the beginning** [1,2]

- If patients drop-out from the adult psychiatric care and need to return a few years later, they will have to start from the end of the queue, meaning they will have to wait around 3 months, or sometimes longer, to get an appointment.
- Long waiting times increase the risk for patients to stop their treatment and/or medication leading to lost motivation and giving up. This may lead to more severe symptoms at a later stage in life.

*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis, [3]Lieshout et al.*

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**Other**

# Young adults may return to the adult psychiatric care with more severe problems after a few years in absence

## Findings: Why do the patients return, after how long and what can make it easier to reconnect?

The return

### Timeframe

**Young adults return approximately after 3 years** [1,2]

- Young adults seem to return around 3 years after drop-out. They have experienced new expectations of being an adult, feel unhappy about themself, are often late, or a partner or family member have complained about their behavior.
- They have realized that they need professional support to get back on track. They contact the adult psychiatric care to get new treatment or medication to better handle their symptoms.
- Even though ADHD is perceived a diagnosis that disappears or declines over time, studies have shown that ADHD often persists into late adolescent and young adulthood challenging their mental health.

### New symptoms

**Individuals may seek care for a different problem** [1,2]

- Some individuals may return with depression or anxiety a few years later. This is often related to their earlier diagnosis of ADHD.
- Returning to the psychiatric care a few years later means long waiting times which often result in more severe symptoms than during childhood.
- Patients who do not return to the psychiatric care have hopefully learnt how to deal with their symptoms during the treatment at the child and adolescent psychiatric care.

### Poor prevention

**Prevention is a problem within the psychiatric care** [1,2]

- Prevention is a problem within the psychiatric care in Sweden resulting in unnecessary societal costs [3].
- Focusing on the larger patient groups such as individuals with ADHD could have a positive impact on both an individual and societal level.
- Some patients end up in the psychiatric emergency care or even hospitalized. This results in large societal costs, that could have been prevented.

*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis, [3]Du Rietz et al.*

# Research have shown that health care utilization and costs of psychiatric disorders for young adults are greater in individuals with childhood ADHD

## Findings: What are the long-term consequences for the society?

The return

**1**

**Individual and societal burden of ADHD in adulthood** [1,2]

- There is a lack of knowledge of healthcare utilization and economic burden for patients with ADHD. A better understanding of how ADHD from childhood to adulthood influence the individual and societal burden could have important implications for ADHD treatment and prevention [3].
- However, a study has shown that young adults who no longer have ADHD-related contact with health care services continue to show greater healthcare utilization and costs from comorbidities compared to individuals with no childhood ADHD [3].

**2**

**Costs are driven by inpatient hospitalizations** [2]

- Research emphasize that ADHD in childhood has long-term associations with psychiatric and somatic disorders, with large financial impact [3].
- A study showed that greater health care utilization and costs of comorbidities in the ADHD group remain stable or increase over time for most outcomes. The largest increase was found for inpatient care, often driven by drug abuse or injuries [3].

**3**

**Unplanned pregnancies in adolescents** [2]

- Adolescents with ADHD have been shown to be at an increased risk for unsafe sexual behaviours which often results undesirable outcomes such as more sexual partners, sexually transmitted diseases and unplanned pregnancies [4].
- A study carried out in Sweden found that teenage deliveries occurred at a significantly higher rate among females with ADHD than among those without ADHD (15.2%vs 2.8%) [4].
- Teenage pregnancies are often related to unfortunate consequences for both the parents and the children. Young parents often experience low educational achievement, single parenting, and use of public support systems [4].

*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis,* [3]Du Rietz et al, [4]Skoglund et al

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**Other**

# There is a 50% reduction in the ADHD medical consumption at the age group 20-24 years old and a slight increase at the age group 25-29 years old

## Findings: How many patients stop taking their medication and why?

Medication

### Key insights

**Significant reduction in medical consumption at the age group 20-24 years** [1,2]

- According to medical statistics, there is a remarkable decline in medical consumption at the age group 20-24 years old [3].
- At the age group 25-29 years old there is an 11% increase in medical consumption; from here it continues to decline until 85+ years old [3].
- The significant decline can be explained in three ways 1) The health system fails to transfer young adults to adequate care 2) Young adults withdraw from their treatment and/or medication 3) They are able to live a “regular life” after treatment and medication.

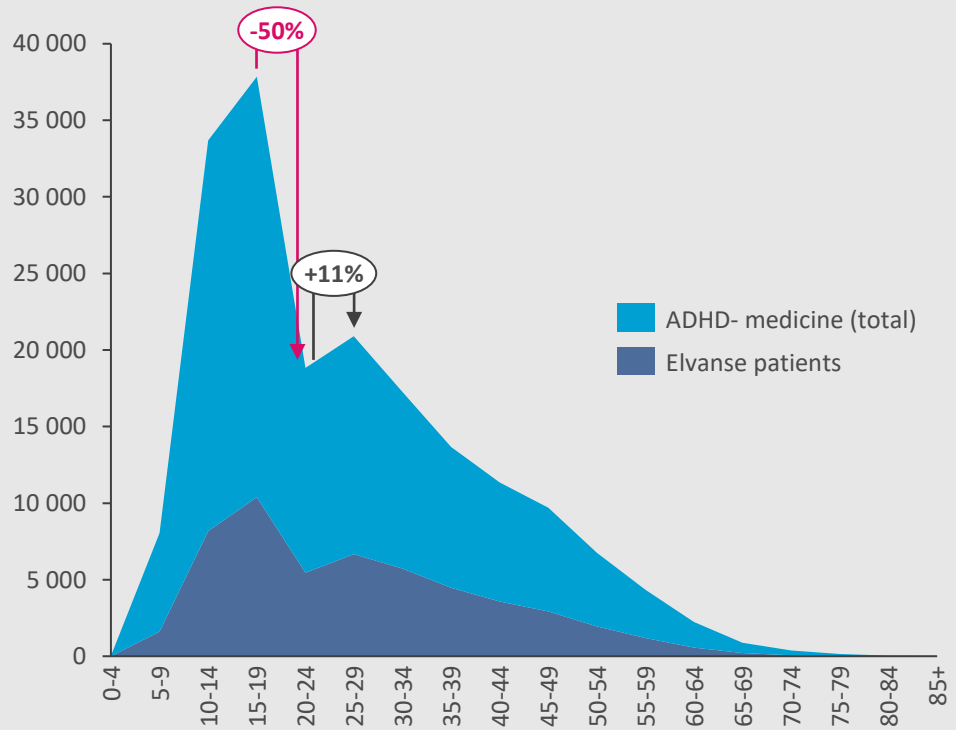
**Primary care centers cannot prescribe ADHD medication** [1,2]

- If patients are referred from the child and adolescent psychiatric services to regular primary care, they cannot renew their prescription of ADHD medication. Only psychiatrist are allowed to prescribe.
- Looking at the number of patients referred to regular primary care, would be an interesting comparison.

**Young adults decide to stop taking their medication** [1,2]

- Health care professionals in the field claim that is it not always a system fail. There are patients that simply do not want to continue their medication.
- Some patients feel that the benefit from the medication is mainly concerning focus, meaning that the need for medication is often related to activities in school.

### Medical consumption by age group in 2019 [3]




*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis, [3]Data from Takeda*

**The transition** from child and adolescent psychiatry to adult psychiatry

**The withdrawal** from psychiatric care

**The return** to (adult) psychiatric care

**Medication**

**Other**

# In Sweden there are three additional support functions aside from the health care system that can help individuals diagnosed with ADHD to get better structure in their lives

## Findings: What other support functions or care contacts exist or should exist during the transition period?

### 1 Social care service

The local municipality's social services can help improve everyday life. According to the Social Services Act, the municipality has a special responsibility for people with disabilities and their relatives. The municipalities should offer support to manage finances, a personal representative that can help contacting authorities as well as support to relatives [1,2,3].

### 2 Employment agency

The Swedish Employment Service can help adapt the work situation for an individual with ADHD together with their employer. The employer can also be compensated financially with a salary contribution from the Employment Service [1,2,4].

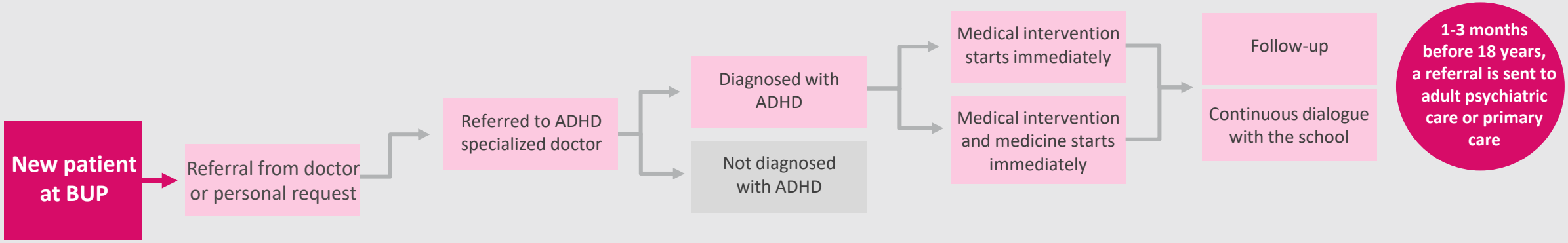
### 3 Habilitation service

The habilitation service can help with training and knowledge for children, adolescents and young adults aged 3-25 years old with ADHD and their relatives. They give courses, lectures and group activities as well as it is possible to share experiences and tips with others [1,2,5].

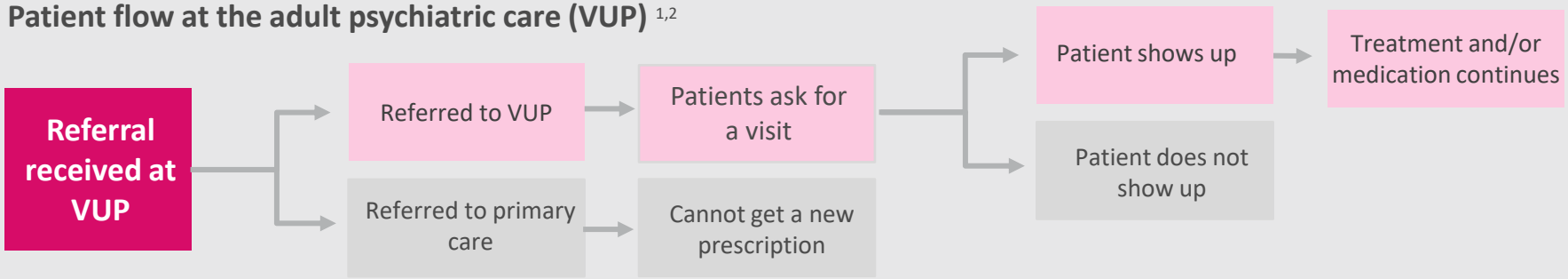
*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis, [3]Socialstyrelsen: Stöd till barn, ungdomar och vuxna med ADHD , [4]Attention.se – Vad gör arbetsförmedlingen, [5]Habilitering och Hälsa - Region Stockholm*

# Explanation of the patient flow through the psychiatric care: Region Skåne

## Patient flow at the child and adolescent psychiatric care (BUP) [1,2]




## Patient flow at the adult psychiatric care (VUP) [1,2]

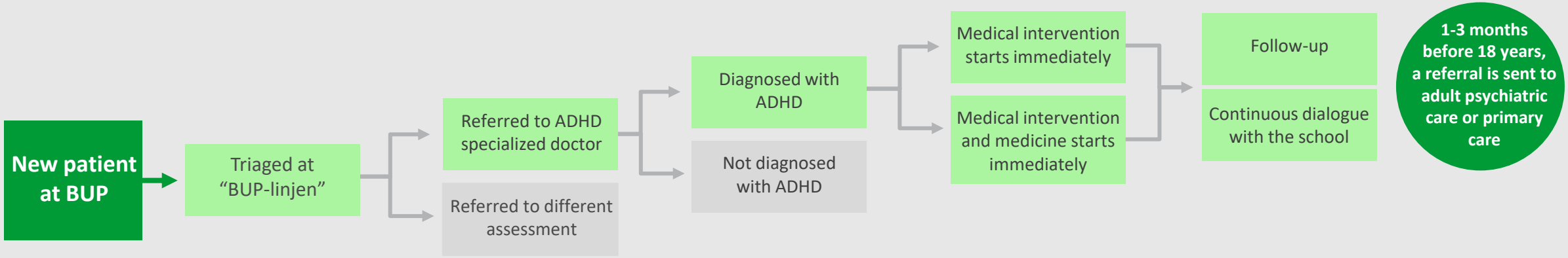



*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis*

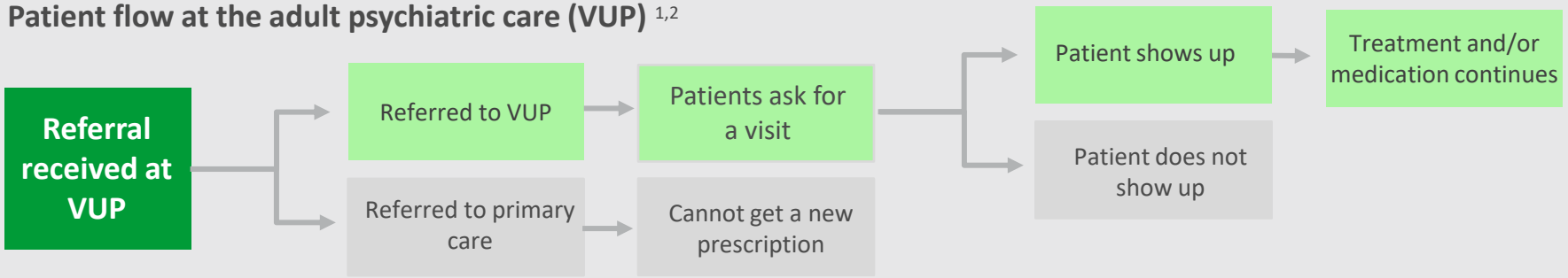
# Explanation of the patient flow through the psychiatric care: Region Halland

BÄSTA LIVSPLATSEN Region Halland

## Patient flow at the child and adolescent psychiatric care (BUP) [1,2]




## Patient flow at the adult psychiatric care (VUP) [1,2]

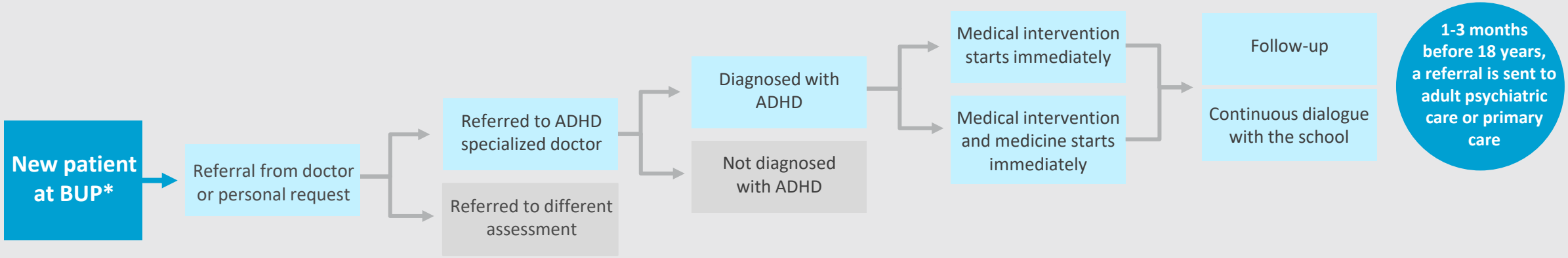



*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis*

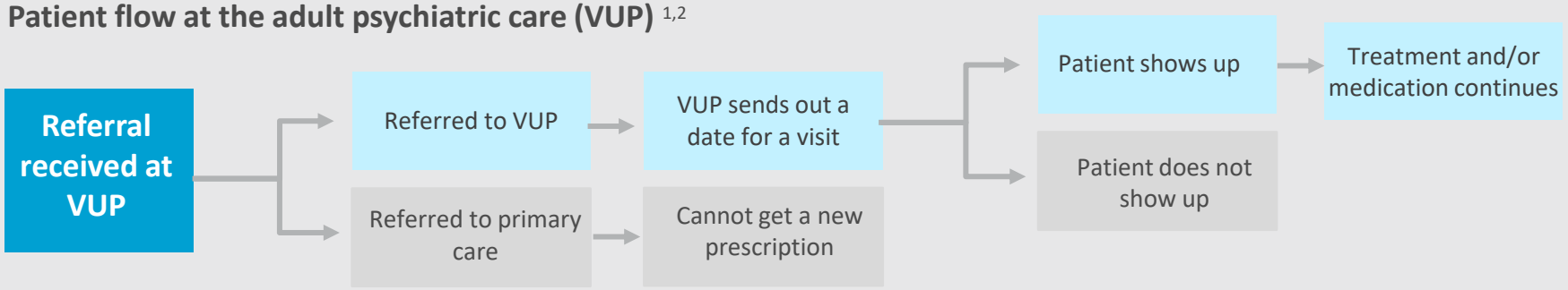
# Explanation of the patient flow through the psychiatric care: Region Stockholm

Region Stockholm

## Patient flow at the child and adolescent psychiatric care (BUP) [1,2]




## Patient flow at the adult psychiatric care (VUP) [1,2]




** Or to BUMM (*Barn och ungdomsmedicinsk mottagning)*

*Source: [1]Interviews with regions and researchers in the filed, [2]Sirona analysis*

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