

## SPSO decision report

**Case:** 202109894, Tayside NHS Board  
**Sector:** Health  
**Subject:** Clinical treatment / diagnosis  
**Decision:** not upheld, no recommendations

### Summary

C, an adult with attention deficit hyperactivity disorder (ADHD), autism, and pathological demand avoidance (PDA) complained that the board failed to diagnose their conditions when they should have done.

C told us that the board said they stopped considering diagnosis of conditions such as ADHD and autism when a patient reached the age of 25 years old. C complained that this practice led to them being misdiagnosed which prevented them from obtaining access to appropriate medication, particularly, medication to help with the management of ADHD.

The board said that the understanding of developmental disorders in adulthood, including high functioning autism and ADHD was very limited during the mid 1990s (when C felt they should have been diagnosed). The board felt any potential delay in diagnosis should be considered in line with the expectations and understanding of psychiatric practice at the time. In C's case, it appears C experienced a number of other physical and mental health problems that would not be solely accounted for by diagnoses of autism and/or ADHD, although these conditions may have been predisposing factors.

We took independent advice from a general adult consultant psychiatrist. We found that the timing of the recognition and diagnoses made were reasonable and that there was no evidence to suggest that the recommended treatment for ADHD was delayed or withheld because of prescriptions of other medications. We also noted, at this point in time, there are appropriate guidelines and clinical guidance for clinicians to follow, in relation to pervasive developmental disorders in adults.

Whilst we recognise that C was not diagnosed with ADHD and autism until relatively recently, we consider that the care and treatment provided to C was reasonable in the circumstances at that time. We also consider treatment provided for other diagnosed conditions was reasonable and did not prevent or delay C's later diagnoses of ADHD and autism.

We noted that the board may have diagnosed these conditions differently in the past but did not see any evidence to suggest that the board's current practice fails to consider diagnoses of ADHD and/or autism in adults over the age of 25 years old.

Therefore, we did not uphold C's complaint. We did note that it may have been helpful to carry out a more detailed ADHD assessment before commencing medication and provided the board with some feedback on this point.