**Starting ADHD medications during the Covid-19 pandemic. Recommendations from the European ADHD Guidelines Group (EAGG)**

Samuele Cortese1-5, David Coghill6, Paramala Santosh7, Chris Hollis5, Emily Simonoff 7 on behalf of the European ADHD Guidelines Group (EAGG) (a list of members of the EAGG is provided in the Appendix)

1 Center for Innovation in Mental Health, School of Psychology, Faculty of Environmental and Life Sciences, University of Southampton, UK, and Clinical and Experimental Sciences (CNS and Psychiatry), Faculty of Medicine, University of Southampton, UK,

2 Clinical and Experimental Sciences (CNS and Psychiatry), Faculty of Medicine, University of Southampton, UK,

3 Solent NHS Trust, Southampton, UK,

4 New York University Child Study Center, New York, NY, USA

5  Division of Psychiatry and Applied Psychology, School of Medicine University of Nottingham UK, NIHR MindTech Mental Health MedTech Cooperative & Centre for ADHD and Neurodevelopmental Disorders Across the Lifespan CANDAL, Institute of Mental Health, University of Nottingham, UK

6 Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Australia; Murdoch Children's Research Institute, Melbourne, Australia; Royal Children's Hospital, Melbourne, Australia

7 Department of Child & Adolescent Psychiatry, Institute of Psychiatry, Psychology & Neuroscience, King’s College London, UK.

**Address correspondence to:**

Professor Samuele Cortese, Centre for Innovation in Mental Health, School of Psychology, Faculty of Environmental and Life Sciences, University of Southampton, Highfield Campus, Building 44, Southampton, SO17 1BJ, UK, Phone: +44 (0) 2380599645, E-mail: samuele.cortese@soton.ac.uk

The present addendum to Cortese et al.1 provides additional guidance from the European ADHD Guidelines Group (EAGG) on starting ADHD medications (more specifically: psychostimulants and atomoxetine), where this is deemed appropriate, in patients with ADHD who have not had a baseline, face-to-face cardiovascular assessment before the Covid-19 crisis.

The EAGG deems it appropriate, in terms of the risk/benefit ratio, to remotely start a pharmacological treatment if all the following conditions are satisfied:

1. Personal history of the patient: The patient does not have any personal history of:
2. shortness of breath on exertion compared with peers;
3. fainting on exertion or in response to fright or noise;
4. excessive palpitations, breathlessness or syncope (at rest or after exercise) or palpitations that are rapid, regular and start and stop suddenly (fleeting occasional bumps are usually ectopic and do not need investigation);
5. chest pain suggesting cardiac origin;
6. any previously documented hypertension, congenital heart abnormality, previous cardiac surgery, or underlying condition that increases the risk of having a structural cardiac disorder (e.g., genetic conditions or multi-systemic disorders). 2
7. Family history: There is no history of early (<40 years) sudden death in a first-degree relative suggesting a cardiac disease.
8. Baseline monitoring before initiation: Blood pressure and heart rate can be measured by a family member or another person remotely (with telephonic assistance, if needed) on three separate occasions, as detailed in Table 2 in the Appendix to Cortese et al. 1

If 1) or 2) are not satisfied, a referral to a cardiologist should be made before starting the pharmacological treatment. If only 3) is not satisfied, the prescriber will need to evaluate the risk/benefits of a face-to-face assessment in the context of the severity of ADHD symptoms, and impact on patient and the family.

As detailed in our previous 2013 guidance (Cortese et al. 3), ”where persistent tachycardia or a history suggestive of arrhythmia or familial risk is identified, it is appropriate to request a 24-hr ECG”, rather than a standard, 12-lead ECG.

The EAGG considers that, given the current circumstances, in the absence of risk factors reported in 1) and 2), a cardiac auscultation should not be mandatory before starting a medication for ADHD.

**References**

1. Cortese S, Asherson P, Sonuga-Barke E et al. ADHD management during the COVID-19 pandemic: guidance from the European ADHD Guidelines Group. *Lancet Child Adolesc Health*. 2020, doi: 10.1016/S2352-4642(20)30110-3.
2. National Institute for Health and Care Excellence (NICE). Attention deficit hyperactivity disorder: diagnosis and management, NICE guideline [NG87]. Published 14 March 2018. Last update 13 September 2019 (<https://www.nice.org.uk/guidance/NG87>)
3. Cortese S, Holtmann M, Banaschewski T et al. Practitioner review: current best practice in the management of adverse events during treatment with ADHD medications in children and adolescents. *J Child Psychol Psychiatry*. 2013;54(3):227-46.