

14/11/2025

Adult ADHD Assessment
Bennett Centre
Richmond Terrace

STOKE-ON-TRENT
ST1 4ND

Tel: 07793 180280 AdultADHDTeam@combined.nhs.uk

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Dr Ss Gubbi
Werrington Village Surg.
Ash Bank Road, Werrington
Stoke-On-Trent
Staffordshire
ST9 0JS

Dear Dr Gubbi

OUTCOME OF ATTENDANCE LETTER

Mr Bobbie Hodgetts
91 Meigh Road
Ash Bank
Stoke-On-Trent
ST2 9QJ

DOB: 14-Jun-1981
NHS No: 606-580-5084

ENC:

Lisdexmafetamine leaflet

This patient had an appointment with a member of the **Adult Adhd Assessment** team on 12-Nov-2025 16:30:00 and attended as requested.

Outcome of this appointment

Demographics

Confirmed
Email : bob.n.hodgetts@gmail.com

Who is present for the appointment and via what modality

Bobbie present via a video call today



Chair: Janet Dawson

Chief Executive: Dr Buki Adeyemo

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When was the patient last seen and by whom

You last saw Claire, my colleague, on 16th October 2025.

Diagnosis and Psychiatric co-morbidities

Attention deficit hyperactivity disorder (ADHD) - inattentive type

Current medications and dosages (including non-ADHD treatments)

Concerta XL 54mg in the morning

Bisoprolol as required for AF

Who is currently prescribing medication? Does the patient have an ESCA?

ADHD team

Plan from the last appointment

Bobbie was taking Medikinet XL 40mg in the morning, but he was having energy crashes by the afternoon. Therefore when his medication was titrated it was changed over to Concerta XL 54mg daily so that it would release more slowly.

Efficacy of ADHD treatment/ any side effects/ how is sleep and appetite?

Since changing over to Concerta, Bobbie has had less side effects compared to Medikinet. He found the Medikinet caused a higher heart rate at rest. He does not have any palpitations or chest pain however and he monitors his heart on Kardia, and all was fine. When he first started the Concerta, he started a new course and he is noticing he is struggling to keep up with assignments, whereas he felt more motivated on Medikinet. Some days he feels as though it is not really doing much at all. He did notice when he first started Concerta, he felt more irritable. He does not feel his mind has been quieter on the Concerta. He has also been losing his phone more regularly. His sleep and appetite have remained the same.

Medical conditions (any changes since last appointment or new investigations?)

Atrial fibrillation – paradoxical and this is monitored by cardiology on a yearly basis.

Cardiac history (any new symptoms)

As above

Allergies (including drug allergies)

Nil

No known drug allergies

Physical observations

7/11/25

BP reading 122/77, pulse 58 (stable)

86kg

185cm



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Risk assessment (self/others/neglect/vulnerability etc)

No risks at present

Any historical risk

Nil

Mental state examination

Bobbie appeared as an average built Caucasian man who was well kempt. He was polite and engaged well. His speech was of a normal rate, rhythm, tone and volume. His mood was objectively and subjectively euthymic. There was no formal thought disorder or evidence of psychosis. He denied any suicidal ideation or self-harm at present. His cognition was grossly intact, and he appeared to have excellent insight.

Recent substance misuse (alcohol/smoking/vaping/illicit/ caffeine)

Nil illicit

Non-smoker

Nil caffeine

Drinks alcohol at the weekend – has around 3 units

Are there any other agencies involved in the patient's care (CMHT, social care, private sector, forensic services)

None at present

Further treatment plan discussion including medication breaks

We discussed 2 options for further treatment. The first was to go back to Medikinet XL 40mg in the morning and add a top up of methylphenidate 10mg in the afternoon. The other option was to switch to Elvanse. We went through the side effect profile and contraindications (also we shall send a leaflet for Elvanse) and Bobbie preferred to change to Elvanse. We shall start with Elvanse 30mg in the morning and review Bobbie again in 4 weeks. He shall provide his observations on the call.

Is the patient capacitous and can they consent to treatment?

Yes

Summary of plan

- 1) Stop Concerta XL 54mg in the morning and switch to Elvanse 30mg in the morning
- 2) Further review in 4 weeks
- 3) Bobbie will provide physical observations during the video call

Yours sincerely

Electronically signed



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Dr Marie Cawley
Consultant Psychiatrist
Adult ADHD Assessment Team



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