TOWER BRIDGE HOSPITAL
LONDON

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open Mon–Sat, 9am–7pm (closed Sundays until September)
towerbridgehospital.co.uk

PATIENT INFORMATION · MENTAL HEALTH

Adult ADHD

what assessment involves, and what to ask before you book

ADHD is a neurodevelopmental condition present from childhood, though many people are not identified until adulthood — particularly women, and anyone who was academically capable enough to compensate. It is diagnosed by clinical assessment, not by an online quiz, and it is treatable.

Please seek help promptly if

- you are having **thoughts of harming yourself or ending your life**
- you are using **alcohol or drugs** to manage symptoms
- you are experiencing **severe low mood, or feeling unable to cope**
- you feel **unsafe driving** because of inattention
- someone close to you is **seriously concerned** about you

If you are in crisis, call Samaritans free on 116 123 at any hour, text SHOUT to 85258, or call NHS 111 and select the mental health option. Call 999 if you have harmed yourself or feel unable to stay safe. ADHD frequently coexists with anxiety, depression and substance use, and those may need addressing alongside or before an assessment.

How it looks in adults

The hyperactivity of childhood often becomes internal restlessness rather than visible fidgeting. What tends to persist is the inattention, the difficulty regulating attention rather than a lack of it, and the impulsivity.

- **Difficulty starting tasks**, particularly ones that are dull but important; chronic procrastination followed by last-minute crisis working
- **Losing focus mid-task**, or hyperfocusing for hours on something engaging and losing all sense of time
- **Disorganisation** — deadlines, admin, appointments, keys, paperwork, finances
- **Restlessness**, difficulty relaxing, talking over people, impatience in queues and traffic
- **Emotional dysregulation** — intense reactions, rejection sensitivity, quick frustration

- A history of underachievement relative to ability, frequent job changes, or a persistent sense of running on adrenaline

Why women are diagnosed later

Girls more often present with inattentive rather than hyperactive symptoms, are more likely to internalise difficulty, and frequently develop elaborate compensating strategies. Many are diagnosed with anxiety or depression first, sometimes for decades, and often recognise themselves only when a child of theirs is assessed. Symptoms can also worsen around the perimenopause as oestrogen falls.

What a proper assessment involves

- A **detailed clinical interview** with a specialist, covering current symptoms and function across settings
- **Evidence of symptoms in childhood** — school reports, or an account from a parent or someone who knew you then, where available
- **Standardised rating scales**, used to inform the assessment rather than to make the diagnosis
- Careful consideration of **alternative and coexisting explanations** — anxiety, depression, autism, sleep disorders, thyroid disease, trauma, substance use
- Assessment of **impairment**, which is required for a diagnosis: symptoms must be causing real difficulty in more than one area of life

Ask about shared care before you book anywhere

If medication is recommended, it is started and titrated by the specialist service. Long-term prescribing is often transferred to an NHS GP under a shared care agreement — but **NHS practices are not obliged to accept shared care from a private provider, and a significant number decline**. If they do, you continue paying privately for prescriptions and monitoring indefinitely. Ask your GP practice in advance whether they accept shared care, and ask any provider what happens if they do not. Anyone who avoids that question is not being straight with you.

Treatment

- **Medication** — stimulants are first line and are effective for a large majority. Non-stimulant options exist. Titration takes several appointments, with pulse, blood pressure, weight and effect monitored.
- **Psychoeducation** — understanding the condition changes how people interpret decades of their own history, and is often described as the most valuable part.
- **ADHD coaching and CBT** for organisation, time management and emotional regulation.
- **Environmental change** — externalising memory, breaking tasks down, workplace adjustments. Under the Equality Act 2010 ADHD may count as a disability, and reasonable adjustments can be requested.
- **Sleep, exercise and structure**, all of which measurably affect symptoms.

Driving

You must tell the DVLA if ADHD affects your ability to drive safely, and if you start certain medications. Untreated ADHD is associated with a higher accident rate; treatment reduces it. We can advise on your particular situation.

Why be assessed here. NHS adult ADHD waits now run to several years in much of London. Our assessments are carried out by specialist psychiatrists, usually within weeks rather than years, with unhurried appointments and a full written report you keep — useful for employers, universities and your GP. We can also assess and treat the anxiety, depression and sleep problems that so often sit alongside ADHD, in the same place and on the same record. We will tell you honestly at the outset what happens with prescriptions if your GP declines shared care.

Specialist assessment in weeks, not years

Psychiatrist-led ADHD assessment, seven days a week, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open Mon–Sat, 9am–7pm (closed Sundays until September)

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Adult ADHD Assessment** · **ADHD & Autism Assessment** · **Psychiatry** · **Mental Health** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG87 guidance on ADHD diagnosis and management. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.