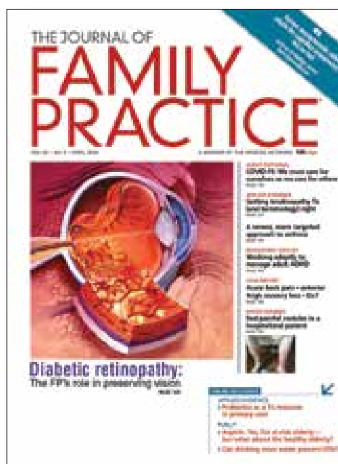
Include a behavioral health specialist in ADHD evaluations



The basic primary care evaluation recommended by Dr. Brieler et al in "Working adeptly to diagnose and treat adult ADHD" (*J Fam Pract*. 2020;69:145-149) is a step up from what occurs in some practices. Nonetheless, I was concerned about the idea that an attention-deficit/hyperactivity disorder (ADHD) evaluation in a primary care office might not include a behavioral health specialist. The gold standard remains a comprehensive, multidisciplinary evaluation.

As a family physician who has performed comprehensive ADHD evaluations for more than 25 years, I have frequently seen adults with ADHD who were diagnosed elsewhere, without a comprehensive evaluation, and had various undiagnosed comorbidities. Unless these other problems are addressed, treatment focused only on ADHD often yields suboptimal results.

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We, as primary care physicians, can provide better care for our patients if we include a behavioral health specialist in the evaluation process.

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Prolonged azithromycin Tx for asthma?

In "Asthma: Newer Tx options mean more targeted therapy" (*J Fam Pract*. 2020;65:135-144), Rali et al recommend azithromycin as an add-on therapy to ICS-LABA for a select group of patients with uncontrolled persistent asthma (neutrophilic phenotype)—a Grade C recommendation. However, the best available evidence demonstrates that azithromycin is equally efficacious for uncontrolled persistent eosinophilic asthma.[1,2] Thus, family physicians need not refer patients for bronchoscopy to identify the inflammatory "phenotype."

An important unanswered question is whether azithromycin needs to be administered continuously. Emerging evidence indicates that some patients may experience prolonged benefit after time-limited azithromycin treatment. This suggests that the mechanism of action, which has been described as anti-inflammatory, is (at least in part) antimicrobial.[3]

For azithromycin-treated asthma patients who experience a significant clinical response after 3 to 6 months of treatment, I recommend that the prescribing clinician try taking the patient off azithromycin to assess whether clinical improvement persists or wanes. Nothing is lost, and much is gained, by this approach; patients who relapse can resume azithromycin, and patients who remain improved are spared exposure to an unnecessary and prolonged treatment.

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1. Gibson PG, Yang IA, Upham JW, et al. Effect of azithromycin on asthma exacerbations and quality of life in adults with persistent uncontrolled asthma (AMAZES): a randomised, double-blind, placebo-controlled trial. *Lancet.* 2017;390:659-668.
2. Gibson PG, Yang IA, Upham JW, et al. Efficacy of azithromycin in severe asthma from the AMAZES randomised trial. *ERJ Open Res.* 2019;5.
3. Hahn D. When guideline treatment of asthma fails, consider a macrolide antibiotic. *J Fam Pract.* 2019;68:536-545.

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