

# National Neuro Developmental Conditions Conference

## Academic Abstracts

Nov 2026

# About Dyfodol

The Dyfodol (meaning 'Future') programme offers several workstreams to both respond to challenges and opportunities across the health service, but also to model and design future services and pathways. This is achieved through an evidence-based, and informed approach, and through research collaborations with partners.

Dyfodol is hosted by National Collaborating Centre for Mental Health (NCCMH), working in partnership with RCPsych in Wales and NHS Wales' Joint Commissioning Committee (JCC) on certain projects of work.

# This Report

This collection of selected Academic Abstracts has been compiled from the Dyfodol National Neurodevelopmental Conditions Conference, held in November 2026.

# Contents

## Academic Abstracts


- A Re-audit of Cardiovascular Risk Assessment (QRISK3) and Communication to General Practitioners in Psychiatric Inpatients **4**
- "Why are we prescribing propranolol?"A retrospective quality improvement review of propranolol use in adults with intellectual disability **5**
- Proportion of Life Affected in OCD: A Developmentally Sensitive Indicator of Symptom Severity **6**
- Emotional intelligence and transformational leadership in neurodevelopmental services: a cross-sectional survey of staff **7**
- Exploring the prevalence of anxiety disorders in ADHD and identifying risk factors in a clinical sample **8**
- What are Cardiff medical students' perceptions of neurodivergence, and does current medical education in Cardiff University provide students with the skills needed to support neurodivergent patients? **9**
- Subjective sensory sensitivity in healthcare settings: a qualitative investigation of aversive experiences and barriers to access care **10**
- Systematic Review: Are table-top roleplay games a useful therapeutic tool for people with neurodiversity? **11**
- ADHD treatment after psychosis: a patient-authored case report of functioning and treatment **12**
- Documentation of Driving Advice in Adults with ADHD Across Community Mental Health Teams: A Quality Improvement Project **13**

# A Re-audit of Cardiovascular Risk Assessment (QRISK3) and Communication to General Practitioners in Psychiatric Inpatients

Mehar Magon, Nick Smith, Rose Winter, Julian Beezhold, Bachun Cheema, Suzannah Downes; Norfolk and Suffolk NHS Foundation Trust

**Aims and hypothesis**
The primary aim was to assess whether psychiatric inpatients were having a QRISK3 calculated and if this was then being communicated to their GP now, compared to when this was initially audited. Secondary aims were to identify patients with a retrospectively calculated QRISK3 score ≥10% and to assess whether abnormal HbA1c or blood pressure results were communicated to primary care.

**Background**
People with severe mental illness are at increased risk of cardiovascular disease and premature death. QRISK3, a validated cardiovascular risk assessment tool included in the mandatory NSFT Inpatient Physical Health Form V3, was re-audited to assess completion and communication of scores to GPs, and to compare results with the previous audit cycle.

**Methods**
A re-audit was conducted at Great Yarmouth Acute Services, Northgate Hospital, from October 2025 to February 2026. Patients aged ≥40 years admitted within the previous year with schizophrenia, schizoaffective disorder, bipolar disorder, or moderate-to-severe depression were included. Patients receiving lipid-lowering therapy, transferred out of area, or not yet discharged were excluded. Physical Health V3 forms and discharge summaries were reviewed for documentation and communication of QRISK3 scores. Where no QRISK3 was recorded, scores were calculated retrospectively using available clinical data. HbA1c and systolic blood pressure (SBP) results were also reviewed. Abnormal HbA1c was defined as >42 mmol/mol and abnormal SBP as an average ≥140 mmHg.

**Results**
27 patients met inclusion criteria. QRISK3 was documented in 3/27 patients (11%), compared with 1/34 (3%) previously. Retrospective calculation identified 14/27 patients (52%) with a QRISK3 score ≥10%, yet none were communicated to GPs at discharge.
Seven patients (26%) had an HbA1c >42 mmol/mol, with 3/7 (43%) communicated to primary care. Eight patients (30%) had an average systolic blood pressure ≥140 mmHg, of whom 2/8 (25%) were communicated to GPs.

**Conclusion**
More than half of psychiatric inpatients had a QRISK3 score ≥10% when calculated retrospectively, highlighting a substantial burden of cardiovascular risk. Although QRISK3 documentation improved from 3% to 11%, performance remained well below the 100% standard, and no elevated scores were communicated to GPs. Communication of abnormal HbA1c and blood pressure results remained inconsistent. Improvements are needed in cardiovascular risk assessment, documentation, and primary care communication, including QRISK score documentation and staff education on cardiovascular risk in patients prescribed antipsychotics.

# "Why are we prescribing propranolol?" A retrospective quality improvement review of propranolol use in adults with intellectual disability

Tafadzwa Gambe, Sohaib Feroz, Feroz Nainar; Learning Disability Service, Birmingham Community Healthcare NHS Foundation Trust

**Aims and hypothesis**
To retrospectively evaluate the quality and safety of propranolol prescribing in 10 adults with intellectual disability (ID) under one consultant psychiatrist's caseload, and to identify opportunities for improvement. We hypothesised that, given the limited evidence base for propranolol in this population, a proportion of patients would lack clearly documented evidence of benefit, consistent physical-health monitoring, or an explicit rationale for continued treatment.

**Background**
Propranolol is prescribed in ID services for a range of indications, including anxiety, autonomic symptoms and behaviours that challenge, despite limited evidence supporting beta-blockers for these presentations. This uncertainty is compounded in ID populations, where communication difficulties and reduced capacity can make it harder to establish whether a medication is genuinely helping. Good prescribing practice therefore depends on a clearly recorded indication, appropriate safety monitoring, assessed benefit, and a documented rationale for continuation.

**Methods**
Ten adults with ID, prescribed or recently discontinued propranolol under one consultant psychiatrist's caseload, were reviewed retrospectively using a standardised, anonymised proforma. Data collected included documented indication and target symptom, baseline and ongoing physical-health monitoring, adverse effects, capacity/best-interests documentation, current treatment plan, and a four-category assessment of documented clinical benefit (clear, possible, unclear, none/adverse). Analysis was descriptive, reported as n/N and percentages.

**Results**
A clear indication and target symptom was documented in 8/10 patients (80%). No patient had a baseline pulse or blood pressure specifically recorded around initiation, although observations were often available from annual health checks; ongoing monitoring during treatment was evident in 5/8 applicable patients (63%). Adverse effects were considered in 9/10 (90%), and capacity/best-interests documentation was complete in all applicable cases (10/10). Documented clinical benefit was clear in only 2/10 patients (20%), unclear in 7/10 (70%), and absent or adverse in 1/10 (10%). Six of ten patients had already had propranolol discontinued, most without withdrawal effects; of the four remaining on treatment, continuation was clearly justified in only one.

**Conclusions**
Indication, adverse-effect review and capacity documentation were reasonably well recorded, but baseline physical health monitoring and documented justification for continued treatment were poor, and most ongoing prescriptions lacked clear evidence of benefit. The high rate of appropriate discontinuation suggests existing good deprescribing practice that this project can now formalise. A structured propranolol review template is being introduced, with re-audit planned at 3-6 months to complete the quality improvement cycle.

# Proportion of Life Affected in OCD: A Developmentally Sensitive Indicator of Symptom Severity

Emma deZarn; The University of Edinburgh, School of Health in Social Science

**Aims and hypothesis**
This study investigated whether developmental timing and relative illness burden are associated with symptom severity in obsessive-compulsive disorder (OCD). Specifically, it examined whether Obsessive-Compulsive Inventory-Revised (OCI-R) scores differ among childhood-, adolescent-, and adult-onset groups, and whether proportion of life affected (PoLA) was associated with symptom severity after accounting for age of onset (AOO). It was hypothesized that an earlier onset and a greater PoLA would be associated with higher symptom severity.

**Background**
Although AOO and duration of illness (DOI) have been linked to OCD symptom severity, findings remain inconsistent. AOO is a relatively static metric, and variation in its definition and grouping may limit explanatory value. DOI captures illness duration but not how that duration is situated within an individual's lifespan. These limitations suggest a need for developmentally sensitive measures. This study therefore explored PoLA as a lifespan-adjusted indicator of relative illness burden.

**Methods**
A cross-sectional survey was conducted among adults reporting clinically diagnosed or self-diagnosed OCD ($N$=112). Self-diagnosed participants were required to score ≥21 on the OCI-R. Participants reported AOO, DOI, diagnostic history and completed the OCI-R. PoLA was calculated as DOI divided by age. A one-way ANOVA examined differences in OCI-R scores across AOO groups ($N$=112), followed by a multiple linear regression examining PoLA while controlling for AOO group ($N$=111).

**Results**
OCI-R scores did not differ significantly across AOO groups ($p$ = .747). The overall regression model including PoLA and AOO was not statistically significant, $F(3, 107) = 2.27$, $p$ = .085, adjusted $R^2$ = .033. However, after controlling for AOO, PoLA showed a significant positive association with OCI-R total scores ($B$ = 20.37, 95% CI [3.85, 36.88], $\beta$ = .33, $p$ = .016), accounting for 5.3% of variance in symptom severity ($sr^2$ = .053). Neither AOO covariate significantly predicted OCI-R total scores ($p$ = .111 and $p$ = .263).

**Conclusion**
Symptom severity did not differ by AOO group, suggesting limited explanatory value for current OCD severity. In contrast, greater PoLA was associated with increased symptom severity after accounting for AOO group. These preliminary findings suggest that PoLA may capture aspects of developmental illness burden not reflected by chronological onset alone. Larger, clinically characterised studies are needed to evaluate its utility as a developmentally sensitive indicator of OCD severity.

# Emotional intelligence and transformational leadership in neurodevelopmental services: a cross-sectional survey of staff

Tim Atimoe; NIRDA Institute

**Aims**
The study aimed to analyze the level of emotional intelligence (EI) and perceived transformational leadership (GTL) of staff involved in the provision of neurodevelopmental services in Lagos, Nigeria, and to determine the relationship between emotional intelligence and perceived transformational leadership among them.

**Background**
There is a relationship between leadership, staff emotional intelligence, and the functioning of the team, staff wellbeing, and quality of care. Little is known about these in the field of neurodevelopmental services, especially in low- and middle-income countries. Developing knowledge of these relationships can help inform leadership development and workforce support in these environments.

**Methods**
A cross-sectional survey was carried out in 7 neurodevelopmental services in Lagos, Nigeria. Eighty-four clinical staff took part, of whom 21.4% were clinical psychologists, 19.0% were occupational therapists, 16.7% were nurses, and 14.3% were speech and language therapists. The Wong and Law Emotional Intelligence Scale (WLEIS; 7-point Likert scale) was used to assess emotional intelligence. The 7-item Global Transformational Leadership (GTL) scale (5-point Likert scale) was used to measure transformational leadership. SPSS was used for descriptive statistics, Cronbach's alpha, and Pearson correlation. Linear regression was performed.

**Results**
Cronbach's alpha coefficient for WLEIS was .91, and for GTL was .74, which represents excellent and good reliability, respectively. The mean WLEIS score was 91.04 (SD = 15.56; range 34–112), and the mean GTL score was 39.43 (SD = 6.35; range 23–49). A significant strong positive correlation was found between emotional intelligence and transformational leadership ($r = .73$, $p < .001$). The results of regression analysis indicated that transformational leadership explained 52.6% of the variance ($R^2 = .526$, $F(1, 82) = 91.11$, $p < .001$) in emotional intelligence. Individual correlations were carried out using subscale analysis, with results showing that Use of Emotion ($r = .68$) and Regulation of Emotion ($r = .63$) were the highest correlations with transformational leadership..

**Conclusions**
Staff's emotional intelligence scores were high, and their perceptions of transformational leadership were of a moderate to high level in neurodevelopmental services. Transformational leadership was found to significantly explain emotional intelligence; this indicates that leadership development based on transformational leadership can improve staff emotional intelligence and, consequently, increase wellbeing and service quality of staff. The results from these findings could help support leadership development and staff support in neurodevelopmental services, in circumstances where limited resources are a constraint.

# Exploring the prevalence of anxiety disorders in ADHD and identifying risk factors in a clinical sample

*Maryam Khan, **Sharifah Shameem Agha, ** ***Olga Eyre; *Cardiff University, School of Medicine
**School of Medicine, Cardiff University ***Wolfson Centre for Young People's Mental Health

**Introduction**
Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental condition frequently associated with psychiatric comorbidities, particularly anxiety disorders. These comorbidities contribute to increased clinical complexity and functional impairment. Previous research has identified a range of demographic, familial and cognitive risk factors; however, findings remain variable, particularly within clinical ADHD populations.

**Aim**
To examine the prevalence of anxiety disorders in children with ADHD and identify associated demographic, clinical and familial risk factors within a clinical sample.

**Methods**
Data was obtained from a clinical sample of 664 children and adolescents aged 6–18 years with ADHD. Diagnoses of ADHD, anxiety disorders (generalised, social and separation), and comorbid conditions (including oppositional defiant disorder, conduct disorder, depressive disorders and tic disorders) were assessed using the Child and Adolescent Psychiatric Assessment (CAPA) based on DSM-IV criteria. Demographic data (age, gender, socioeconomic status) was collected via parent-report. IQ was assessed using the Wechsler Intelligence Scale for Children (WISC), and autism-related traits using the Social Communication Questionnaire (SCQ). Parental anxiety was measured using the Hospital Anxiety and Depression Scale (HADS). Binary logistic regression was conducted to examine associations with anxiety, reported as odds ratios (ORs) with 95% confidence intervals (CIs).

**Results**
Overall, 6.2% of participants met criteria for an anxiety disorder, with generalised anxiety disorder most prevalent (2.7%). The sample was predominantly male and demonstrated high rates of comorbidity, particularly oppositional defiant disorder.
Greater ADHD symptom severity (OR=1.172, 95% CI 1.015–1.354, p=0.031) and impairment (OR=1.424, 95% CI 1.004–2.021, p=0.048) were significantly associated with anxiety. Depressive disorders showed a strong association (OR=5.256, 95% CI 1.027–26.901, p=0.046), as did higher autism-related traits (OR=1.055, 95% CI 1.007–1.105, p=0.025). Participants with anxiety also had higher rates of depressive disorder and lower IQ. No significant associations were observed for age, socioeconomic status, or parental anxiety.

**Conclusion**
Anxiety in children with ADHD is more strongly associated with clinical characteristics, including comorbid depression, autism-related traits, and ADHD severity, rather than demographic or familial factors. These findings emphasise the importance of comprehensive clinical assessment for co-occurring psychopathology in ADHD populations. Limitations include a predominantly male sample and reliance on parent-reported measures.

# What are Cardiff medical students' perceptions of neurodivergence, and does current medical education in Cardiff University provide students with the skills needed to support neurodivergent patients?

Poppy Martin-Williams; School of Medicine, Cardiff University

**Aims and Hypothesis**
This project aimed to explore medical student understanding of neurodivergence and develop a resource to address these findings. It was hypothesised that understanding would be limited, and further teaching would be required for Cardiff medical students.

**Background**
Neurodivergence includes different patterns of learning, thinking, cognition and behaviour, such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia and Tourette Syndrome. Neurodivergent individuals comprise approximately 15-20% of the population. Despite increasing recognition, healthcare professionals receive limited education on neurodivergence. Improving awareness and understanding may help create more inclusive healthcare environments and reduce barriers experienced by neurodivergent people.

**Methods**
A cross-sectional survey was distributed to Cardiff University medical students across all year groups. Nineteen students participated. It included both Likert scale and open questions exploring knowledge, attitudes, perceived skills and opinions on neurodivergence teaching within the curriculum. Quantitative responses were analysed descriptively using frequencies, proportions and standard deviations, while qualitative responses were reviewed thematically to identify recurring themes and learning needs. Findings informed the development of an interactive educational resource using the online platform, Xerte.

**Results**
They demonstrated foundational knowledge of neurodivergence, and recognised that neurodivergent people may experience stigma, discrimination and barriers to healthcare. Attitudes towards neurodivergent people were broadly positive, with most agreeing that neurodivergent people could become doctors. However, participants reported uncertainty in explaining neurodivergence, and some responses suggested confusion between neurodivergence and mental illness. Outdated terminology was identified within qualitative responses. Students also reported limited confidence in communicating with neurodivergent patients and uncertainty regarding appropriate reasonable adjustments. Participants also expressed a need for more formal teaching, particularly earlier in the curriculum, with an emphasis on practical clinical application. Most suggested that the educational resources should be interactive.

**Conclusions**
Medical students demonstrated positive attitudes towards neurodivergence but identified gaps in knowledge, communication skills and understanding of reasonable adjustments. These findings supported the development of an interactive Xerte learning resource addressing key concepts, language, stereotypes and practical approaches to inclusive care. The findings support the hypothesis that medical students require additional education on neurodivergence, particularly regarding communication strategies and reasonable adjustments. Greater integration of neurodivergence teaching within medical education may improve healthcare experiences for neurodivergent patients.

# Subjective sensory sensitivity in healthcare settings: a qualitative investigation of aversive experiences and barriers to access care

Adam Gilani; School of Medicine, Cardiff University

**Background**
People who experience subjective sensory sensitivity may report distress or unease in response to sensory stimuli such as loud noises and bright lights. Healthcare settings can have many such stimuli which may trigger aversive reactions in sensory sensitive individuals.

**Methods**
This qualitative study used a sensory screening tool to identify sensory sensitive individuals who were then invited to complete an online questionnaire relating to their lived experience of sensory sensitivity in a range of healthcare settings (N = 69). Carers of sensory sensitive individuals were also invited to answer similar questions (N = 8). Template analyses were used to derive themes for each participant group.

**Results**
Themes were organised around: Features that trigger sensory sensitivity; emotional, cognitive and physical impact; impact on individuals' healthcare; mitigation approaches; understanding and accommodation by staff; suggested Improvements. Overall, our participants described sensory sensitivity having a detrimental impact on healthcare experiences across varied settings, notably in causing distress, interference in healthcare participation, and reducing access to care. Additionally, participants reported a perception of staff lacking the ability to help, which in turn impacts disclosure or help-seeking behaviour.

**Conclusions**
These findings highlight a need for raising awareness about sensory sensitivity to encourage help-seeking behaviour and provide a more sensory-inclusive environment.

# Systematic Review: Are table-top roleplay games a useful therapeutic tool for people with neurodiversity?

Madison Thompson; School of Medicine, Cardiff University

**Aims and Objectives**
This study aimed to review prior research on tabletop role-playing games (TTRPG) as a therapeutic tool for neurodiverse individuals and identify gaps in the field for further research.

**Methods**
A comprehensive systematic review of available literature on the use of TTRPGs in the neurodiverse population was completed, with no limitations to publication language or date. This was completed using ProQuest, which searched 21 electronic data bases. Papers were superficially reviewed using the title and abstract to determine if they met the inclusion criteria and relevant articles that met the inclusion criteria were reviewed in full.

**Results**
The systematic search resulted in the identification of 5 relevant articles, containing a combination of peer-reviewed journal articles (n=3), and dissertations/theses (n=2). The majority of papers (n=3) were published in the western world, with others coming from Japan (n=1) and Brazil (n = 1).

**Conclusion**
Existing literature suggests that TTRPGs can offer significant benefits for neurodiverse individuals, particularly in enhancing social skills, communication, and overall social functioning. Kato's (2019) qualitative case study showed that TTRPGs improved social functioning, intentional communication, and cooperative decision-making in youth with autism spectrum disorder (ASD). Henning et al. (2024) echoed these findings, though they were not statistically significant. It has been shown that TTRPGs provide structured environments in which participants can develop essential skills such as collaboration, problem-solving, and empathy without fear of judgement. A shift in focus was seen in the study presented by Rubin-Budick (2022), which focused on the perspective of the therapist over the participants. However, this also gave an overriding consensus on the effectiveness of TTRPGs in improving emotional attunement and social engagement. It is important to note that the studies conducted so far have been limited by small sample sizes and narrow participant demographics, with a focus on ASD over other neurodiverse conditions.

Overall, available literature suggests that TTRPGs can enhance social development, communication, and emotional well-being in neurodiverse individuals. This review has also highlighted the need to explore the role of TTRPGs as a therapeutic tool in a wider range of neurodiverse conditions, with particular reference to ADHD.

# ADHD treatment after psychosis: a patient-authored case report of functioning and treatment

Barzy Aziz Raza, Farhan Ayub, Mohammed Mirza; School of Medicine, Cardiff University

**Aims and hypothesis**
To describe ADHD treatment following two psychotic episodes, focusing on psychotic experiences, functioning and treatment burden during periods with and without regular antipsychotic treatment.

**Background**
ADHD treatment after psychosis requires balancing potential benefit against recurrence risk and adverse effects. Observational studies provide reassuring hospitalisation findings in selected populations, but do not establish individual safety or fully characterise daily functioning.

**Methods**
We prepared a retrospective, patient-authored single-case report using psychiatric correspondence, care-plan reviews, GP records, occupational-health reports and patient recollection. We reconstructed prescribing, reported ingestion, symptoms and functioning, extracting routine measures where available. We distinguished clinician observations from reported experiences and retained discrepancies and uncertain adherence.

**Results**
ADHD was diagnosed in May 2022. The patient reports generally restored enjoyment during effective ADHD treatment, distinguishing this from reduced pleasure before diagnosis and later treatment difficulties. Records document psychotic episodes in 2023 and 2024 in the context of stimulant treatment and cannabinoid exposure. Lisdexamfetamine was restarted without prophylactic antipsychotics in November 2023 and reintroduced alongside prescribed lurasidone in April 2025. Work, social activity, exercise and study preparation improved by May-June 2025. The patient subsequently reported stopping regular lurasidone in early July 2025, with isolated later doses. A July letter records brief referential/paranoid experiences after sleep deprivation, resolving after sleep. Their timing relative to cessation remains uncertain. CORE-10 scores were 18 in August 2024 and 6 in October 2025. July 2026 reviews documented psychosis stability but residual difficulties with motivation and daily activities. Lisdexamfetamine increased from 40 to 50 mg, with improved focus and energy reported at follow-up. An August GP assessment recorded no evidence of delusions or thought disorder.

**Conclusions**
This case illustrates the importance of assessing functioning and treatment burden alongside psychotic symptoms during ADHD treatment after psychosis. Favourable later observations coexist with brief symptoms and uncertain medication exposure. This course cannot establish causality or comparative safety. Individualised specialist review and prospective comparative research are needed.

# Documentation of Driving Advice in Adults with ADHD Across Community Mental Health Teams: A Quality Improvement Project

Esraa Elghandour, Juned Ahmed, Luqman Salami, Elanor Chiu, Lilli Wright, Lucy Bigham, Delia Annear; Cardiff and Vale University Health Board

**Aims and hypothesis**
To assess the frequency of documented driving advice in adults with Attention Deficit Hyperactivity Disorder (ADHD) across Community Mental Health Teams (CMHTs) within Cardiff and Vale University Health Board and evaluate whether targeted quality improvement interventions improve compliance. We hypothesised that documentation of driving advice would be low across services and could be improved through clinician awareness and service-level interventions. We are aiming for 80% improvement.

**Background**
ADHD may affect concentration, attention, impulsivity and executive functioning, all of which have implications for driving safety. Driver and Vehicle Licensing Agency (DVLA) guidance advises that patients should be informed about their responsibilities regarding driving where symptoms or treatment could impair safe driving. Failure to document driving advice represents a potential patient safety, medico-legal and governance concern. A quality improvement project was undertaken to establish baseline compliance and identify opportunities for improvement.

**Methods**
A retrospective review of ADHD outpatient clinic correspondence was undertaken across CMHTs within Cardiff and Vale University Health Board. Adult patients with ADHD receiving follow-up reviews were included. Clinic letters were examined for documented driving advice. Baseline data were collected from Gabalfa, Links, Hamadryad, Pentwyn, Vale and Pendine CMHTs. Following presentation of findings within Pendine CMHT and promotion of documentation standards, as well as utilizing posters for guidance across clinics and questionnaire to aid clinicians, a re-audit was undertaken examining follow-up appointments from July 2026 onwards. Data were analysed descriptively and expressed as percentages.

**Results**
A total of 1,252 clinic appointments were reviewed across six CMHTs during the baseline phase. Documented driving advice was identified in 76 cases (6.1%). Compliance varied between teams: Gabalfa 5/318 (1.6%), Links 42/196 (21.4%), Hamadryad 14/204 (6.9%), Pentwyn 6/208 (2.9%), Vale 6/236 (2.5%) and Pendine 3/90 (3.3%). Within Pendine CMHT, re-audit data demonstrated improvement following intervention. Baseline review identified documented driving advice in 3 of 90 cases (3.3%), compared with 9 of 55 cases (16.4%) during the re-audit period. This represented a five-fold relative improvement, although documentation remained absent in the majority of reviews.

**Conclusions**
Documentation of driving advice for adults with ADHD is inconsistent and frequently omitted across CMHTs within Cardiff and Vale University Health Board. A simple quality improvement intervention within Pendine CMHT was associated with a meaningful increase in documentation; however, compliance remains below the desired standard. Future work will focus on service-wide interventions, including electronic record prompts and standardised ADHD review templates within PARIS, followed by further re-audit to assess sustainability and impact on patient safety.