



Clinical Care Guidelines for:

# Attention Deficit Hyperactivity Disorder

## OBJECTIVE

Guide the appropriate diagnosis and treatment of ADHD in the MDwise population as it is the second most common chronic condition in children and adolescents. This guideline is designed to assist the clinician by providing a framework for decision-making.

## DIAGNOSIS & ASSESSMENT

### DSM-IV-TR DIAGNOSTIC CRITERIA

- Symptoms emerge prior to age 7, but could up to age 12
- Symptoms are developmentally inappropriate
- Symptoms cause significant impairment in functioning in more than one setting
- 6 of 9 inattentive symptoms present indicate ADHD inattentive type
- 6 of 9 impulsive-hyperactive symptoms indicate ADHD primarily impulsive-hyperactive type
- 6 of 9 of a combination of inattentive and impulsive-hyperactive type indicate ADHD combined type
- Criteria based on school-aged children. Adults may suffer significant impairment with fewer than 6 symptoms.
- ADHD does persist into adulthood and impairment can continue at a level that requires treatment.
- Assess for co-morbid diagnoses such as oppositional defiant disorder, depression.

### HISTORY

Obtain a thorough history to rule out:

- Sleep deprivation or a sleep disorder
- Medication side effects
- Depression as primary diagnosis
- Anxiety as primary diagnosis
- Any form of abuse
- Unstable family situations
- Other medical conditions that can mimic ADHD

And obtain a complete clinical picture of symptom presentation

If sufficient symptoms are endorsed during the interview, obtain behavior ratings from the home, school, or other environment the child spends time in to verify objectively that the child meets criteria. If additional psychological testing is needed due to inconclusive data from ratings scales, 2–4 hours of testing may be appropriate.

**Applicable Rating Scales:** Conners Scales, ADHD IV, CBCL

## TREATMENT

### MEDICATION MANAGEMENT

Trial of stimulant medication titrated up as response dictates (until benefit or side effects occur). If one stimulant medication is not effective, another should be tried until benefit is achieved.

Child to be seen for a medication evaluation within 3 weeks of diagnosis and have 2 follow-up visits within the subsequent 9 months.

Monitor height, weight and side effects.

May re-administer behavior ratings to monitor response to medication.

*\*Treatment for ADHD must recognize it is a chronic condition that will need to be monitored over long periods in order to assist the person with ADHD in the ongoing management of this disorder. The treatment plan may consist of medication and/or behavioral therapy.*

### THERAPY

Refer for education and behavior management therapy for the parents.

Coordinate behavior management with school personnel.

If child is discharged from inpatient hospitalization, child needs to be seen in an outpatient setting, intensive outpatient setting or partial hospitalization by a behavioral health provider within 7 calendar days.

## REFERENCES

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition TR (2000) American Psychiatric Association.

American Academy of Pediatrics, Clinical Practice Guidelines (2001)

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