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-5 DIAGNOSTIC CRITERIA

- Symptoms emerge 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; 5 symptoms for age 17 and older
- 6 of 9 impulsive-hyperactive symptoms indicate ADHD primarily impulsive-hyperactive type; 5 symptoms for age 17 and older
- 6 of 9 of a combination of inattentive and impulsive-hyperactive type indicate ADHD combined type; 5 symptoms for age 17 and older
- 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, Vanderbilt

TREATMENT

MEDICATION MANAGEMENT

For ages 4–5, weigh risk of medication at an early age v. harm of delaying diagnosis and treatment.

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.

THERAPY

For ages 4-5, refer for parent training and behavior therapy first; refer for medication if moderate to severe disturbance continues in spite of these interventions

Refer for education and behavior management therapy for the parents.

If an adult, refer for education and therapy to develop coping skills.

Coordinate behavior management with school personnel for children and adolescents.

If child or adult 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.

**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.

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MEDICATION THERAPY OPTIONS FOR TREATING ADD/ADHD

Stimulants are highly effective in the treatment of ADHD. Prescribers are free to choose any of the two stimulant types (methylphenidate or amphetamine) because evidence suggests the two are equally efficacious in the treatment of ADHD.

Immediate-release stimulant medications must be taken 2–3 times per day to control ADHD symptoms throughout the day. Long-acting forms may be used in initial treatment; there is no need to titrate to the appropriate dose on short-acting forms and then "transfer" patients to long-acting forms. Drug therapy regimens using long-acting forms should not be divided through the day, If the duration of action of a long-acting form is insufficient, either consider a different long-acting dosage form, or supplement the long-acting regimen with an immediate-release form to cover the duration need. If none of the agents bring satisfactory treatment of the patient with ADHD, the clinician should undertake a careful review of the diagnosis and then consider behavior therapy and/or the use of other medications for the treatment of ADHD.

The most common side effects for stimulants are appetite decrease, weight loss, insomnia, or headache. Less common side effects of stimulants include tics and emotional lability/irritability. It is prudent to monitor side effects that do not compromise the patient's health or cause discomfort that interferes with functioning because many side effects of stimulants are transient in nature and may resolve without treatment. Side effects with atomoxetine that occurred more often than those with placebo include gastrointestinal distress, sedation, and decreased appetite.

Therapeutic Class/ Brand Name	Dosage Forms	Recommended Starting Dose	FDA Maximum Daily Dose	Comments
Amphetamine Preparations				
Short Acting				Disadvantage: BID-TID dosing
ADDERALL (generic) Amphetamine-dextroamphetamine	5, 7.5, 10, 12.5, 15, 20, 30 mg tablet	3–5 yr: 2.5mg qD; ≥6 yr: 5mg qD-BID	40mg	
EVEKEO (generic) amphetamine	5, 10 mg tablets	3–5 yr: 2.5mg qD; ≥6 yr: 5mg qD-BID		
DEXEDRINE/ DEXTROSTAT (generic) dextroamphetamine	5, 10 mg tablet 5mg/5ml solution (PROCENTRA)	3–5 yr: 2.5mg qD 6 yr: 5mg qD-BID		
methamphetamine (generic) DESOXYN	5mg tablet	≥6 yr: 5mg qD-BID		
Long Acting				Advantage: Convenience/Compliance Disadvantage: Loss of evening appetite and sleep
DEXEDRINE SPANSULE (generic) dextroamphetamine	5, 10, 15, mg capsule	≥6 yr: 5-10mg qD-BID	40mg	
ZENZEDI (generic) dextroamphetamine	2.5, 5, 7.5, 10, 15, 20, 30 mg tablet	≥6 yr: 5-10mg qD-BID		
ADDERALL XR (generic) Amphetamine-dextroamphetamine	5, 10, 15, 20, 25, 30 mg capsule	≥6 yr: 10mg qD	30mg	Capsule may be opened and sprinkled on food.
VYVANSE lisdexamfetamine	20, 30, 40, 50, 60, 70 mg capsule	≥6 yr: 30mg qD	70mg	
Methylphenidate Preparations				
Short Acting				
FOCALIN (generic) dexmethylphenidate	2.5, 5, 10 mg tablet	≥6 yr: 2.5mg BID	20mg	
RITALIN/METHYLIN (generic) methylphenidate	5, 10, 20 mg tablet 5mg/5ml, 10mg/5ml solution	≥6 yr: 5mg BID	60mg	

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Therapeutic Class/ Brand Name	Dosage Forms	Recommended Starting Dose	FDA Maximum Daily Dose	Comments
Methylphenidate Preparations (continued)				
Intermediate Acting				
METADATE ER (generic) methylphenidate ER	20mg tablet	20mg qAM	60mg	Duration of action is approximately 8 hours.
METHYLIN ER (generic) methylphenidate ER	10, 20 mg tablet	10mg qAM	60mg	Duration of action is approximately 8 hours.
RITALIN SR (generic) methylphenidate ER	20mg tablet	20mg qAM	60mg	Duration of action is approximately 8 hours.
METADATE CD (generic) methylphenidate CD	10, 20, 30, 40, 50, 60 mg capsule	20mg qAM	60mg	Comprised of 30% of dose in immediate-release form and 70% in sustained release form.
RITALIN LA (generic) methylphenidate LA	10, 20, 30, 40 mg capsule	20mg qAM	60mg	Comprised of 50% of dose in immediate-release form and 50% in delay-released form.
Long Acting				
CONCERTA (generic) methylphenidate extended release	18, 27, 36, 54 mg tablet	18–36mg qD	72mg	Initial release of dose from outer coating within 1 hour and remainder released at controlled rate over a total of 6–10 hours.
APTENSIO XR (generic) methylphenidate	10, 15, 20, 30, 40, 50, 60 mg ER capsule	10 mg QD	60 mg	
DAYTRANA Methylphenidate transdermal	10, 15, 20, 30 mg patches	10mg topical qD	30mg	Patch designed for 9 hours of use
FOCALIN XR dexmethylphenidate	5, 10, 15, 20, 25, 30, 35, 40 mg capsule	≥6 yr: 5mg qD ≥18 yr: 10mg qD	≥6 yr: 30mg ≥18 yr: 40mg	
QUILLIVANT XR methylphenidate	25 mg/ml solution	20 mg QD	60mg	
Selective Norepinephrine Reuptake Inhibitor				
STRATTERA atomoxetine	10, 18, 25, 40, 60, 80, 100 mg capsule	≤70 kg weight: 0.5mg/kg/day, titrating after a minimum of 3 days to a target daily dose not to exceed 1.2 mg/kg/day >70kg weight: 40mg qD, titrating after a minimum of 3 days to a target dose of 40mg BID or 80mg qD.		Consider if active substance abuse or severe side effects. Give qAM or divided doses BID.

Disclaimer: Recommendation of treatment does not guarantee coverage of services.

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