

# Capital Health

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## **PRACTICE PARAMETERS FOR THE ASSESSMENT AND TREATMENT OF CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER**

**Attention-Deficit / Hyperactivity Disorder (ADHD). (2017, August 31). Retrieved April 06, 2018, from <https://www.cdc.gov/ncbddd/adhd/guidelines.html>**

**Steering Committee. (2011, November 01). ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Retrieved April 06, 2018, from <http://pediatrics.aappublications.org/content/128/5/1007>**

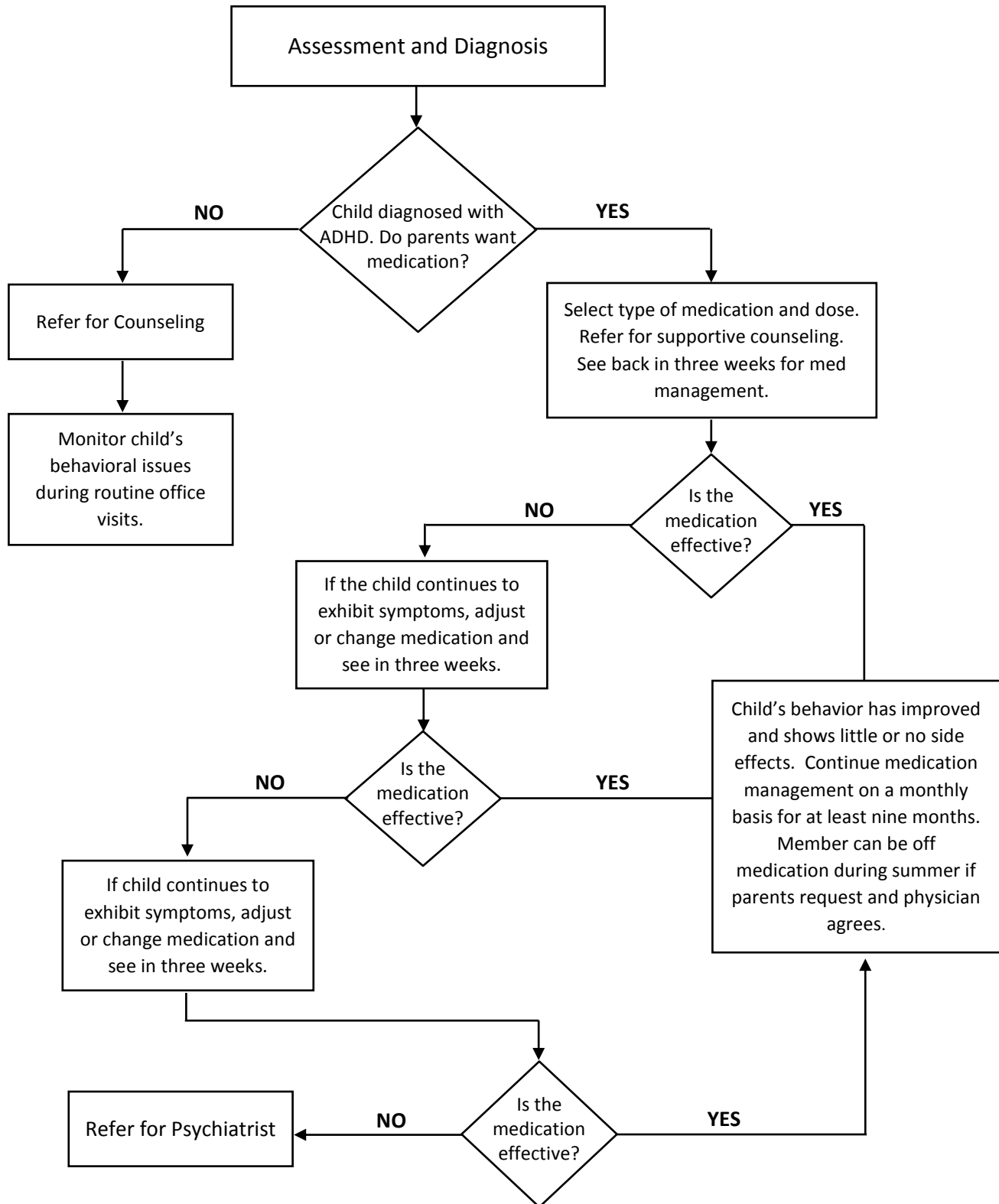
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# Assessment and Medication Management of ADHD in Children



## **RECOMMENDATION #1:**

Children 6-12 years of age who present with inattention, hyperactivity, impulsivity, academic under achievement, or behavior problems should be evaluated by their primary care clinician for ADHD. (Use caution in the diagnosis and treatment of children between the ages of four and six. This age range often does not respond to treatment.)

### **Interview with parents:**

- Evaluate the child's developmental history, history of psychiatric, psychological, pediatric or neurological treatment for ADHD or trials of medications to date.
- Evaluate medical history for medical or neurological diagnosis such as fetal alcohol syndrome, lead intoxication, thyroid disease, seizure disorder, migraine, head trauma, genetic or metabolic disorder or primary sleep disorder.
- Evaluate for medications that could cause symptoms, such as Phenobarbital, antihistamines, theophylline, sympathomimetic or steroids.
- Evaluate family history for ADHD, tic disorders, substance use disorder, conduct disorder, personality disorders, mood disorders, obsessive-compulsive disorders and other anxiety disorders, or schizophrenia.
- Evaluate family history for developmental and learning disorders.
- Evaluate for past and present family stressors, crisis or changes in the family constellation.
- Evaluate for abuse or neglect.
- Remember that symptoms of ADHD obtained from history must always be linked to social, academic or occupational impairment to qualify as significant.

## **RECOMMENDATION #2:**

The diagnosis of ADHD requires meeting DSM-IV-TR or DSM-V-TR Criteria.

A. Either 1 or 2

1. 5/9 or more of the following symptoms of inattention have persisted for at least 6 months that is maladaptive and inconsistent with developmental levels:
  - a) Often fails to give close attention to detail or makes careless mistakes in schoolwork, work, or other activities.
  - b) Often has difficulty sustaining attention in tasks or play activities.
  - c) Often does not seem to listen when spoken to directly.

- d) Often does not follow through on instruction and fails to finish schoolwork, chores or duties in work place (not due to oppositional behavior or failure to understand instructions).
  - e) Often has difficulty organizing tasks and activities.
  - f) Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
  - g) Often loses things necessary for tasks or activities (such as toys, school assignments, pencils, books or tools).
  - h) Is often easily distracted by extraneous stimuli.
  - i) Is often forgetful in daily activities.
2. 5/9 or more of the following activities of hyperactivity - impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

**Hyperactivity**

- a. Often fidgets with hands or feet or squirms in seat.
  - b. Often leaves seat in classroom or in other situations where remaining seated is expected.
  - c. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults may be limited to subjective feelings of restlessness).
  - d. Often has difficulty playing or engaging in leisure activities quietly.
  - e. Is often on the go, or often acts as if driven by a motor.
  - f. Often talks excessively. impulsivity
  - g. Often blurts out answers before questions have been completed.
  - h. Often has difficulty awaiting turn.
  - i. Often interrupts or intrudes on others (for example, butts into conversations or games).
- B. Some hyperactivity, impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (for example at school or social settings and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.
- E. The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (such as mood disorder, anxiety disorder, dissociative disorder, or personality disorder).

**RECOMMENDATION #3:**

The assessment requires evidence obtained directly from parents/care givers regarding core symptoms, age of onset, duration of symptoms, and degree of impairment.

Standardized behavior checklists can aid in the diagnosis of ADHD. Examples:

<u>Name</u>	<u>Contact information</u>
<ul style="list-style-type: none"><li>• NICHQ ADHD Tools and Resources - includes Vanderbilt Assessment Scales</li></ul>	<a href="http://www.nichq.org/">http://www.nichq.org/</a>
<ul style="list-style-type: none"><li>• Conners Rating Scales</li></ul>	Multi-Health Systems, Inc. 1-800-456-3003; <a href="http://www.mhs.com/">http://www.mhs.com/</a>
<ul style="list-style-type: none"><li>• Achenbach Behavioral Checklist</li></ul>	ASEBA 1-802-656-5130; <a href="http://www.aseba.org/">http://www.aseba.org/</a>

**RECOMMENDATION #4:**

The assessment requires evidence obtained directly from classroom teachers for core symptoms, duration of symptoms, degree of impairment and co-existing conditions. Again, rating scales as listed above can be helpful.

**RECOMMENDATION #5:**

Evaluation of children with ADHD by the PCP should include assessment for co-existing conditions. Co-existing conditions to be considered include the following:

- Mental retardation or borderline intellectual functioning
- Pervasive developmental disorder
- Learning disorder
- Oppositional defiant disorder
- Conduct disorder
- Mood disorders
- Anxiety disorders
- Bipolar disorder
- Substance use disorder
- Tic disorder
- Pica

If the PCP is suspicious for these co-existing illnesses, they can be further evaluated by formal behavioral health evaluations, which can be arranged through a referral for psychological testing subject to the limitations of the member's benefit package. Learning Disorders and Evaluations for borderline intellectual functioning can be obtained through standard IQ/ SLD testing in the local school system or by the family contacting the Multidisciplinary team at Florida State University subject to the limitations of the member's benefit package.

Other diagnostic tests are not routinely indicated to establish the diagnosis of ADHD.

## **RECOMMENDATION #6:**

Once a treatment plan is established, it is important that close follow up occur to evaluate the progress and efficacy of treatment. Consider the Conners short form for evaluating this progress.

Side effects and drug interaction should always be considered when drug therapy is utilized and appropriate laboratory testing and evaluation of growth and development is recommended.

### **Creating an Individualized Treatment Plan**

A treatment plan should address the child's inattention, hyperactivity and impulsivity as well as school performance, social interactions, and family function. Pharmacological and behavioral approaches to treatment may be utilized alone or in combination depending on the social and family dynamics as well as parental desires and concerns.

#### *PSYCHOSOCIAL:*

Interventions to help gain social skills or control over oneself such as sports participation or other extracurricular activities to advance self-esteem and relationships should be considered.

#### *BEHAVIORAL INTERVENTIONS:*

A limited number of undesirable behaviors and the environments that elicit these behaviors can be defined and specific rewards or consequences that can be applied quickly and consistently can be used as conditional reinforcement.

#### *EDUCATIONAL INTERVENTIONS:*

The school system has a responsibility to determine if special educational services, classes, tutoring, or special teaching methods are necessary and then provide these when appropriate to develop individual strengths or improve knowledge and skill deficits. Educators must be involved in ongoing evaluations of the success of the treatment plan and also give feedback to the parents for consideration of rewards and consequences. If the parents are having difficulty with the school system meeting the student's needs, refer the parents to FDLRS (487-2630) for support and assistance in working within the rules of the school system.

## *PHARMACOLOGICAL TREATMENT:*

ADHD symptoms tend to improve over time with or without pharmacological treatment. Stimulant medications and desiprimine improve core symptoms more effectively than placebo and currently available stimulant medications have similar efficacy.

### Potential Adverse Symptoms:

- Insomnia
- Decreased Appetite
- Stomach Pain
- Headache
- Emergence or exacerbation of tics
- Decreased growth velocity
- Tachycardia
- Blood Pressure elevation
- Rebound ADHD symptomatology when medications wear off.
- Liver damage and failure is associated with pemoline (Cylert)

## **Medications for ADHD**

For children and adolescents (6–18 years of age), the primary care clinician should prescribe Food and Drug Administration–approved medications and dosing for ADHD with the assent of the adolescent and may prescribe behavior therapy as treatment for ADHD, although preferably both medication and behavior therapy should be used together

## **Annual Measurement for Effectiveness of ADHD Guideline**

- HEDIS® Follow-up Care for Children Prescribed ADHD Medication, Commercial population
  - Initiation phase
  - Continuation and maintenance phase
- % of members age 18 and younger with ADHD diagnosis who received care by their primary care physician and behavioral health practitioners
- Of those members with ADHD care from only one practitioner type, % whose care was provided only by PCP and % whose care was provided only by BH practitioner