

Attention-Deficit/Hyperactivity Disorder

Clinical Practice Guideline Summary for Primary Care

DIAGNOSIS AND CLINICAL ASSESSMENT

Attention Deficit/Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed childhood psychiatric conditions. ADHD symptoms include inattention, hyperactivity, and/or impulsivity that persist for at least six months. ADHD may begin in early childhood and continue on into adulthood. ADHD symptoms can cause problems at home, school, work, and with family/peer relationships. Treatment with an experienced clinician, continuity of care with behavioral health and/or medical specialty practitioners, and patient/parent psycho-education are critical for the effective management of ADHD.

The exact cause/etiology of ADHD is not known. However numerous studies indicate that inherited genetic and/or nervous system factors contribute to ADHD. Ongoing research is focused on identifying genes that may increase a person's susceptibility for an ADHD diagnosis. Most people with ADHD will have at least one close relative with ADHD. In fact, many adults first recognize that they have ADHD when their child is diagnosed with the disorder.

People with ADHD symptoms report being easily distracted, may have a hard time focusing on any one task, and have trouble sitting still for even a short time, which is the tell-tale sign for the hyperactivity component of ADHD. Children with ADHD may fidget, squirm, or run around at the wrong times. They may not be able to wait their turn or share, which makes it difficult for them to play with other children. Teens and adults with ADHD often feel restless and fidgety and are not able to enjoy reading or other quiet activities. In addition, teens and adults sometimes may act before thinking, seem to "leap before they look", may talk or laugh too loudly, become angrier than a situation warrants, make quick decisions without considering the long-term impact on their lives, spend too much money and/or frequently change jobs.

ADHD may also have an adverse impact on a person's self-esteem. Many adults, children and teens with ADHD report negative feedback from families, employers, peers, and teachers; they are often misunderstood and may be labeled as bad, defiant, lazy or odd.

The American Academy of Child and Adolescent Psychiatry Practice Parameter for the Assessment and Treatment of Children and Adolescents with ADHD includes the following evaluation and treatment recommendations:

- Clinicians should always screen for ADHD and assess whether symptoms such as inattention, impulsivity, and/or hyperactivity are causing impairment, regardless of the nature of the chief complaint. Rating scales such as the Conners Parent Rating Scale-Revised and/or specific questionnaires may be included in the clinician assessment materials. Parent and adolescent self-report versions are available and may be completed prior to the visit or in the waiting room before the evaluation.
- Evaluation of the preschooler, child or adolescent for ADHD should consist of interviews with the patient and parent along with an assessment of the patient's school and/or daycare functioning. The clinician should complete a detailed assessment regarding each ADHD symptom to determine age of onset, duration, severity and frequency of symptoms and level of impairment.
- Evaluation should also include an assessment of potential co-morbid psychiatric disorders. Studies have shown that children and adolescents with ADHD may also meet the criteria for co-morbid psychiatric disorders including Oppositional Defiant Disorder (ODD) and Conduct Disorder. Patients with ADHD are also at risk for substance abuse, anxiety and depressive disorders, and learning or language problems.
- Evaluation for ADHD should include a review of the patient's perinatal history, developmental milestones, and overall medical history.
- Evaluation for ADHD should also include assessment of family history and functioning. Due to the high heritable factor, a high prevalence of ADHD is likely to be found among the patient's parents and/or siblings. Patients with ADHD perform better in structured settings. Therefore it is important to identify any factors in the family that may contribute to an inconsistent and/or disorganized environment which may further impede the patient's functioning.
- Psychological and/or Neuropsychological Testing is not mandatory for the diagnosis of ADHD but may be considered if the patient's history suggests low cognitive ability or low achievement in language or mathematics relative to the patient's intellectual ability. **Note:** Educational testing may not be in scope for the patient's behavioral health insurance benefit.
- A comprehensive treatment plan should be developed for patients with ADHD.

POTENTIAL WARNING SIGNS IN TREATING PATIENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

- Any significant or sudden change in mental status, such as a new onset of self-destructive behaviors or violent behaviors, warrants at least consultation with a behavioral health specialist and may require urgent or emergent treatment including hospitalization.

Harvard Pilgrim Health Care/Optum
April 2019

Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.

EFFECTIVE TREATMENT

Clinical best practice for the treatment of ADHD is generally psychopharmacological intervention and/or behavior therapy. A comprehensive treatment plan should also include psychoeducation for the patient and parents, referrals to available community resources and school support. The patient's treatment plan should be reviewed regularly and updated to reflect symptom reduction, progression, and potential setbacks.

Medication

It is imperative to individualize a patient's medication regime, which includes discussion between the prescribing clinician, patient and parent(s) regarding medication efficacy, the importance of adherence and potential side effects. It is also critical to follow-up with the patient/parent within thirty (30) days of prescribing a new ADHD medication for review of medication efficacy, adherence and onset of potential side effects.

Stimulants are highly effective medications for the treatment of ADHD. The prescribing clinician may choose between two stimulant types (MPH or amphetamine) as evidence suggests that both types are equally effective for the treatment of ADHD. There is a disadvantage when prescribing immediate-release stimulants as they must be taken up to three times a day to control the symptoms of ADHD. Longer acting formulas have been shown to be just as efficacious and are more convenient for patient and family, thereby increasing adherence. As previously noted patients must be monitored closely for potential stimulant medication side effects which may include decrease in appetite, weight loss, insomnia, headache, tics and/or irritability. In addition, a patient's height and weight must be checked throughout treatment, as studies have concluded that there may be an association between stimulant use and a reduction in expected height and/or weight gain within the first one to three years of medication treatment.

The vast majority of patients with ADHD with no significant co-morbidity respond favorably to stimulant medications. It is important to assess each patient's individual needs and potential stressors to determine optimal treatment planning and the preferred treatment modality. If a patient does not show improvement when prescribed stimulant medication, the prescribing clinician should conduct a careful review of the diagnosis and consider behavior therapy and/or medication alternatives. If a patient with ADHD has a significant and positive response to medication treatment with improved academic, family and social functioning there may not be a need for ancillary behavior therapy. If a patient has been symptom-free for at least one year, the patient, parent and prescribing clinician should re-evaluate the patient's need for continued medication. In addition, trials of non-medication times or a "drug holiday" should occur during low stress periods such as school vacation and not be started at the beginning of the school year.

Harvard Pilgrim Health Care/Optum
April 2019

Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.

***The National Committee for Quality Assurance HEDIS® Measure Recommendation
Follow-Up Care for Children Prescribed ADHD Medication (ADD)***

- ***Initiation Phase:*** patients 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, should have one follow-up visit with practitioner with prescribing authority during the 30 day Initiation Phase.
- ***Continuation and Maintenance Phase:*** patients 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, should have at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Therapy

Patients with ADHD may benefit from behavioral therapy in conjunction with medication, especially those with a co-morbid disorder and/or significant psychosocial stressors.

Summary

Continuity of care and collaboration between the prescribing clinician, behavioral health practitioners and medical specialty practitioners is critical for the effective management and treatment for patients with an ADHD diagnosis. The frequency and duration of contact with the prescribing clinician should be individualized for each patient depending upon the severity of ADHD symptoms, degree of co-morbid psychiatric disorders, overall impairment in the home/school settings and quality of family/peer activities and relationships. It is important that the prescribing clinician maintains contact with the patient's parent(s) and/or caregiver to ensure that critical information is received regarding adherence, symptom control and potential medication side effects.

RESOURCES

For further information you may access the complete version of the American Academy of Child and Adolescent Psychiatry, *Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder*, which is available at www.aacap.org.

OPTUM CONTACT INFORMATION

- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist.
- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options and available community support services.

Harvard Pilgrim Health Care/Optum
April 2019

Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.