

**Attention Deficit/Hyperactivity Disorder (ADHD)**

<b>DISEASE/CONDITION(S)</b>	Attention Deficit/Hyperactivity Disorder (ADHD)	
<b>GUIDELINE CATEGORY</b>	Management Treatment	
<b>CLINICAL SPECIALTY</b>	Family Practice Pediatrics Psychology	Neurology Psychiatry
<b>INTENDED USERS</b>	Advanced Practice Nurses Nurses Physicians	Allied Health Personnel Physician Assistants Psychologists/Non-physician Behavioral Health Clinicians
<b>GUIDELINE OBJECTIVE(S)</b>	To provide evidence-based recommendations for the treatment of school-aged children with attention-deficit/hyperactivity disorder (ADHD)	
<b>TARGET POPULATION</b>	Children 6 to 12 years old with ADHD disorder in primary care settings <i>Note: This guideline is not intended for children with mental retardation, pervasive developmental disorder, moderate to severe sensory deficits such as visual and hearing impairment, chronic disorders associated with medications that may affect behavior, and those who have experienced child abuse and sexual abuse. (*May also apply to children &lt;6 years old per CompCare)</i>	

**INTERVENTIONS AND PRACTICES CONSIDERED**

**Treatment/Management**

1. Stimulants (first-line treatment):
  - a. Methylphenidate: Short-acting (Ritalin, Methylin); Intermediate-acting (Ritalin SR, Metadate ER, Methylin ER); Long-acting (Concerta, Metadate CD, Ritalin LA<sup>1</sup>)
  - b. Amphetamine: Short-acting (Dexedrine, Dextrostat); Intermediate-acting (Adderall, Dexedrine spansule); Long-acting (Adderall-XR<sup>1, 2</sup>)
  - c. Second-Line Stimulant Treatment
    1. Daytrana (Include assessment tool and progress reports after initiation of treatment as required by Health Plan)
  - d. Non-Stimulant
    1. Strattera.
2. Antidepressants (second-line treatment; \*not approved by the FDA per CompCare)
  - a. Tricyclics (TCAs): Imipramine, Desipramine
  - b. Bupropion (Wellbutrin, Wellbutrin SR, Wellbutrin XL)
3. Behavioral therapy
  - a. Positive reinforcement (providing rewards or privileges contingent on the child's performance)
  - b. Time-out (removing access to positive reinforcement contingent on performance of unwanted or problem behavior)
  - c. Response cost (withdrawing rewards or privileges contingent on the performance of unwanted or problem behavior)
  - d. Token economy (combining positive reinforcement and response cost)
4. Education and counseling of children and parents regarding attention-deficit/hyperactivity disorder (ADHD), affects of condition, treatment planning, resources
5. Coordination/collaboration of care among clinicians, parents, teachers, child, other school personnel, such as nurses, psychologists, and counselors, as appropriate, to develop and monitor target outcomes
6. Evaluation and reassessment of children who do not meet target outcomes: evaluation of the original diagnosis, use of all appropriate treatments, adherence to the treatment plan, and presence of coexisting conditions

7. Periodic systematic follow-up to monitor adherence and response to treatment

## MAJOR OUTCOMES CONSIDERED

### Efficacy and safety of pharmacological and nonpharmacological interventions

*NOTE: All PCPs who choose to treat ADHD, or any other psychological disorder in their office, should appraise the amount of time and types of therapies they are able to provide for their patients in their practice. A CompCare® network practitioner is always available for an evaluation or consultation.*

**\*FDA WARNING/REGULATORY ALERT: UPDATE 7/2005. No updates reported through AACAP. However, in 2005 the FDA issued the following warning. Adderall XR (amphetamine). Audience:** Neuropsychiatric and other healthcare professionals. FDA issued a Public Health Advisory to notify healthcare professionals that Health Canada, the Canadian drug regulatory agency, has suspended the sale of Adderall XR in the Canadian market. Adderall XR is a controlled release amphetamine used to treat patients with Attention Deficit Hyperactivity Disorder (ADHD). The Canadian action was based on U.S. post-marketing reports of sudden deaths in pediatric patients. FDA is continuing to evaluate these and other post-marketing reports of serious adverse events in children, adolescents, and adults being treated with Adderall and related products. Adderall XR is approved in the United States for the treatment of adults and pediatric patients 6-12 years old with ADHD, and Adderall, the immediate release formulation of the drug, is approved for pediatric patients with ADHD. [February 10, 2005 - [Drug Information Page - FDA](#)].

**\*UPDATE 6/2006: Note from the National Guideline Clearinghouse:** This guideline references a drug(s) for which important revised regulatory information has been released. On September 29, 2005, The U.S. Food and Drug Administration (FDA) directed Eli Lilly and Company (Lilly), the manufacturer of Strattera (atomoxetine), to revise the prescribing information to include a boxed warning and additional warning statements that alert health care providers of an increased risk of suicidal thinking in children and adolescents being treated with this medication. FDA also informed Lilly that a Patient Medication Guide (MedGuide) should be provided to patients when Strattera is dispensed. The MedGuide advises patients of the risks associated with and precautions that can be taken when Strattera is dispensed. Further, pediatric patients being treated with Strattera should be closely observed for clinical worsening, as well as agitation, irritability, suicidal thinking or behaviors, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases. See the [FDA Web site](#). **Note from the National Guideline Clearinghouse and the American Academy of Child and Adolescent Psychiatry (AACAP):** On October 3, 2005, AACAP pledged to work with the FDA on its September 29, 2005 advisory regarding Strattera (atomoxetine), to strengthen safeguards for the treatment of children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD). See the [AACAP Web site](#) for the complete press release.

### IMPORTANT NOTE TO PRACTITIONER:

1. This guideline is not intended to be construed or to serve as a standard of medical care. Standards of medical care are determined on the basis of all clinical data available for an individual patient and are subject to change as scientific knowledge and technology advance and patterns evolve. These parameters of practice should be considered guidelines only.
2. This clinical practice guideline has been adopted from a nationally recognized source and is provided in a brief summary for ease of presentation. CompCare does not endorse use of this guideline based solely on this condensed version, but recommends a practitioner review the guideline in its entirety. To obtain the guideline in full, visit the American Academy of Child and Adolescent Psychiatry website at [www.aacap.org](http://www.aacap.org). To obtain a copy of this guideline as published by the federal government's National Guideline Clearing House visit [guidelines.gov](http://guidelines.gov) or visit our website at [www.compcare.com](http://www.compcare.com).
3. In a review of current literature and community practices, information may have been added to this guideline. The added information and reference source is indicated with an \* asterisk.