Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents

MVP Health Care®, as part of its continuing Quality Improvement Program, adopted the American Academy of Pediatrics Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (2011 update).

Scope of the Problem

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most common chronic childhood disorders and the prevalence is on the rise. Estimates based on a 2011 survey of parents indicate that approximately 11 percent of children ages 4 to 17 have been diagnosed with the disorder. Of the children with current ADHD, parents reported 6.1 percent of them were taking medication to treat it. Children with ADHD may have difficulty controlling their behavior in school and social settings and often fail to achieve their full academic potential. It is well established that ADHD frequently is co-morbid with other psychiatric disorders.

The key to effective long-term management of the child with ADHD is continuity of care with a clinician experienced in the treatment of ADHD. The frequency and duration of follow-up sessions should be individualized for each family and child, depending on the severity of ADHD symptoms; the degree of co-morbidity of other psychiatric illness; the response to treatment; and the degree of impairment in home, school, work, or peer-related activities.

Key Guideline Messages

- Screening for ADHD should be initiated by a Primary Care Clinician (PCP) when a child between the ages of 4 and 18 years presents with learning or behavioral problems along with symptoms of hyperactivity, inattention or impulsivity.

- Evaluation of the preschooler, child, or adolescent for ADHD should consist of information gathered primarily from the parent/guardian, teachers and other school or clinicians involved in the child’s care. To make the diagnosis of ADHD the PCP should ensure criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition have been met.

- The clinician must evaluate the child with ADHD for the presence of co-existing conditions, including psychological, physical and developmental issues.

- The clinician should recognize ADHD as a chronic disease and hence, consider children and adolescents with the condition as having special health care needs. Principles of the chronic care model and medical home should be used when caring for children and adolescents with special health care needs.
Specific recommendations for behavioral treatments and medication for ADHD are outlined in the guidelines according to the age of the child:

- Preschool children (ages 4-5 years)
- Elementary school children (ages 6-11 years)
- Adolescents (ages 12-18 years)

The PCP should titrate doses of ADHD medication to achieve maximum benefit with minimum adverse effects.

The National Initiative for Children’s Healthcare Quality (NICHQ) has developed a tool kit specifically for ADHD. Items in the tool kit include ADHD evaluation forms and written treatment plans for the primary care clinician; the Vanderbilt Assessment scales and scoring information for parents, educators and clinicians; educational materials for parents and additional resources. After registering (free of charge), the NICHQ tool kit can be accessed at www.nichq.org/adhd.html.

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan’s formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at (800) 777-4793 extension 1-2247.

Support for Practitioners

For our New York practitioners, Beacon Health Options© offers a toll-free Provider Consult Line staffed by Board Certified Psychiatrists. These psychiatrists are available for telephonic consultation regarding all aspects of mental health and substance abuse treatment for children and adults, including appropriate use of psychotropic medications. The consult line is a valuable tool in educating PCPs on how to screen for and manage children with ADHD as well as answer specific questions. PCP’s as well as Specialists may contact the MVP Behavioral Health Access Center at (800) 568-0458 between the hours of 8:30 AM and 5:00 PM.

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