ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER CLINICAL PRACTICE GUIDELINE

American Academy of Pediatrics

Important Points to Remember

Attention-Deficit Hyperactivity Disorder (ADHD) is one of the most common childhood neurobehavioral disorders, occurring in approximately 8% of children and youth. In addition to academic challenges, the child's well-being, and social interactions can be significantly affected.

Evaluation for ADHD can occur as early as 4 years of age and patients will often present with academic and/or behavioral problems accompanied by impulsivity and inattention. Using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V-TR), in tandem with parental reports and reports received from school staff, a primary care clinician can determine if inattentive or hyperactive-impulsive symptoms are present in two or more settings.

When other potential causes of behavioral problems are ruled out and an ADHD diagnosis is established, a treatment modality can be initiated based on the child's age and symptom severity. Recognized as a chronic condition, the treatment of ADHD should be a continuous process involving parents, educational staff, primary care physician, and mental health clinician when possible. If prescriptive measures are taken, close follow-up is recommended to determine medication efficacy and establish maximum benefit for the child.

NOTE: There is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure which asses this recommendation when two quality driven criteria are met:

1. Members between 6-12 years old will receive a follow-up appointment with a prescribing practitioner within *30 days following dispensed prescription*
2. Two more visits with a practitioner within 270 days following initial prescription disbursement

Monitor for improved academics, improved relationships, and treatment adherence.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Diagnosis

Early identification and treatment is key in symptom and behavioral improvement in the ADHD diagnosis.

- Obtain assessment information from parental/guardian reports, teachers, and other community professionals involved in the child's care
- Using DSM-V-TR, the primary care clinician should establish impairments such as inattention, impulsivity, and hyperactivity in two or more major settings, e.g. home, school, or with friends
- The primary care clinician should rule out differential diagnoses or causes of child's behavior and symptoms

Treatment

Recommendation for treatment varies based on the child's age, as well as parent/guardian preference.

- Pre-school aged children (4-5 years of age)
  - Behavioral therapy is first line of treatment
  - If behavioral therapy is ineffective, and child's function continues to be impaired, prescription treatment can be carefully considered by clinician
- Elementary school-aged children (6-11 years)
  - FDA approved medications for ADHD
  - Parent and/or teacher administered behavioral therapy
- Adolescents (12-18 years)
  - FDA approved medication for ADHD
  - Potential for behavioral therapy
  - Rule out substance abuse prior to initiation of prescription therapy - treatment for substance abuse would precede ADHD treatment

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Treatment is managed between primary care clinician, parent/guardian, as well as mental health clinician. ADHD management is an ongoing process of continuous assessment and evaluation of the plan of care. If the child is not responsive to recommended treatments, the care team should re-assess for co-existing conditions, treatment adherence, and medication type/dosage.

Attention-Deficit/Hyperactivity Disorder

Recommendations for the management of ADHD

- Children aged 4-18 years who present with academic and behavioral problems along with inattention, impulsivity, or hyperactivity symptoms should be evaluated for ADHD by primary care clinician.
- Information regarding child's behavior should be obtained from those who spend time with the child, parents, teachers, and mental health specialists at child's school. A successful management process is also helped by encouraging these same strong family-school partnerships.
- While assessing for ADHD, clinician should also assess for co-existing conditions such as behavioral (anxiety or depression), developmental (learning or language disorders), or physical (tics or sleep apnea) disorders.
- Children diagnosed with ADHD should be considered to have special health care needs and follow the principles of a chronic care model.
- Both behavioral therapy and FDA approved prescription therapy have higher level of risk. Behavioral therapy requires heightened levels of participation, particularly as FDA approved treatments could have adverse side effects.
- Medication doses should be titrated to achieve maximum benefit for child while minimizing unwanted side effects.

Clinical Practice Guideline

The clinical Practice Guideline offers recommendations for the diagnosis and evaluation of children aged 4-18 years who present with symptoms of ADHD. This guideline emphasizes:

1. The use of diagnostic criteria found using *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition* (DSM-V-TR)
2. The importance of choosing an age appropriate treatment plan consisting of behavioral therapy, prescription therapy, or both, to enhance the child's functionality while keeping adverse effects at a minimum
3. Continual assessment of target outcomes, as well as complicating factors such as co-diagnoses, therapy non-adherence or decreased family involvement
4. Establish a realistic plan that will function for the child and caregivers to promote adherence

ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/ Hyperactivity Disorder in Children and Adolescents provided by American Academy of Pediatrics is one source document for this information and is accessible in full by visiting: https://pediatrics.aappublications.org/content/144/4/e20192528.

Diagnosis and Management of ADHD in Children is one source document for this information and is accessible in full by visiting: https://pediatrics.aappublications.org/content/144/4/e20192528.

CareSource Resources

Our online Provider Portal allows easy access to critical information 24/7. CareSource offers its providers a comprehensive suite of informational online tools that can help increase efficiency and improve patient outcomes. Some of these tools include:

Member Profile – With its comprehensive view of patient medical and pharmacy data, the Member Profile can help you determine an accurate diagnosis more efficiently and reduce duplicate services, as well as unnecessary diagnostic tests.

Provider Portal Access – http://providerportal.caresource.com/

Clinical Practice Registry – TThis proactive online tool emphasizes preventive care by identifying and prioritizing health care screenings and tests. The primary benefit of the Registry is population management. You can quickly sort your CareSource membership into actionable groups.

Care Management Referral Contact Information

IN Medicaid: 1-844-607-2829 (TTY: 1-800-743-3333)

CareSource24®, 24/7 Nurse Advice Line

IN Medicaid: 1-844-206-5947 (TTY: 1-800-743-3333)

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