

Attention-Deficit/ Hyperactivity Disorder

Agency for Healthcare Research and Quality
– Attention Deficit Hyperactivity Disorder
(ADHD): Diagnosis and Management



Important Points to Remember

Attention-deficit hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood and among the most prevalent chronic health conditions affecting school-age children. According to the National Center for Health Statistics' 2015 report on the health status of the nation, over 10 percent of children ages 5 to 17 have had a diagnosis of ADHD, with the disorder affecting males over twice as often as females. Reports indicate 3.5 percent of children under the age of 18 living in the United States are taking a CNS stimulant to treat ADHD, and this number continues to increase every year. (<https://www.cdc.gov/nchs/data/abus/abus15.pdf#035>)

ADHD can cause problems with how well children do in school, with their ability to make and keep friends, and with how they function in society. About half of children with ADHD referred to clinics have other disorders as well. The combination of ADHD with other disorders often presents extra challenges for children, parents, educators, and health partners. Therefore, it is important to screen every child with ADHD for other disorders and problems. (<https://www.cdc.gov/ncbddd/adhd/conditions.html>)

Care Management Referral Contact Information

Marketplace: 1-855-202-0415

Hoosier Healthwise/Healthy Indiana Plan:
1-844-607-2831

CareSource24[®], Available 24/7 Nurse Advice Line

Marketplace: 1-866-206-7880

Hoosier Healthwise/Healthy Indiana Plan:
1-844-206-5947

DIAGNOSIS

Many children treated with CNS stimulants do not truly have ADHD. Therefore, a proper evaluation is necessary to establish this diagnosis.

- Establish ADHD diagnosis using a full clinical assessment and developmental history.
- Utilize rating scales and/or questionnaires as necessary adjuncts to symptom data.
- Consider coexisting emotional and behavioral conditions, such as oppositional defiant disorder, conduct disorder, anxiety disorder and depressive disorders.

EDUCATION & RISK FACTOR ASSESSMENT

- Develop a management plan with the parent and/or patient.
- Educate the parent on how to recognize the triggers for inattention, impulsivity and hypersensitivity.
- Teach behavior management strategies.
- Assess the parent or caretaker's need for additional individual treatment and support.

TREATMENT

- Parent-training programs are the first-line treatment.
- Stress the value of good nutrition and regular exercise for children and young people.
- Drug treatment should only be initiated by an appropriately qualified health care professional with expertise in ADHD, and it should be based on a comprehensive assessment and diagnosis. Continued prescribing and monitoring of drug therapy may be performed by general practitioners, under shared care arrangements.
- Follow-up visit within at least 30 days of when first ADHD medication is prescribed. Note: there is a Healthcare Effectiveness Data Information Set (HEDIS) Measure which complies with this recommendation. Members ages 6 to 12 years of age with a prescription for ADHD medication are audited for follow up within 30 days and at least twice more within the first 9 months of the prescription being dispensed.

RECOMMENDATIONS FOR THE MANAGEMENT OF ADHD IN PRIMARY CARE FOR SCHOOL-AGE CHILDREN AND ADOLESCENTS

- Primary care providers (PCPs) should establish a management program that recognizes ADHD as a chronic condition.
- A treatment program should be developed that is child-specific and individualized for children with a goal of maximizing function in academic, social and family settings.
- The health partner, parents, and the child, in collaboration with school personnel, should specify appropriate target outcomes to guide management.
- The health partner should recommend pharmacotherapy (stimulant or non-stimulant) and/or behavior therapy, as appropriate, to improve target outcomes in children with ADHD.
- The health partner should periodically provide a systematic follow-up for the child, preferably with any of the standardized ADHD rating scales. Monitoring should be directed to target outcomes and adverse effects by obtaining specific information from parents, teachers and the child.
- When the treatment modalities implemented in the management of a child with ADHD have not met target outcomes, clinicians should review the medication regimen and reevaluate the appropriateness of interventions, as well as the adherence to the treatment plan. They should also reassess the original diagnosis while considering coexisting conditions.

CLINICAL PRACTICE GUIDELINE

The clinical practice guideline offers recommendations for the diagnosis and evaluation of school-age children who present symptoms of ADHD. The guideline emphasizes:

1. The use of explicit criteria for the diagnosis using DSM-5 criteria,
2. The importance of obtaining information about the child's symptoms in more than one setting and especially from schools, and
3. The search for coexisting conditions that may make the diagnosis more difficult or complicate treatment.

The Attention Deficit Hyperactivity Disorder: Diagnosis and Management guideline provided by Agency for Healthcare Research and Quality is the source document for this information and can be accessed in full by visiting: <https://www.guideline.gov/summaries/summary/50410>.

POPULATION MANAGEMENT CAN BE EASY!

Our online Provider Portal allows you to easily and securely access 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 –
<https://providerportal.caresource.com/>

Clinical Practice Registry – This 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.

