



Practice Parameter for the Assessment and Treatment of Children and Adolescents With Attention-Deficit/Hyperactivity Disorder

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. ADHD is the most commonly studied and diagnosed psychiatric disorder in children, affecting about 3 to 5 percent of children globally. In the U.S. approximately 7.8 percent (4.4 million) of children aged 4 to 17 are diagnosed with ADHD during their lifetimes (Mental health in the United States: Prevalence of diagnosis and medication treatment for Attention Deficit/Hyperactivity Disorder, United States, 2003. MMWR, September 2, 2005;54(34):842-847).

ADHD is a chronic disorder with 30 to 50 percent of those individuals diagnosed in childhood continuing to have symptoms into adulthood. It is estimated that 4.7 percent of American adults live with ADHD and are at significant risk for other comorbidities, such as depression, substance abuse and elevated rates of tobacco use.

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 care provider, parents, and the child, in collaboration with school personnel, should specify appropriate target outcomes to guide management
- The health care provider should recommend pharmacotherapy (stimulant or nonstimulant) and/or behavior therapy, as appropriate, to improve target outcomes in children with ADHD

(See reverse for more information)



Recommendations for the Management of ADHD in Primary Care for School-Age Children and Adolescents

- The health care provider 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, re-evaluate 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-IV 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 complete "Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder" guideline can be accessed by visiting:

www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf

Care Management Referral Contact Information

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