



Clinical Practice Guideline 2008 Key Points Attention-Deficit/Hyperactivity Disorder (ADHD)

Provided by:

Highmark Behavioral Health Clinical Quality Improvement Committee

Reviewed by Mountain State Blue Cross Blue Shield Medical Advisory Committees

Mountain State Blue Cross Blue Shield (MSBCBS), in accordance with its commitment to quality care and in conjunction with the Highmark Blue Cross Blue Shield (HBCBS) and the Highmark Behavioral Health Quality Improvement Committee, consisting of network Primary Care Physicians and Specialists, has adopted the American Academy of Pediatrics (AAP) Clinical Practice Guideline for the Treatment of the School-Aged Child With Attention-Deficit/Hyperactivity Disorder as appropriate for use throughout the Highmark networks.

Introduction

The AAP Clinical Practice Guideline contains the following recommendations for the treatment of a child diagnosed with ADHD:

- Primary care clinicians should establish a treatment program that recognizes ADHD as a chronic condition.
- The treating clinician, parents, and child, in collaboration with school personnel, should specify appropriate target outcomes to guide management.
- The clinician should recommend a medication approved by the FDA for the treatment of ADHD and/or behavioral therapy as appropriate to improve target outcomes in children with ADHD.
- When the selected management for a child with ADHD has not met target outcomes, clinicians should evaluate the original diagnosis, use of all appropriate treatments, adherence to the treatment plan, and presence of coexisting conditions.
- The clinician should periodically provide a systematic follow-up for the child with ADHD. Monitoring should be directed to target outcomes and adverse effects, with information gathered from parents, teachers, and the child.

Selected Clinical Guideline

The full guideline is available on the following World Wide Web site:

- <http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics:108/4/1033>

Additional Practitioner and Member References and Resources

- To access the **Behavioral Health Unit** for information regarding behavioral health benefits, levels of care available to members, or care and case management services, call 1-800-344-5245.
- The American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameters for the Assessment and Treatment of Children Adolescents and Adults with Attention-Deficit Hyperactivity Disorder: <http://www.aacap.org/galleries/PracticeParameters/Adhd.pdf>
- National Initiative for Children's Healthcare Quality (NICHQ) ADHD Practitioners' Toolkit (Contains ADHD Vanderbilt Assessment Scales): <http://www.qualitytools.ahrq.gov> (Search: NICHQ)

As with any insurance, members are eligible for services only as long as they are active members of the plan and the services are covered benefits of their group or direct pay contract.

	<p>KEY POINTS</p> <ul style="list-style-type: none"> ▪ Some flexibility in specific cases will require deviations from guideline recommendations ▪ All providers are responsible for individualizing recommendations to the specific clinical characteristics of each patient
Evaluation	<ol style="list-style-type: none"> 1. Perform a thorough assessment of the child: <ol style="list-style-type: none"> a. Standard history and physical examination: The clinician should consider ADHD in a child presenting with any of the following concerns: (1.) Can't sit still, (2.) Lack of attention/poor concentration/doesn't seem to listen/daydreams, (3.) Impulsivity, (4.) Academic underachievement b. Neurological examination c. Family assessment d. School assessment
Diagnosis	<ol style="list-style-type: none"> 1. Accurately establish a diagnosis: The significant components of diagnosis include the following: (1.) The use of the DSM-IV, (2.) The importance of obtaining information about the child's symptoms in more than 1 setting, (3.) The search for coexisting conditions that may make diagnosis difficult, i.e. Depression, Anxiety, Conduct Disorder, Learning/language disorders. 2. Does the child meet the DSM-IV criteria for ADHD? (Meeting the ADHD criteria using the DSM-IV must include whether symptoms began before the age of 7 and interfere with functioning and performance in more than one setting and last longer than 6 months)
Treatment	<ol style="list-style-type: none"> 1. Discuss treatment alternatives, benefits and risks, with the patient and family 2. Determine and implement a treatment plan <ol style="list-style-type: none"> a. Medication with Patient Management b. Behavioral Interventions c. Integrated Behavioral Therapy with Medication Management d. Consultation (psychiatrist or mental health professional) e. Secure support services
Follow-Up and Re-Evaluation	<ol style="list-style-type: none"> 1. Practitioners are encouraged to work with appropriate educators and mental health professionals in the treatment of school-aged children with ADHD. 2. On-going communication with parents, teacher, and other school-based professionals is necessary to monitor the progress and effectiveness of specific interventions. 3. Integration of services with psychologists, child psychiatrists, neurologists, educational specialists, developmental-behavioral pediatricians, and other mental health professionals is appropriate for children with ADHD who have coexisting conditions and may continue to have problems in functioning despite treatment. 4. Children who do not respond as expected should be referred to behavioral health specialists for consultation. 5. Once the child is stable, 3 or more office visits yearly are necessary for assessment of: <ol style="list-style-type: none"> a. Medication response and side effects b. Height and weight c. Learning and school performance d. Behavior at home and in social settings