ADHD

• Attention Deficit Hyperactivity Disorder •

Attention Deficit Hyperactivity Disorder (ADHD) occurs in roughly 9.4% of children, with boys being more likely diagnosed (12.9%) than girls (5.6%)[1].

DSM-5 criteria for ADHD

≥5 symptoms per category **in adults**, ≥6 months; age of onset ≤12 years; noticeable in ≥2 settings; impact on social, academic or occupational functioning; not better accounted for by another mental disorder

Inattention

(a) Lack of attention to details / careless mistakes
(b) Difficulty sustaining attention
(c) Does not seem to listen
(d) Does not follow through on instructions (easily side-tracked)
(e) Difficulty organising tasks and activities
(f) Avoids sustained mental effort
(g) Loses and misplaces objects
(h) Easily distracted
(i) Forgetful in daily activities

Hyperactivity / Impulsivity

(a) Fidgetiness (hand or feet) / squirms in seat
(b) Leaves seat frequently
(c) Running about / feeling restless
(d) Excessively loud or noisy
(e) Always "on the go"
(f) Talks excessively
(g) Blurts out answers
(h) Difficulty waiting his or her turn
(i) Tends to act without thinking

Download a free ADHD medication guide!

Screening

CoPPCAP recommends pediatric providers consider use of multi-informant rating scales to, diagnose ADHD, track response to intervention 2-3 weeks after starting medication, to guide dose changes, and routinely every 6 months

even when stable medication dose is achieved to monitor symptoms. Additionally, when tracking response to treatment intervention, consider use of the same screening form used at baseline prior to diagnosis.

Screener.Dx Category	Screener.Name	Screener.Acronynm	Screener.Description
ADHD	NICHQ Vanderbilt Assessment Scale Diagnostic Rating Scale 6-12 years Caregiver Report Teacher Report	Vanderbilt ⇒ English ⇒ Spanish	The Vanderbilt Assessment Scale is a 55-question assessment tool that reviews symptoms of ADHD. It also looks for other conditions such as conduct disorder, oppositional-defiant disorder, anxiety, and depression.
ADHD	ADHD Rating Scale IV - Preschool Version 3-5 years Caregiver Report	ADHD Rating Scale IV - Preschool Version ⇒ English	The ADHD Rating Scale-IV obtains parent ratings regarding the frequency of each ADHD symptom based on DSM-IV criteria. Parents are asked to determine symptomatic frequency that describes the child's home behavior over the previous 6 months. The ADHD Rating Scale-IV is completed independently by the parent and scored by a clinician. The scale consists of 2 subscales: inattention (9 items) and hyperactivity-impulsivity (9 items). If 3 or more items are skipped, the clinician should use extreme caution in interpreting the scale. Results from this rating scale alone should not be used to make a diagnosis.
ADHD	Swanson, Nolan, and Pelham (SNAP) Questionnaire – IV 3-5 years Caregiver Report Teacher Report	SNAP-IV ⇒ English ⇒ Spanish	The SNAP-IV 18-item scale is an abbreviated version of the Swanson, Nolan, and Pelham (SNAP) Questionnaire (Swanson, 1992;Swanson et al., 1983). Items from the DSM-IV criteria for attention-deficit/hyperactivity disorder (ADHD) are included for the two subsets of symptoms: Inattention (items 1–9) and Hyperactivity/Impulsivity (items 10–18).
ADHD	Connors, 3rd Edition 6 – 18 years Caregiver Report Teacher Report Self-Report	Conners 3 ⇒ $$$	The Conners 3 assesses cognitive, behavioral, and emotional problems, with a focus on ADHD and comorbid disorders–providing teacher, parent, and student perspectives.
ADHD	Child Behavior Checklist 6 – 18 years Caregiver Report Teacher Report Self-Report	CBCL ⇒ $$$	The Child Behavior Checklist (CBCL) is a common tool for assessing depression in children, as well as ADHD, and other emotional and behavioral problems.

ADHD	Behavior Assessment System for Children, 3rd Edition 2 – 21 years Caregiver Report Teacher Report Self-Report	BASC 3 ⇒ $$$	BASC-3 applies a triangulation method for gathering information. It analyzes a child's behavior from three perspectives: self, teacher, and parent.

Diagnosis

- 314.01 (F90.2) Combined presentation: If both Criterion A1 (inattention) and Criterion A2 (hyperactivity-impulsivity) are met for the past 6 months.

- 314.00 (F90.0) Predominantly inattentive presentation: If Criterion A1 (inattention) is met but Criterion A2 (hyperactivity-impulsivity) is not met for the past 6 months.

- 314.01 (F90.1) Predominantly hyperactive/impulsive presentation: If Criterion A2 (hyperactivity-impulsivity) is met but Criterion A1 (inattention) is not met over the past 6 months.

Specify if:

◊ In partial remission: When full criteria were previously met, fewer than the full criteria have been met for the past 6 months, and the symptoms still result in impairment in social, academic, or occupational functioning.

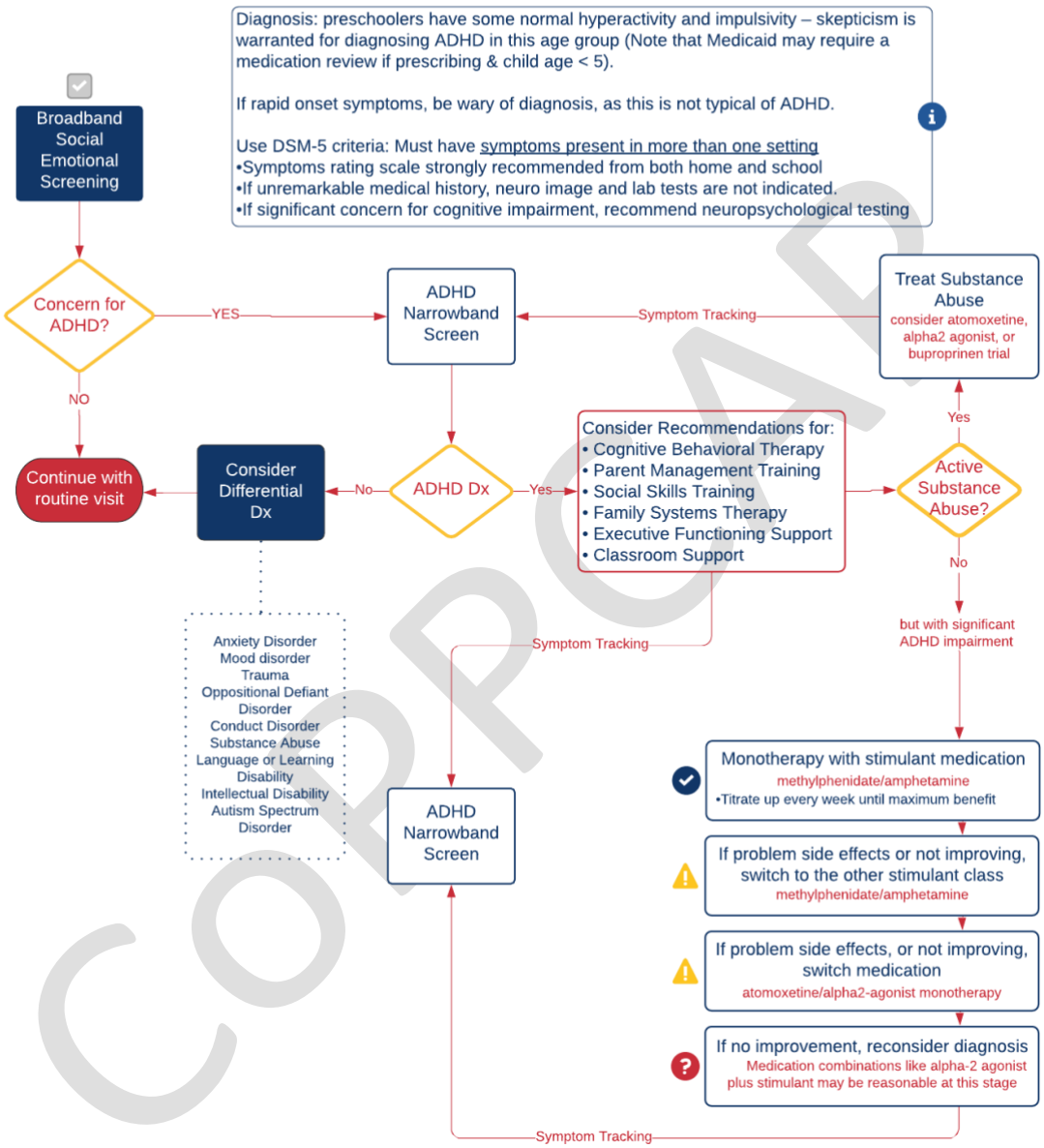
Specify current severity:

- Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in only minor functional impairments.
- Moderate: Symptoms or functional impairment between "mild" and "severe" are present.
- Severe: Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CoPPCAP
Colorado Pediatric Psychiatry Consultation & Access Program

ADHD Algorithm

CoPPCAP | Colorado Care Guide



click the algorithm above to enlarge

Treatment Modalities

Pharmacological: when ADHD symptoms are moderate or severe, treatments using an evidenced-based therapy and medication in combination provide the best efficacy. Download a free ADHD medication guide!

- Medical workup recommended if medication will be used.
  - Obtain the patient's and patient's family's cardiovascular history (if patient or family has a cardiac history of sudden death, and/or cardiac symptoms patient should obtain more intensive cardiac workup before initiating stimulant treatment), risk of lead poisoning, history of sleep apnea, patient's height, weight, blood pressure, and substance use history. It is advisable to follow up every 2 weeks until appropriate dose achieved, then monitor all of the above every 3 months.
- Stimulants are first line treatment. All stimulants are based on two formulations…
  - Methylphenidate derivatives (includes Ritalin, Focalin, Concerta, etc): FDA approved starting at age 6yo.
  - Amphetamine derivatives (includes Adderall, Vyvanse, etc): some are FDA approved starting at age 3 yo (i.e. Adderall)
    - common side effects include decreased appetite, headache, insomnia, GI discomfort, increased anxiety, possibly worsens tics
    - less common side effects: anxiety, activation
- Non-stimulants (FDA approved starting at age 6yo):
  - Alpha-2 adrenergic agonists: Guanfacine, Clonidine
    - side effects include sedation, constipation, hypotension, dizziness, rebound hypertension if stopped suddenly
  - Selective NE reuptake inhibitor: Atomoxetine
    - side effects include suicidal ideation, severe liver injury, priapism
- Other medications to consider
  - note that **none** of the following are FDA approved for ADHD
    - Bupropion
    - Venlafaxine

- TCAs
- Modafinil
- Natural Therapies (e.g. Omega3, attentional OTC "medications")

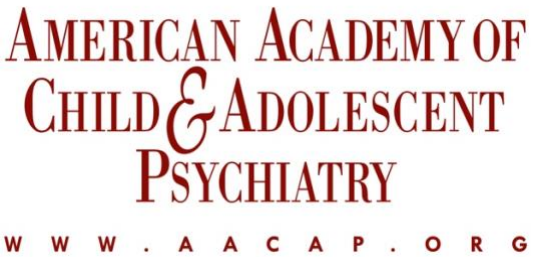
Therapy: when ADHD symptoms are mild patients and families can consider therapy alone, otherwise evidence-based research supports use of intervention with both therapy and medication. When recommending therapy services, consider evidence-based therapies such as:

- Cognitive Behavioral Therapy (CBT)
- Parent Management Training
- Social Skills Training
- Family Systems Therapy
- Executive Function Coaching

Educational Interventions: recommend families contact the child's school district to learn more about the availability and process to obtain the following educational interventions, or visit http://www.cde.state.co.us/cdesped/iep

- IEP: Federal law (i.e. it's federally funded) entitles children/teens with specific disabilities to obtain a free & appropriate public education which may include services including Psychological services, PT, OT, and Speech amongst others. ADHD falls under the "Other Health Impairment" classification. Obtaining an IEP is usually an involved process.
- 504 Plans: typically provide for classroom accommodations (i.e. extended testing time, student placement near teacher, etc) and may be easier to obtain than an IEP. 504 plans are managed by the school (principal, guidance counselor, teacher, etc) and need to be rewritten each year.

Free Resources:



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