CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC. (CDPHP®)

ADHD Guidelines for Primary Care

INTRODUCTION

This guideline is designed to assist the clinician in the identification and management of Attention Deficit Disorder (ADHD) ICD-9 Diagnostic Codes 314.x. It is adapted from the latest available version of American Academy of Child and Adolescent Psychiatry Guidelines: Version 2, the American Academy of Pediatrics Guidelines, on ADHD for behavioral health practitioners. The guideline is not intended for use in the treatment of children with mental retardation, pervasive developmental disorder, moderate to severe sensory deficits such as visual and hearing impairment, chronic disorders associated with medications that may affect behavior, and those who have experienced child abuse, and sexual abuse. This guideline is not intended as a sole source of guidance for the treatment of children with ADHD. Rather, it is designed to assist the primary care clinician (PCC) by providing a framework for decision-making. It is not intended to replace clinical judgment or to establish a protocol for all children with this condition, and may not provide the only appropriate approach to this problem.

ADHD practice guidelines can be found in the Provider Resources section at www.cdphp.com, or by contacting the provider services department: (518) 641-3500 or 1-800-926-7526.

OBJECTIVE

The objective of this practice guideline is to provide recommendations and direction for recognition and management of ADHD. The process involves four steps:

Step I: Recognition and Diagnosis: The PCC suspects that a patient may be presenting with ADHD. Concerns expressed may involve academic problems, disruptive behaviors, hyperactivity or impulsivity. Establishing a diagnosis requires physical assessment, neurologic screening, and review of information from school. Findings must fulfill criteria for ADHD in DSM-IV-TR. Consideration must also be given to possible associated conditions such as Depression and Bipolar Disorder, Anxiety, Oppositional Defiant Disorder and Conduct Disorder. A family history of Bipolar Disorder supports early consultation or referral to an appropriate behavioral specialist. Formal psychological testing, laboratory tests other than those based on suspicion of comorbid medical condition, and neurodiagnostic tests (EEG, Scans) are not necessary, nor helpful in establishing the ADHD diagnosis.

Step II: Patient Education: If diagnosis is confirmed, the PCC and staff educate the parent and patient (as developmentally appropriate) about ADHD and treatment, addressing the initial plan as well as discussing need for continuing treatment based on the chronicity of the disorder. The role of medication in treatment as well as potential side effects should be discussed. Parents should also be introduced to the concept of parent as 'case manager' on behalf of their child.

Step III: Treatment: The clinician recommends a management approach for treatment:

- FDA-approved medications (stimulants and non-stimulant) medications
- Alternative medications (lacking FDA approval)
- Behavior therapy (may require specialist referral)
- Information regarding supports, advocacy, and parental management skills which can be learned

Step IV: Monitoring: The PCC and support staff monitor compliance with the

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plan and improvements in symptoms and function; modify treatment as appropriate.

- Adjustments to medication
- Diagnostic reassessment if responses to medication are atypical or problematic
- Seek additional help from behavior specialist
- More assistance from school (educational diagnostics or classroom accommodations)

Quality Indicators: HEDIS—Follow-Up Care for Children Prescribed ADHD Medication

- Initiation Phase Management—The percent of children who had a follow-up visit within 30 days of a new episode of an ADHD medication dispensing event with a provider who has prescribing authority.
- Continuation and Maintenance Phase—The percent of children who had at least two additional follow-up visits with a practitioner within nine months (270 days) of their Initiation visit who were continuously on ADHD medication.

SUMMARY

Early identification and treatment of ADHD is important and can have substantial impact on the overall welfare of affected patients, their quality of life, and that of their parents or guardians. ADHD is a fairly common condition and patients frequently present to a PCC rather than behavioral health specialists/ psychiatrists. The PCC is therefore in an excellent position toestablish the diagnosis and develop a treatment program that recognizes ADHD as a chronic condition. The treating clinician, parents, and patient, in collaboration with school personnel, should specify appropriate target outcomes to guide management. The clinician should recommend stimulant medication and/or behavior therapy as appropriate to improve target outcomes in children with ADHD. When the selected management for a patient 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.

REFERENCES

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