ADHD Treatment Recommendations for PCPs

From the American Academy of Pediatrics (AAP) www.aap.org

AAP has released a new clinical practice guideline that provides evidence-based recommendations for the diagnosis and treatment of children diagnosed with attention-deficit/hyperactivity disorder (ADHD). This guideline is intended for use by clinicians working in primary care settings. The guideline replaces two previously published clinical guidelines that were published by AAP in 2000 and 2001. CDC conducted the systematic review of evidence for the diagnosis and evaluation of ADHD.

Important changes to the recent guidelines include:

- **Expanded age range of coverage.** The previous guidelines covered children 6-12 years of age; the current guideline covers children 4-18 years of age.
- **Expanded Scope.** The new guidelines include consideration of behavioral interventions and directly addresses problem-level concerns in children based on the Diagnostic and Statistical Manual for Primary Care (DSM-PC), Child and Adolescent Version.
- **AAP included A Process of Care for Diagnosis and Treatment.**
- **Integration with the Task Force on Mental Health.** The guideline was conceived and developed to fit within the broader mission of the AAP Task Force on Mental Health to foster stronger ties to families and mental health clinicians, to intervene early, and to work to prevent mental health conditions.

Additionally, the Subcommittee on ADHD, Steering Committee on Quality Improvement and Management developed a single set of recommendations for diagnosis, evaluation, and treatment of ADHD.

**Diagnosis and Evaluation**

The guideline contains the following recommendations for the diagnosis and evaluation of ADHD:

- The primary care clinician should initiate an evaluation for ADHD for any child 4 through 18 years of age who presents with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity.
- To make a diagnosis of ADHD, the primary care clinician should determine that *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria have been met (including documentation of impairment in more than one major setting); information should be obtained primarily from reports from parents or guardians, teachers, and other school and mental health clinicians involved in the child’s care. The primary care clinician should also rule out any alternative cause.
- In the evaluation of a child for ADHD, the primary care clinician should include assessment for other conditions that might coexist with ADHD, including emotional or behavioral (e.g., anxiety, depressive, oppositional defiant, and conduct disorders), developmental (e.g., learning and language disorders or other neurodevelopmental disorders), and physical (e.g., tics, sleep apnea) conditions.
- The primary care clinician should recognize ADHD as a chronic condition and, therefore, consider children and adolescents with ADHD as children and youth with special health care needs. Management of children and youth with special health care needs should follow the principles of the chronic care model and the medical home.