Quick Reference Guide
Recommended Screening and Medication Treatment Guidelines for Child and Adolescent Patients with Attention Deficit Hyperactivity Disorder (ADHD)

IMMEDIATELY refer to Behavioral Health if any of the following are present:

✓ SUICIDAL IDEATION ✓ PSYCHOTIC SYMPTOMS ✓ SEVERE MOOD SWINGS WHILE ON MEDICATIONS
✓ PATIENT IS ON MULTIPLE PSYCHIATRIC MEDICATIONS

If You Suspect ADHD Based On

parental statements ~ observed behavior ~ school referral ~ learning disabilities ~ etc.:

Then

Screen with a standard screening instrument and/or format. Include in this screen information from parent(s)/guardian(s), school and/or other corroborative data. Examples of screens include:

- Conners' Rating Scales (Parent/Teacher/Adolescent Self-Report), copyrighted
- DSM-IV Checklist http://pediatrics.about.com/cs/adhd/l/bl_adhd_quiz.htm
- National Initiative for Children's Healthcare Quality (NICHQ) toolkit http://www.nichq.org/adhd_tools.html
- Institute for Clinical Systems Improvement (ICSI) http://www.icsi.org/guidelines_and_more/gl_os_prot/behavioral_health/

If the screen is positive, initiate treatment with a stimulant medication (methylphenidate or amphetamine compound).
Discuss with family the need for other interventions such as:
behavioral health, counseling, special education programs, tutoring, etc.

Allow an adequate trial of at least two weeks on the medication.
Encourage the parent/guardian, or patient to call immediately if unacceptable side effects or a significant worsening of symptoms is experienced.

Within the first month, assess the response to medication, side effects and compliance.

Little Change or Somewhat Better

Continue current medications but increase dose, up to 1 mg per kg if tolerated. Reassess medication response in two weeks.

Clearly Better

If successful response, continue medications. ***Provide appropriate follow-up care.***

Unable to Tolerate Medication

Switch to alternative stimulant. Consider other medications listed on page two as third line choices or augmentation.

Follow-Up Care Recommendations

Initiation Phase Management
At least one follow-up visit within one month of diagnosis.

Continuation and Maintenance
Reassess every 3 to 6 months. Monitor height and weight.

Emphasize to patients that they should take their medications every day as prescribed. They should not stop taking the medication without talking to you.

There is a high comorbidity of ADHD with other behavioral health issues. These include depression and substance abuse. If these are suspected, screen for these as well.

Note: These guidelines are not intended to replace the physician's judgment regarding an individual patient. This document was created as part of a collaborative effort by Lovelace Health Plan and Presbyterian Health Plan, Albuquerque, NM. Rev. 9/2004, 9/2005, 5/2009, 7/2009, 7/2010, 8/2011, 06/2012. Clinical Practice Guidelines are reviewed at least every two years. Websites of nationally recognized sources from which guidelines have been adopted are checked regularly for changes and updates.

Dosing Recommendations and Cost Comparison for Medications Used to Treat Attention Deficit Hyperactivity Disorder

Medication	Dosing Recommendations
Methylphenidate Compounds	Should be dosed up to 0.3 to 0.6 mg per kg per day Start with 2.5 to 5 mg doses Increase dosage depending on response and side effects
Amphetamine Compounds	Should be dosed up to 0.5 mg per kg per day Start with 2.5 mg dose Increase dosage depending on response and side effects Usually not more than 40 mg a day
Buproprion	Should be dosed up to 300 mg a day, depending on age and weight Start with 37.5 mg twice daily Increase dosage as needed and tolerated No more than 150 mg in one dose
Clonidine	Should be dosed up to 0.4 mg a day Start with 0.05 mg Increase dosage as needed and tolerated
Guanfacine	Should be dosed up to 4 mg a day Start with 0.5 mg a day Increase dosage as needed and tolerated
Strattera	May be useful for a very few select patients, including those with tics Should be targeted at 1.2 mg per kg a day Start at 0.5 mg per kg per day Increase dosage as needed and tolerated

Note:

Please check with each patient's health plan to determine the formulary status of these medications.

Relative Cost Comparison	
Methylphenidate Compounds	
Methylphenidate	$
Methylphenidate-ER	$$
Methylphenidate-SR	$$
Ritalin	$
Ritalin-SR	$$
Ritalin-LA	$$$
Methlyn	$
Methlyn-ER	$$
Metadate-CD	$$$
Metadate-ER	$$
Concerta	$$$
Amphetamine Compounds	
Dexedrine	$
Dextrostat	$
D-amphetamine	$

Relative Cost Comparison	
Amphetamine Compounds	
Adderall	$$
Adderall-XR	$$$
Amphet-salt combo	$$
Bupropion	
Buproprion	$
Buproprion SR	$$
Buproprion ER	$$
Wellbutrin	$$
Wellbutrin SR	$$$
Wellbutrin XL	$$$$$
Others	
Guanfacine	$
Catapres	$$
Tenex	$$$
Strattera	$$$$$

This guideline summary sheet is based on the American Academy of Pediatrics ADHD guidelines:
ADHD Diagnosis and Evaluation Guideline:

http://aappolicy.aappublications.org/cgi/reprint/pediatrics;105/5/1158.pdf

Treatment of the School-Aged Child with ADHD:
http://pediatrics.aappublications.org/cgi/reprint/108/4/1033

If you would like hard copies of any of the screening tools or online information, please call your health insurance provider.