## Eligible Population

Children and adolescents diagnosed with ADHD

## Key Components

### Non-pharmacological treatment and education

- Behavior therapy [A]
- Family and patient education
- Training in anger management and impulse control
- Cognitive training
- School programming and supports
- Support groups and organizations, i.e. Children and Adults with Attention Deficit Disorder (CHADD)

### Pharmacotherapy

For patients in whom pharmacotherapy is indicated, consider trial of psychostimulants starting with a low dose of a preparation with a short half-life and increasing weekly or biweekly [B].

Follow-up with the prescriber should occur no later than 30 days after starting a psychostimulant and at least two more times within the first 9 months of treatment.

After effective dose is known, transition to a longer-acting agent may occur if desired. Response to one psychostimulant does not predict response to another [A]. For patients who have no response or have significant side effects consider trial of non-stimulants, or referral to a specialist.

If suspicious of misuse and/or diversion, consider obtaining a MAPS report or urine drug screen.

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1. The American Academy of Pediatrics recommends using its ADHD toolkit and stocking the office with questionnaires, diagnostic checklists and patient education materials

2. Michigan Automated Prescription System (MAPS)

### Levels of evidence for the most significant recommendations:

- A = randomized controlled trials
- B = controlled trials, no randomization
- C = observational studies
- D = opinion of expert panel

This guideline lists core management steps. It is based on The American Academy of Pediatrics ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents, Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management; Pediatrics 2011;128:1007. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

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Approved by MQIC Medical Directors March 2015

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