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SPA PCP Treatment & Referral Guideline
Attention Deficit/Hyperactivity Disorder in Children and Adolescents

Developed March 1, 2003
Revised September 21, 2006
Reviewed November 24, 2008

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I. Diagnostic Considerations: “Assessment” - Unlike many other syndromes, children with ADHD may not display symptoms in the Doctors’ office. It is necessary to collect information from: parents, school and other treating professionals to do a complete assessment.

- A) Interview with parents to obtain key symptoms, age of onset, stability of symptoms
- B) Academic, medical, psychiatric and substance abuse history along developmental lines
- C) School evaluation to verify symptoms
- D) Child diagnostic interview:
 - a) MSE
 - b) Child’s own description of problems
- E) Psychometric interview: standard ratings scale: Conner’s ADHD checklist
- F) Screen for comorbid/contributing conditions (substance abuse, learning disabilities, conduct disorders, mood disorders, neurologic problems/history, development (IQ) problems
- G) Complete P.E., Neuro exam in past year
- H) Prevalence: 3-7% of school-aged children
 - a) Boys: Girls – 3:1

II. Diagnostic Criteria and Considerations – General

- A) Persistent pattern of inattention and/or hyperactivity/impulsivity more frequent and severe than is typically observed in individuals with a comparable level of development and intellectual ability
- B) Some symptoms which cause impairment were present before 7 years old
- C) Symptoms present in 2 or more settings
- D) Clear evidence of clinically significant impairment in social or academic functioning
- E) Notes:
 - a) A positive family history is a predictor
 - b) Simple hyperactivity (without the full spectrum of 6 symptoms or 6 months plus maladaptation) is not by itself ADHD
 - c) Girls often do not show hyperactivity but do still have the syndrome

III. Diagnostic Criteria – 2 Groups of Symptoms - There are 2 groups of symptoms: The patient must exhibit 6 or more for a minimum of 6 months:

- A) Inattention Domain
 - a) Failure to give close attention to detail
 - b) Difficulty sustaining attention
 - c) Failure to listen when spoken to directly
 - d) Failure to follow through on instructions
 - e) Difficulty organizing tasks to completion
 - f) Avoids tasks that require sustained mental effort
 - g) Loses things necessary for tasks or activities
 - h) Easily distracted by extraneous stimuli “stimulus bound”
 - i) Forgetful in daily activities
- B) Hyperactivity – Impulsivity Domain
 - a) Fidgets with hands or feet, squirms in seat
 - b) Leaves seat in situations where remaining seated is expected
 - c) Runs or climbs inappropriately
 - d) Has difficulty playing or engaging in leisure activities quietly
 - e) On the go, driven like a motor

- f) Talks excessively
- g) Blurts out answers before questions completed
- h) Has difficulty awaiting turn
- i) Interrupts or intrudes on others

IV. ADHD – Three Types ADHD is divided into 3 types according to the presence or absence of the symptoms in the categories.

- A) Predominantly inattentive
- B) Predominantly hyperactive – impulsive
- C) Combined – both sets of symptom domains occur

V. Treatment Intervention: Overview

- A) An alliance with parents, school and patient promotes treatment success
- B) Educate parent and family members about the disorders and its symptoms
- C) Behavioral modification and psychosocial interventions with a multi-model approach is essential, including modifications, face-to-face follow ups.
- D) Monitor progress by assessing
- E) Reduction of target symptom severity & pervasiveness
- F) Improvement in family and peer relationships

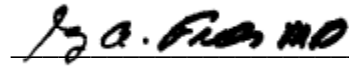
VI. FDA Approved Medications

- A) Stimulants and Atomoxetine (Strattera)
- B) Refer to Treatment Options for ADHD (enclosed)

VII. FDA Warnings and Recommendations

- A) The FDA requires a "Black Box Warning" on the use of Atomoxetine used in children and adolescents regarding the potential for increased suicidal thinking and behavior that can occur during the early onset phase of treatment.
- B) Regarding stimulant medication use. The FDA warns of the risk for serious cardiovascular events such as sudden death, hypertension, and other cardiovascular conditions and recommends that the treating professional appropriately assess for cardiovascular status in patients being treated with stimulant medications.

APPROVAL:



SMF / SPA Medical Director

January 26, 2009

Date



Behavioral Health Medical Director

January 26, 2009

Date

Revision / Approval Summary:

SMF QM Committee

SPA Steering Committee

Date: January 26, 2009

Date: FYI