

Guidelines for the Treatment of Attention Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents^{1,3}

- Confirm diagnosis with information from parents, other caregivers and teachers. Such information could include validated ADHD-specific rating scales and school-based evaluations and assessments.
- Treatment planning requires assessing underlying neurobehavioral dysfunction, learning disabilities, co-morbid disorders and psychosocial issues.¹
- Prior to selecting a pharmacotherapy option, non-pharmacologic options should include consulting a behavioral health specialist and considering alternative treatment modalities.
- Medication therapy, if chosen, should not be in the absence of behavior therapy, psychotherapy, family therapy, support groups, social skills training and parenting skills training.¹⁻³
- Assess heart disease risk by doing a physical exam and taking a careful medical history. In April 2008, the American Heart Association (AHA) released a statement that it recommends an electrocardiogram (ECG) in children diagnosed with ADHD before beginning treatment with stimulants or other medications.^{1,4} However, in August 2008, the American Academy of Pediatrics (AAP) issued a statement recommending against the routine ECG testing.^{1,5}
- No evidence from controlled studies supports the use of antipsychotics in the treatment of ADHD.⁶ Atypical antipsychotics may be associated with weight gain, hyperglycemia, increased risk of type 2 diabetes, hyperlipidemia, agranulocytosis, serum prolactin elevation and cardiovascular effects.
- In general, polypharmacy should be avoided, although in some cases combining medications may be needed. Children taking stimulants must be monitored closely and carefully by health care professionals for side effects and effectiveness.¹
- Occasional medication-free trials may be useful to re-assess the dosage and the ongoing need for continued pharmacological treatment.⁷
- Medication goals should:¹
 - Have minimal adverse effects
 - Reduce hyperactivity/impulsivity and improve children's academic skills
 - Address co-morbidities and abuse potential.

These guidelines are not intended to replace a practitioner's clinical judgment. They are designed to provide information and to assist practitioners with decisions regarding care. The guidelines are not intended to define a standard of care or exclusive course of treatment. Health care practitioners using these guidelines are responsible for considering their patient's particular situation in evaluating the appropriateness of these guidelines.

1. Magellan Health Services Clinical Practice Guideline for Patients with Attention Deficit/Hyper-activity Disorder, version 2. Revised 3/10. Available at https://www.magellanprovider.com/MHS/MGL/providing_care/clinical_guidelines/clin_prac_guidelines/ADHD.pdf Accessed November 29, 2010.
2. The MTA Cooperative Group. A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. The MTA Cooperative Group. Multimodal Treatment Study of Children with ADHD. *Arch Gen Psychiatry*.1999 Dec;56(12):1073-86.

3. Pliszka SR, et al. The Texas Children's Medication Algorithm Project: revision of the algorithm for pharmacotherapy of attention-deficit/hyperactivity disorder. *J Am Acad Child Adolesc Psychiatry*. 2006 Jun;45(6):642-57.
4. Vetter VL, et al. Cardiovascular monitoring of children and adolescents with heart disease receiving medications for attention deficit hyperactivity disorder: a scientific statement from the American Heart Association Council on Cardiovascular Disease in the Young, Congenital Cardiac Defects Committee, and the Council on Cardiovascular Nursing. *Circulation*; 2008 May 6;117(18):2407-23.
5. American Academy of Pediatrics/American Heart Association. American Academy of Pediatrics/American Heart Association clarification of statement on cardiovascular evaluation and monitoring of children and adolescents with heart disease receiving medications for ADHD: May 16, 2008. *J Dev Behav Pediatr*. 2008 Aug;29(4):335.
6. Cooper WO, et al. New Users of Antipsychotic Medications Among Children Enrolled in TennCare. *Arch Pediatr Adolesc Med*. 2004;158:753-759.
7. Dopheide JA. ASHP therapeutic position statement on the appropriate use of medications in the treatment of attention-deficit/hyperactivity disorder in pediatric patients. *Am J Health Syst Pharm*. 2005 Jul 15;62(14):1502-9.