


Guidelines for the Treatment of Attention Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents

- 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
 - Teachers and schools can assist in implementing behavior management programs that directly target ADHD symptoms, as well as interventions to enhance academic and social functioning.²
 - 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}
 - 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
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- Medication goals should:
 - 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.

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