ADHD REFERRAL GUIDELINE

HIGH RISK
SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS
Dangerously impulsive or inattentive behavior resulting in safety threat to self or others (this will happen rarely and may be coupled with other behavioral health issues, such as mood or severe anxiety, to rise to an urgent level)

SUGGESTED PREVISIT WORKUP
Urgent concerns warrant a Crisis call or emergent psychiatric evaluation, after obtaining a history of safety concerns
Forwarding previous psychological, psychiatric, etc assessments and school records (IEP, 504 plan, SPED testing) provides helpful information to assessing specialist
For a child with suspected but not previously diagnosed ADHD, obtain Vanderbilt or Conners questionnaires from parents and teachers

MODERATE RISK
SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS
ADHD that has already been assessed and treated by PCP but without satisfactory outcome, with ongoing significant impact on function at home or school
OR
ADHD (diagnosed or suspected) in a child with a co-morbid developmental disability or significant complicating medical or psychosocial factors (initial evaluation and treatment by PCP is still recommended)

SUGGESTED WORKUP
For new diagnostic concern; Vanderbilt or Conners questionnaires from parents and teachers. For ongoing management of previously diagnosed child, use Vanderbilt or Clinical Attention Problem Scales
Obtain previous psychological, psychiatric, etc. assessments and school records (IEP, 504 plan, SPED testing). Call teachers or ask for written description of concerns
When referring to DBPeds or Psychiatry- specify services needed (diagnosis, med management, parent guidance, educational advocacy) to facilitate collaborative care

LOW RISK
SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS
Typical ADHD symptoms per DSM5- this is considered appropriate to be addressed by PCP

SUGGESTED MANAGEMENT
To make diagnosis: Vanderbilt or Conners questionnaires from parents and teachers. Obtain school records (IEP, 504 plan, SPED testing)- need 6 or 9 symptoms rated Often or Very Often from either Inattentive list or Hyperactive/Impulsive list or from each list. Need symptoms in more than 1 setting
Management includes behavioral guidance by PCP or counselor/social worker and medication is often helpful, following current AAP guidelines (ref below)

CLINICAL PEARLS

- Screen for co-existing conditions such as anxiety, mood issues, learning issues, trauma exposure. If ADHD symptoms are primary, or it is unclear consider treating ADHD first. If another condition seems primary consider treating or referring for that condition.
- Medications that can be managed by PCP, depending on comfort level include psychostimulants, guanfacine, atomoxetine, bupropion.
- Prior to starting stimulants screen for cardiac risk: personal or family history of arrhythmias, syncope, dyspnea with exertion, or family history of sudden death.
- Collect data from teachers before and after starting meds, and with med changes, to monitor response- suggest using f/u Vanderbilt or Clinical Attention Problem Scales (both available free in the public domain by on-line search).

REFERENCES:

ADHD ASSESSMENT

Concerns about inattention, distractibility, hyperactivity, or impulsivity

Assessment by primary care clinician including:
- Standard history (including development and behavior) and physical exam
- Family and social history (including family behavioral health history)
- Review of DSM-5 criteria for ADHD
- ADHD rating scales for parents AND teachers/child care providers (Conners or Vanderbilts *)

Does child meet DSM-5 criteria for ADHD** (or scores in clinical range on Conners) in more than one setting (home and school), and have functional impairment?

No
Continue to monitor. Repeat rating scales if concerns increase

Yes
Diagnosis of ADHD **

Screen for coexisting conditions ***

No
Are ADHD symptoms primary?

Yes or Unclear

Treat ADHD: see ADHD Treatment Algorithm

If symptoms of a coexisting disorder seem primary, treat that condition first, or refer for further assessment and treatment

* Conners Parents and Teachers Rating Scales-Revised available for purchase at http://psychcorp.pearsonassessments.com
Vanderbilt scales free online at: http://www.nichq.org/resources/adhd_toolkit.html
AAP ADHD Toolkit available for purchase at: www.aap.org

** Hyperactive-Impulsive type, Inattentive Type or Combined type (at least 6/9 symptoms present ‘often or very often’ from the Hyperactive-Impulsive list, or the Inattentive list, or 6/9 from each list for Combined type)

*** Anxiety, Depression, Learning Disorder

References:
AMERICAN ACADEMY OF PEDIATRICS: Clinical Practice Guideline: Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder PEDIATRICS Vol. 105 No. 5 May 2000, pp. 1158-1170
Child presents with diagnosis of ADHD

Mild Symptoms
Or
Family Declines Medications

Assess adequacy of response including with CAPS or follow-up Vanderbilt questionnaires for teachers

If response not adequate, discuss adding medication

Inadequate Response (after dose titration)
OR
Prohibitive Side Effects

Trial of Other Major Class of Stimulants ***

If poor response, or prohibitive side effects, consider non-stimulant medications (See Appendix 2)

OR

Refer to Specialist

NCQA/CHIPRA guidelines: 3 follow-up visits within 10 months, including one within 30 days of initial prescription

** The two classes of stimulants are methylphenidate-based or amphetamine-based (see Appendix 2 for details)

#Glaucoma, substance abuse, arrhythmia or structural cardiac abnormality (needs Cardiology Clearance)

REFERENCES:
- www.ncqa.org National Committee for Quality Assurance
- The Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009

* Clinical Attention Problem Scale available at: www.dbpeds.org
Vanderbilt follow-up questionnaire available at: http://www.nichq.org/resources/adhd_toolkit.html

Together with parents (and if appropriate, child and/or teachers), identify target symptoms, and appropriate environmental supports. Get baseline teachers CAPS or Vanderbilt questionnaire * to assess.

Institute Environmental Supports (Appendix 1)

Moderate to Severe Symptoms

Medication Management:
- Screen for cardiac risk before starting stimulants **
- Start with one class of stimulants *** (unless contraindications #)
- Monitor for side effects
- Follow-up call or appointment within 2 weeks
- Assess response at school with teacher CAPS or Vanderbilt
- See (Appendix 2) for dosing parameters

Good Response

Continue medication, titrating as needed. Monitor heart rate, blood pressure, height and weight. Get CAPS or Vanderbilts after dose changes

NCQA/CHIPRA guidelines: 3 follow-up visits within 10 months, including one within 30 days of initial prescription
## Supplement to Guideline

Use of Commonly Prescribed Psychostimulants

<table>
<thead>
<tr>
<th>Medication</th>
<th>Brand Name(s)</th>
<th>Starting dose (mg/d)</th>
<th>Usual dosage (mg/d)</th>
<th>How Supplied</th>
<th>Maximum dose (mg/d)</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dextroamphetamine</td>
<td>Dextrostat</td>
<td>2.5 mg-increasing dosage- may need AM and midday</td>
<td>Child 5-20 mg/qd (approx 0.5mg/kg/day)</td>
<td>5,10,15 mg tab (dextrostat, short-acting)</td>
<td>40 mg</td>
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<td>Dexedrine spansules</td>
<td>5 mg-increasing Dosage, in AM only</td>
<td>Adult +/- 20-45 mg/qd</td>
<td>5,10,15 mg spansules</td>
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<tr>
<td>Lysdexamfetamine</td>
<td>Vyvanse</td>
<td>20-30 mgs</td>
<td>30-70 mgs</td>
<td>20, 30, 45, 50, 60, 70 mg tabs</td>
<td>70 mg</td>
<td>N</td>
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<tr>
<td>Dextroamphetamine Mix</td>
<td>Adderall</td>
<td>2.5-5 mg po am</td>
<td>Child 5-40 mg qd (approx 0.75mg/kg/day)</td>
<td>5,7,10,12,15,20,30 mg</td>
<td>40 mg child 60 adult</td>
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<tr>
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<td>Adderall XR</td>
<td>5-10 mg child 10-20 mg adult</td>
<td>Adult 6-80 mg qd</td>
<td>5,10, 15, 20, 25, 30 mg caps</td>
<td>60 mg</td>
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<tr>
<td>Dexamfetamine</td>
<td>Focalin</td>
<td>2.5 mg AM and midday</td>
<td>2.5-10 mg po qd for child over six years (approx 0.5mg/kg/day)</td>
<td>2.5, 5, 10 mg</td>
<td>20mg/qd</td>
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<tr>
<td></td>
<td>Focalin XR</td>
<td>2.5 - 5 mg Child 5 mg Adult</td>
<td>5-20 mg for both children and adults</td>
<td>5, 10, 15, 20 mg caps</td>
<td>20 mg</td>
<td>N</td>
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<tr>
<td>Methylphenidate</td>
<td>Ritalin</td>
<td>5-10 mg child</td>
<td>Child 10-35 mg daily (approx 1mg/kg/day for all forms of methylphenidate)</td>
<td>5,10,20 mg tabs</td>
<td>35 mg qd</td>
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<td>Ritalin SR</td>
<td>10-20 mg qAM</td>
<td>20 mg SR</td>
<td>20 mg qd</td>
<td>60 mg</td>
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<td>Ritalin LA</td>
<td>10-20 mg child/adult</td>
<td>Child 20-60 mg qAM</td>
<td>10, 20, 30, 40 caps</td>
<td>60 mg</td>
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<tr>
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<td>Metadate</td>
<td>10-20 mg qam</td>
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<td>10, 20 mg ER tab</td>
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<td>Concerta</td>
<td>18 mg qd</td>
<td>20-60 mg qAM</td>
<td>18,27,36,54 mg SR tabs</td>
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<td>Daytrana Patch</td>
<td>5-10 mgs</td>
<td>18-54 mg-1 patch qd</td>
<td>10, 15, 20, 30 mgs</td>
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<td>Metadate CD</td>
<td>10-20 mgs qam</td>
<td>1-20 mgs</td>
<td>10, 20, 30 mgs</td>
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<tr>
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<td>Methylin</td>
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<td>10-60 mgs</td>
<td>10, 20, 30 mgs</td>
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<tr>
<td></td>
<td>Methylin ER</td>
<td>10-20 mgs</td>
<td>10-35 mgs</td>
<td>10, 20 mgs</td>
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<tr>
<td></td>
<td>Methylin Chewable</td>
<td>2.5-5 mgs</td>
<td>10-40 mg</td>
<td>2.5, 5, 10 mgs</td>
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<tr>
<td></td>
<td>Methylin Soln</td>
<td>5 mgs</td>
<td>10-30 mgs</td>
<td>5, 10 mgs per teaspoon</td>
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</table>

### Use of non-stimulants

<table>
<thead>
<tr>
<th>Medication</th>
<th>Brand Name(s)</th>
<th>Starting dose (mg/d)</th>
<th>Usual dosage (mg/d)</th>
<th>How Supplied</th>
<th>Max dose (mg/d)</th>
<th>Generic</th>
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<tbody>
<tr>
<td>Atomoxetine HCL</td>
<td>Strattera</td>
<td>40-62lbs 18 mg</td>
<td>40-62lbs 25 mg</td>
<td>10, 18, 25, 40, 60mg</td>
<td>Child 1.4 mg/kg or 100 mg or whichever is less Adult 100 mg</td>
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<tr>
<td>Guanfacine</td>
<td>Tenex</td>
<td>0.5 to 1 mg qd -tid</td>
<td>0.5mg to 1mg bid or tid (monitor BP)</td>
<td>1, 2, 3, 4 mg</td>
<td>4 mg (Short Acting Generic)</td>
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<tr>
<td>Guanfacine Extended Release</td>
<td>Intuniv</td>
<td>1mg qd</td>
<td>1mg, 2mg</td>
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</table>

### Additional information

Dosage is individualized for each patient.

Upward titration should continue weekly until increments of improvement stop or side effects become significant. If there is no improvement at a dose that produces noticeable side effects the medication should be discontinued.

Common side/effects include insomnia, nervousness, and are usually dose dependant. Additional side effects include headache, palpitations, decreased appetite, and nausea.

Careful supervision is required for medication withdrawal.

Patients taking Strattera (atomoxetine) should be informed of increased risk of irritability, suicidal ideation or liver toxicity.

Updated August 2011
Appendix 1: Behavioral Interventions/Environmental Supports

School:
- Appropriate educational placement
- Classroom seating away from distractions
- Motor breaks
- Signal system with teacher
- Simple, straightforward directions, break tasks down into steps
- Visual supports (checklists, reminders, written instructions)
- Organizational support (desk, locker, backpack, materials to bring home, prioritizing homework, 2nd set of textbooks at home)
- Extra staff support- eg to check backpack
- Frequent, consistent feedback including positive incentives and consequences
- Good school/parent communication: daily notebook
- Work on strengths and self-esteem, not just areas in need of improvement
- May warrant a 504 support plan with formal accommodations

Home:
- Positive “special time” with parents, daily if possible
- Increase positive feedback for good behavior, including incentive system
- Structure home environment- timers, charts, sequence activities for the child
- Appropriate, consistent, immediate discipline: sticker charts, remove privileges, time outs
- Limit over-stimulating experiences (eg shopping)
- Consider hiring an ADHD coach
- Individual counseling- valuable for secondary effects (self-esteem, social issues) and for comorbidities
- Family therapy

What children can learn to do:
- Ask teacher to repeat instructions
- Use a master notebook/planner
- Break down tasks and make lists and schedules
- Take notes during class and while reading
- Do homework in a quiet area
- Do one thing at a time
- Have good sleep habits
- Get regular exercise