

Attention Deficit Hyperactivity Disorder Care Path

Screening and Diagnosis

Diagnosis: Attention Deficit Hyperactivity Disorder (ADHD) can manifest as inattention or hyperactivity or both. Six or more of the symptoms for both inattention and/or hyperactivity persistently present for >6 months which is inconsistent with neurodevelopmental level and negatively impacts social/occupational/academic activities. These symptoms need to be present most days, more times than not.

- Examples of Inattention: Failure to give close attention to detail, difficulty sustaining attention, does not seem to listen when spoken directly to, does not follow through on instructions, difficulty organizing tasks/activities, avoids/dislikes/reluctant to engage in activities that require sustained mental effort, loses things necessary for tasks/activities, easily distracted by extraneous stimuli, forgetful in daily activities
- Examples of Hyperactivity/Impulsivity: Fidgets/taps hand or feet or squirms in seat, leaves seat in situations when remaining seated is expected, runs about or climbs in situations when it is inappropriate, unable to engage in leisure activities quietly, “on the go” acting as if “driven by a motor”, talks excessively, blurts out answers before the question is completed, difficulty waiting turn, interrupts or intrudes on others

IMPORTANT: The symptoms of inattention and hyperactivity have a significant overlap with multiple other mental illnesses and require extensive history and feedback from teachers, parents and other sources for accurate diagnosis. Often requires neuropsychological evaluation. Starting treatment for ADHD without accurate diagnosis may worsen the symptoms. High rate of co-morbid Tourette’s Disorder and OCD. Family History of ADHD, OCD or Tourette’s Disorder is helpful in diagnosis.

Most common differential diagnoses to consider:

- Anxiety Disorders
- Depressive Disorders
- Bipolar Disorders
- Neurodevelopmental Disorders
- Substance Abuse
- Psychosis

Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the “ACO”) in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

Treatment

A. Pharmacotherapy:

1. Stimulants: most commonly prescribed medications for ADHD. Avoid if there is a history of drug abuse in the patient or a family member. Stimulant medications have abuse potential. Common side effects are decrease in appetite, weight loss, insomnia, palpitations, diaphoresis and psychotic symptoms including hallucinations. Use lowest dose to target symptoms. Different types of stimulant medications are:
 - Methylphenidate (Concerta, Ritalin, Metadate, Daytrana, Jornay, Quillivant, Adhansia, Cotempla, Methylin, Relexxii): Multiple preparations are available and vary based on duration of action.
 - Dexmethylphenidate (Focalin): Multiple preparations are available and vary based on duration of action.
 - Dextroamphetamine (Dexedrine, ProCentra, Zenzedi)
 - Mixed amphetamine salts (Adderall, Mydalis): Multiple preparations are available and vary based on duration of action.
 - Lisdexamfetamine (Vyvanse)
2. Non-stimulants:
 - Atomoxetine (Strattera): common side effects are orthostasis and restlessness. Requires slow titration.
 - Clonidine: common side effect is orthostasis. Used as an adjunct to stimulants to target impulsivity.
 - Guanfacine (Intuniv): common side effect is orthostasis, requires titration.

Bupropion (Wellbutrin, Forfivo): avoid in patients with seizure disorder, bingeing & purging behavior, history of TBI, known heavy alcohol use, psychosis and anxiety disorders.

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Reassessment

The effect of stimulant medications is usually robust and immediate.

Reassessment can be done by patient's report of symptoms and improved functionality (improvement in school grades, occupational performance). Best if the improved functionality is measurable and verifiable (Conner's scale, Vanderbilt Scale).

1. Follow-up recommendations:

- Within 30 days of initial diagnosis and prescription
- 2 visits during the next 9 months (minimum of every 3 months)

Patient Engagement

Psychoeducation

Encourage compliance with medications

Sleep hygiene education

May require dietitian referral

School going children need to be educated about not sharing medications with peers

School aged children should have medication administration supervised by an adult

Specialist Consult

When to Refer:

- Co-morbid anxiety, bipolar disorder, neuro-developmental disorders or substance abuse
- Poor response to medications, intolerable side effects
- Complex psychosocial environment

References:

1. The Diagnostic and Statistical Manual of Mental Disorders 5th ed.; DSM-5; American Psychiatric Association [APA], 2013
2. The American Psychiatric Publishing Textbook of Psychiatry, 6th ed. Edited By: Robert E. Hales, M.D., M.B.A., Stuart C. Yudofsky, M.D., and Laura Weiss Roberts, M.D., M.A. 2014.
3. Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management, Wolraich M, Brown L, Brown RT, DuPaul G, Earls M, Feldman HM, Ganiats TG, Kaplanek B, Meyer B, Perrin J, Pierce K, Reiff M, Stein MT, Visser S. ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics*. 2011 Nov;128(5):1007-22.
4. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. *J. Am. Acad. Child Adolesc. Psychiatry*, 2007;46(7):894-921
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