ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

DSM-IV-TR Diagnostic Codes: 314.00; 314.01; 314.9

The following guidelines are to be considered within the context of the patient’s cultural, ethnic, and spiritual values in order to maximize the accuracy of the diagnosis, the effectiveness of the treatment, and the best possible outcomes for the patient and his/her family.

Diagnostic Guidelines:

1. Establish diagnostic accuracy as defined in DSM-IV-TR.
   - onset of symptoms in childhood
   - significant impairment in social, academic, or occupational functioning
   - impairment from symptoms present in 2 or more settings
   - three different subtypes; individuals presenting with symptoms of one subtype may look behaviorally very different from those presenting with symptoms of another subtype

2. Practitioner should conduct a comprehensive evaluation consisting of the following elements:
   - clinical interview with parents
   - clinical assessment of child or adolescent
   - medical examination or information
   - teacher(s) reports and review of school records
   - behavior rating scale(s)

3. Routine use of psychological testing in the assessment of ADHD is not medically necessary and the results of psychological testing do not confirm the diagnosis of ADHD. However, psychological testing that assesses intellectual and academic functioning may be useful in some cases to clarify the nature and impact of cognitive deficits and assist providers in making appropriate treatment recommendations and interventions. It should be noted that these tests are frequently outside of the approved mental health benefits.

4. Comorbidity with other behavioral, emotional, and academic problems is common. Practitioners need to take this fact into account in making a differential diagnosis and in developing treatment plans. Most frequent comorbid conditions include:
   - Oppositional Defiant Disorder
   - Conduct Disorder
   - Mood Disorders
   - Anxiety Disorders
   - Learning Disabilities
   - Substance Abuse Disorder
• Antisocial Personality Disorder (adults)

5. Consider cultural, age and gender issues. In particular, diagnosis is difficult in children younger than age 4 due to wide variability in the characteristic behavior of preschoolers. Symptoms are most pronounced in school-aged children, with inattention affecting academic performance and impulsivity leading to breaking of rules and difficulty adhering to limits. Overt symptoms usually become less conspicuous as children mature into early adolescence. The disorder is much more prevalent in males than females.

Treatment Guidelines:

1. Given that there are many associated problems and high prevalence of comorbidity, a multimodal approach to treatment of ADHD should be considered. Intervention strategies might include elements from the following areas:

   • education about the disorder and parent training
   • medication
   • specific educational programs or behavioral interventions
   • individual, group and/or family therapy

2. Treatment planning considerations must take into account the course of the disorder, phase of treatment, age of the patient, intellectual and academic issues, and family dynamics. If not initially seen by a psychiatrist, a medication evaluation should take place within 60 days of initial diagnosis. If there is a lack of response, or side-effects to treatment with medications, then a consultation with a child psychiatrist or a general psychiatrist with child training or experience is recommended.

3. Before pursuing specific interventions, clinicians must help both the individual with ADHD and their family to understand the nature of the disorder, the specific goals of treatment, and the effectiveness of various interventions.

4. Due to the chronic, pervasive nature and unremitting course of ADHD, two distinct phases of treatment must be distinguished, each with differing goals and treatment emphases: Initial Treatment Phase and the Continuation / Maintenance Treatment Phase.

5. Initial Treatment Phase:

   Goal: to select and implement intervention strategies that are likely to improve the symptoms and functioning of children and adolescents with the disorder.
Treatment Components:

a. **Education** about ADHD and parent training in behavioral management
   - important intervention both to increase knowledge, understanding, and management of ADHD, and facilitate parental adjustment to having a child with the disorder
   - parents can receive educational sessions or participate in structured program in behavior management, depending on severity of symptoms, associated problems and level of parental knowledge
   - consider organized parent support groups or associations (e.g., CHADD)
   - “patient education” important in helping children and adolescents with ADHD cope effectively with symptoms and consequences of disorder

b. **Medication**
   - pharmacological intervention is an essential element of overall treatment, unless there is a very mild disorder or other circumstances contraindicate medication use.
   - stimulant medications and new non-stimulant medications represent most appropriate and most frequently indicated treatment
   - providers should carefully assess all individuals for response to the medication, necessary titration of the medication, and potential side effects
   - in cases where the individual is either non-responsive or demonstrate significant side effects to one stimulant, experience indicates that positive effects may still be achieved with other stimulant medications; non-stimulant medications are now available for consideration as well
   - other types of medications (e.g., antidepressants) have been used to treat comorbid conditions

   - particularly complicated or complex cases (e.g., associated psychiatric conditions) may best be treated by a child/adolescent psychiatrist rather than a pediatrician or family practice physician

c. **Educational interventions and programs** are important in order to respond to the frustration and failure in the classroom often experienced by youngsters with ADHD. Suggestions include:
   - conveying results and recommendations of assessment evaluations to teachers and other educational specialists to influence them to target appropriate academic and behavioral programs and resources to the child
   - encouraging parents to become knowledgeable about various federal and state laws and regulations that may help them secure appropriate resources or placements for their child
• providing parents and/or school personnel with knowledge and materials regarding appropriate classroom structure
• training child in organizational and time management skills
• maintaining periodic contact with school personnel

d. Therapy
• not all children with ADHD will need therapy; comprehensive assessment should identify specific problems and deficits that may need management or remediation through therapy
• modalities may include behavior therapy, individual and/or group therapy for child, individual therapy for parent where parental psychopathology may undermine or impede child’s progress in treatment, or family therapy where significant problems exist in communication, relationships or parenting practices

6. Ordering/Sequencing of Treatments

• pharmacological treatment is generally indicated in cases where ADHD has been diagnosed
• psychosocial interventions in conjunction with medications produce a better outcome than either modality alone
• where ADHD is comorbid with another disorder, nature of comorbid condition may influence ordering of treatment
• where ADHD is comorbid with another psychiatric disorder, some form of concurrent psychotherapy is usually indicated
• where parental or family dysfunction may impede progress in treatment, some form of concurrent psychotherapy for parent(s) or family therapy is warranted

7. Continuation or Maintenance Treatment Phase

• Goal: to preserve and build upon progress or improvements achieved during the initial treatment phase
• multimodal approach implemented during initial treatment phase should be continually evaluated, and medication doses should be regularly monitored for effectiveness and continued response to treatment.
• Note: Alternative treatment strategies such as Neurofeedback, Biofeedback, and EEG monitoring in the treatment of ADHD, have not been clinically evaluated sufficiently to reach an accepted national standard of practice at this time.
References:


Appendix A

ADHD Diagnosis and Treatment for Adults

Interest has been growing among both clinicians and researchers concerning the assessment and treatment of ADHD in adults. Heightened public awareness of the disorder and its myriad effects have led increasing numbers of adults to seek professional evaluation to confirm whether or not they suffer from ADHD. Adults with ADHD often suffer from a lack of organization, frustration, and feelings of failure. The following guidelines highlight various considerations in the process of assessing and treating adults with ADHD.

Assessment

- Symptoms of ADHD in adults may be manifested differently than in children or adolescents. Although manifestations of ADHD are typically present before the age of 7, delayed or missed diagnoses are not unusual.
  a) Inattention may be manifested through: difficulty in completing projects; inconsistent work performance; trouble maintaining an organized living or work space; etc.
  b) Hyperactivity or impulsivity may be manifested through: inability to relax or persist in sedentary activities; restlessness or other motor overactivity; difficulty delaying gratification; excessive seeking of stimulation; etc.

- Differential diagnosis is particularly challenging.
  a) Individuals with established ADHD in childhood or adolescence are at greater risk for developing concurrent disorders later (e.g., mood disorders, substance abuse, antisocial personality disorder)
  b) Symptoms of disturbed attention and problems in organization may be present in many different disorders, either psychiatric or medical
  c) An individual with a history of childhood or adolescent ADHD may present with symptoms of another disorder, which may or may not be related to ADHD, depending in part upon whether the ADHD persisted into adulthood or resolved at an earlier age.

- Components of an evaluation for ADHD in adulthood should include a clinical interview with the individual, as well as with spouse or significant other. In addition, other components might include:
  a) adult behavioral rating scales (e.g., ADHD Adult Rating Scale)
  b) previous school records and report cards (when available)
  c) records of previous psychiatric evaluations or treatment, especially in childhood (when available)
  d) interview with the individual's parent (if possible)
e) selected tests to assess attention, memory and academic achievement (e.g., Wender Utah Rating Scale)

- In cases where substance use and/or abuse is suspected to be causing or exacerbating presenting symptoms, it is advisable that the individual undergo a comprehensive chemical dependency evaluation.

Treatment

- There is evidence that pharmacological interventions (particularly with stimulants) may improve symptoms and functioning in some adults with ADHD.

- Individuals recommended for pharmacotherapy should first undergo a physical examination.

- It is necessary to treat severe psychiatric conditions (e.g., mood or anxiety disorders, substance abuse) prior to or concurrent with initiating a treatment strategy targeting ADHD.

- Abstinence from alcohol, drugs, and cigarettes may lead to a remission of ADHD symptoms, particularly in the withdrawal phase.

- Co-occurring substance abuse raises issues. For individuals with a substance abuse history and/or higher substance abuse potential, treatment with antidepressants (rather than stimulants) may be preferable. In addition, where ADHD in the presence of Substance Abuse, the Substance Abuse treatment may be compromised because of the inattention, impulsivity and continued lack of self-confidence related to the ADHD.

- Psychological and psychosocial treatments, emphasizing educational and behavioral approaches, may be beneficial as an adjunct to medication therapy. Areas of focus may include:
  - life management skills (e.g., organization, time management, etc.)
  - anger management
  - stress management
  - symptom management
References:


Appendix B

ADDITIONAL RESOURCES

Below is a listing of various resources to assist parents, teachers, and individuals in living with and managing ADHD.

1) **Information Sources and National Organizations**

Children and Adults with Attention Deficit Disorder (C.H.A.D.D.)
8181 Professional Place, Suite 201
Landover, MD 20785
Ph (800) 233-4050 FAX (301) 306-7090

C.H.A.D.D. is a national nonprofit organization of parents, health care professionals, and educators whose mission is to better the lives of individuals with ADD and those who care for them. C.H.A.D.D. currently has over 30,000 members organized in over 600 local and state chapters. The organization accomplishes its mission through family support and advocacy, public and professional education, and encouraging scientific and educational research.

Attention Deficit Disorder Association (ADDA)
P.O. Box 972
Mentor OH 44061
Ph (800) 487-2282 - Support Group Referral and General Information Line

Attention Deficit Information Network (AD-IN)
475 Hillside Avenue
Needham, MA 02194
Ph (617) 455-9895

Both ADDA and AD-IN serve as information and referral networks for assisting individuals, parents, teachers, and mental health professionals in locating various resource materials on ADHD (e.g., books, manuals, other printed material, videos, etc.) and identifying local support groups or networks in a given area.

Chesapeake Institute - ADD Resource Bank
1000 Thomas Jefferson St., NW, Suite 400
Washington, D.C. 20007
Ph (202) 342-5600 FAX (202) 944-5454
Information Sources and National Organizations (cont.)

The Chesapeake Institute has a contract to disseminate various materials from the U.S. Department of Education's comprehensive review of ADHD research. As part of this project, they have produced a very helpful and comprehensive resource directory entitled "Where Do I Turn? A Resource Directory of Materials About Attention Deficit Disorder"

Exceptional Children's Assistance Center (ECAC)
P.O. Box 16
Davidson, NC 28036
Ph (800) 962-6817

ECAC is a federally funded program to aid families of children with special needs. They offer referrals, parent and individual educational information, an ADD packet, a newsletter, lending library and other information.

2) Books & Manuals (unless otherwise noted, all books and manuals are available from the ADD Warehouse at 1-800-233-9273)

General References

Copeland, E.D. Medications for Attention Disorders and Related Medical Problems.
Friedman, R.J. & Doyal T. Attention Deficit Disorder and Hyperactivity.
Garber, S. & Spizman, M.R. If Your Child is Hyperactive, Impulsive, Distractible...
Ingersoll, B. & Goldstein, S. Attention Deficit Disorder and Learning Disabilities: Realities, Myths, and Controversial Treatments.
Phelan, T. Hyperactivity and Attention Deficit Disorders.
Quinn, P.O. The College Student with ADD. New York: Magination Press.
Smith, S. Succeeding Against the Odds: How the Learning Disabled Can Realize Their Promise.
Weiss, L. Attention Deficit Disorder in Adults.

Books for Children and Adolescents with ADHD

Galvin, M. Otto Learns About His Medication.
Gehret, J. Eagle Eyes: A Child's View of Attention Deficit Disorder.
   (Available from GSI Publications, P.O. Box 746 DeWitt NY 13214).
   (Available from GSI Publications, P.O. Box 746, DeWitt NY 13214).
Kelly, K. & Ramundo, P. You Mean I'm Not Lazy, Stupid, or Crazy.
Quinn, P.O. & Stern, J. Putting on the Brakes.
Parenting the ADHD Child


Teacher References