



## Executive Summary – March 2012

# Diagnosis and Management of Attention Deficit Hyperactivity Disorder in Primary Care for School-Age Children and Adolescents

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### Scope and Target Population:

This guideline pertains to diagnosis and management of attention deficit hyperactivity disorder in the primary care setting for children and adolescents from kindergarten through 12th grade.

### Aims:

1. Increase the use of DSM-IV-TR or DSM-PC criteria and screening for diagnosing attention deficit hyperactivity disorder.
2. Increase screening for other comorbidities in patients newly diagnosed with attention deficit hyperactivity disorder.
3. Improve the primary care use of FDA-approved ADHD medications with indications for management of patients with ADHD.
4. Improve primary care communication with parents and school in treatment planning for children with ADHD.

### Clinical Highlights:

- Evaluate children/ adolescents suspected of having ADHD based on DSM-IV-TR/DSM-PC diagnostic criteria using consistent and appropriate diagnostic tools.
- Screen all patients for other primary conditions or comorbidities and appropriately refer to subspecialty consultation for further evaluation.
- Establish appropriate use of medications in both initial and ongoing management of patients with ADHD.
- As with many conditions, ADHD is rarely a singular diagnosis. Multimodal intervention is commonly needed for other concomitant conditions and comorbidities.
- Provide consistent and comprehensive monitoring and care coordination for all patients with ADHD including pharmacologic and non-pharmacologic interventions, identification and management of emerging comorbidities, and the impact of ADHD condition on patients, their families and schools.

### Introduction:

Attention deficit hyperactivity disorder (ADHD) is a high prevalence condition with many potential medical, emotional-behavioral, social and academic consequences for a child or adolescent. In addition, its presentation to the primary care clinician may range from straightforward to very complex. The guideline work group feels that many patients presenting with learning or behavior problems and suspected of ADHD can be adequately evaluated and managed in the primary care setting, allowing for subspecialty or multidisciplinary consultation in more complex cases. It also recognizes the need for variable implementation models depending on specific medical, mental health, and educational systems to ensure accuracy of diagnosis and appropriateness of management.

This guideline is intended to provide information helpful to the primary clinician. Details in the annotation section are provided for this purpose; however, it is recognized that the degree of usefulness for each clinician will vary according to each individual's experience with and prior knowledge of ADHD.

It is expected that the primary care clinician making the initial diagnosis of attention deficit hyperactivity disorder will not only evaluate the primary symptoms described in the DSM-IV-TR or DSM-PC criteria, but also will screen for other primary conditions and comorbidities using multiple data sources. Some patients will require further specialized evaluation based on information learned in this process. From these findings the primary clinician may choose to manage the patient or to utilize subspecialty consultation for ADHD management. It should be understood that at any point within the evaluation or management algorithm, the primary clinician may choose to seek subspecialty consultation from various disciplines.

The overall goal of this guideline is to ensure that all patients diagnosed with ADHD are accurately evaluated and appropriately managed, whether by the primary clinician or through subspecialty consultation.