

Evaluation and Treatment of ADHD for Primary Care

Adapted from The American Academy of Pediatrics



Key Points:

- An evaluation for ADHD is appropriate for any child ages 4 through 18 who presents with academic or behavioral problems along with symptoms of inattention, hyper-activity, or impulsivity.
- A diagnosis of ADHD requires a determination that the criteria found in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) have been met. Information may be obtained from multiple settings and persons involved in the child's life. In addition, alternative causes of ADHD symptoms should be ruled out.
- In an ADHD evaluation, the PCP should include an assessment of possible coexisting conditions which could complicate the clinical picture. These include emotional, behavioral, developmental, and other physical conditions.
- The PCP should recognize ADHD as a chronic condition; therefore, children with ADHD should be considered to have special health needs, and care should follow principles related to chronic care treatment along with the importance of the medical home model of care.
- Recommendations for the treatment of children and youth with ADHD will vary with the patient's age:
 1. **Preschool Children (4 – 5 years old)** — Evidence-based behavioral therapy is considered first-line treatment. Stimulant medication can be prescribed if behavioral therapy alone does not provide enough benefit and if the child continues to have at least moderate disturbance in daily functioning. In areas where evidence-based behavioral treatments are not available, the provider needs to weigh the risks of starting medication at an early age against the possible harm of delaying treatment.
 2. **Elementary School-Aged Children (6 – 11 years old)** — The PCP should prescribe FDA-approved medications, preferably in conjunction with evidence-based behavioral therapy. The evidence of benefit from medications is particularly strong for stimulants, and somewhat less strong for Atomoxetine, extended-release Guanfacine, and extended-release Clonidine (in that order). In addition, possible modifications to the educational placement should be evaluated.
 3. **Adolescents (12 – 18 years old)** — The PCP should prescribe FDA-approved medications with the assent of the adolescent, possibly in conjunction with evidence-based behavioral therapy or other appropriate therapies.
- In the use of ADHD medications, the PCP should titrate medication doses in order to achieve maximum benefit with the least possible adverse effects.