



MISSOURI CARE BEHAVIORAL HEALTH INFORMATION



ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)

ADHD is a common and serious neurobiological condition with a prevalence of 8-10 percent in children and adolescents. Untreated patients may suffer significant school and psychosocial impairment. Available treatment is considered safe and effective. Missouri Care supports the recommendation and guidelines of the American Academy of Child and Adolescent Psychiatry (AACAP) and American Academy of Pediatrics (AAP).

Missouri Care recognizes that the decisions regarding the care of a particular patient must be made by the clinician and in light of all of the circumstances presented by the patient and their family, the diagnostic and treatment options available, and available resources.

The AACAP has offered the following recommendation for the assessment and treatment of Attention-Deficit Hyperactivity Disorder (ADHD):

Recommendation 1. Screening for ADHD should be part of every patient's mental health assessment.

Recommendation 2. Evaluation of the preschooler, child, or adolescent for ADHD should consist of clinical interviews with the parent and patient, obtaining information about the patient's school or day care functioning, evaluation for comorbid psychiatric disorders, and review of the patient's medical, social, and family histories.

Recommendation 3. If the patient's medical history is unremarkable, laboratory or neurological testing is not indicated.

Few medical conditions mimic ADHD, however head injury, hyper thyroidism, lead exposure, and fetal alcohol syndrome can all be associated with ADHD.

Recommendation 4. Psychological and neuropsychological tests are not mandatory for the diagnosis for ADHD, but should be performed if the patient's history suggests low general cognitive ability or low achievement in language or mathematics relative to the patient's intellectual ability.

Recommendation 5. The clinician must evaluate the patient with ADHD for the presence of comorbid psychiatric disorders.

Clinicians should be prepared to encounter a wide range of psychiatric symptoms in the course of managing patients with ADHD. Half or more children and adolescents with ADHD may meet criteria for oppositional defiant disorder and some may go on to develop conduct disorder. Fifteen to 19 percent may start smoking or develop other substance abuse disorders. Anxiety disorders may occur in a third of patients with ADHD. The co-occurrence of mood disorders, although more controversial, appears to be common.

Recommendation 6. A well thought out and comprehensive treatment plan should be developed for the patient with ADHD.

ADHD is a chronic disorder and treatment may consist of psychoeducation about ADHD, psychopharmacological, and/or behavior therapy. Pharmacological interventions are often more effective than other therapies. There is little support for dietary modification or cognitive-behavioral therapies found in the medical literature.

Recommendation 7. The initial psychopharmacological treatment of ADHD should be a trial with an agent approved by the Food and Drug Administration for the treatment of ADHD.

Stimulants are highly effective in the treatment of uncomplicated ADHD and are good first line choice. The two stimulant types, methylphenidate or amphetamine, are equally effective in the treatment of ADHD, in their long-acting or immediate release formulations. The long-acting forms can be more convenient and single daily dosing is associated with greater compliance for all types of medication.

Recommendation 8. If none of the above agents result in satisfactory treatment of the patient with ADHD, the clinician should undertake a careful review of the diagnosis and then consider behavior therapy and/or the use of medications not approved by the FDA for the treatment of ADHD.

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Questions?
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at 1-800-889-4073.
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AN AETNA HEALTH PLAN

Patients with ADHD who have failed several trials of stimulant medication, complicated comorbid conditions, and significant psychosocial impairment may be best served by referral to a child psychiatrist.

Recommendation 9. During a psychopharmacological intervention for ADHD, the patient should be monitored for treatment-emergent side effects.

The most common side effects for stimulant medications are appetite decrease, weight loss, insomnia, or headache. Tics and emotional lability/irritability are less common side effects of stimulants. If, after starting an ADHD medication, the patient appears more aggressive or emotionally labile or experiences psychotic symptoms, then the physician should consider discontinuing that medication and consider a different agent.

Recommendation 10. If a patient with ADHD has a robust response to psychopharmacological treatment and subsequently shows normative functioning in academic, family, and social functioning, then psychopharmacological treatment of the ADHD alone is satisfactory.

Recommendation 11. If a patient with ADHD has a less than optimal response to medication; has a comorbid disorder; or experiences stressors in family life, then psychosocial treatment in conjunction with medication treatment is often beneficial.

There is strong evidence that patients with ADHD and comorbid disorders and/or psychosocial stressors benefit from an adjunctive psychosocial intervention. Psychosocial interventions should be individualized for each ADHD patient.

Recommendation 12. Patients should be assessed periodically to determine whether there is continued need for treatment or if symptoms have remitted. Treatment of ADHD should continue as long as symptoms remain present and cause impairment.

Recommendation 13. Patients treated with medication for ADHD should have their height and weight monitored throughout treatment.

The patient with ADHD should have regular followup for medication adjustments to verify that the medication is still effective, the dose is optimal, and side effects are clinically insignificant. The procedures performed at each office visit may vary according to clinical need, but during the course of annual treatment, the clinician should review the child's behavioral and academic functioning; periodically assess height, weight, blood pressure, and pulse; and assess for the emergence of comorbid disorders and medical conditions.

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