ADHD Medication Treatment Algorithm
Based on AACAP Guidelines, 2007 and HEDIS 2010 Performance Measurements

Select Stimulant Agent
- Methylphenidate or Amphetamine
  - Long-Acting
    - Kids / Adults
  - Short-Acting
    - Small kids < 16kg / 35lbs
      - (low dose is not available in long-acting)

Or
- Methylphenidate or Amphetamine
  - Strattera® (Atomoxetine)
    - Use for ADHD with co-morbid anxiety or tic disorder
    - Use with decreased appetite, and/or decreased sleep from other ADHD meds, or with substance abuse problems

Initial Dose
- Select starting dose and times of administration
  - Once daily dosing is helpful for kids in school and prevents the need to send a medication supply to the school nurse.
  - Twice daily dosing is helpful in kids with late evening behavior episodes

Titrate Dose
- Titrate dose upward every one to three weeks until maximum dose is achieved or side effects preclude further dose increase
  - Achievement Goals
    - ADHD Symptoms remit
    - No side effects
    - For students, teacher & parent rating scales are helpful as dose is increased.

Initial Follow Up Visit
- Initial follow up should be within 30 days or less of therapy initiation
  - Determine if response is appropriate
    - 41% will respond to either stimulant medication
    - 44% will respond better to one medication than another
    - Strattera may take up to 6 weeks to see effect
  - Assess for side effects
    - headache
    - insomnia
    - decreased appetite or weight loss
    - tics
    - emotional lability / irritability
    - If side effect is burden to patient:
      - Adjust dose, change medication or wait as many side effects are transient and will resolve

Subsequent Visits
- At least 2 or more visits during the next 9 month period
  - If maximum dose of Methylphenidate, amphetamine or atomoxetine has been achieved, continue & monitor for side effects
  - If optimal results have not been achieved:
    - Review Diagnosis and assess for any undetected co-morbidities
    - If ADHD diagnosis is reconfirmed, consider behavioral therapy next before adding a non-FDA approved medication

Adding or Stopping Medications

Adding Another Medication
- Add-on meds: bupropion, tricyclic antidepressant, clonidine or guanfacine
  - Often necessary when:
    - patient has co-morbid aggression
    - necessary to reduce side effects of tics or insomnia

Discontinuing A Medication
- If an add on medication is ineffective, titrate dose downward over a 1-2 week period to avoid sudden drops in blood pressure