ADHD Medication Treatment Algorithm

Based on AACAP Guidelines, 2007 and HEDIS 2010 Performance Measurements

Med & Dosing Reference: Practice Parameter for the Assessment and Treatment of Children and Adolescents With Attention - Deficit/Hyperactivity Disorder, J. AM. ACAD. Child Adolesc. Psychiatry, 46.7, July 2007

Follow Up Visits Reference: NCQA's HEDIS 2010 Quality Performance Measurements

Select
Stimulant Agent Initial Dose Titrate Dose

Initial Follow Up Visit Subsequent Visits Adding or Stopping Medications

Methylphenidate or Amphetamine

> Long-Acting Kids / Adults

> > or

Methylphenidate or Amphetamine

Short-Acting Small kids <16kg/35lbs

(low dose is not available in long-acting)

or

Strattera^(R) (Atomoxitene)

- 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

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

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** 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

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

Adding Another Medication

Add-on meds: bupropion, tricyclic antidepressant, clonidine or quanfacine

Often necessary when:

- patient has comorbid 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





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