

Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents.

MVP Health Care®, as part of its continuing Quality Improvement Program, adopted the American Academy of Pediatrics *Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents* (2019 update). <https://pediatrics.aappublications.org/content/144/4/e20192528>

Scope of Concern

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most common neurobehavioral childhood disorders and its prevalence is on the rise. National survey data from 2016 indicate that 9.4 percent of children ages 2 to 17 have been diagnosed with the disorder.

Among children and adolescents with current ADHD, almost two-thirds were taking medication, and approximately half had received behavioral treatment of ADHD in the past year. Nearly one quarter had received neither type of treatment of ADHD. It is well established that ADHD frequently is co-morbid with other psychiatric disorders.

The referenced article notes that it is generally the role of the primary care pediatrician to manage mild-to-moderate ADHD, anxiety, depression, and substance use. The AAP statement “The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care” describes the competencies needed in both pediatric primary and specialty care to address the social-emotional and mental health needs of children and families. Broadly, these include incorporating mental health content and tools into health promotion, prevention, and primary care intervention, becoming knowledgeable about use of evidence-based treatments, and participating as a team member and co-managing with pediatric care, educators, and mental health specialists.

Key Guideline Messages

- Screening for ADHD should be initiated by a Primary Care Clinician (PCP) when a child between the ages of 4 and 18 years presents with learning or behavioral problems along with symptoms of hyperactivity, inattention, or impulsivity.
- Evaluation of the preschooler, child, or adolescent for ADHD should consist of information gathered primarily from the parent/guardian, teachers, and other school personnel and clinicians involved in the child's care.
- To make the diagnosis of ADHD the PCP should ensure criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* have been met, including documentation of symptoms and impairment in more than one major setting (i.e., social, academic, or occupational). The PCP should also rule out any alternative cause.

- As individuals with ADHD enter adolescence their overt hyperactive and impulsive symptoms reported may decline, but their inattentive symptoms may continue to cause impairment.
- In the evaluation of a child or adolescent for ADHD, the clinician should include a process to at least screen for co-existing conditions, including emotional or behavioral conditions, developmental conditions, and physical conditions.
- The clinician should recognize ADHD as a chronic condition and hence, consider children and adolescents with the condition as having special health care needs. Principles of the chronic care model and medical home should be used when caring for children and adolescents with special health care needs.
- Specific recommendations for behavioral treatments and medication for ADHD are outlined in the guidelines according to the age of the child:
 - Preschool children (ages 4-5 years)
 - Elementary and middle school children (ages 6-11 years)
 - Adolescents (ages 12-18 years)

The attached article details important reminders about safe prescribing. It also describes the use of specific ADHD rating scales to help obtain information from parents and teachers to aid in the diagnosis of ADHD and to monitor the response to treatment. Referral for Parent Training in Behavior Management can be considered especially for very young children with substantial impairment.

- Educational interventions and individualized instructional supports are an important part of a treatment plan. This can also help identify children with Learning Disorders. Children and adolescents with ADHD may be eligible for services as part of a 504 Plan or Special Education IEP under "other health impairment" designation in the Individuals with Disability Education Act (IDEA). Families can request evaluations for eligibility determinations by the school district through the Committee on Special Education (CSE).
- The PCP, if trained or experienced in diagnosing co-existing conditions, may initiate treatment of those conditions, or make a referral to an appropriate specialist for treatment.

Additional tools to assist providers with educating their patients on behavioral health conditions are included in the Provider Quality Improvement Manual under Behavioral Health.

[Quality Programs and Initiatives | MVP Health Care](#)

For providers in New York State who care for children and adolescents with mild-to-moderate behavioral health needs, an additional resource, Project TEACH, is available. Project TEACH is funded by the New York State Office of Mental Health and aims to strengthen and support the ability of New York's pediatric primary care providers to deliver care to children and their families experiencing mild-to-moderate mental health concerns including anxiety,

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depression, and ADHD, in children, adolescents, and young adults up to age 22. Project TEACH offers providers consultations, referrals, and training at no cost. Project TEACH may be accessed at <https://projectteachny.org/>.

[Read about Project TEACH](#)

In conjunction with these guidelines, MVP Health Care offers Case Management for members with behavioral health conditions. If you would like to refer your patients to the Case Management program, please call the MVP Case Management Department at **1-800-852-7826**

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at **(800) 777-4793 extension 2247**.