



Preferred Practice Guidelines for the Evaluation and Treatment of Children and Adolescents with Attention Deficit/Hyperactivity Disorder

These Guidelines were based in part on:

American Academy of Child and Adolescent Psychiatry's (AACAP) "Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder."¹

<http://download.journals.elsevierhealth.com/pdfs/journals/0890-8567/PIIS0890856709621821.pdf>

The practice guidelines included in this document are not intended to be required treatment protocols. Physicians and other health professionals must rely on their own expertise in evaluating and treating patients. Practice guidelines are not a substitute for the best professional judgment of physicians and other health professionals. Behavioral health guidelines may include commentary developed by the Company's behavioral health committees. Further, while authoritative sources are consulted in the development of these guidelines, the practice guideline may differ in some respects from the sources cited. With respect to the issue of coverage, each patient should review his/her Policy or Certificate and Schedule of Benefits for details concerning benefits, procedures and exclusions prior to receiving treatment. The practice guidelines do not supersede the Policy or Certificate and Schedule of Benefits.

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Revision Dates: November 17, 2006; December 19, 2007; December 10, 2008; May 8, 2009, August 12, 2011

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Summary and Provider Tools:

Based on the practice parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder [ADHD], WellPoint Inc. has summarized common situations to consider a referral to a specialist in child and adolescent psychiatry.

ADHD is one of the most common behavioral health conditions seen by pediatricians and other primary care physicians and is a chronic condition that causes significant morbidity when left untreated.²

Screening:

Children with symptoms of inattention, hyperactivity and distractibility should be evaluated for ADHD using the criteria in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.² This should include a routine history, physical examination, neurological examination, family assessment and a school assessment. The family assessment should include an interview and an ADHD-specific checklist for these symptoms both in the home and other settings. The school assessment should also utilize an ADHD-specific checklist, report from the child's teacher regarding behavior, learning patterns, impairment and a report card.

Treatment:

The core symptoms of ADHD are generally responsive to stimulant medication which often results in improvement in many of the child's behavioral difficulties as well. For children between 6 and 12 years of age who are prescribed ADHD medication it is recommended they have at least one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. For those members who remain on the medication for at least 210 days they should also have at least two additional follow-up visits with a practitioner within nine months after the Initiation Phase has ended. If a child fails to improve on one medication, another should be tried as at least 80% of children will respond to an appropriate trial.³ For children and adolescents who do not respond to stimulants, who experience significant adverse effects or for whom stimulants are contra-indicated, there are several other medications that can be effective.¹ Behavioral therapy can have additional benefit by changing a child's behavior through the systematic use of rewards and modification of the home and school environment. Children with ADHD should be referred for psychiatric consultation if any of the following complications occur:

- Presence of psychotic symptoms, including hallucinations or delusions
- Emergence of anxiety, agitation, panic attacks, akathisia, hypomania or mania
- Emergence of significant depressive symptoms
- Emergence of suicidality or dangerousness to others
- Failure to respond as expected to several trials of stimulants
- A history of substance abuse

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WellPoint Inc. prefers evidence based diagnosis and treatment of ADHD in adults. The AACAP guideline has references to this, and specific treatment guidelines for adults with ADHD have been released by several organizations, including Canadian ADHD Resource Alliance, the National Institutes of Health, and the British Association for Psychopharmacology.

References:

1. American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. *J. Am. Acad. Child Adolesc. Psychiatry*, 2007;46(7):894-921.
2. American Psychiatric Association. *Diagnostic and Statistical Manual for Mental Disorders*. 4th de. Washington, DC: American Psychiatric Association; 1994.
3. Jensen P, Arnold L, Richters J, et al. 14-month randomized clinical trial of treatment strategies for attention deficit hyperactivity disorder. *Arch Gen Psychiat*. 1999;56:1073-1086.

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