ADHD Clinical Guidelines for PCPs

I. Primary Care Provider Visit

Screen for general behavioral health problems, Pediatric Symptom Checklist-17

- If screen is positive for attentional symptoms, conduct focused assessment with Vanderbilt or SNAP-IV
- If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment and consult with YAP-P as needed at any point.

II. Focused Assessment

Focused assessment including clinical interview (see ADHD Clinical Pearls) and symptom rating scales for both parent and teacher:

- **Parent: Vanderbilt – Initial (age <13)**; ADHD cut-points: 6+ "often" or "very often" on items 1-9 (inattentive) and/or 10-18 (hyperactive/impulsive)
- **Teacher: Vanderbilt – Initial (age <13)**; ADHD cut-points: 6+ "often" or "very often" on items 1-9 (inattentive) and/or 10-18 (hyperactive/impulsive); behavior cut-points: 3+ "often" or "very often" on items 19-28
- **SNAP-IV 26 Parent and Teacher (age <18)**; ADHD cut-points: 13+ for items 1-9 (inattentive) and/or 13+ for items 10-18 (hyperactive/impulsive)

Sub-clinical to mild ADHD or behavior problem: Guided self management with follow-up.

Moderate ADHD (or self-management unsuccessful): Consider medication.
Moderate ADHD with moderate behavior problem (or self-management unsuccessful): Consider medication and refer to therapy.

Severe ADHD with high-risk behavior problem or other co-morbidity: Refer to specialty care for therapy and medication management until stable.

See Reverse Side for Medications and Dosing

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III. FDA Approved Medications

FDA-Approved Medications for ADHD (age 6+)			
	Starting dose	**Therapeuticdose range**	**Duration of action**
Methylphenidate			
orosmethylphenidate extended release	18mg	18-54mg	<12hrs
dexmethylphenidate extended release	5mg	5-30mg	<12hrs
Amphetamine			
amphetamine/dextroamphetamine mixed salts extended release	5mg	5-30mg	≤12hrs
lisdexamfetamine	20mg	20-70mg	≤12hrs
Baseline Medical Assessment	personal/family cardiovascular history substance use history vital signs - height, weight, pulse & blood pressure		

IV. Dosing: Initiation, Titration, & Maintenance

- After 2-3 weeks on starting dose, obtain Vanderbilt Parent and Teacher Follow-Up or SNAP-IV to assess response
- If inattention and/or hyperactive/impulsive scores >cut-points, and impairment persists, increase dose to next step (in 18mg increments for Oros methylphenidate, 10mg increments for lisdexamfetamine and 5mg increments for other medications)
- After each dosage increase, obtain **Vanderbilt Parent and Teacher Follow-Up or SNAP-IV** to assess response before further dose increases
  - If scores >cut-points, and impairment persists, continue to up-titrate dose stepwise every 1 month to maximum therapeutic dose as tolerated
  - If scores >cut-points at maximum therapeutic dose, consider YAP-P consultation
  - If scores <cut-point with mild to no impairment, remain at current dose for remainder of school year
- Monitor every 3 months for maintenance of remission, side effects, & vital signs (weight, height, BP & pulse)

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