Healthier You
ALLIANCE IN ACCOUNTABLE CARE
Via Christi Health

Attention Deficit Hyperactivity Disorder Care Path

Screening and Diagnosis

Diagnosis: Attention Deficit Hyperactivity Disorder (ADHD) can manifest as inattention or hyperactivity or both. Six or more of the symptoms for both inattention and/or hyperactivity persistently present for >6 months which is inconsistent with neurodevelopmental level and negatively impacts social/occupational/academic activities. These symptoms need to be present most days, more times than not.

- Examples of Inattention: Failure to give close attention to detail, difficulty sustaining attention, does not seem to listen when spoken directly to, does not follow through on instructions, difficulty organizing tasks/activities, avoids/dislikes/reluctant to engage in activities that require sustained mental effort, loses things necessary for tasks/activities, easily distracted by extraneous stimuli, forgetful in daily activities
- Examples of Hyperactivity/Impulsivity: Fidgets/taps hand or feet or squirms in seat, leaves seat in situations when remaining seated is expected, runs about or climbs in situations when it is inappropriate, unable to engage in leisure activities quietly, “on the go” acting as if “driven by a motor”, talks excessively, blurts out answers before the question is completed, difficulty waiting turn, interrupts or intrudes on others

IMPORTANT: The symptoms of inattention and hyperactivity have a significant overlap with multiple other mental illnesses and require extensive history and feedback from teachers, parents and other sources for accurate diagnosis. Often requires neuropsychological evaluation. Starting treatment for ADHD without accurate diagnosis may worsen the symptoms. High rate of co-morbid Tourette’s Disorder and OCD. Family History of ADHD, OCD or Tourette’s Disorder is helpful in diagnosis.

Most common differential diagnoses to consider:

- Anxiety Disorders
- Depressive Disorders
- Bipolar Disorders
- Neurodevelopmental Disorders
- Substance Abuse
- Psychosis

Treatment

A. Pharmacotherapy:

1. Stimulants: most common prescribed medications for ADHD. Avoid if history of drug abuse in the patient or a family member. Stimulant medications have abuse potential. Common side effects are decrease in appetite, weight loss, insomnia, palpitations, diaphoresis and psychotic symptoms including hallucinations. Use lowest dose to target symptoms. Different types of stimulant medications are:
   - Methylphenidate (Concerta, Ritalin, Metadate, Daytrana, Quillivant): Multiple preparations are available and vary based on duration of action.
   - Dexmethylphenidate (Focalin): Multiple preparations are available and vary based on duration of action.
   - Dextroamphetamine (Dexedrine, ProCentra, Zenzedi)
   - Mixed amphetamine salts (Adderall): Multiple preparations are available and vary based on duration of action.
   - Lisdexamfetamine (Vyvanse)

2. Non-stimulants:
   - Atomoxetine: common side effects are orthostasis and restlessness. Requires slow titration.
   - Clonidine: common side effect is orthostasis. Used as an adjunct to stimulants to target impulsivity.
   - Guanfacine: common side effect is orthostasis, requires titration.
   - Bupropion: avoid in patients with seizure disorder, binging & purging behavior, history of TBI, known heavy alcohol use, psychosis and anxiety disorders.

Reassessment

The effect of stimulant medications is usually robust and immediate.

Reassessment can be done by patient's report of symptoms and improved functionality (improvement in school grades, occupational performance). Best if the improved functionality is measurable and verifiable.

1. Follow-up recommendations:

- Within 30 days of initial diagnosis and prescription
- 2 visits during the next 9 months (minimum of every 4 months)

Patient Engagement

Psychoeducation

Encourage compliance with medications

Sleep hygiene education

May require dietician referral

School going children need to be educated about not sharing medications with peers

School aged children should have medication administration supervised by an adult

Specialist Consult

When to Refer:

- Co-morbid anxiety, bipolar disorder, neuro-developmental disorders or substance abuse
- Poor response to medications, intolerable side effects
- Complex psychosocial environment

References:

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