Executive Summary
Clinical Practice Guidelines for Attention Deficit Hyperactivity Disorder (ADHD)

The purpose of this document is to introduce and update PerformCare’s clinical practice guidelines (CPG) for the treatment of attention deficit hyperactivity disorder (ADHD). These CPG are meant to provide medical and psychological health providers with useful, quick reference tools for treating clients with ADHD. They are intended to extend, not replace, sound clinical judgment. In particular, these adopted guidelines do not supersede the responsibility of the treating clinician to remain current on medications and informed on key regulatory and professional organizations when making important treatment decisions.

PerformCare has adopted the American Academy of Pediatrics’ “ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents and Implementing the Key Action Statements: An Algorithm and Explanation for Process of Care for the Evaluation, Diagnosis, Treatment, and Monitoring of ADHD in Children and Adolescents (2011)” for the treatment of children and adolescents with ADHD. For the treatment of adults with ADHD, PerformCare has adopted the American Family Physician’s “Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder in Adults (2012).” The following guide is designed to help providers, practitioners, and interested readers become familiar with key features of the documents and find the sections that will be most useful to them.

The DSM-5 and ADHD
The CPG are based on the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). The new Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) makes changes to the diagnosis section on ADHD. The changes include the following:

- There was no clear provision in prior DSM versions for the explicit diagnosis of non-childhood ADHD. The DSM-5 has changed this; adults and teens can now be officially diagnosed with the disorder. The diagnostic criteria mentions and gives examples of how the disorder appears in adults and teens.
- In diagnosing ADHD in adults, clinicians now look back to middle childhood (age 12) and the teen years when making a diagnosis for the beginning of symptoms, not all the way back to childhood (age 7).
- In the DSM-IV the three types of ADHD were called “subtypes.” These subtypes are now referred to as “presentations.” Furthermore, a person can change “presentations” during a lifetime. This change better describes how the disorder impacts a person at different points of life.
- A person with ADHD can have now have mild, moderate or severe ADHD. This is based on how many symptoms a person has and how difficult those symptoms make daily life at different life stages.

American Academy of Pediatrics CPG documents treatment of ADHD in children and adolescents

CPG
“ADHD: Clinical Practice Guidelines for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (2017)” replaces two guidelines which were previously published in 2000 and 2001. The updated guidelines review new evidence regarding the diagnosis
and treatment of ADHD. A committee that represented a wide array of primary care and subspecialty groups met over a two-year period to review the changes in practice that occurred since the previous publications.

The committee developed a series of research questions related to diagnosis and treatment of ADHD to guide the vast evidence-based review. Six action statements for the evaluation, diagnosis, and treatment of ADHD in children and adolescents were developed based on the completed review. These action statements address: 1) consideration of age when determining the best course of treatment; 2) consideration of coexisting conditions; and 3) consideration of side-effects when prescribing medications. Important findings related to medication and behavior therapy as forms of treatment were reviewed, including special circumstances for preschool-aged children and adolescents as well as the impact of treatment setting. Finally, areas for future research are listed, including long-term outcomes of children diagnosed with ADHD during preschool years, as well as the evaluation of the effectiveness of school-based interventions.

**Supplemental Information**

“Implementing the Key Action Statements: An Algorithm and Explanation for Process of Care for the Evaluation, Diagnosis, Treatment, and Monitoring of ADHD in Children and Adolescents (2017)” provides an algorithm for implementing the action statements discussed in “Clinical Practice Guidelines for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (2017).” The document lists medications that are approved by the FDA and information related to dosing and titration. Appendix Figure 2 illustrates the algorithm process, including numbered steps in the ADHD care process. This document is intended to be referenced in conjunction with the “Clinical Practice Guidelines for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (2017)” and can be used by a primary care physician to satisfy the action statements provided in the clinical practice guidelines.

**American Family Physician CPG document: “Diagnosis and Management of ADHD in Adults”**

“Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder in Adults (2012)” discusses key recommendations when diagnosing and treating ADHD in adults. Considerations related to differential diagnosis and rating scales used in the diagnosis of ADHD in adults are addressed. A step-wise approach for diagnosing ADHD in adults is also listed, which addresses the importance of ruling out other psychiatric disorders. Treatment considerations are provided, including both pharmacotherapy and cognitive behavioral therapy. A table of pharmacotherapy options for the treatment of ADHD in adults, suggested dosages, and adverse effects is provided. It is noted that pharmacotherapy is the foundation of ADHD treatment and that small studies have found cognitive behavioral therapy to be helpful when provided in addition to medication. Finally, stimulant misuse and diversion is explored, noting strategies prescribers can take to prevent misuse of stimulants prescribed to adults with ADHD.