



ADHD Clinical Pearls for PCPs

I. Clinical History

Recommended Procedure	Clinical Pearls
<ul style="list-style-type: none"> <input type="checkbox"/> Multi-informant assessment: gather history from youth, parent/guardian, others who know youth well as indicated <input type="checkbox"/> Collaborate with and gather collateral information from school and/or childcare 	<p>Pearl: Disruptive behavior screening forms (i.e., Vanderbilt, SNAP-IV) should be completed and reviewed prior to clinical visit. Notes and school report cards can have helpful information (review behavioral comment section).</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess current functioning in different areas (family, peers, school, community) 	<p>Pearl: Usually ADHD affects youth across areas of their life; if youth is functioning highly in some areas but is compromised in one area, consider other explanations apart from ADHD.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess for acute life stressors/trauma which may be contributing to presentation 	<p>Pearl: Stressors can become important targets for intervention via psychoeducation or psychotherapy. Parents/caregivers may need assistance with understanding that disruptive behavior can be a sign of a child's distress and that parental interventions may need modification to focus on non-punitive measures to lessen stress.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess for history of clinically significant traumatic experiences 	<p>Pearl: History of current or remote trauma may increase complexity of assessment and treatment planning; consider YAP-P consultation or referral to specialty care.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess for developmental progress and history of early milestone delays 	<p>Pearl: With prior history of language delay, consider an assessment of speech and hearing as deficits in these may present as inattention.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess for delays or concerns about learning progress 	<p>Pearl: Educational assessment and assessment of learning disorders through the school or psychological testing can clarify possible comorbidity.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess for presence of substance use and abuse 	<p>Pearl: History of an active substance use disorder may complicate assessment and treatment planning; consider YAP-P consultation or referral to more specialized care.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess typical daily patterns from waking, meals, afterschool, bedtime transition 	<p>Pearl: Provide parental guidance around specific parenting challenges and begin to provide a framework for parent to think about enhancing structure.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess for current or prior parenting strategies and corresponding effects 	<p>Pearl: Provide parental education on importance of structure, routine, clear instructions, and positive parenting vs harsh discipline.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess for current or previous mental health providers 	<p>Pearl: Collaboration and information sharing with current mental health providers is essential to quality care.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess sleep 	<p>Pearl: Assess sleep onset, quality, and duration. Provide guidance about recommended duration of sleep based on age.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess screen time use 	<p>Pearl: Understand screen time amount and use, utilize AAP Tools, AAP Family Media Plan http://www.healthychildren.org/English/media/Pages/default.aspx</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Review longitudinal history (age of onset of symptoms, duration and evolution of symptoms across development) 	<p>Pearl: ADHD symptoms ordinarily begin in early childhood. Hyperactivity usually wanes in adolescence. For late onset presentations, in the absence of retrospective parental verification of early onset symptoms, consider alternative explanations and consider YAP-P consultation.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Assess for psychiatric co-morbidity 	<p>Pearl: Anxiety and depression symptoms can include loss of attention and decrease in sustained concentration. Oppositional defiant disorder, DMDD, and bipolar disorder are characterized by emotional dysregulation and symptoms of inattention, impulsivity, and disruptive behavior. If co-morbidity is suspected or identified, medication treatment is likely complex and YAP-P guidance is recommended to assist with further assessment and treatment planning.</p>



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II. Mental Status Examination

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<input type="checkbox"/> Behavior observation – assessment of level of energy, distractibility, attention	Pearl: Observation of the patient in the waiting room and the impression of front desk staff can be valuable adjuncts to assessment as some children will be very shy and reserved in the office.
<input type="checkbox"/> Parent-child/child-sibling interaction observation	Pearl: Children with ADHD may be assigned the “problem child role” in the family and held disproportionately responsible for conflicts in family.
<input type="checkbox"/> Interview with child	Pearl: Games or drawing tasks help with establishing rapport with the child and assessing fine motor skills.
<input type="checkbox"/> Interview with teen	Pearl: Inquire about ADHD symptom experience and ask about how long a teen can read; retention and comprehension are helpful to understand inattention.

III. Medical Workup

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Perform general standard medical assessment	Pearl: General medical assessment is part of good medical care for youth; soft signs like mild incoordination and poor fine motor skills may be associated features.
<input type="checkbox"/> Assessment of medical conditions that can present with ADHD symptoms (i.e., lead poisoning, environmental allergies, hyperthyroidism, iron deficiency/low ferritin levels)	Pearl: Identification and intervention for general medical problems are part of good care. <ul style="list-style-type: none"> Iron is an essential trace metal that plays a role in dopamine synthesis. Some studies have shown that iron deficiency may decrease the effect of psychostimulant treatment, and that oral iron supplementation will improve ADHD symptoms in children with iron deficiency.
<input type="checkbox"/> Assessment of medical treatments that can present with inattention symptoms as adverse reactions (i.e., antihistamines, steroids)	Pearl: Identification and intervention for medical treatments presenting with psychiatric symptoms may help with assessment and treatment planning; consider YAP-P consultation to discuss complex situations.
<input type="checkbox"/> Assessment of medical conditions and concurrent medical treatments that may affect treatment planning	Pearl: Identification of medical conditions that could impact stimulant treatment (i.e., malnutrition, anorexia nervosa, cardiac conditions) or medications with significant drug-drug interaction potential; consider YAP-P consultation for complex situations.

Disclaimer: Thanks to the Massachusetts Child Psychiatry Access Program supported by the Massachusetts Department of Mental Health for creating the original material that the Youth Access to Psychiatry Program (YAP-P) has adapted for South Carolina. These guidelines are maintained by YAP-P in the Department of Behavioral Health and Developmental Disabilities (BHDD). This guide should not be used as an exclusive basis for decision-making. Use of these clinical guidelines is strictly voluntary and at the user’s sole risk.

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IV. Differential Diagnosis

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Adjustment reactions to acute stressors (symptoms clearly correlated to recent and likely time-limited negative life event)	Pearl: Adjustment reactions rarely or ever require pharmacological intervention; consider general health education, health maintenance strategies, or referral for psychotherapy as first-line intervention. Consider YAP-P consultation for complex situations.
<input type="checkbox"/> Bipolar Disorders	Pearl: Bipolar disorders in youth can be complicated in terms of assessment; consider YAP-P consultation prior to initiating treatment if the youth is presenting with signs of bipolar disorder such as euphoria or elated mood, grandiosity, or fluctuating energy level.
<input type="checkbox"/> Disruptive Mood Dysregulation Disorder (DMDD)	Pearl: Patients with chronic irritability, negativity, and explosive behavior should be considered for DMDD; consider YAP-P consultation.
<input type="checkbox"/> Autism Spectrum Disorder (ASD)	Pearl: Patients with ASD may present with hyperactivity and/or inattention, which may represent either comorbid ADHD or may be related to core symptoms of ASD; consider YAP-P consultation.

V. Treatment Planning

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Present to family results of diagnostic evaluation and recommendations regarding the need for treatment	Pearl: Consult with YAP-P as needed regarding developing an appropriate treatment plan.
<input type="checkbox"/> Using YAP-P ADHD guideline, discuss with family recommended treatment plan	Pearl: In many situations, family preferences regarding treatment choices can be considered along with other factors in determining an initial treatment plan; consider YAP-P consultation for complex situations.
<input type="checkbox"/> Ascertain family preferences regarding treatment plan	Pearl: Family preferences regarding treatment choices can be considered along with other factors in determining an initial treatment plan; consider YAP-P consultation for complex situations.
<input type="checkbox"/> With medication treatment	Pearl: Consult with YAP-P as needed regarding any concerns about informed consent as it applies to treatment planning.
<input type="checkbox"/> YAP-P currently does NOT recommend the use of routine pharmacogenetic testing for initial medication selection strategies in primary care for youth with ADHD	Pearl: Pharmacogenetic testing is considered experimental and is not incorporated currently into any standard practice guidelines for youth with ADHD. There may be specialized situations where pharmacogenetic testing is appropriate in specialty care. Consider consultation with YAP-P to discuss further as warranted.

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VI. Medical Monitoring

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Initiation: <ul style="list-style-type: none"> • Goal is to find optimal treatment dose and help family develop a workable treatment schedule while monitoring and addressing side effect challenges 	Pearl: Initially follow up in 2 weeks to review potential side effects and treatment dosing. Continue with 2-week follow-up until an effective dose is established without the overburden of side effect challenges. Problem solve with parents around medication timing.
<input type="checkbox"/> Maintenance: <ul style="list-style-type: none"> • Provide ongoing monitoring and parental guidance especially for social skills, discipline, enrichment, supervision, and academic progress 	Pearl: Follow up every 3 months (i.e., quarterly). Monitor weight and growth. Address seasonal and school schedule changes; adjust dosing and medication timing as needed. Provide parental anticipatory guidance. Consider referral to social skills programs or Individual Therapy if adjustment challenges go beyond the scope of parental guidance.
<input type="checkbox"/> Cardiac Assessment <ul style="list-style-type: none"> • Physical exam, cardiac exam, vital signs, and review of patient and family cardiac history 	Pearl: Findings on exam or family or patient history of dizziness, syncopal episodes, palpitations, prior cardiac surgery/intervention, or arrhythmias warrant further cardiology assessment and clearance. Routine EKG is not necessary for initiation or monitoring of stimulant medication.
<input type="checkbox"/> Discontinuation <ul style="list-style-type: none"> • Teens and parents at times will want to consider discontinuation. Some children will mature out of ADHD; it is sufficient to discontinue medication treatment. 	Pearl: Provide psychoeducation around the risks of treatment discontinuation and increase in risk behaviors, like speeding or other risky driving or other impulsive behaviors. Take a collaborative, experimental approach with medication termination. Explore concerns about medications and consider other options like more flexible dosing schedules and alternative treatment options which may be a better fit.

Resources:

- Vanderbilt Assessment Scales
- SNAP IV Rating Scale (Swanson, Nolan and Pelham Teacher and Parent Rating Scale) and SNAP IV Scoring Form
- AAP Family Media Plan
- Attention-Deficit/Hyperactivity Disorder (ADHD): Parents' Medication Guide. American Academy of Child & Adolescent Psychiatry
https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/ADHD_Medication_Guide-web.pdf
- CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) www.chadd.org

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