



Treatment is managed between primary care clinician, parent/guardian, as well as mental health clinician. ADHD management is an ongoing process of continuous assessment and evaluation of the plan of care. If the child is not responsive to recommended treatments, the care team should re-assess for co-existing conditions, treatment adherence and medication type/dosage.

Attention-Deficit/Hyperactivity Disorder

- Children aged 4-18 years of age who present with academic and behavioral problems along with inattention, impulsivity or hyperactivity symptoms should be evaluated for ADHD by primary care clinician.
- Information regarding child's behavior should be obtained from those who spend time with the child, parents, teachers and mental health specialists at child's school. A successful management process is also helped by encouraging these same strong family-school partnerships.
- While assessing for ADHD, clinician should also assess for co-existing conditions such as behavioral (anxiety or depression), developmental (learning or language disorders) or physical (tics or sleep apnea) disorders.
- Children diagnosed with ADHD should be considered to have special health care needs and follow the principles of a chronic care model.
- Both behavioral therapy and FDA-approved prescription therapy have a higher level of risk. Behavioral therapy requires heightened levels of participation, particularly as FDA-approved treatments could have adverse side effects.
- Medication doses should be titrated to achieve maximum benefit for child while minimizing unwanted side effects.

The Clinical Practice Guideline offers recommendations for the diagnosis and evaluation of children aged 4-18 years of age who present with symptoms of ADHD. This guideline emphasizes:

1. The use of diagnostic criteria found using *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition* (DSM-5)

2. The importance of choosing an age-appropriate treatment plan consisting of behavioral therapy, prescription therapy, or both, to enhance the child's functionality while keeping adverse effects at a minimum
3. Continual assessment of target outcomes, as well as complicating factors such as co-diagnoses, therapy non-adherence or decreased family involvement
4. Establish a realistic plan that will function for the child and caregivers to promote adherence

ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents provided by American Academy of Pediatrics is one source document for this information and is accessible in full by visiting: <https://pediatrics.aappublications.org/content/144/4/e20192528>.

CareSource Resources

Our online Provider Portal allows easy access to critical information 24/7. CareSource offers its providers a comprehensive suite of informational online tools that can help increase efficiency and improve patient outcomes. Some of these tools include:

– With its comprehensive view of patient, medical and pharmacy data, the Member Profile can help you determine an accurate diagnosis more efficiently and reduce duplicate services, as well as unnecessary diagnostic tests.

– This proactive online tool emphasizes preventive care by identifying and prioritizing health care screenings and tests. The primary benefit of the Registry is population management. You can quickly sort your CareSource membership into actionable groups.

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