

Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder

MVP Health Care, as part of its continuing Quality Improvement Program, adopted the American Academy of Child and Adolescent Psychiatry (AACAP)'s Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder (ADHD).

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most common chronic childhood disorders. Current estimates indicate that 4% to 12% of all school-aged children may be affected. ADHD is a neurobehavioral disorder that usually appears in children before the age of 7. Children with ADHD may have difficulty controlling their behavior in school and social settings and often fail to achieve their full academic potential. It is well established that ADHD frequently is co-morbid with other psychiatric disorders.

The key to effective long-term management of the child with ADHD is continuity of care with a clinician experienced in the treatment of ADHD. The frequency and duration of follow-up sessions should be individualized for each family and child, depending on the severity of ADHD symptoms; the degree of co-morbidity of other psychiatric illness; the response to treatment; and the degree of impairment in home, school, work, or peer-related activities.

Source: National Initiative for Children's Healthcare Quality (NICHQ). American Academy of Child and Adolescent Psychiatry (AACAP)

Key Practice Parameter Messages:

- Screening for ADHD should be part of every child's mental health assessment.
- Evaluation of the preschooler, child, or adolescent for ADHD should consist of clinical interviews with the parent and child, obtaining information about the child's school or day care functioning, evaluation for co-morbid psychiatric disorders, and review of the child's medical, social, and family histories.
- If the child's medical history is unremarkable, laboratory or neurological testing is not indicated.
- Psychological and neuropsychological tests are not mandatory for the diagnosis of ADHD, but should be performed if the child's history suggests low general cognitive ability or low achievement in language or mathematics relative to the child's intellectual ability.¹

¹ Neuropsychological testing in ADHD, required to support the educational program, is generally provided by the school system and is not covered by MVP. See MVP's Benefit Interpretation Policy for Neuropsychological Testing for additional information regarding MVP coverage policy.

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- The clinician must evaluate the child with ADHD for the presence of co-morbid psychiatric disorders.
- A well-thought-out and comprehensive treatment plan should be developed for the child with ADHD.
- The initial psychopharmacological treatment of ADHD should be a trial with an agent approved by the Food and Drug Administration (FDA) for the treatment of ADHD.
- If none of the FDA approved agents result in satisfactory treatment of the child with ADHD, the clinician should undertake a careful review of the diagnosis and then consider behavior therapy.
- During a psychopharmacological intervention for ADHD, the child should be monitored for treatment-emergent side effects.
- If a child with ADHD has a robust response to psychopharmacological treatment and subsequently shows normative functioning in academic, family, and social functioning, then psychopharmacological treatment of the ADHD alone is satisfactory.
- If a child with ADHD has a less than optimal response to medication, has a co-morbid disorder, or experiences stressors in family life, then psychosocial treatment in conjunction with medication treatment is often beneficial.
- Children under treatment should be assessed periodically to determine whether there is continued need for treatment or if symptoms have remitted. Treatment of ADHD should continue as long as symptoms remain present and cause impairment.
- Children treated with medication for ADHD should have their height and weight monitored throughout treatment.

The ADHD Practice Parameter is available on the AACAP website at www.aacap.org. Search for the ADHD practice parameter. The National Initiative for Children's Healthcare Quality (NICHQ) has developed a toolkit specifically for ADHD. Items in the toolkit include the Vanderbilt Assessment scales for parents, educators and clinicians. The toolkit also includes some helpful educational materials that can be distributed to parents. After registering, the NICHQ toolkit can be accessed at www.nichq.org/adhd.html.

*This practice parameter is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. **All treatment decisions are ultimately up to the physician.*** Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at 1 (800) 777-4793 extension 2602.