ADHD Guidelines For Primary Care

Initial Visit: Screen for Behavioral

If behavioral symptom screening leads to concerns for ADHD provide parents with an assessment scale. Vanderbilts an empirical validated rating scale that is free and easy to use. Click here for Vanderbilts

Have the patient return for a focused clinical interview.

Review parent and teacher Vanderbilts

Inattentive Subtype

Vanderbilts #'s 1-9

Positive = at least 6 of the 9 scores a 2 or 3.

&

Score a 4 or 5 on any of the performance questions.

Combined Hyperactivity & Inattentive Subtype requires both criteria.

Hyperactive Subtype

Vanderbilts #'s 8-19

Positive = at least 6 of the 9 score a 2 or 3

&

Score a 4 or 5 on any of the performance question.

Treatment

- Mild ADHD: Parental training and behavioral management consider behavioral therapy if needed.
- Moderate ADHD or behavioral management is ineffective. Refer to behavioral therapy and consider medication.
- Severe ADHD/high risk behaviors, or multiple co-morbidities: refer to specialty services for management.

* If you would like to see how to stratify patients based on severity see bottom of handout

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Common patient situations:	Initial medication to consider:
ADHD ages 6-17	Pschostimulant Monotherapy: Methylphenidate or Amphetamine formulation. Either short acting or long acting
Initial Psychostimulant is ineffective	Monotherapy with a different formulation of stimulant
If the above 2 situations are ineffetive	Psychostimulant and an extended release alpha-2 agonist OR switch to Atomoxetine.
Autism & ADHD	Extended release alpha-2 agonist
ADHD with history of significant trauma	Extended release alpha-2 agonist
ADHD with comorbid substance abuse	Atomoxetine
ADHD under age 6	Parent management / skills training for a minimum of 12 weeks, if ineffective monotherapy with a Methylphenidate formulation.

For specific dosage initiation recommendations see Florida Medicaid best practice medication guidelines.

Click below for additional useful resources:

Swanson, Nolan, and Pelham (SNAP-IV) (For children and adolescents 6-18 years old) AACAP

ADHD Facts for families

Parents medication guide

CDC ADHD guidelines

Family media plan

Clinic practice guidelines for diagnosis, evaluation and treatment

*Symptoms of ADHD can be classified as mild, moderate and severe. According to the DSM:

Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.

Moderate: Symptoms or functional impairment between “mild” and “severe” are present.

Severe: Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.”