MCPAP ADHD Guidelines for PCPs

PCP Visit:
- Screen for behavioral health problems
  - Pediatric Symptom Checklist-17 (cut-points: 15 total, 7 attention, 7 behavior, individual attention, and behavior items)
  - If screen is positive, conduct focused assessment
  - If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
  - Consult with MCPAP CAP as needed

Focused assessment including clinical interview (see ADHD Clinical Pearls) and symptom rating scales for (both parent and teacher):

**Parent: Vanderbilt – Initial (age <13):** ADHD cut-points: 6+ “often” or “very often” on items 1-9 (inattentive) and/or 10-18 (hyberactive/impulsive); ODD cut-points: 4+ “often” or “very often” on items 19-26

**Teacher: Vanderbilt – Initial (age <13):** ADHD cut-points: 6+ “often” or “very often” on items 1-9 (inattentive) and/or 10-18 (hyberactive/impulsive); behavior cut-points: 3+ “often” or “very often” on items 19-28

**SNAP-IV 26 Parent and Teacher (age <18):** ADHD cut-points: 13+ for items 1-9 (inattentive) and/or 13+ for items 10-18 (hyperactive/impulsive); ODD cut-point: 8+ for items 19-26

Sub-clinical to mild ADHD or behavior problem: Guided self-management with follow-up

Moderate ADHD (or self-management unsuccessful): Consider medication; Moderate ADHD with moderate behavior problem (or self-management unsuccessful): Consider medication and refer to therapy

Severe ADHD with high-risk behavior problem or other co-morbidity: Refer to specialty care for therapy and medication management until stable

FDA-approved medications for ADHD (age 6+): (Consider MCPAP consultation on medication treatment for children age <6)

**Methylphenidate**
- e.g., Oros methylphenidate extended release – starting dose: 18mg; therapeutic dosage range: 18-54mg; duration of action: <12 hrs
- e.g., Drexmethylphenidate extended release – starting dose: 5mg; therapeutic dosage range: 5-30mg; duration of action: <12 hrs

**Amphetamine**
- e.g., Amphetamine/dextroamphetamine mixed salts extended release – starting dose: 5mg; therapeutic dosage range: 5-30mg; duration of action: <12 hrs
- e.g., Lisdexamfetamine – starting dose: 20mg; therapeutic dosage range: 20-70mg; duration of action: <12 hrs

Baseline medical assessment: personal/family cardiovascular history; height, weight, pulse, blood pressure; substance use disorder history After 2-3 weeks on starting dose, obtain Vanderbilt Parent and Teacher Follow-Up or SNAP-IV to assess response

If inattention and/or hyperactive/impulsive scores > cut-points and impairment persists, increase dose to next step (in 18mg increments for Oros methylphenidate, 10mg increments for lisdexamfetamine and 5mg increments for other medications)

After each dosage increase, obtain Vanderbilt Parent and Teacher Follow-Up or SNAP-IV to assess response before further dosage increase If scores > cut-points and impairment persists, continue to up-titrate dose stepwise every 2-3 weeks to maximum therapeutic dose as tolerated

If scores > cut-points at maximum therapeutic dose, consult MCPAP CAP for next steps

If scores < cut-point with mild to no impairment, remain at current dose for remainder of school year Monitor at least every 3-4 months for maintenance of remission, side effects, and anthropometrics/vitals; consult with MCPAP CAP as needed

Consider off medication on weekends, holidays, vacation days

Consider discontinuation each school year; monitor with Vanderbilt Parent and Teacher Initial or SNAP-IV for symptom recurrence for several months after discontinuation

HJ Walter, Department of Psychiatry, Boston Children’s Hospital (adapted by MCPAP with permission)
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