

## HEALTHWEST

### Practice Guideline

No. 12-006

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Effective: November 2004  
Revised: March 14, 2018

Approved by:

Subject: ADHD Protocol

  
Julia Rupp, Executive Director

#### I. PRACTICE GUIDELINE

ADHD Protocol.

#### II. PURPOSE

To enable the Agency to provide consistent and effective treatment of individuals diagnosed with ADHD.

#### III. APPLICATION

This practice guideline applies to all HealthWest employees and contract providers.

#### IV. PROTOCOL

##### A. Adult ADHD

##### 1. Assessment

- a. Anyone can initiate a request for an assessment of adult ADHD by contacting HealthWest staff. This may include the individual receiving services, family, friends, medical, or mental health care staff (case manager, therapist, psychologist, nurse, physician, physician assistant, etc.).
- b. The following data will be gathered in making a diagnosis of ADHD in adults:
  - (1) Childhood/school records will be obtained by the primary worker prior to treatment, if possible.

- (2) An Adult Rating Scale will be completed by the parent(s) and/or spouse, when possible, and obtained by the primary worker prior to treatment.
- (3) The Brown Adult ADD Scales/Conners Adult ADHD Rating Scale procured from a support's coordinator will be completed by the individual and obtained by the primary worker prior to psychiatric evaluation.
- (4) A developmental history and assessment of comorbid conditions will be obtained by the Psychiatrist/Physician's Assistant/Nurse Practitioner during a psychiatric evaluation. A diagnosis of ADHD in an adult will be made after consideration of the above information.
- (5) For borderline ADHD cases, the Psychiatrist/Physician's Assistant/Nurse Practitioner may request additional testing using such instruments as the CPT, WAIS-IV, or achievement measures.
- (6) When an adult individual comes to HealthWest with an existing diagnosis of ADHD, the Psychiatrist/Physician's Assistant/Nurse Practitioner will verify the diagnosis and request supporting documentation data when indicated

## 2. Treatment

### a. Pharmacological Intervention

The decision to medicate should be based on persistent target symptoms sufficiently severe to cause functional impairment.

- (1) Medications used to treat ADHD include methylphenidate preparations, amphetamines, alpha 2 Adrenergic agonists, Strattera, Modafanil, NDRIs/Antidepressants.
- (2) Any adult with a history of substance abuse will be prescribed non-stimulant medications as first choice and/or long-acting stimulant medication as a second choice. If there is a less than an adequate response or no response to this documented intervention, then short-acting stimulant medication may be prescribed provided the individual is also involved in substance abuse treatment.
- (3) Whenever possible, for the sake of differential diagnosis, pharmacological treatment of comorbid DSM-IV conditions should be initiated and evaluated prior to the initiation of stimulant medication for ADHD symptoms.
- (4) The prescribing Psychiatrist/Physician's Assistant/Nurse Practitioner shall be responsible for assuring there are no contraindications for stimulant medication; and, if needed,

request the individual to obtain necessary lab work or a physical exam, or consultation with specialists (e.g. cardiologist).

b. Psychosocial, Behavioral, and Environmental Intervention

The individual receiving services should be provided information regarding the availability of adjunct treatment modalities for ADHD, including:

- (1) Education using a biopsychosocial model.
- (2) Accommodations to help foster attention skills.
- (3) Behavioral supports.
- (4) Individual counseling/Community Support Group (CHADD), if available.

3. Follow-up

Periodically, the Brown Adult ADD Scales/Conners Adult ADHD Rating Scale should be administered by the primary worker and reported to the prescriber. For those individuals with a history of substance abuse, a lab screen sensitive to the medication being prescribed for ADHD as well as illicit substances may be ordered prior to the appointment date for issuing a subsequent prescription for the prescribed ADHD medication.

B. Child ADHD

1. Assessment

- a. Anyone can initiate a request for an assessment of child ADHD by contacting HealthWest staff. This may include the individual receiving services, family, friends, medical, or mental health care staff (case manager, therapist, psychologist, nurse, physician, physician assistant, etc.).
- b. The following data will be gathered in making a diagnosis of ADHD in children:
  - (1) Childhood/school records will be obtained by the primary worker prior to treatment.
  - (2) A Parent and Teacher Rating Scale will be completed, (Achenbach or Conners), and obtained by the primary worker prior to psychiatric evaluation.
  - (3) A developmental history, physical exam, and assessment of comorbid conditions will be obtained by the Psychiatrist/Physician's Assistant/Nurse Practitioner during a psychiatric evaluation. A diagnosis of ADHD in a child will be made after consideration of the above information.

- (4) For borderline ADHD cases, the Psychiatrist/Physician's Assistant/Nurse Practitioner may request additional testing using such instruments as the CPT, WISC-IV, or achievement measures.
- (5) When a child comes to HealthWest with an existing diagnosis of ADHD, the Psychiatrist/Physician's Assistant/Nurse Practitioner will verify the diagnosis and request supporting documentation data when indicated.

## 2. Treatment

### a. Pharmacological Intervention

The decision to medicate should be based on persistent target symptoms sufficiently severe to cause functional impairment.

- (1) Medications used to treat ADHD include methylphenidate preparations, amphetamines, alpha 2 Adrenergic agonists, Strattera, Intuniv, NDRIs/Antidepressants.
- (2) Any child with a history of substance abuse will be prescribed non-stimulant medications as first choice and/or long-acting stimulant medication as a second choice. If there is a less than adequate reason or no response to this documented intervention, then short-acting stimulant medication may be prescribed provided the individual is also involved in substance abuse treatment.
- (3) Whenever possible, for the sake of differential diagnosis, pharmacological treatment of comorbid DSM-IV conditions should be initiated and evaluated prior to the initiation of stimulant medication for ADHD symptoms.
- (4) The prescribing Psychiatrist/Physician's Assistant/Nurse Practitioner shall be responsible for assuring there are no contraindications for stimulant medication; and, if needed, request the individual to obtain necessary lab work or a physical exam or consultation with specialists (e.g. cardiologist).

### b. Psychosocial, Behavioral, and Environmental Intervention

The parent and/or individual receiving services should be provided information regarding the availability of adjunct treatment modalities for ADHD including:

- (1) Education using a biopsychosocial model.
- (2) Accommodations to help foster attention skills.
- (3) Behavioral supports.

- (4) Individual counseling/Community Support Group (CHADD) if available.

3. Follow-up

The Conners Parent and Child Rating Scales should be administered by the primary worker and reported to the prescriber. For those individuals with a history of substance abuse, a lab screen sensitive to the medication being prescribed for ADHD as well as illicit substances may be ordered prior to the appointment date for issuing a subsequent prescription for the prescribed ADHD medication.

V. REFERENCES

American Academy of Child and Adolescent Psychiatry: Practice parameters for the use of stimulant medication in the treatment of children, adolescents, and adults with Attention Deficit Hyperactivity Disorder. J. Am. Academy of Child and Adolescent Psychiatry 2002; 41

(2 suppl): 265-495

Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD)

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