

Attention-Deficit/Hyperactivity Disorder

ADHD is a disorder that prevents a person from paying attention or controlling their impulsive behaviors. It is a condition that while often identified in childhood, affects a person throughout their life into adulthood. Symptoms of ADHD include inattention, hyperactivity and impulsivity, causing problems in day to day functioning. The difference between ADHD and occurrence of these symptoms in every-day life is that with ADHD these behaviors are more severe, occur more often, and interfere with or reduce the quality of how a person functions socially, at school, or in a job. ADHD symptoms can be alleviated through use of approved medications, therapy with a licensed mental health professional, as well as education, training and support groups for the individual and family members.

ADHD is often diagnosed in childhood and can affect a child's ability to perform to their full potential in school. Children diagnosed with ADHD may qualify for specialized educational services and added support through the school system to help the child succeed. As a provider, you can ensure awareness of this available support by advising the parent/guardian to consult with the child's school for available support. You may also be asked to submit documentation to support a diagnosis of ADHD for the parent to get these services on behalf of the child.

Symptoms

Symptoms of ADHD involve levels of inattention, hyperactivity and impulsivity in both adults and children. Some examples of these symptoms provided by the National Institute on Mental Health (NIMH) are noted below

Inattention

- Overlooking details
- · Careless mistakes at work/school
- Problems paying attention in lectures or while reading
- Appear to not listen when spoken to directly
- Difficulty following directions
- Missing deadlines
- Messy work
- Poor time management
- Appears unorganized
- Frequently lose things
- Easily distracted by unrelated thoughts
- Forgetful in daily activities (e.g., chores, returning calls, daily tasks)

Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

Hyperactivity/Impulsivity

- Fidgety
- Squirm in their seats
- Frequent pacing
- Inability to remain seated when expected to do so
- · Running or climbing in inappropriate situations
- Feelings of restlessness
- Difficulty engaging in quiet activities
- Constantly in motion
- Talking nonstop
- Trouble waiting for his or her turn
- Interrupt or intrude on others, for example in conversations, games, or activities

Screening tools

There are a variety of screening tools to diagnose ADHD in children. Tools available include:

- The Vanderbilt Assessment Scale This is a 55 question assessment tool that can help with diagnosing ADHD as well as other childhood conditions such as conduct disorder, oppositional-defiant disorder, anxiety and depression.
- Child Behavior Checklist (CBCL) For use on children ages 6-18 years, this is a 120 item checklist scored on a 3 point scale with forms available for completion by parent/caregiver, teacher and child. This checklist can identify a variety of possible disorders including ADHD and looks at both internalizing and externalizing problems.
- ADHD Rating Scale IV This is an 18 item scale divided into subscales for inattentiveness and hyperactivity / impulsivity. Separate forms are available for completion by parents/caregivers and teachers.

Tools to screen for ADHD in adults include:

- Adult ADHD Self-Report Scale (ASRS v1.1)
- Adult ADHD Clinical Diagnostic Scale (ACDS) v1.2
- Brown Attention-Deficit Disorder Symptom Assessment Scale (BADDS) for Adults
- ADHD Rating Scale-IV (ADHD-RS-IV)

Treatment

Treatment for ADHD is focused on symptom reduction as there is no current cure for the disorder.

Treatment options for ADHD involve behavioral therapy, pharmacological intervention or a combination of both. Primary care providers often can treat and monitor ADHD symptoms, but may opt to refer to a specialist if the symptoms are severe. A referral to a specialist (psychiatrist) or therapist (social worker or counselor) for further treatment may be helpful in teaching symptom management to the individual as well as family members.

- Pharmacological intervention
 - Stimulant and non-stimulants medications have been identified as helpful in managing ADHD.
 - Follow up appointments should be scheduled to ensure the effectiveness of the medication
 - ♦ First follow up should be within 30 days of the initial ADHD prescription
 - ♦ Two additional follow-up appointments should occur within the first 9 months of prescribing.
- Therapeutic interventions
 - Outpatient therapy (individual, group and family)
 - Peer and family support specialists
 - Parent management training
- Self-management and education support
 - Social skills groups
 - Support groups for patient and family
 - School and vocational support programs

Additional resources

The following websites contain additional information for parents/caregivers as well as providers:

Children and Adults with Attention-deficit/hyperactivity disorder (CHADD) - https://chadd.org

National Association for Mental Illness (NAMI) – https://www.nami.org/Learn-More/Mental-Health-Conditions/ADHD

National Institute for Mental Health (NIMH) - https://www.nimh.nih.gov/index.shtml

Substance Abuse and Mental Health Services Administration (SAMHSA) -

https://www.samhsa.gov/

Clinical practice guidelines

2019 Guideline

Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents

American Academy of Pediatrics (AAP) Subcommittee on Children and Adolescents with Attention-Deficit/Hyperactive Disorder Pediatrics,

October 2019

2011 Guideline

Diagnosis, Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents

American Academy of Pediatrics (AAP) Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management Pediatrics, October 16, 2011

Practice parameter on the use of psychotropic medication in children and adolescents American Academy of Child & Adolescent Psychiatry September 2009