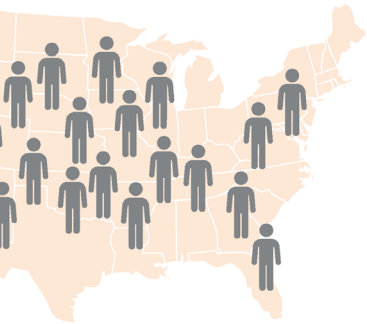


Primary Care Attention Deficit Hyperactivity Disorder (ADHD) Toolkit



According to NAMI (2009) approximately 5 million children in the United States require ADHD-related behavioral health services, the majority of which received a diagnosis and ongoing treatment services from their primary care physician.

Enclosed is a packet offering supporting tools proven to be effective in the treatment of ADHD. Our ADHD Toolkit is designed to support the screening for and treatment of ADHD in the primary care setting. The prevalence of children with an ADHD diagnosis continues to increase, from 7.8% in 2003 to 9.5% in 2007 and to 11.0% in 2011¹. People living with ADHD tend to have a lower occupational status, poor social relationships and are more likely to commit motoring offences and develop substance use issues².

We recognize that many of our health plan members feel most comfortable with their Primary Care Physician (PCP) as the initial point of contact for all health concerns. With that in mind, the significance of the role that PCPs play in identifying and referral for treatment of ADHD cannot be understated. Along with childhood obesity and asthma, the CDC indicates that attention deficit hyperactivity disorder (ADHD) is one of the top three chronic conditions among children.

This toolkit is intended to provide a basic understanding of ADHD by assisting PCPs in recognizing signs of ADHD in patients, utilizing a reliable screening tool, initiating treatment and where to refer the member for additional treatment and support.

What is ADHD?

It is common for people to feel anxious and nervous at times when faced with stressful situations in everyday life. There are three different types of ADHD, each with different symptoms: predominately inattentive, predominately hyperactive/impulsive and combined. The most commonly diagnosed behavior disorder in young persons, ADHD affects an estimate of 3% to 5% of school-aged children. However, it does not only affect children. People of all ages can suffer from ADHD and if undiagnosed can persist into adulthood and may cause significant impairment in functioning for some.



General Symptoms

Symptoms vary depending on the type of anxiety disorder, but include:

Adults

- Poor attention, excessive distractibility
- Physical restlessness or hyperactivity
- Excessive impulsivity, saying or doing things without thinking
- Excessive and chronic procrastination
- Difficulty getting started on tasks
- Difficulty completing tasks
- Frequently losing things
- Poor organization, planning
- Poor time management skills
- Excessive forgetfulness

Children

- Makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through on instructions
- Has difficulty with organization
- Is easily distracted
- Is forgetful in daily activities
- Fidgets with hands or feet or squirms in chair
- Runs around or climbs excessively
- Has difficulty engaging in activities quietly
- Talks excessively
- Interrupts or intrudes upon others



The Vanderbilt Assessment

Scale: This is a 55-question assessment tool that reviews signs and symptoms of ADHD. It also screens for co-existing conditions such as conduct disorder, oppositional-defiant disorder, anxiety and depression and more.



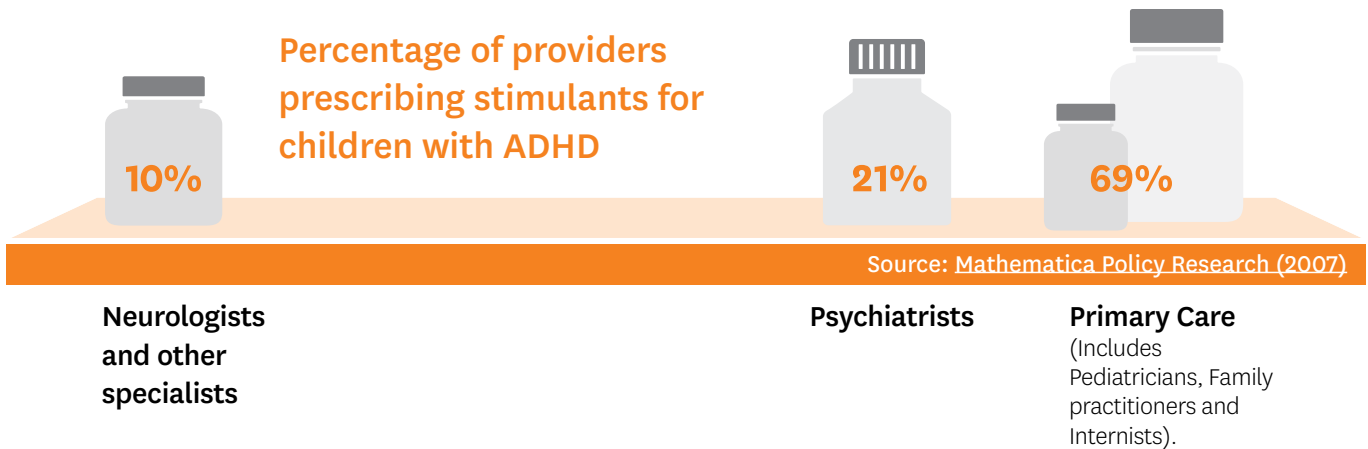
Behavior Assessment System for Children (BASC):

This scale assesses such things as hyperactivity, aggression and conduct problems. It also addresses anxiety, depression, attention and learning problems and lack of certain essential skills.



Connors Rating Scales:

The Connors rating system collects answers from parents, teachers and adolescent patients themselves in order to create a comprehensive inventory of a child's behaviors. There are two versions of the tool, a short and long version, both comprised of multiple choice questions.



Best Practices

Interventions for the treatment of ADHD fall into two main categories: Pharmacological and psychosocial. Psychosocial interventions such as behavioral therapy, teaching social skills, parent/child education about ADHD and appropriate school programming can be useful. Pharmacological management most often includes prescribing stimulants and non-stimulants. A follow up appointment should be scheduled within 30 days of initiating a prescription to treat ADHD in a child. Then two follow up appointments should be scheduled in the following 9 months to ensure efficacy of the medication.

For additional copies and additional information about the ADHD Screening tools and other resources go to:

National Alliance for Mental Illness

www.nami.org; 1-800-950-6264

National Institute of Mental Health

www.nimh.nih.gov

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Sources: **1.** Visser S, Danielson M, Bitsko R, Holbrook J, Kogan M, Ghandour R, Perou R, & Blumberg S. (2014) Trends in the Parent-Report of Health Care Provider-Diagnosed and Medicated ADHD: United States, 2003-2011. *Journal of American Academy of Child and Adolescent Psychiatry*. Volume 53, issue1 pgs 34-46; **2.** Is ADHD a risk factor for psychoactive substance use disorders? Findings from a four-year prospective follow-up study. Biederman J, Wilens T, Mick E, Faraone SV, Weber W, Curtis S, Thornell A, Pfister K, Jetton JG, Soriano J. *J Am Acad Child Adolesc Psychiatry*. 1997 Jan; 36(1):21-9.1