

# ADHD and the New AAP Guidelines

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The updated American Academy of Pediatrics (AAP) [Clinical Practice Guidelines for Attention-Deficit/Hyperactivity Disorder \(ADHD\)](#), released in October 2011, feature an important change: The recommended age range for evaluating ADHD has been expanded from 6 - 12 years to 4 - 18 years.

The decision to recommend evaluation of preschool children for ADHD was based on “scientific evidence that the diagnostic criteria used for children older than six years of age can be used for children four to six years of age, and the procedures required to make a diagnosis are essentially the same as for older children, so primary care clinicians can apply them,” says Mark Wolraich, MD, FAAP, CMRI/Shawn Walters Professor of Pediatrics at the University of Oklahoma Health Sciences Center, and lead author of the new guidelines. “There is also sufficient evidence for the safety and efficacy of behavior therapy and methylphenidate in this age group.”

Early diagnosis and treatment are important because “most patients develop ADHD symptoms prior to age six and as early as age four and younger,” says Barry Sarvet, MD, child psychiatrist and medical director of Baystate Medical Center, a Massachusetts Child Psychiatry Access Project (MCPAP) regional site. “They have difficulties with language acquisition and social adaptation and forming relationships. We try to treat these children as early as possible to prevent negative outcomes.”

When a child is diagnosed early, it helps reduce the stress on parents. “They are relieved that the child doesn’t have a serious psychiatric disorder. They may also realize that other family members have ADHD,” says Bruce Masek, PhD, director of child and adolescent psychiatry at Massachusetts General Hospital and MCPAP program administrator.

## DIAGNOSIS

The first step in diagnosing preschoolers is obtaining information from parents and other observers involved in the child’s care, such as child care workers and teachers, using the DSM-IV-based ADHD Rating Scale IV and Conners Comprehensive Behavior Rating Scales, which are validated for young children. In rating symptoms, clinicians “have to consider what is developmentally appropriate and validate the criteria in relation to deviation from normal function. It’s normal to have some degree of hyperactivity and inattention in this age group, but a child with ADHD exhibits these behaviors far beyond what is normal,” says Dr. Sarvet. He recommends having parents fill out rating scales before interviewing them so clinicians can focus on their major areas of concern.

Finding non-parent observers can be challenging for children who don’t attend a child care or preschool program. In that case, the clinician can refer the child to a mental health clinician, behavioral intervention program, or qualified preschool program. In evaluating children of any age for ADHD, clinicians should consider other possible causes and co-occurring conditions, such as learning disabilities, oppositional defiant disorder (ODD), anxiety, or depression. MCPAP-enrolled primary care clinicians

who need assistance in diagnosing patients with a difficult presentation or when there is no non-parent observer may consider consulting with [MCPAP](#) .

## TREATMENT

The first-line treatment for ADHD in children under the age of six is evidence-based behavior therapy administered by the parent and/or teacher. An effective behavior therapy program needs to include behavior modification principles and teach parents through role play and practice with their child to provide positive reinforcement for appropriate behaviors and effective discipline for inappropriate behaviors, advises Dr. Wolraich.

Since many young children are not in group care or only attend part-time, the “parents have the primary responsibility to provide behavior therapy that places external controls on a child without internal controls,” says Jodi DeVine, MSW, LICSW, team social worker at Baystate Medical Center. The best option for parents is an ADHD parent training program and support group.

April Honorio, a nurse from Belchertown whose son Parker was diagnosed with ADHD at age three, and her husband attended a parent training program specifically for parents of toddlers with ADHD sponsored by the Department of Psychology at the University of Massachusetts at Amherst. “I learned to accentuate the positive and not focus on bad behavior. It has relieved a lot of stress,” says Honorio.

Since the AAP ADHD guidelines are new, there are only a limited number of training programs in Massachusetts for parents of young children with ADHD; parent groups that focus on behavior modification training are not currently covered by health insurance providers. To find out if there is a program in your area, contact [MCPAP](#). Parents can also receive training on parenting skills from a social worker or child therapist. For a referral, contact [MCPAP](#).

## RESOURCES FOR PARENTS

Parents can get additional guidance or learn behavior therapy on their own. The following resources have been recommended by clinicians:

- Triple P – Positive Parenting Program books and DVDs
- “Taking Charge of ADHD: The Complete, Authoritative Guide for Parents” and other books and DVDs by ADHD expert Dr. Russell Barkley
- “SOS: Help for Parents” book and DVD by child psychologist Dr. Lynn Fred Clark
- “Parenting the Strong-Willed Child” and other books by child psychologist Dr. Rex Forehand
- *Magic 123* parent education program books and DVDs, including “Managing Difficult Behavior” (While the *Magic 123* method has been quite helpful to many families, please note that MCPAP does not recommend ever locking a child or youth in a time-out room or using a bathroom as time-out location.)

In addition, the Mass General School Psychiatry Program web site, [www.schoolpsychiatry.org](http://www.schoolpsychiatry.org), offers helpful information for parents about ADHD.

## FOLLOW UP

As patients with a chronic condition, children with ADHD are considered to have special healthcare needs and should be monitored according to the principles of the chronic care model and the medical home. "ADHD needs to be part of his/her problem list with regular follow-up visits, whether the child is having difficulties or not," says Dr. Sarvet.

Children who receive an initial prescription for ADHD medication must receive at least one follow-up visit with a prescribing practitioner within 30 days of medication initiation. Those who remain on the medication for at least 210 days must receive at least two follow-up visits from 31 to 300 days after the initial prescription. This HEDIS standard is the minimum required for medication monitoring. MCPAP recommends monthly follow-up visits for dose titration, then quarterly visits for monitoring after the initial treatment is optimized.

A child's behavior during an office visit is not a reliable indicator of how she or he is behaving at home and at other outside environments. Try to get an assessment from a reliable third party, such as a teacher, child care worker, or mental health clinician. To determine if the parents have received quality behavior therapy, ask them what they learned in therapy and whether the therapist worked with the child and parents together, advises Dr. Sarvet.

## MEDICATION

If a child's symptoms and functioning have not improved with behavior therapy (or if a training program is not available and/or parents are unable to provide therapy) and the child is at significant behavioral or developmental risk due to ADHD, medication can be prescribed. This AAP recommendation initially ignited considerable controversy because "people mistakenly thought that it suggested that all young children diagnosed with ADHD be medicated; however the guideline clearly recommends that behavioral psychotherapy be provided as a first line treatment," says Dr. Sarvet.

Medications are metabolized more slowly and are less effective in children under the age of six. Young children should be started on a "very low dose, which may take a couple of weeks to become effective," advises Dr. Masek. "Most pediatricians would rather not prescribe medications and welcome any resource that can help manage the child until he or she gets older and the diagnosis is clearer and stimulants more effective."

As these new guidelines are implemented in the coming years, they will hopefully lead to more children being diagnosed more appropriately, less stress on parents, and better outcomes for children with ADHD.

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