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In this special ADHD issue

- ADHD and the new AAP guidelines: What does this mean for primary care clinicians and their patients?
- Introduction to ADHD: Diagnosis and Treatment of Children and Adolescents
- Illinois DocAssist presentation on screening, diagnosing, and treating ADHD in the primary care setting
- New AAP ADHD guidelines and special education
- ADHD medication, cardiovascular events, and EKGs
- ADHD family information and handouts
- MCPAP response to a *NY Times* opinion regarding ADHD medications
- Upcoming events and educational opportunities

About Us

[About MCPAP](#)

[MCPAP Data](#)

[Frequently Asked Questions](#)

[Contact Us](#)

Services

[Services for Primary Care Clinicians](#)

ADHD and the New AAP Guidelines

By Elaine Gottlieb, MCPAP website writer

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 to 12 years to 4 to 18 years.



What does this mean for primary care clinicians and their patients? Why was the recommended age range expanded? What resources are available to help primary care clinicians adhere to these guidelines? Click [here](#) to read an MCPAP article clarifying these guidelines, or visit the MCPAP website at www.mcpap.com.

Introduction to ADHD: Diagnosis and Treatment of Children and Adolescents

By Barry Sarvet, MD and Charles Moore, MD



Attention Deficit Hyperactivity Disorder (ADHD) is one of the most prevalent psychiatric illnesses for children and adolescents, with prevalence estimated around 3 to 7 percent. Children and teens with ADHD have significant challenges in academic and social development. The validity of ADHD has been well established and is one the most well-studied and

Barry Sarvet, MD examined neurobehavioral diagnosis. Treatment outcomes for undertreated children continue to be a concern, with evidence of poorer academic achievement, increased drug abuse rates, and motor vehicle accidents. Even though the early identification, assessment, and treatment of ADHD are considered to be well within the scope of practice of primary care, specialists may be needed for patients who are refractory to treatment and /or suffering from co-occurring psychiatric issues.

Toolkits

Toolkits

Diagnosis

ADHD

Autism

Bipolar

Conduct Disorder

Depression

Eating Disorders

Obsessive Compulsive Disorder

Oppositional Defiance Disorder

Post-Traumatic Stress Disorder

Schizophrenia

Substance Abuse

Team Bios

Tufts Medical Center

Baystate Medical Center

UMass Medical Center

North Shore Medical Center

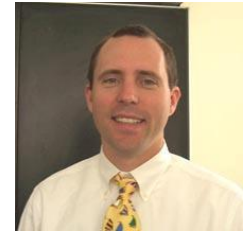
Massachusetts General Hospital

McLean-Brockton

Website

www.mcpap.com

As discussed in the American Academy of Pediatrics (AAP) and the American Association of Child and Adolescent Psychiatry (AACAP) clinical practice guidelines, the diagnosis of ADHD can be reliably made on the basis of an office-based clinical assessment. However, it is necessary to include detailed information from a reliable informant in multiple settings (i.e., a parent and a teacher). There are widely available rating scales, such as the Vanderbilt scale, that allow for an efficient method of gathering this information. The [AAP guidelines of 2011](#) reflect the importance of expanded age range from elementary (6-12 y.o.) to include both preschool (4-5 y.o.) and adolescents (13-18 y.o.). The importance of early and continued exploration and screening for ADHD should adjunct development screening throughout the transition stages of toddler, child, teen, and into young adulthood.



Charles Moore, MD

As with all childhood psychiatric disorders, many of the individual symptoms are nonspecific. Therefore, in addition to the gathering of ADHD symptoms, the clinician needs to include a broad consideration of medical, psychosocial, and developmental factors. Examples of issues that can be misconstrued as ADHD symptoms include hearing impairment, specific learning and communication disorders, anxiety, trauma/child abuse, oppositional behavior patterns, and depression. Many of these issues may coexist with ADHD. These issues do not preclude the diagnosis of ADHD; they might represent additional problems. In many circumstances it is appropriate for the primary care physician to initiate treatment for ADHD and monitor comorbid behavioral and emotional symptoms.

Charles Moore, MD is the medical director of the Southeastern Massachusetts regional MCPAP hub. Barry Sarvet, MD is the medical director of the Western Massachusetts regional MCPAP hub and the administrative medical director of the Western Massachusetts, Central Massachusetts, and Boston-Metro II regional MCPAP hubs.

View and Listen to Illinois DocAssist* Presentation on Screening, Diagnosing, and Treating ADHD in the Primary Care Setting

Toya Clay, MD, medical director of Illinois DocAssist, provides a PowerPoint presentation that helps primary care clinicians understand screening recommendations for ADHD and common comorbidities; identify and employ rating tools for ADHD; recognize diagnostic criteria for ADHD and common comorbidities; determine if treatment in the primary care setting is feasible; identify psychosocial interventions that can be integrated into the primary care setting; and formulate a plan for initiation, titration, and monitoring of ADHD medication. Dr. Clay presented this

PowerPoint to the Midwest Clinician's Network on April 28, 2009.

This is an excellent presentation, and is highly recommended by the Massachusetts Child Psychiatry Access Project (MCPAP)!

Click [here](#) to view this presentation.

**Illinois DocAssist is a child psychiatry access program modeled on MCPAP. Toya Clay, MD is a member of the organizing work group for the National Network of Child Psychiatry Access Programs (NNCPAP).*

New AAP ADHD Guidelines and Special Education

By Irene Tanzman

New American Academy of Pediatrics (AAP) guidelines for Attention Deficit Hyperactivity Disorder (ADHD) suggest that children as young as age four can be diagnosed with ADHD. This expansion of the diagnosis to children of preschool age assists in opening a door for Section 504 accommodations or

Early recognition, assessment, and management of ADHD can realign the educational and psychosocial development of most children with ADHD.

-Toya Clay
Medical Director
Illinois DocAssist

an Individual Education Plan (IEP) to be in place BEFORE the child starts school if the child is shown to need special accommodations or special education

services.

The school must provide a Consent to Evaluate form to the parents within five days (i.e., school working days) of a referral for evaluation. The school must then evaluate the child within 30 school days after the parent returns the signed consent to evaluate. The request for evaluation can originate from the family or the primary care office (MD, NP, medical home care coordinator, or other).

If the school does not evaluate the child or refuses to evaluate the child, interested parties may submit a concern with the Department of Education Program Quality and Assurance. Information about Program Quality and Assurance may be found at <http://www.doe.mass.edu/pqa/prs/>.

School systems may be unaware of the new AAP guidelines and their implications in terms of school system responsibilities under federal and state law.

School systems are not responsible for evaluating students

or convening team meetings during the summer months (i.e., non-school working days). Therefore, it is important that these requests be made six months or so before the child starts school or earlier.

When there is a suspicion of a disability and a request for evaluation, school systems in Massachusetts must evaluate children over age three.

For more information about navigating the special education system including information on Section 504 and Individual Education Plans (IEPs), please click [here](#).

Irene Tanzman is the program administrator for the central administration of MCPAP at the Massachusetts Behavioral Health Partnership. She is also a former independent Special Education Advocate/Parent Consultant

ADHD Medication, Cardiovascular Events, and EKGs

The U.S. Food and Drug Administration (FDA) has stated that a large, recently completed study in children and young adults treated with medication for ADHD **has not shown an association between use of certain ADHD medications and adverse cardiovascular events**. Click [here](#) for more information.

The AAP **does not recommend screening EKGs for patients taking stimulant medications** unless the patient's history, family history, or physical examination raises concerns. Click [here](#) for more information.

ADHD Family Information and Handouts

- [National Resource Center on ADHD \(a program of CHADD\)](#) (Children and Adults with ADD)
- [ADHD Medication Guide](#) (available in English and Spanish)
- [AACAP Facts for Families: ADHD](#)
- [Family information from the MGH School Psychiatry website](#)
- [Spanish Resource: National Dissemination Center for Children with Disabilities: Trastorno por Déficit de Atención /Hiperactividad](#)

MCPAP Response to NY Times Opinion

Piece Regarding ADHD Medications

By John Straus, MD



John Straus, MD

The *New York Times* recently published an opinion piece titled "[Ritalin Gone Wrong.](#)"

In this article psychologist L. Alan Sroufe questions the benefits of stimulant medications as a treatment for ADHD.

I believe that this opinion will raise

much discussion from families. To me it reinforces the idea that these medications should periodically be stopped to make sure that the medication is still helpful.

The article downplays the advantages of immediate behavioral help that ADHD medicines provide. These medications provide this help with very little risk associated with them. Sroufe also downplays the risks of not treating the ADHD. (Please see [Barry Sarvet and Charles Moore's ADHD article above.](#))

The issue regarding "stunting growth" is easily followed, rarely significant, and can be alleviated by timing dosages. Stimulants may change the growth trajectory, but does not the affect overall height of the patient.

We are interested in your thoughts and feedback. Please [email your opinion](#) to us regarding Professor Sroufe's piece in the *New York Times* or any other feedback you wish to give us.

We hope that this special ADHD issue of the *MCPAP Newsletter* will help you provide the best care possible for your patients. Please remember that if MCPAP enrolled primary care clinicians have a question about any behavioral health issue including what to do about shortages of ADHD medication, they may always contact their [regional MCPAP team](#).

John Straus, MD is the vice president of medical affairs at the Massachusetts Behavioral Health Partnership (MBHP) and is the executive director of the central administration of Massachusetts Child Psychiatry Access Project at MBHP

Upcoming Events and Educational Opportunities

Seventh Annual Conference on Child Psychiatry in

Primary Care: Children's Mental Health is Family Mental Health; Recognizing and Addressing the Mental Health Needs of Families in the Primary Care Setting

Register now for the March 28, 2012 annual all-day Baystate conference at the Log Cabin in Holyoke, MA. Topics include strategies for the early detection of post-partum and perinatal depression; addressing the needs of parents and children in the context of perinatal depression; evidence-based parental skill development approaches for children with disruptive behavior problems; domestic violence and partner abuse; and family-based approaches to treatment of common children's mental health problems. The cost is \$95 to \$115. For information click [here](#).

View an American Association of Suicidality webinar: *Recognizing and Responding to Suicide Risk in Pediatric Primary Care*

Click [here](#) to view the suicide risk presentation. CME credit is available. Cost is \$40.

The Steven J. Parker Memorial Developmental Behavioral Pediatric Conference

This Boston University School of Medicine two-day CME conference will be held on March 23-24 at the Royal Sonesta Hotel in Cambridge, MA. Topics include new information from the Children's Healthwatch on children of the recession; multicultural considerations in developmental disorders, bilingualism and practical tips in the office; interactive media and child health, eating disorders and childhood obesity; ADHD and the underserved; Autism: State of the (Dys) Union Address; and more. The cost is \$320 to \$450. Click [here](#) for more information.

View a recorded TeenScreen webinar: *Eating Disorders in Adolescents: Strategies for the Primary Care Provider*

B. Timothy Walsh, MD, the Ruane Professor of Pediatric Psychopharmacology, Department of Psychiatry, Columbia University, and Director of the Division of Clinical Therapeutics at the NY State Psychiatric Institute, is one of the leading experts on eating disorders and is the presenter of this webinar.

Listen to a discussion of the signs and symptoms of eating disorders, the latest treatment strategies, and co-managing these disorders with the clinical team to avoid relapse and achieve a successful outcome. Access the archive [here](#). Please note that this archived presentation will only be available until the middle of April 2012.