

PCP Visit:

- Screen for behavioral health problems
 - Pediatric Symptom Checklist-17 (cut-points: 15 total, 7 attention, 7 behavior, individual attention, and behavior items)
- If screen is positive, conduct focused assessment
 - If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
 - Consult with MCPAP CAP as needed

Focused assessment including clinical interview (see *ADHD Clinical Pearls*) and symptom rating scales for (both parent and teacher):

Parent: Vanderbilt – Initial (age <13); ADHD cut-points: 6+ “often” or “very often” on items 1-9 (inattentive) and/or 10-18 (hyperactive/impulsive); ODD cut-points: 4+ “often” or “very often” on items 19-26

Teacher: Vanderbilt – Initial (age <13); ADHD cut-points: 6+ “often” or “very often” on items 1-9 (inattentive) and/or 10-18 (hyperactive/impulsive); behavior cut-points: 3+ “often” or “very often” on items 19-28

SNAP-IV 26 Parent and Teacher (age <18); ADHD cut-points: 13+ for items 1-9 (inattentive) and/or 13+ for items 10-18 (hyperactive/impulsive); ODD cut-point: 8+ for items 19-26

Sub-clinical to mild ADHD or behavior problem: Guided self-management with follow-up

Moderate ADHD (or self-management unsuccessful): Consider medication;
Moderate ADHD with moderate behavior problem (or self-management unsuccessful): Consider medication and refer to therapy

Severe ADHD with high-risk behavior problem or other comorbidity: Refer to specialty care for therapy and medication management until stable

FDA-approved medications for ADHD (age 6+): (Consider MCPAP consultation on medication treatment for children age <6)

Methylphenidate

e.g., **Oros methylphenidate extended release** – starting dose: 18mg; therapeutic dosage range: 18-54mg; duration of action: ≤12 hrs

e.g., **Dexmethylphenidate extended release** – starting dose: 5mg; therapeutic dosage range: 5-30mg; duration of action: ≤12 hrs

Amphetamine

e.g., **Amphetamine/dextroamphetamine mixed salts extended release** – starting dose: 5mg; therapeutic dosage range: 5-30mg; duration of action: ≤12 hrs

e.g., **Lisdexamfetamine** – starting dose: 20mg; therapeutic dosage range: 20-70mg; duration of action: ≤12 hrs

Baseline medical assessment: personal/family cardiovascular history; height, weight, pulse, blood pressure; substance use disorder history

After 2-3 weeks on starting dose, obtain **Vanderbilt Parent and Teacher Follow-Up or SNAP-IV** to assess response

If inattention and/or hyperactive/impulsive scores > cut-points and impairment persists, increase dose to next step (in 18mg increments for Oros methylphenidate, 10mg increments for lisdexamfetamine and 5mg increments for other medications)

After each dosage increase, obtain **Vanderbilt Parent and Teacher Follow-Up or SNAP-IV** to assess response before further dosage increase

If scores > cut-points and impairment persists, continue to up-titrate dose stepwise every 2-3 weeks to maximum therapeutic dose as tolerated

If scores > cut-points at maximum therapeutic dose, consult MCPAP CAP for next steps

If scores < cut-point with mild to no impairment, remain at current dose for remainder of school year

Monitor at least every 3-4 months for maintenance of remission, side effects, and anthropometrics/vitals; consult with MCPAP CAP as needed

Consider off medication on weekends, holidays, vacation days

Consider discontinuation each school year; monitor with **Vanderbilt Parent and Teacher Initial or SNAP-IV** for symptom recurrence for several months after discontinuation