Attention-Deficit/Hyperactivity Disorder among Toddlers and Preschoolers in Georgia: Opportunities for Policy Evaluation

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National Center on Birth Defects and Developmental Disabilities
Division of Human Development and Disabilities

CDC

Age-Specific ADHD Treatment Recommendations from AAP: Preschoolers

- For those aged 4–5 years, evidence-based parent- and/or teacher-administered behavior therapy as the ***first line of treatment***
- May prescribe methylphenidate if behavior interventions do not provide significant improvement and moderate-to severe disturbance in the child's function continues
- If evidence-based behavioral treatments are not available, the clinician needs to weigh the risks of starting medication at an early age against the harm of delaying diagnosis and treatment
- The primary care clinician should titrate doses of medication

American Academy of Pediatrics

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FROM THE AMERICAN ACADEMY OF PEDIATRICS

Guidance for the Clinician in Rendering Pediatric Care

CLINICAL PRACTICE GUIDELINE

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

SUBCOMMITTEE ON ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, STEERING COMMITTEE ON QUALITY IMPROVEMENT AND MANAGEMENT

KEY WORDS
attention-deficit/hyperactivity disorder, children, adolescents, preschool, behavioral therapy, medication

ABBREVIATIONS
AAP—American Academy of Pediatrics
ADHD—attention-deficit/hyperactivity disorder
DSM-PC—*Diagnostic and Statistical Manual for Primary Care*
CDC—Centers for Disease Control and Prevention
FDA—Food and Drug Administration
DSM-IV—*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*
MTA—Multimodal Therapy of ADHD

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The recommendations in this report do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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abstract

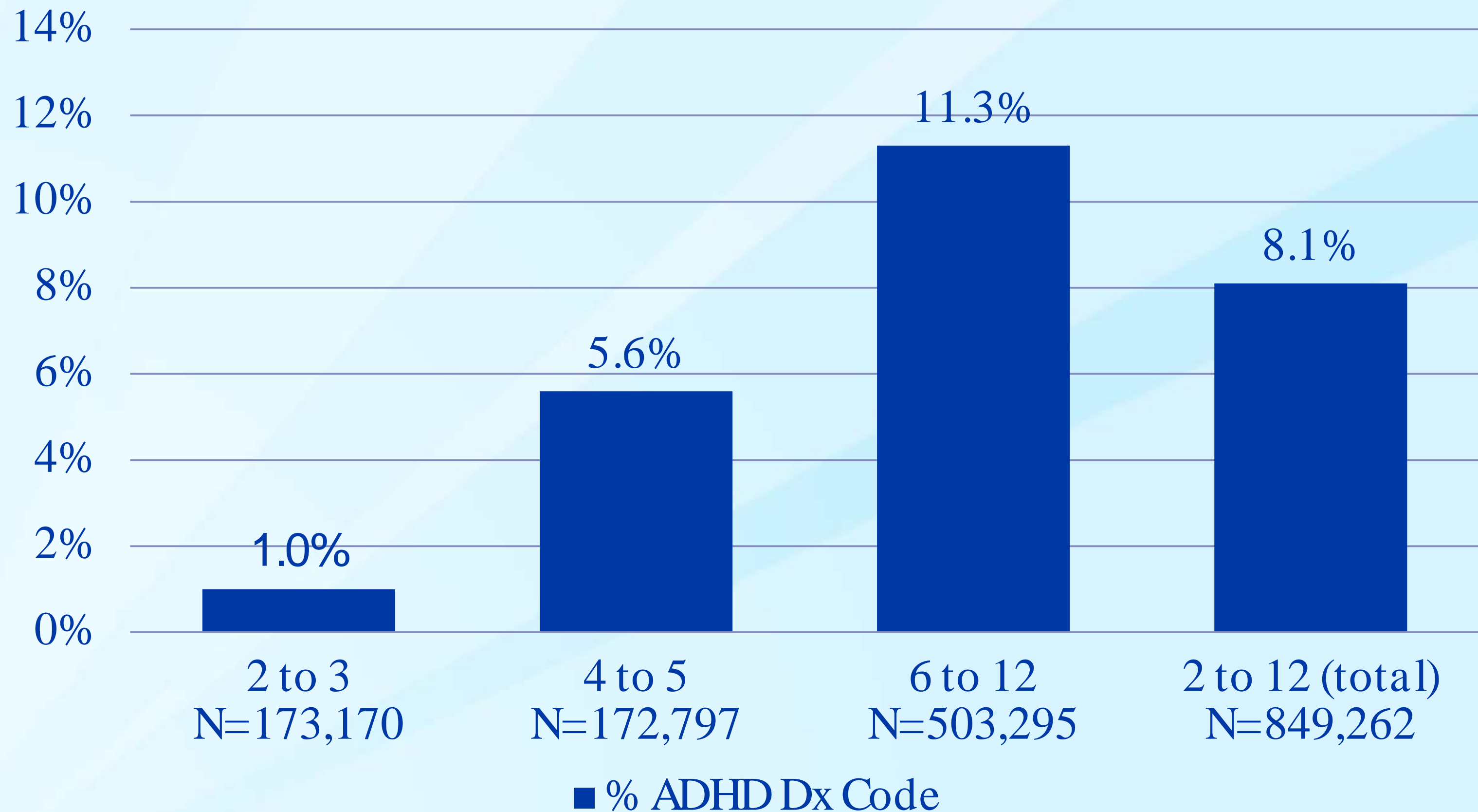
Attention-deficit/hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood and can profoundly affect the academic achievement, well-being, and social interactions of children; the American Academy of Pediatrics first published clinical recommendations for the diagnosis and evaluation of ADHD in children in 2000; recommendations for treatment followed in 2001. *Pediatrics* 2011;128:000

Summary of key action statements:

1. The primary care clinician should initiate an evaluation for ADHD for any child 4 through 18 years of age who presents with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity (quality of evidence B/strong recommendation).
2. To make a diagnosis of ADHD, the primary care clinician should determine that *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria have been met (including documentation of impairment in more than 1 major setting); information should be obtained primarily from reports from parents or guardians, teachers, and other school and mental health clinicians involved in the child's care. The primary care clinician should also rule out any alternative cause (quality of evidence B/strong recommendation).
3. In the evaluation of a child for ADHD, the primary care clinician should include assessment for other conditions that might coexist with ADHD, including emotional or behavioral (eg, anxiety, depressive, oppositional defiant, and conduct disorders), developmental (eg, learning and language disorders or other neurodevelopmental disorders), and physical (eg, tics, sleep apnea) conditions (quality of evidence B/strong recommendation).
4. The primary care clinician should recognize ADHD as a chronic condition and, therefore, consider children and adolescents with ADHD as children and youth with special health care needs. Management of children and youth with special health care needs should follow the principles of the chronic care model and the medical home (quality of evidence B/strong recommendation).

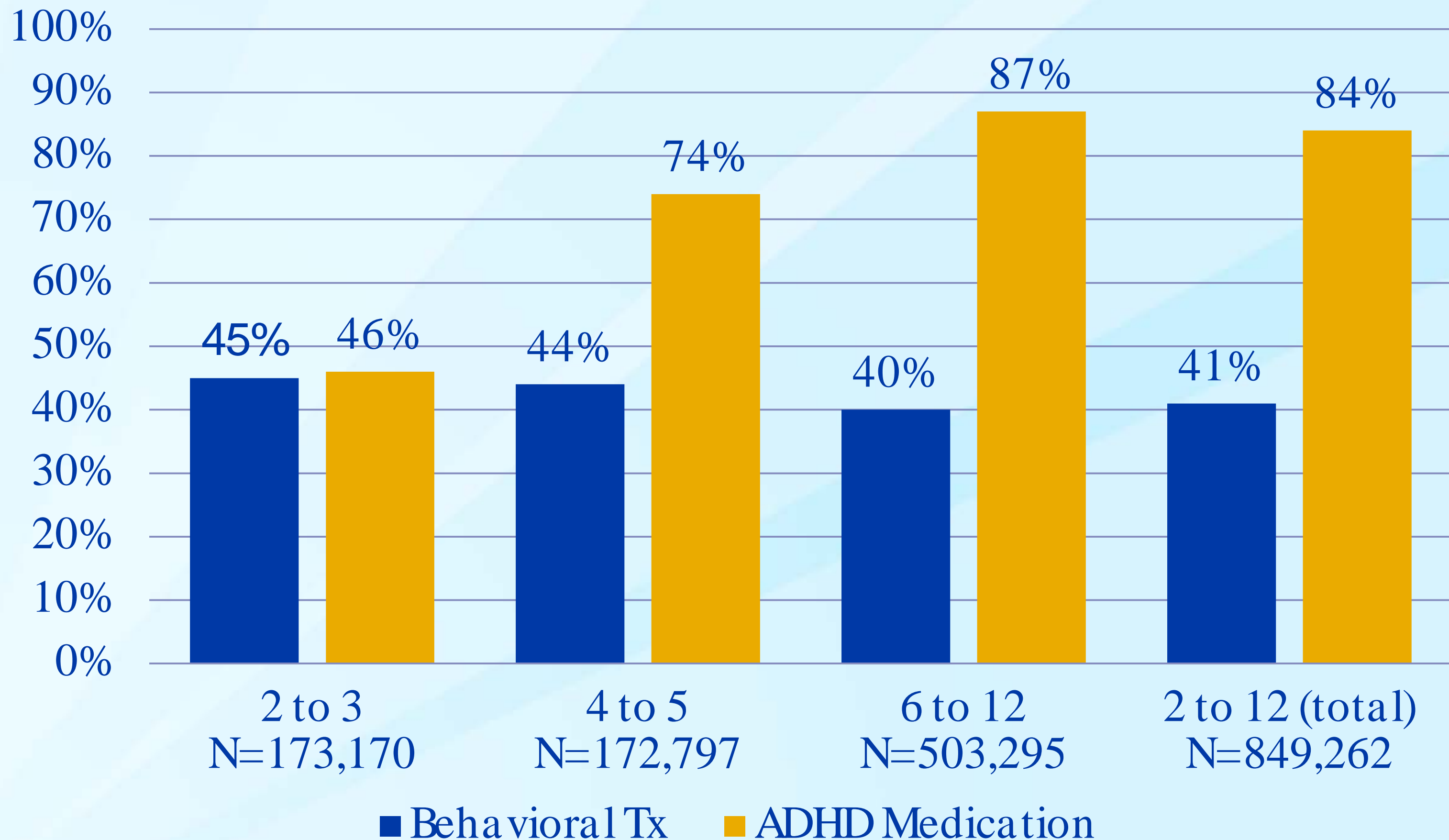
American Academy of Pediatrics' Subcommittee on Attention-Deficit/Hyperactivity Disorder Steering Committee on Quality Improvement and Management, Wolraich M, Brown L, et al. ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. November 1, 2011 2011;128(5):1007-1022.

Percentage of GA Children in Medicaid with 2+ ADHD Diagnosis Codes (2012)



Unpublished data; released in collaboration with Georgia Inter-Agency Directors' Team

Treatment of GA Children in Medicaid with 2+ ADHD Diagnosis Codes (2012)



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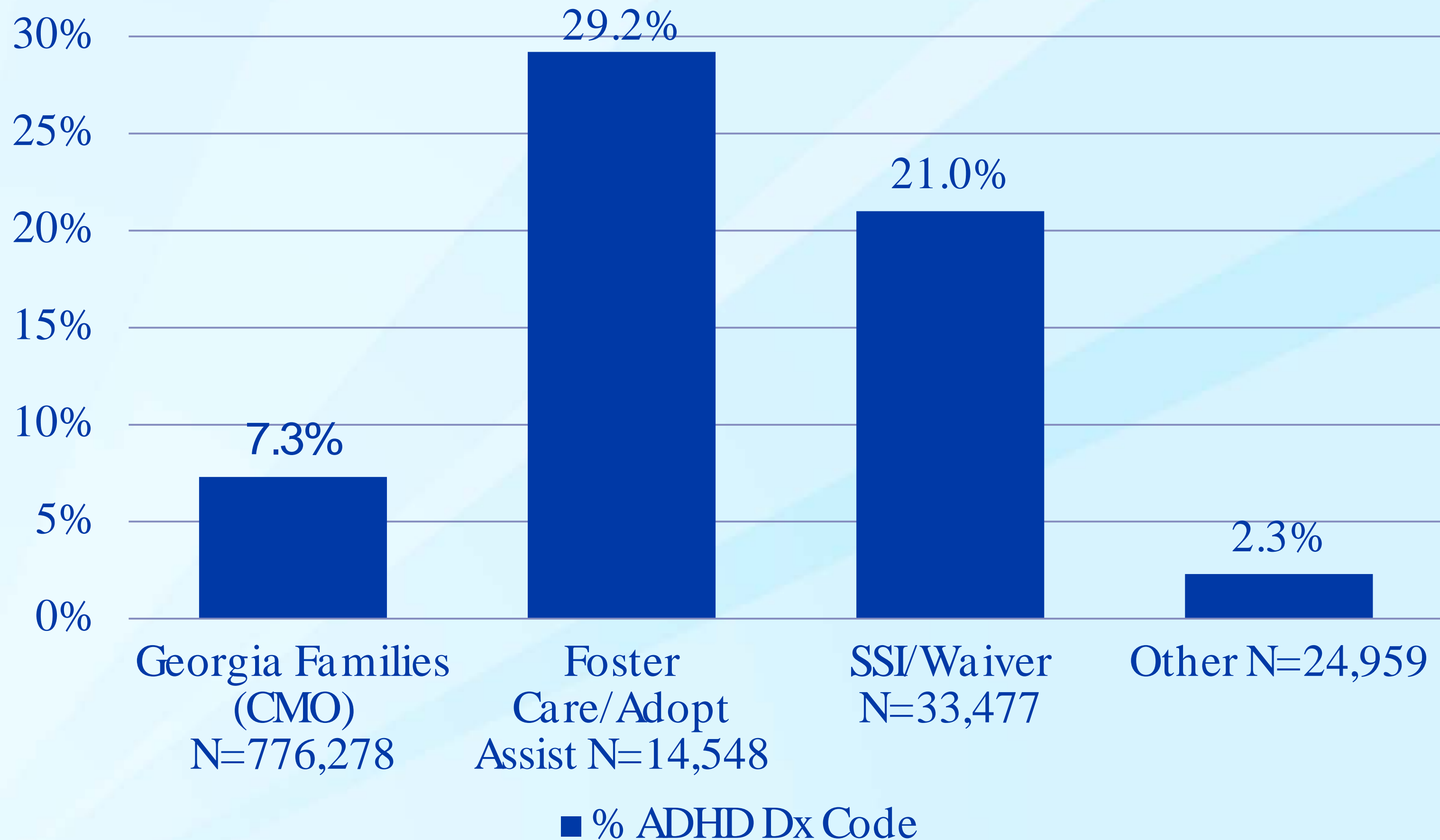
Percentage of Children in Medicaid with 2+ ADHD Diagnosis Codes (2012), by Eligibility Categories



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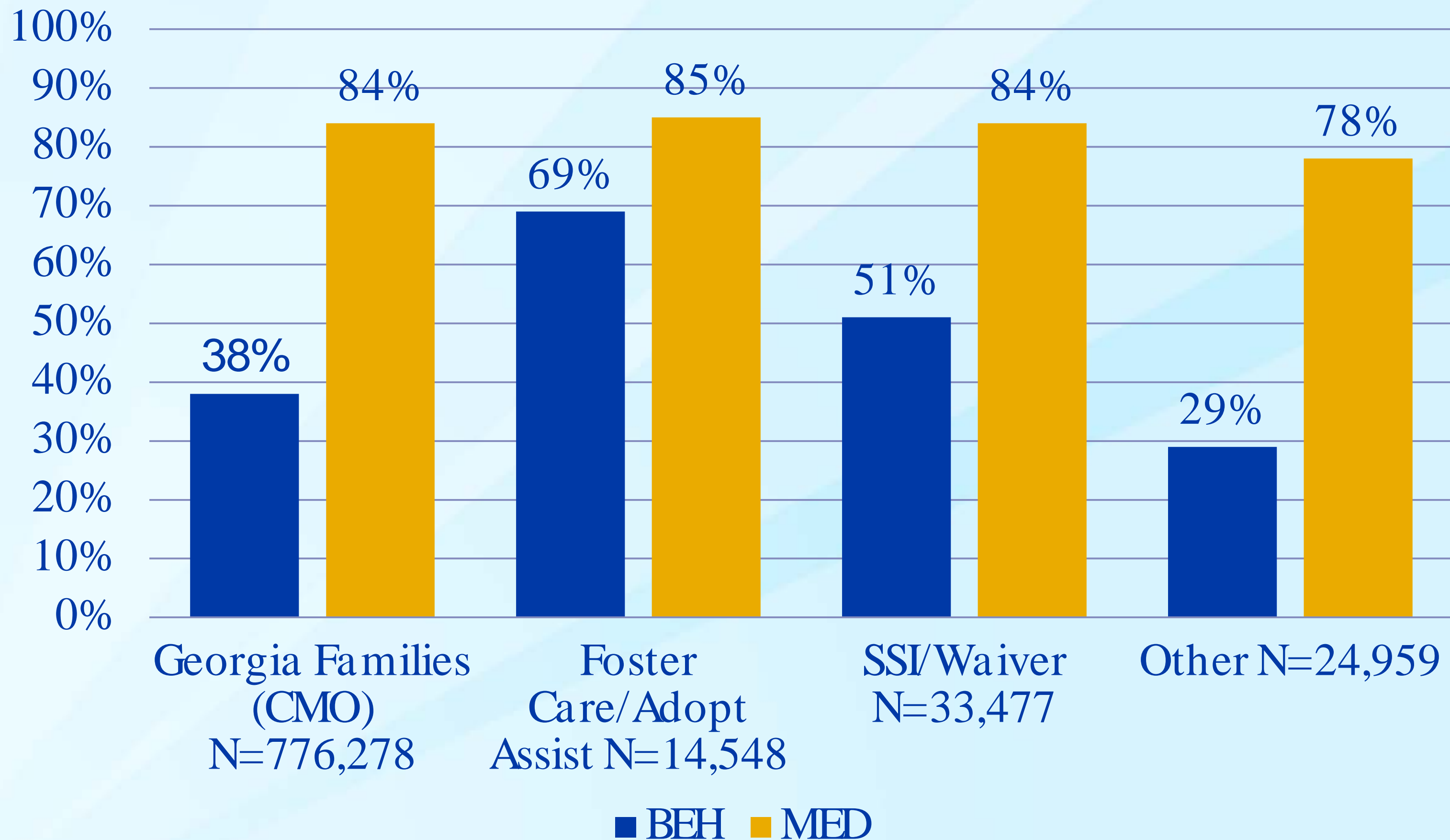

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Policy as an Impetus for a Change in Clinical Practice

- State Programs to Address Psychotropic Medication Use in Children – Foster Care Focus*
  - A form requiring additional info (prescriber info, patient Dx, target symptoms being treated, other drugs prescribed and lab tests) when prescribing psychotropics for children under certain ages (e.g. < 6)
  - A system by which a prescription for a psychotropic medication in a child triggers an edit for a preauthorization, requiring manual peer-review
  - Hotlines or psychiatric consultation lines that the primary care doctors can access to guide them in their choice of therapy
  - Data registries which analyze the prescribing of these drugs and provide physician feedback and training
  - Preferred drug lists
- A Novel Approach: A Fail-First Policy
  - Transform to "Behavior-First"

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Downloads/CIB-Posting.pdf

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.