# Diagnosis & Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

## Clinical Guideline

**This guideline supports initial diagnosis of patients with ADHD and includes information for referral to the Children's Wisconsin Center for Child Development.**
To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

| Symptoms/Diagnosis/Causes: | Referring provider's initial evaluation and management: | When to initiate or consider referral to Center for Child Development: | How to refer and what to send to Center for Child Development: | Specialist's workup will likely include: |
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| **Signs and symptoms**<br><br>• Easily distracted and forgetful, even for tasks that are part of daily routine.<br>• Difficulty paying attention to details, attending to instructions or conversations, and finishing tasks.<br>• Challenges sustaining attention and tendency to avoid tasks that require sustained effort.<br>• Fidgets and talks a lot, finding it difficult to sit still. This may include running and climbing on things or leaving seat at inappropriate times, particularly for younger children.<br>• May impulsively interrupt others or grab things, finding it hard to wait their turn. | **PCP/ Integrated Behavioral Health Provider's Evaluation**<br><br>• Initiate assessment for any child age 4-18 with academic or behavior problems, and symptoms of inattention or hyperactivity and impulsivity.<br>• The assessment should determine if the child meets diagnostic criteria for ADHD based on the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5-TR) criteria:<br>  ○ Six (6) or more symptoms of inattention or hyperactivity/ impulsivity in children <=16 years old, or 5 or more symptoms of inattention or hyperactivity/impulsivity in individuals >=17 years old;<br>  ○ Symptoms were present prior to the age of 12 years;<br>  ○ Symptoms are present across settings;<br>  ○ Symptoms interfere with the child's functioning;<br>  ○ Symptoms are not better explained by another mental disorder. | **For internal providers: When unsure if a referral may be appropriate, send an eConsult to CCD for review and feedback. If part of CMG, may send an eConsult to the IBH psychologist.**<br><br>**Referral for initial diagnosis:** After a complete history, and parent and teacher forms with screeners for relevant comorbidities have been obtained.<br><br>**AND** all received information is not conclusive for a diagnosis of ADHD, but significant concerns remain. Examples may include:<br>• The presence of comorbidities<br>• The child is under six years of age and has identified developmental delays;<br>• The patient is a teen and challenges with obtaining reports across environments and necessary history | **What to include in the referral:**<br><br>• Clearly state clinical question.<br>• If child does not have a diagnosis of ADHD, include data from Vanderbilts NICHQ-Vanderbilt-Assessment-Scales and other relevant screeners and brief synopsis on why further testing is needed.<br>• If the child has a diagnosis of ADHD, include information as to why comprehensive testing is needed (i.e. sentence on treatments tried and response to them).<br>• If the child has an IEP, please include. | • Parent meeting with a psychologist to review patient's medical, psychological, developmental, and social history.<br>• Completion of parent and teacher/or other informant rating scales.<br>• Standardized tests focused on measuring attention and related variables will be administered to the child. (May last from 2-4 hours.)<br>• Psychologist providing feedback to family regarding test results, diagnosis, and recommendations based on assessment findings. |

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| **Diagnosis**<br><br>• The (DSM-5-TR) includes ADHD as a neurodevelopmental disorder diagnosis.<br>• The DSM-5-TR outlines three subtypes of ADHD-Inattentive, Hyperactive/Impulsive, and Combined.<br><br>**Causes**<br><br>• Research suggests a combination of factors play a role in a child having ADHD.<br>• Some of these factors include genetics or heredity, prematurity, prenatal exposure to substances, exposure to lead or other toxins in the environment, and low birth weight. | **PCP Assessment**<br><br>• Thorough gathering of child's history of struggles with attention and hyperactivity/impulsivity as well as general development (if part of CMG, consult the ADHD toolkit for help);<br>• Examination of and interview with the child;<br>• Collecting reports of attention from parents and teachers (i.e. across settings) using a standardized and normed measure, such as the Vanderbilts NICHQ-Vanderbilt-Assessment-Scales , ADHD-5 rating scales, or Conners forms;<br>• Assessment for other conditions that may explain ADHD symptoms or co-exist with them, such as anxiety or academic challenges. Screeners such as SCARED and GAD-7 or BASC-3 may help with this.<br><br>**PCP Management**<br><br>• For preschool children, treatment starts with engagement in behavioral training program for parents and engagement in school supports (if child is in school). If this does not lead to significant improvement medication should be considered.<br>• For children 6 and up, treatment should include:<br>1. Medication;<br>2. Parent engagement in behavior management training;<br>3. Programming within school to provide the child with appropriate accommodations and supports | **Referral for further evaluation after an ADHD diagnosis if:**<br><br>• They have tried at least three medications;<br>• Family has engaged in behavioral parent training programs or other therapeutic supports;<br>• Collaboration with child's school has occurred to ensure appropriate supports and accommodations have been put into place<br>• Despite these interventions significant struggles remain. | **How to refer:**<br><br>1. **In Children's Epic: place an ambulatory referral to Mental and Behavioral Health and select psychological testing.**<br>2. **External providers:**<br>• **In your instance of Epic - Place an external referral order to CHW MENTAL AND BEHAVIORIAL HEALTH and include psychological testing in the notes/comments.**<br>• **Fax (414-607-5288) or**<br>• **Online ambulatory referral**<br><br>**For urgent requests: Contact the Physician Consultation Line (414-266-2460).** | See above |

**References**


- American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787
- Wolraich ML, Hagan JF Jr, Allan C, et al. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. 2019;144(4):e20192528. doi:10.1542/peds.2019-2528


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|---|---|
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**Medical Disclaimer**

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this CG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.