

Attention Deficit Hyperactivity Disorder (ADHD)



FAST FACTS

ADHD is the most common mental health condition affecting children.

1 in 9

children present with symptoms and impairment that meet the criteria for an ADHD diagnosis

WHEN TO REFER

The Center for ADHD offers groups and programs for families dealing with a new diagnosis of ADHD, those who find medication management is insufficient and those with children ages 3-5 with low concern for ADHD. See next page for details.

To speak with a behavioral health specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.

ADHD is a lifelong, brain-based mental health condition. Children with ADHD have a low level of the reward chemical dopamine, which is important in motivation. They have difficulty focusing, controlling their impulses and keeping their bodies calm.

ASSESSMENT

If the parent has ADHD-specific concerns or the child's externalizing scores for ADHD are high on the Strengths and Difficulties (SDQ) Scale at annual check-up, further assessment is warranted. Cincinnati Children's recommends the "mehealth for ADHD" software and online platform for assessment and PCP management of ADHD.

HISTORY AND PHYSICAL EXAM RED FLAGS

- Family reports ADHD-related concerns
- High externalizing scores on SDQ

MANAGEMENT/TREATMENT

If at least one red flag is present, PCP should collect parent and teacher Vanderbilt ADHD rating scales. Mehealth for ADHD makes this easy. The platform will prompt parent and a teacher to complete/submit a Vanderbilt ADHD Diagnostic Rating Scale questionnaire.

Meet with parent and child after reviewing Vanderbilt results. Conduct an informal interview to probe symptoms rated as occurring "often" or "very often." Rule out major family stressors and ensure there are no substantial additional symptoms endorsed in the ratings or interview.

If ADHD appears to be the primary concern, PCP management is appropriate. See next page for details.

If Vanderbilt scores for ADHD are high and the children's symptoms are above the cutoff for additional concerns such as anxiety and depression:

- Conduct additional assessment or refer child to your in-house, integrated behavioral health provider, if available.
- Or refer child to the Cincinnati Children's Center for ADHD, or refer to the Division of Behavioral Medicine and Clinical Psychology for a general psychology evaluation.

If the Vanderbilt scores indicate a low concern for ADHD, discuss at-home management strategies, such as establishing routines and a reward system for behavior. Guidance is available at mehealth.com.

INFORMATION AND REFERRALS

Parents and providers can contact the Division of Behavioral Medicine and Clinical Psychology at 513-636-4336 to:

- Learn more about treatment groups and other resources at the Center for ADHD.
- Find out more about comprehensive evaluations for ADHD and other concerns.

Providers can also make referrals using EPIC link.

To learn more about mehealth for ADHD software for providers, visit mehealth.com or contact the technical support line at support@mehealth.com or 1-877-845-4656.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Attention Deficit Hyperactivity Disorder (ADHD)

Patient Presents

HISTORY AND PHYSICAL EXAM RED FLAGS

- Parent has ADHD-specific concerns, such as difficulty with focus, follow through and not interrupting
- The child’s externalizing scores for ADHD are high on the Strengths and Difficulties (SDQ) Scale at annual check-up

Assessment

If at least one red flag is present, PCP should collect parent and teacher Vanderbilt ADHD rating scales. The platform will prompt parent and a teacher to complete/submit a Vanderbilt ADHD Diagnostic Rating Scale questionnaire.

Meet with parent and child after reviewing Vanderbilt results.

- Conduct an informal interview to probe symptoms rated as occurring “often” or “very often.”
- Rule out major family stressors
- Ensure there are no substantial, additional symptoms endorsed in the ratings or interview.

Does ADHD appear to be the primary concern?

Yes

PCP management is appropriate. Current research supports two major evidence-based approaches to ADHD management: behavioral treatment and stimulant medication.

Options for behavioral treatment:

- Refer parents to the Cincinnati Children’s Center for ADHD for parent groups, if feasible (see below).
- Refer child to your in-house, integrated behavioral health provider, if available.
- Encourage parental use of at-home management strategies available at mehealth.com, primarily the site’s behavioral reward system.

For medical treatment:

- Prescribe the lowest stimulant dose first and titrate upward for the optimum dose.

Combined approach:

- Research indicates that a combined approach of medication and behavioral treatment is most effective in managing ADHD symptoms and improving the child’s functioning.

No

Vanderbilt scores for ADHD are high AND the child’s symptoms are above the cut-off for other conditions such as anxiety and depression.

- Refer child to your in-house, integrated behavioral health provider, if available.
- Or refer child to the Cincinnati Children’s Center for ADHD, or Division of Developmental and Behavioral Pediatrics or the Division of Child Psychiatry for a more comprehensive assessment.

Vanderbilt scores indicate a low concern for ADHD.

- Discuss at-home management strategies at mehealth.com.
- If the child is 3–5 years old, refer to the Center for ADHD Young Child Parent Group (no diagnosis required)
- If child is elementary-aged, refer parent to online resources such as the Triple P parenting program (eight sessions, free for Ohio families)

The Center for ADHD offers first-line, evidence-based behavioral treatment (in person and online) through four treatment groups.

- For parents only:**
- Understanding and Managing ADHD for Young Children Ages 3–5 (a diagnosis of ADHD is not needed to participate)
 - Understanding and Managing ADHD for Children ages 6–12
- Parents and children attend together:**
- Academic Success for Young Adolescents (grades 6–8)
 - Academic Success for Young Adolescents (grades 9–10)

- Other offerings:**
- FOCALplus Teen Driver Training and CDS
 - Summer Treatment Program (STP), a seven-week, intensive outpatient treatment approach in a camp-like environment. Appropriate for families who may be managing their child’s ADHD symptoms and impairment but are struggling with the child’s social functioning.

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.