



The clinical practice guideline applies to Blue Care Network of Michigan, Blue Care Network Advantage and any Blue Cross Blue Shield of Michigan (BCBSM) product or BCBSM subsidiary product which BCN is delegated to perform quality improvement activities.

Eligible Population	Key Components	Recommendation
Children, adolescents and adults	Detection and Diagnosis	<p>Consider diagnosis in patients who exhibit six core symptoms in multiple settings for at least six months to a degree that is maladaptive and inconsistent with developmental level in children and 5 core symptoms for adults and adolescents age 17 years and older:</p> <ul style="list-style-type: none"> • Core symptoms are inattention, hyperactivity, impulsivity, academic underachievement or behavioral problems. <ul style="list-style-type: none"> ○ Symptoms of inattention that have persisted for the last six months to a degree that is maladaptive and inconsistent with development. ○ Symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level. ○ Some hyperactive-impulsive or inattentive symptoms that cause impairment were present before seven years of age. Children < 4 years old, consider referral to a specialist. • Family history should be considered and history of ADHD in close relatives should be elicited. • An adult must have ADHD symptoms that began in childhood and persisted in adulthood to be diagnosed with ADHD/ADD. <p>Neuropsychological testing is useful in complicated clinical presentations; however such tests are not diagnostic and are not a substitute for the clinical interview. Guidelines specify that certain diagnostic tests should not be ordered routinely in the evaluation of children with suspected ADHD/ADD, e.g. neuroimaging, electroencephalogram, and continuous performance testing. [C]</p> <p>Electrocardiogram in children prior to prescribing stimulant medication for treatment of ADHD/ADD is borderline cost effective.</p>
Individuals diagnosed with ADHD	Clinical diagnosis is based on observed behavior by those who are directly in contact with the individual.	
	Non Pharmacological Treatment	<ul style="list-style-type: none"> • Non Pharmacological intervention includes: <ul style="list-style-type: none"> ○ Family education and training [B] ○ Training in anger management and impulse control [A] ○ Cognitive training ○ Behavioral Therapy [A] ○ Refer to appropriate ADHD/ADD and support groups ○ Liaison with the patient's school [A] ○ Neuro feedback training for 6-18 year olds up to 40 sessions lifetime
	Pharmacotherapy	<ul style="list-style-type: none"> • For patients in whom pharmacotherapy is indicated consider trial of psychostimulants.[A] For patients who have no response or have significant side effects consider trial of non stimulant (Strattera). Stimulants are the first line treatment for cases with a significant attention deficit/hyperactivity syndrome.[A] Tricyclic anti depressants have been used with some success. Hyperactivity and impulsivity respond better to TCA's than inattention does. • Methylphenidate can be considered for 4-6 year olds. [B] <p>Education and Non pharmacological treatment are considered an important step in management. Stimulants are recommended as first line treatment for cases with significant attention deficit syndrome when pharmacotherapy is required. [A]</p>
	Comorbidity	<ul style="list-style-type: none"> ▪ Comorbidity is widely prevalent in children/adults with ADHD/ADD. Common comorbid condition includes the mood disorders, anxiety disorders, learning disorders, sleep disorders and substance abuse. Consider referral to a psychologist/psychiatrist for non responders after 6 months.

Levels of evidence for the most significant recommendations: A=randomized controlled trials; B= controlled studies; C= observational studies; D= expert opinion. The American Academy of Pediatrics has published guidelines for the evaluation, diagnosis and treatment of ADHD/ADD. They suggest primary care doctors use the AAP-developed ADHD tool kit and stock the office with the necessary questionnaires, diagnostic check lists and patient education materials.