NEW JERSEY PEDIATRIC PSYCHIATRY COLLABORATIVE

NJPPC ADHD Guidelines for PCPs

Starting Point

PCP Sick Visit:
- Parent/child/teacher express concerns about ADHD
- Do focused screening

PCP Well Visit:
- Screen for mental health problems using PSC 17 or PSC 37
- If concern for ADHD, conduct a more focused assessment

Vanderbilt Parent Assessment Scale

Predominantly Inattentive subtype
- Must score a 2 or 3 on 6 out of 9 items on questions 1-9 **AND**
- Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48-54

Predominantly Hyperactive/Impulsive subtype
- Must score a 2 or 3 on 6 out of 9 items on questions 10-18 **AND**
- Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48-54

ADHD Combined Inattention/Hyperactivity
- Requires the criteria on Inattention **AND** Hyperactive/Impulsive subtypes

Vanderbilt Teacher Assessment Scale

Predominantly Inattentive subtype
- Must score a 2 or 3 on 6 out of 9 items on questions 1-9 **AND**
- Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36-43

Predominantly Hyperactive/Impulsive subtype
- Must score a 2 or 3 on 6 out of 9 items on questions 10-18 **AND**
- Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36-43

ADHD Combined Inattention/Hyperactivity
- Requires the criteria on Inattention **AND** Hyperactive/Impulsive subtypes

Mild Impairment or family prefers no medications:
Psychosocial treatment
- Behavior management training
- Social skills training
- Classroom support/communication
- Give parent resource handout

Moderate Impairment:
See Monotherapy treatment sections below

Severe Impairment:
Refer to specialty care (NJPPC or a CAP in community) for therapy and medication management

Monotherapy with Methylphenidate or Amphetamine preparation.
Refer to Medication Guidelines for starting doses and more information.
Baseline medical assessment: personal/family cardiovascular history; height, weight, pulse, blood pressure, and substance use disorder history.

Obtain **Vanderbilt Parent and Teacher Follow-Up** 2-3 weeks after starting dose and after each dose increase to assess response.

- 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 NJPPC 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, height/weight changes and vitals; consult with NJPPC CAP as needed

Consider going off medication on non-school days