Health Advice on Attention Deficit Hyperactivity Disorder (ADHD): Questions and Answers

Clinical Practice Points on the Diagnosis, Assessment and Management of Attention Deficit Hyperactivity Disorder in Children and Adolescents (the CPPs)

Questions	Answers	Relevant section of the CPPs
1. General		
1.1 What are Clinical Practice Points?	• Clinical Practice Points are a resource that outlines good clinical practice based on the consensus of an expert working group. • Clinical Practice Points do not represent legislation or policy. They provide general guidance to appropriate practice, to be followed subject to the clinician's judgement and patient's preference in each individual case. • These CPPs focus on children and adolescents with ADHD symptoms, particularly regarding the role of stimulants in management.	• Disclaimer • Appendix C
1.2 Why develop these CPPs?	• The community had expressed concerns about the management of ADHD symptoms in children and adolescents, particularly in regards to the use of medication. • The National Health and Medical Research Council (NHMRC) sought to clarify ambiguity by developing advice for health professionals on appropriate practice with a focus on the use of stimulants in managing children and adolescents with ADHD symptoms. • Clinical Practice Points can be developed more rapidly than guidelines.	• Appendix C (C.1)
2. What do the CPPs say?		
2.1 What is the focus of the CPPs?	• The CPPs focus on one of the most controversial areas in ADHD, the use of medication, in particular stimulants, in managing children and adolescents with ADHD. • The CPPs do not cover adult ADHD.	• Purpose and Scope
2.2 Who are the CPPs for?	• The CPPs were developed to assist GPs, paediatricians (including paediatric neurologists), child/adolescent psychiatrists, clinical and neuro-psychologists, allied health professionals and special educators in decision-making and coordination of care when working with children and adolescents with ADHD.	• Who are the CPPs for?
2.3 What is ADHD?	• ADHD in children and adolescents is characterised by excessive levels of hyperactive, impulsive and inattentive behaviour. • For a diagnosis of ADHD to occur, these symptoms must be deemed by a specialist clinician to meet the DSM-IV or ICD10 criteria.	• Key Practice Points (KPPs) – Diagnosis • 1.1
2.4 What causes ADHD?	• There is no one single known cause of ADHD and there is continuing debate over the interplay of genetic, environmental and social factors.	• 1.2

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2.5 Could my child/adolescent have ADHD?	• If you suspect ADHD, see your General Practitioner (EP) and seek specialist advice. • GPs may carry out the initial assessment to assess when the child/adolescent's challenging behaviour is different from developmentally and culturally appropriate behaviour and is causing significant impairment. • If, on the basis of this assessment the GP suspects that a child/ adolescent has ADHD and/or symptoms causing significant and persistent impairment, the GP should make a referral to a specialist clinician and offer parents/carers support by referral to a parent education/ training programme. • Only a specialist clinician can diagnose ADHD based on a thorough and comprehensive assessment (refer to 3.2 for details of this assessment).	• Introduction • KPPs – Assessment and Case Formulation • 3.1 and 3.2
2.6 What management options are available for children/ adolescents?	• Management may include psychological approaches, medication, or educational interventions used alone or in combination.	• KPPs –General Principles of Management • 4 and 4.3 to 4.6
2.7 Should stimulant medication be the first treatment option?	• Not necessarily. • The initial program of management should be seen as most appropriate by the clinician, as informed by the findings of a comprehensive assessment and after discussion with the child/ adolescent and their family of all treatment options. • It might be a psychosocial treatment alone initially, or it might include medication if justified by the assessment.	• KPPs –General Principles of Management • 4 and 4.1
2.8 Why give child/adolescent stimulants medication?	• In the short term (up to 3 years), stimulant medications (methylphenidate and dexamphetamine sulphate) can reduce core ADHD symptoms and improve social skills and peer relations in some children/adolescents diagnosed with ADHD.	• KPPs – Pharmacological Management • 4.4
2.9 Should all children/ adolescents with ADHD symptoms take stimulant medication?	• No. • Not all children and adolescents with ADHD will require, or benefit from, pharmacological management. • The use of clinical judgement is required to evaluate the harms versus benefits of stimulant use for each individual case upon discussion with the child/adolescent and their family.	• KPPs – Pharmacological Management • 4.4
2.10 Do the CPPs advocate medicating pre-schoolers?	• For young children (under 7 years) psychological, environmental and family interventions should, if possible, be trialed and evaluated before starting any medication treatment. • If all of these other interventions have not been effective then stimulants might be considered for this age group in consultation with the parents or guardians and including, when appropriate, teachers or other carers.	• KPPs – Pharmacological Management • 4.4.4

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2.11 Will parents be forced to medicate their child/adolescent?	• No. • Management may include psychological approaches, medication, or educational interventions used alone or in combination. • The initial program of management should be that deemed most appropriate by the clinician, as informed by the findings of a comprehensive assessment and after discussion with the child/adolescent and their family of all treatment options.	• KPPs –General Principles of Management • 4 and 4.1
2.12 Who can prescribe stimulants to children/adolescents with ADHD symptoms?	• If medication is going to be tried, it should be based on a comprehensive assessment under the direction of a paediatrician (including a paediatric neurologist), or child/adolescent psychiatrist. • GPs who have been approved through their State/Territory drug regulatory authority to prescribe stimulants may be approved to prescribe stimulants to children/adolescents with ADHD in some cases. They must have expertise in ADHD, and/or trained in psychosocial approaches and culturally sensitive practice.	• KPPs – Pharmacological Management • 4.4.1
2.13 Who should be part of the management team?	• An effective management plan will usually include input from a range of clinicians and service providers, including teachers, and the parents/carers as active partners. • An effective management plan needs to be child centered and give consideration to family and family context. • The clinician must try to make sense of the child/adolescent's problems and understand all aspects of the child/adolescent's world.	• KPPs – General Principles of Management • 4.1
2.14 How long should children/adolescents be on stimulant medication?	• Stimulant treatment should only be continued if there is demonstrated benefit and no unacceptable side effects. • If the maximum dose has been reached and feedback from parents/carers (and if possible teachers), suggest that there is no significant improvement after a month of treatment, then alternative treatments should be considered.	• KPPs – Pharmacological Management • 4.4.3
2.15 What are the side effects of stimulants?	• Commonly reported adverse effects of stimulant medications include sleep disturbance, reduced appetite, abdominal pain and/or headaches. • Other symptoms reported include crying spells, repetitive movements, slowed growth, restlessness, dizziness, anxiety, irritability and cardiovascular effects such as minor increases in heart rate or blood pressure. • Most of these effects are reversible or manageable with appropriate clinical care. • Regular monitoring and communication between the prescriber, patient and their family/carer can minimise the impact of adverse side effects and prompt changes in medication.	• 4.4.2

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2.16 Should the management plan be reviewed?	• Yes. • Ongoing monitoring and review is advised to ensure the child/adolescents management plan is appropriate for their current symptoms and family, social and cultural circumstances. It should include information from multiple sources (including parents/carers, and teachers). • Children/adolescents on stimulant medication require 3-6 monthly clinical assessment and review to ensure the management strategies remain appropriate and effective. Monitoring should include assessment of side effects and particularly psychological symptoms and plotting of growth parameters, pubertal development, heart rate and blood pressure.	• KPPs –General Principles of Management and Pharmacological Management • 4.1 and 4.4.3
3. How were the CPPs developed?		
3.1 How was the Expert Working Group selected?	• Individuals who had relevant experience and expertise with ADHD, and were familiar with the current literature, were invited to join the Expert Working Group. • NHMRC's CEO determined that any declared interests would not impact on the integrity of the working group, prior to members being formally appointed. • Full membership is available at Appendix A.	• Appendix C (C.2)
3.2 Were the CPPs reviewed by an independent expert?	• Yes. Dr Benedetto Vitiello, Chief, Child and Adolescent Treatment and Preventive Intervention Research Branch, National Institute of Mental Health, undertook this review. • Nominees were sought from the National Institute of Health, USA, to review the public consultation draft of the CPPs.	• Appendix C (C.3)
3.3 Did the public have an opportunity to provide feedback on the draft CPPs?	• Yes. • Public consultation was conducted between 31 October 2011 and 28 November 2011. It was advertised on the NHMRC website and in The Australian newspaper. • A total of 136 submissions were received.	• Appendix C (C.3)
3.4 How did NHMRC manage and consider submissions received during public consultation?	• All submissions were read in full and are available on NHMRC's website at website at http://www.nhmrc.gov.au. • The Expert Working Group advised on an appropriate response to the key issues in submissions. • Some submissions included supporting literature and/or prompted the Expert Working Group to consider additional literature. • The CPPs were edited based on the Expert Working Group's consideration of submissions, comments from expert review, and in light of the Chair's consideration of the additional literature searches conducted by the Office of NHMRC.	• Appendix C (C.3) • Appendix D
3.5 Did NHMRC seek input from the professional colleges?	• Yes. • Nominees were sought from the Royal Australian College of General Practitioners, Royal Australian and New Zealand College of Psychiatrists, the Australian Psychological Society and the Royal Australasian College of Physicians to provide comments on the public consultation draft of the CPPs.	• Appendix C (C.3)

Draft Australian Guidelines on Attention Deficit Hyperactivity Disorder, 2009 (the Draft Guidelines)

Questions	Answers	Relevant section of the Draft Guidelines
4. Status of the Draft Guidelines		
4.1 Can I access the Draft Guidelines and should I use them?	• The Draft Guidelines were developed by the Royal Australasian College of Physicians (RACP), with funding from the Department of Health and Ageing (DoHA). • The Draft Guidelines are not approved by NHMRC. Some of the references cited in the Guidelines were authored by researchers who failed to disclose their receipt of pharma sponsorship. The Council of NHMRC was therefore unable to determine the integrity of some of the research underpinning the guidelines. • The Draft Guidelines are available on NHMRC's website but are due to be removed once their status is determined by the guideline developer—RACP, and DoHA, who funded the project.	• Updates will be available on NHMRC's website www.nhmrc.gov.au
4.2 Do the CPPS replace the Draft Guidelines?	• No. • The CPPs are not clinical practice guidelines, and do not attempt to replace the Draft Guidelines (which cover all ages and aspects of management).	• Purpose and Scope
4.3 The CPPs and Draft Guidelines are still available, which ones should I use?	• The Draft Guidelines and CPPs have a different scope. • The Draft Guidelines cover assessment, diagnosis and management across the lifespan. They also include comprehensive sections on psychosocial and educational management, complementary and alternative treatments, the range of medications used to manage ADHD symptoms and social and economic considerations. • The CPPs cover the assessment, diagnosis and management of ADHD in children and adolescents. In regards to the section on pharmacological management, the CPPs are restricted to the use of stimulants. • The Draft Guidelines are not approved by NHMRC.	• Purpose and Scope