

Attention-Deficit/Hyperactivity Disorder (ADHD) Monitoring and Follow-up

Maintenance follow-up visits should occur at least every 3 to 6 months

Review of Systems

- Special attention given to blood pressure, heart rate, height, weight
- Comparison with patient's baseline
- Comorbid concerns

Medication Management

- Adverse effects
- Efficacy/symptom control- use of ADHD rating scales
- Dosage adjustments (titration vs. dose reduction)
- Adherence (timing of refill request)
- Risk Reduction Strategies (prescription stimulants in patients who require additional monitoring)
 - Prescription Drug Monitoring Program
 - Urine drug testing
 - Ongoing risk screening

Nonpharmacological Management

- Appropriate referrals and coordination of care
- Adherence to nonpharmacological treatments
- School or workplace accommodations

Overall Review of Treatment Plan

- Symptom management assessment- ADHD assessment scales
- Referrals to additional specialists where indicated
- Parental/caregiver/family member concerns addressed
- Scheduling of follow-up visits

^{*} Please refer to A West Virginia Guide to Evidence-Informed Evaluation, Diagnosis, and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) and comorbid Concerns (The WV ACC Guidelines), available at www.WVADHD.org for a full list of disclaimers (page 4) and references for the content contained in this handout.