

Attention-Deficit/Hyperactivity Disorder (ADHD) Treatment Recommendations

Preschool-aged children: <6th years*

- A. Primary Care Clinicians (PCC) should prescribe evidence-based behavioral parent management training (BPMT) and/or classroom interventions.
- B. In patients greater than 4 years of age, methylphenidate may be considered if there is not significant improvement with behavioral interventions and there is continued moderate to severe disturbance.
- C. In areas in which evidence-based treatments are not available, the clinician needs to weigh the risk of starting medication before the age of 6 years against the harm of delaying treatment.

**Of note, the AAP advises to avoid a diagnosis of ADHD prior to the age of 4 years.*

School-aged children: 6 years to 12th birthday

- A. PCC should prescribe U.S. Food and Drug Administration (FDA)-approved medication for ADHD along with BPMT and/or behavioral classroom interventions.
- B. Educational interventions and instructional supports are a necessary part of the treatment plan.

Adolescents: 12 years to 18th birthday

- A. PCC should prescribe FDA-approved medication for ADHD.
- B. PCC is encouraged to prescribe evidence-based training interventions and/or behavioral interventions.
- C. Educational interventions and instructional supports are a necessary part of the treatment plan.

Adults: 18 years and older

- A. FDA-approved stimulant (for those determined to be candidates for use of prescription stimulants) or atomoxetine are considered first-line treatments for ADHD after coexisting mental health and substance use disorders are treated.
 - i. Consider long-acting stimulants for all patients who are candidates for stimulants due to lower misuse and diversion potential.
 - ii. Consider a non-stimulant (atomoxetine, bupropion, clonidine/guanfacine) with recent substance use or history of substance use disorder.
- B. Without sufficient symptom improvement, consider adjusting the dose or trying alternative medications (TCAs, modafinil, etc.).
- C. CBT has been shown to be helpful as adjunctive treatment with medication.
- D. To monitor for misuse or diversion of stimulants, clinicians should consider using a patient and provider agreement and other risk reduction strategies at their discretion.