ADHD Management in the School-Aged Child


Rating (out of 4): 🍒🍒🍒🍒

Scope
This guideline is aimed at all physicians who deal with children with ADHD.

Clinical Question
What treatments are the most effective for children with ADHD?

Recommendations

Recommendation 1:
Primary care clinicians should establish a management program that recognizes ADHD as a chronic condition (strength of evidence: good; strength of recommendation: strong)

The primary care of children with ADHD includes attention to the main principles of care for children with any chronic condition such as:

- Providing information about the condition
- Updating and monitoring family knowledge and understanding on a periodic basis
- Counseling about family response to the condition
- Developmentally appropriate education of child about ADHD, with updates as the child grows
- Availability to answer family questions
- Ensuring coordination of health and other services to the child's condition and its effects on daily activities
- Linking families with other families with children who have similar chronic conditions as needed and available

Recommendation 2:
The treating clinician, parents, and the child, in collaboration with school personnel, should specify appropriate target outcomes to guide management (strength of evidence: good, strength of recommendation: strong)

The primary goal of treatment should be to maximize function. Desired results include:

- Improvements in relationships with parents, siblings, teachers, and peers
- Decreased disruptive behaviours
• Improved academic performance, particularly in volume of work, efficiency, completion, and accuracy
• Increased independence in self-care or homework
• Improved self-esteem
• Enhanced safety in the community, such as in crossing streets or riding bicycles. Target outcomes should follow from the key symptoms the child manifests and the specific impairments these symptoms cause.

Recommendation 3:
The clinician should recommend stimulant medication (strength of evidence: good) and/or behaviour therapy (strength of evidence: fair), as appropriate, to improve target outcomes in children with ADHD (strength of recommendation: strong)

• The clinician should develop a comprehensive management plan focused on the target outcomes.

For children on stimulants, if one stimulant does not work at the highest feasible dose, the clinician should recommend another.

• The finding that most children who fail to respond to one medication will have a positive response to an alternative stimulant
• The safety and efficacy of stimulants in the treatment of ADHD compared with non stimulant medications
• The numerous crossover trials that indicate the efficacy of different stimulants in the same child
• The idiosyncratic responses to medication

Behaviour Therapy
• Parent training in behaviour therapy and classroom behaviour interventions have successfully changed the behaviour of children with ADHD.

• Although psychological interventions have great intuitive appeal, they have little documented efficacy in the treatment of children with ADHD, and gains achieved in the treatment setting usually do not transfer into the classroom or home.

Recommendation 4:
When the selected management for a child with ADHD has not met target outcomes, clinicians should evaluate the original diagnosis, use of all appropriate treatments, adherence to the treatment plan, and presence of coexisting conditions (strength of evidence: weak, strength of recommendation: strong)

Continuing lack of response to treatment may reflect:
• Unrealistic target behaviour
• Lack of information about the child’s behaviour
• An incorrect diagnosis
• A coexisting condition affecting the treatment of the ADHD
• Lack of adherence to the treatment regimen
• A treatment failure
**Recommendation 5:**
The clinician should periodically provide a systematic follow-up for the child with ADHD. Monitoring should be directed to target outcomes and adverse effects by obtaining specific information from parents, teachers, and the child. (strength of evidence: fair, strength of recommendation: strong)

Clinicians should establish a plan for periodic monitoring of the effects of treatment (both medication and behaviour). Plans should include:
- Obtaining information about target behaviours
- Educational output
- Medication side effects (through office visits, written reports and phone calls)
- Monitoring data (date of refills, medication type, dosage, frequency, quantity and response to treatment)

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