PSYCHOLOGICAL INTERVENTIONS

B	**Behavioural parent training is recommended for parents of pre-school children with symptoms of ADHD/HKD. This should be delivered by trained facilitators.**
A	**In pre-adolescent children with ADHD/HKD and comorbid symptoms of oppositional defiant disorder and/or aggressive behaviour, behavioural programmes are recommended to treat the comorbid problems.**
B	**In pre-adolescent children with ADHD/HKD and comorbid generalised anxiety, behavioural programmes are recommended to treat the comorbid problems.**

PRINCIPLES OF INTERVENTION

☑	Parents/carers of children with ADHD/HKD *(and older children with ADHD/HKD)* should be given information about ADHD/HKD and about possible interventions, including their potential risks and benefits.
☑	Consent should be obtained from parents/carers to allow information sharing between all agencies working with children and young people with ADHD/HKD.
☑	There should be regular communication between health and education services to promote understanding of the difficulties of ADHD/HKD, to ensure a consistent approach to the individual across settings and to monitor effectiveness of intervention(s).
☑	Practitioners should be aware of legislation relevant to children with ADHD/HKD including the Education (Additional Support for Learning) (Scotland) Act, 2004, and the Disability Discrimination Act, 2005.
☑	Parents/carers should be informed about potential sources of financial help including Disability Living Allowance.

ASSESSMENT

☑	If, on the basis of preliminary assessment, it is suspected that a child or young person has ADHD/HKD associated with significant impairment, referral for specialist assessment by a child and adolescent mental health clinician or paediatrician with a specialist interest in this field is recommended.
D	**Parental report of their children's symptoms is an essential component of the diagnostic assessment.**
D	**A history should be obtained of obstetric and perinatal complications.**
C	**A developmental history should be obtained to show a chronological development of difficulties.**
☑	An assessment of family functioning including relationships within the family, communication patterns, parental management styles and the presence of marital conflict or stress should be explored.
☑	The child or young person should be engaged in the therapeutic process with an understanding of their perception of their difficulties, the possibilities of treatment and their responsibility in the management of the disorder.
C	**Laboratory assessments should not be used routinely.**
☑	Questionnaires are useful in assessment when used in association with information derived from other sources. They can be used as part of the initial assessment as well as for evaluating treatment response.
D	**An assessment of the child's presentation in their educational placement is important for confirming diagnosis and identifying educational underachievement.**
☑	Clinical examination of children and young people presenting with ADHD/HKD should include a systems inquiry, details of previous health problems, current drug treatment, and physical examination. Vision and hearing should be assessed and formally tested if indicated.
☑	Whilst the core assessment for ADHD/HKD can be undertaken by experienced specialists from a variety of backgrounds, assessment by a child and adolescent mental health professional is essential if there is difficulty in differential diagnosis or concern about the existence of comorbid psychiatric disorders.
☑	Psychological tests should not be regarded as a routine part of the diagnostic process. Use of these tests should be on the basis of a specific hypothesis in a specific case.

This Quick Reference Guide provides a summary of the main recommendations in **SIGN guideline 112: Management of attention deficit and hyperkinetic disorders in children and young people.**

Recommendations are graded A B C D to indicate the strength of the supporting evidence. Good practice points ☑ are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice. Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: **www.sign.ac.uk**

SIGN
Scottish Intercollegiate Guidelines Network
Part of NHS Quality Improvement Scotland

NHS Quality Improvement Scotland

112 Management of attention deficit and hyperkinetic disorders in children and young people

Quick Reference Guide

October 2009

COPIES OF ALL SIGN GUIDELINES ARE AVAILABLE ONLINE AT WWW.SIGN.AC.UK

TREATMENT SELECTION

A **Children with ADHD/HKD require an individualised school intervention programme including behavioural and educational interventions**

Pre-school children

B **Behavioural parent training is recommended for parents of pre-school children with symptoms of ADHD/HKD. This should be delivered by trained facilitators.**

School aged children

Mild ADHD

☑ Where symptoms of ADHD are mild, clinicians should consider behavioural approaches in the first instance.

Moderate/severe ADHD/HKD

No comorbidity

A **For school aged children and young people with hyperkinetic disorder** *(severe ADHD)* **medication is recommended.**

Generalised anxiety disorders

B **For school aged children and young people with ADHD/HKD and comorbid generalised anxiety disorders a combination of medication and behavioural treatments is recommended.**

ODD/Aggressive behaviour

A **For school aged children and young people with ADHD/HKD and comorbid symptoms of oppositional defiant disorder and/or aggressive behaviour a combination of medication and behavioural treatments is recommended.**

PHARMACOLOGICAL INTERVENTIONS

☑ The initiation of pharmacological treatment for children with ADHD/HKD should only be undertaken by a specialist, in either child and adolescent psychiatry or paediatrics, who has training in the use and monitoring of psychotropic medications.

☑ Baseline physical assessment should be undertaken prior to initiation of pharmacological therapy, including, as a minimum, measurement of pulse, blood pressure, weight and height with the appropriate use of centile charts in all measured parameters. Electrocardiography should be considered on an individual case basis.

☑ Clinicians should provide information about potential benefits and adverse effects of medications.

☑ The continuing benefit and need for medication should be assessed at least once per year.

☑ A shared care protocol should be adopted between primary and secondary care.

A **Psychostimulants are recommended as the first choice medication for the core symptoms of ADHD/HKD in children.**

☑ Should one psychostimulant fail to be effective, the other should be considered. If one psychostimulant is not tolerated because of adverse effects, atomoxetine should be considered.

D **Psychostimulants should not be first line medication for children with ADHD/HKD where there are known** *(or there is a family history of)* **cardiac abnormalities.**

☑ Use of modified release formulations or atomoxetine should be considered where there a likelihood of diversion.

☑ Psychostimulants are controlled drugs and clinicians should be cognisant with legislation regarding prescribing and dispensing.

☑ When selecting a formulation, clinicians should consider practical issues of convenience and applicability on an individual case basis.

A **Atomoxetine is recommended as treatment for the core symptoms of ADHD/HKD in children and young people where psychostimulant medication is not appropriate, not tolerated or is ineffective.**

☑ When atomoxetine is prescribed, clinicians should review at least six monthly, including assessment of ongoing efficacy and adverse effects and measurement of growth, pulse and blood pressure *(with correct cuff size)* using appropriate centile charts. Additional monitoring is advised for those at increased cardiovascular risk, hepatobiliary risk, seizure risk and potential for suicidal ideation.