

KSKidsMAP

*Kansas Together for Pediatric Mental Health Care
Access*

Pediatric Mental Health Toolkit

Topic: ADHD

Part 3: Monitoring, following up, and when to refer



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as a part of an award totaling \$2,134,666 with 20% financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



The management of ADHD is chronic disease management

- Lifestyle management – exercise, sleep, emotional health, substance use
- Medication compliance – patient and family education
- Involvement of patient in review of the ‘numbers’; consider using Vanderbilt scales, review school grades regularly



Medication management considerations

- Regular follow up appointments are critical
 - In stable patients - three monthly minimum
 - When titrating up or down - monthly
 - Include review of symptom control at home and school
 - Review of side effects
 - Compliance, consent and assent
 - Patient and parent information



Common side effects

- Appetite and weight
 - Final height may be impacted, as may final weight
 - Consider change in timing of dose/dose 'holidays' to allow catch up
- Initial insomnia
 - Dose timing
- Emotional lability as medication wears off
 - Manage by lifestyle changes



Comorbid psychiatric disorders are common in ADHD

- Assessment should include – history, examination of patient, collection of collateral information
 - Oppositional defiant disorder
 - Learning disabilities
 - Anxiety and mood disorders
 - Substance use disorders



Family psychiatric disorders are also common

- Family history of ADHD
- Other disorders, especially anxiety, depression, learning disorders, substance use disorders, and other issues related to difficulties with educational settings and impulsive behaviors



When to refer

- Deterioration in clinical presentation without adequate explanation
- Polypharmacy (three or more psychotropic medications may need additional evaluation by child psychiatry)
- Need for urgent evaluation/inpatient or intensive outpatient care



Disclosure

Thank you for viewing the KSKidsMAP toolkit on ADHD. KSKidsMAP intends for this toolkit to be used in conjunction with the KSKidsMAP program and not as a stand-alone resource. KSKidsMAP provides case-based consultation with experts in pediatric mental health, ongoing education and mentorship through the Virtual TeleECHO clinic, and physician and clinician wellness resources to those providing medical care to youth and adolescents with mental illness. Please connect with KSKidsMAP by emailing KSKidsMAP@kumc.edu or calling 1-800-332-6262.



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