Utah Academy of Child & Adolescent Psychiatry

Diagnosis: Ask parent and at least one teacher to complete Vanderbilt rating scales. Significant functional impairment with high inattentive and/or hyperactive scores in two settings is consistent with ADHD.

Consider Co-morbidity:

- Those with **Internalizing Disorders** (depression and anxiety) may not respond as well to stimulants, or anxiety and moodiness can be made worse. May require closer monitoring or treatment with Strattera
- **Oppositional or conduct disorders** often improve with stimulants but these patients will do best with stimulant + behavioral therapy or parent training
- Stimulants should be used with caution when there are **substance use disorders** or Borderline Personality. Consider Wellbutrin or Strattera
- Specific **Learning Disorder** or Intellectual Disability - If there is a history of speech delay/deficit or specific subjects that are problematic. May need to re-assess this possibility after adequately treating ADHD for a couple of months. Schools will typically do additional testing if requested.

*****Education*****
CHADD.org - schoolpsychiatry.org - **504** - handouts

START Concerta 18 mg qAM
*or Ritalin (methylphenidate) 5 mg TID if Concerta is cost prohibitive or the child is very small. Expect each dose to last around 4 hours. May need a letter for afternoon dose to be administered at school.

NOTE: Cardiology should weigh in if h/o heart problems or ongoing cardiac symptoms (palpitations, SOB, exercise intolerance). Otherwise no EKG, but regular monitoring of BP and pulse for all meds.

NOT Tolerated

Common Side Effects:

- **Insomnia** - switch to Ritalin LA or Metadata CD (about 8-9 hrs) +/- a single dose of short acting Ritalin in the afternoon.
  - *NOTE: Both Ritalin LA and Concerta are generically called methylphenidate ER, differentiated only by the doses.*
- **Appetite** suppression - closely monitor weight and push calories. Try short acting Ritalin dosed after meals.
- Worsened **anxiety** - consider switch to Strattera, while also reconsidering the diagnosis (kids distracted by worried and anxious thoughts can look inattentive)
- **Agitation** - consider switch to alpha-agonist (clonidine or guanfacine)

Tolerated

Increase dose to effect
Most kids see maximal benefit between 0.6 and 1.2 mg/kg. This may mean exceeding 56mg (the biggest Concerta tablet, i.e. 56mg + 18mg to get 72mg daily)

Inadequate Improvement
Switch to **Adderall XR.**
2x potency of Ritalin so start low and titrate

Adequate Improvement
Continue with intermittent follow-up Vanderbilt scales.
Monitor weight

- **Insomnia** - switch to Adderall short acting twice daily
- Address appetite suppression, anxiety and agitation per above

NOT Tolerated

Tolerated

Increase dose to effect
Titrate as tolerated, target dose 0.4 - 0.7 mg/kg

When other medications may be useful:

- Vyvanse is a somewhat longer-acting amphetamine (compared to Adderall XR)
- Daytrana is a methylphenidate patch
- Quillivant XR is an extended-release methylphenidate *liquid*
- Enantiomer medications (Focalin from Ritalin & Dexadrine from Adderall) seem to be more effective *in some patients* who had partial response on the "mixture" formulations. Side effects tend to be similar.
- Alpha-agonists and Strattera are often used as *augmentation* strategies for partial response, not only 3rd or 4th line monotherapy

Inadequate Improvement
1st: Switch to **Strattera**
start 0.5 mg/kg with target 1.2mg/kg

OR **Wellbutrin**
Usually titrated to 200-400 mg daily for ADHD

2nd: Intuniv or **Kapvay**
Effective for both hyperactivity and inattention but somnolence is often problematic. Generic clonidine or guanfacine much cheaper.

Adequate Improvement
Continue with intermittent follow-up Vanderbilt scales.

*Consider retesting