

ADHD in Children and Adolescents

Parent/Family Strategies

(improvement of family functioning)

- Support groups for ADHD
- Parental skill training, first line intervention for preschool children
- Advocacy groups

Child (behavioral interventions)

- Training for social skills
- Strategies for effective problem solving
- Training in study skills and organizational management
- Referral to specialist if needed to assist with comorbid conditions

School (academic interventions)

- Behavior modification
- Classroom modifications
- Structured learning environment
- Additional support as needed (tutor, resource room, equipment)
- Possible need for 504 Plan or IEP to optimize and facilitate school's response

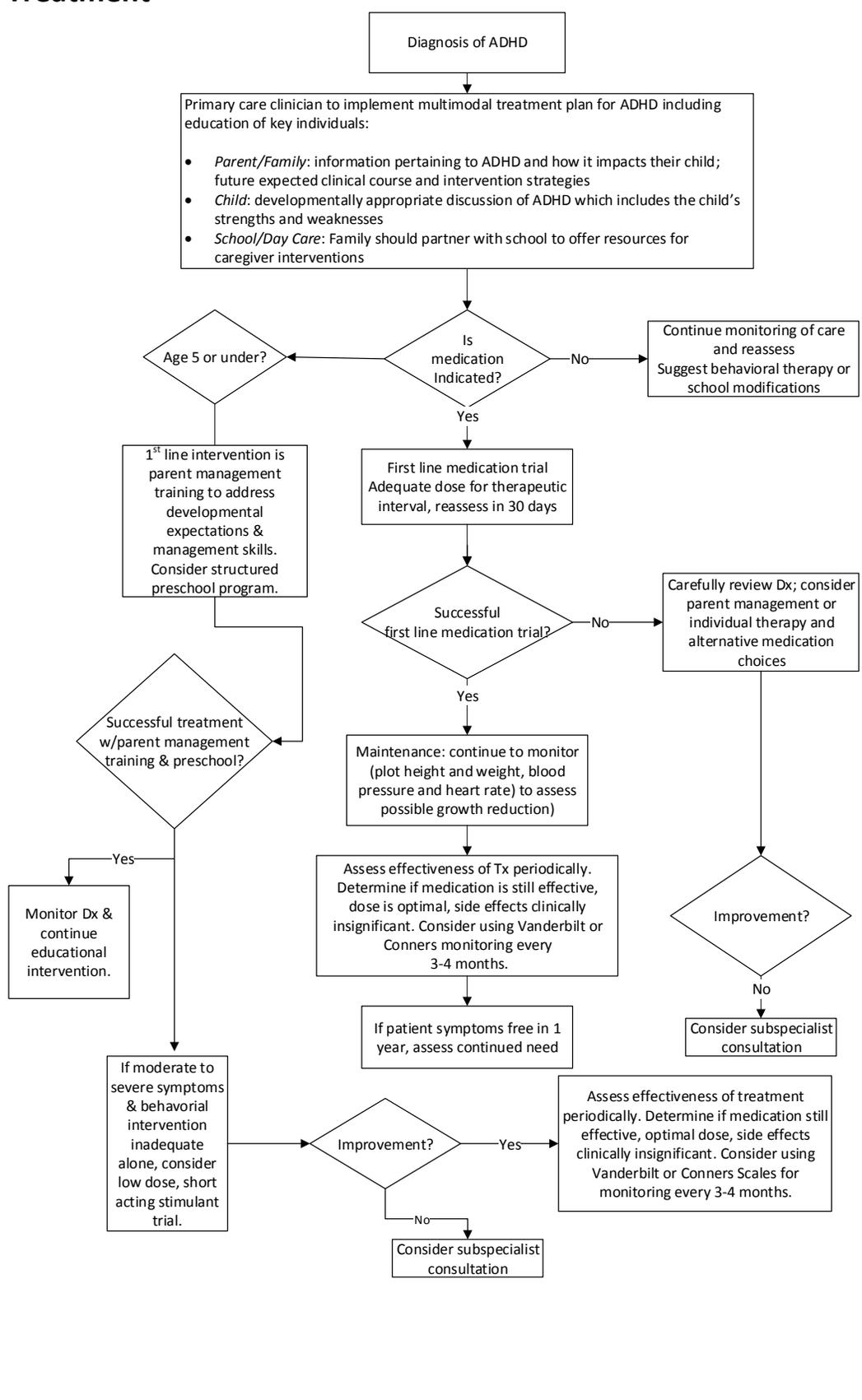
First Line Medication

- Stimulants are first line of treatment and have proven to benefit most people
- Contradictions: psychosis, certain cardiovascular conditions
- Safe and effective in managing ADHD in presence of tic disorders
- Preschool children (ages 4-5 years) should be given a lower dose and increased in smaller increments since they may have more side effects.

Second Line Therapy/Alternate Medication Trial(s)

- Consider when stimulant trial is unsuccessful or if associated comorbidity
- Second line therapy commonly includes atomoxetine, short and long acting guanfacine, clonidine, bupropion
- In some cases guanfacine or clonidine can be considered as adjunctive treatment along with stimulant medication and atomoxetine

Treatment



Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.