

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

