



## Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Treatment of Attention-Deficit/Hyperactivity Disorder \(ADHD\) for Children and Adolescents](#)

Released: March 2017

This alert provides a brief summary of updated recommendations. Refer to the complete guideline for all recommendations and level of evidence.

### **Updated recommendations include:**

#### **Non-pharmacological treatment and education**

- Behavior therapy
- Co-interventions which could ameliorate psychosocial, family or academic comorbidities of ADHD: family and patient education, training in anger management and impulse control, cognitive training, school programming and supports, support groups and organizations, i.e., Children and Adults with Attention Deficit Disorder (CHADD)

#### **Pharmacotherapy**

- For patients in whom pharmacotherapy is indicated, consider trial of psychostimulants starting with a low dose of a preparation with a short half-life and increasing weekly or biweekly. Titrate to clinical improvement or stabilization at the lowest dose necessary.
- Follow-up with the prescriber within 2-4 weeks after starting a psychostimulant and at least two more times within the first 9 months of treatment. Monitor for side effects, including, but not limited to: weight loss, growth deceleration, adverse cardiovascular effects, insomnia, depression, psychosis, or tics.