

Strelon ADHD Medication Treatment Algorithm

Based on AAP Guidelines, 2011 and HEDIS 2017 ADD Performance Measure Specifications

Select Stimulant Agent

Initial Dose

Titrate Dose

Initial Follow Up Visit

Subsequent Visits

Adding or Stopping Medications

Long-Acting Kids / Adults

Methylphenidate or Amphetamine

Short-Acting

Small kids <16kg/35lbs (low dose is not available in long-acting)

> Methylphenidate or Amphetamine

**Non-Medication interventions such as behavior therapy should be first line treatment in preschoolers

Strattera^(R) (Atomoxetine)

-Use for ADHD with comorbid anxiety or tic disorder

-Use with decreased appetite, and/or decreased sleep from other ADHD meds, or with substance abuse problems

Select starting dose and times

administration

Once daily dosing is helpful for kids in school and prevents the need to send a medication supply to the school nurse.

Twice daily dosina may be helpful in kids with late evening behavior episodes

Titrate dose

upward every one to three weeks until maximum dose is achieved or side effects preclude further dose increase

Achievement Goals

-ADHD Symptoms remit -No side effects

For students, teacher & parenting scales are helpful as dose is increased.

Initial follow up should be within 30 days or less after therapy initiation

Determine if response is appropriate

- -41% will respond to either stimulant medication -44% will respond better to one medication than another
- -Strattera may take up to 6 weeks to see effect

-Assess for side effects:

- -headache
- -insomnia
- -decreased appetite or weight loss
- -emotional lability/irritability

-If side effect is burden to patient:

-Adjust dose, change medication or wait as many side effects are transient and will resolve

- At least 2 or more visits during the next 9 month period

- If maximum dose of Methylphenidate, Amphetamine or Atomoxetine has been achieved. continue & monitor for side effects
- If optimal results have not been achieved:
- Review Diagnosis and assess for any undetected comorbidities
- If ADHD diagnosis is reconfirmed. consider behavioral therapy next before adding a non-FDA approved medication

Adding Another Medication:

If optimal results not achieved with a stimulant or Strattera, consider trials of Clonidine or Guanfacine

Add-on meds: Bupropion, tricyclic antidepressant. Clonidine or Guanfacine

Often necessary when: -patient has co-morbid aggression -side effects of tics or insomnia are present

Discontinuing a **Medication:**

If an add on medication is ineffective, titrate dose downward over a 1-2 week period to avoid sudden drops in blood pressure

* Refer to specialist if single agents not effective

References:

- Medication and Dosing Reference: ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. PEDIATRICS Volume 128, Number 5, November 2011
- Follow-up Visit Reference: Follow-Up Care for Children Prescribed ADHD Medication: NCQA HEDIS 2017 Performance Specifications

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