



## What to Consider in Your Practice

### Who should be evaluated?

Any child or adolescent **age 4 to 18 years** who presents with 1) **academic or behavioral problems** and 2) symptoms of **inattention, hyperactivity, or impulsivity**. Children under 4 or over 12 years who first present with symptoms may have *Complex ADHD* and require special consideration. ADHD runs in families, therefore, particular early and frequent attention to children with a family history of ADHD is warranted. Genetics is a big *part* of the story, but not the whole story. For example, among identical twins, when one twin has ADHD, then there is a 55-90% chance that the other twin does too. The child of a parent with ADHD has a 25% chance of having ADHD as well.

### Criteria and Diagnosis

- Diagnosis is based on [DSM-5 criteria](#) requiring a persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with functioning or development.
- There are 4 dimensions/subtypes of ADHD identified in the DSM-5:

ADHD/I: primarily inattentive presentation	ADHD/HI: primarily hyperactive-impulsive presentation
ADHD/C: combined (inattentive + hyperactive-impulsive) presentation	ADHD other specified and unspecified ADHD

- Clinical Presentation—frequent patterns:
  - **Preschool age:** hyperactive; impulsive; inflexible; may be aggressive with peers
  - **Elementary school age:** struggles with listening in class; poor organizational skills; struggles with social interaction; difficulty functioning independently
  - **Adolescence:** struggles with learning, attention, and executive functioning; may find academic demands overwhelming
- The symptoms must occur in at least 2 settings (e.g., home, school, daycare). Information can be obtained from reports from parents/guardians, the child (if developmentally appropriate), teachers, other school personnel, and mental health clinicians who are involved in the child’s or adolescent’s care.
- A descriptive summary list of ADHD rating scales can be found at [CHADD’s Clinical Practice Tools](#). The NICHQ Vanderbilt Assessment Scale can be downloaded from the [AAP ADHD Resource Toolkit](#).

### Sleep and ADHD

- Poor sleep quality or an inadequate amount of sleep can manifest as inattention, impulsiveness, hyperactivity, and oppositional behaviors in children without ADHD.
- Sleep problems also commonly occur in children with ADHD. One study revealed that children with ADHD have higher rates of daytime sleepiness compared to children without ADHD. Another study found that 50% of children with ADHD had signs of sleep-disordered breathing, compared to 22% of children without ADHD.
- It’s essential to evaluate for sleep behaviors when evaluating for ADHD and when providing ADHD management.

### Treatment

#### **Children ages 4-6 years**

The **first line** of ADHD treatment is parent training in behavior management. If available, school-based behavioral interventions may also be implemented. When behavioral interventions do not provide significant improvement and the child continues to have serious problems, methylphenidate may be used.

#### **Children and adolescents ages 6-18 years**

The primary treatments include FDA-approved medications for ADHD along with parent training in behavior management and/or behavioral classroom interventions.

School-based behavioral interventions are typically designed and monitored through an Individualized Education Program (IEP) and/or a Section 504 plan.

## SPECIAL NEEDS INFORMATION AND RESOURCES

<b>Regional:</b>	Advancing Integrated Mental Health Solutions (AIMS) Center	<a href="https://aims.uw.edu/targeted-condition/adhd">https://aims.uw.edu/targeted-condition/adhd</a>
	WithinReach Family Health Hotline	1-800-322-2588, 1-800-833-6388 TTD <a href="http://www.parenthelp123.org/">http://www.parenthelp123.org/</a> Spanish: <a href="http://www.parenthelp123.org/es/">http://www.parenthelp123.org/es/</a>
	Parent to Parent Support Programs of Washington	1-800-821-5927 <a href="https://arcwa.org/index.php/getsupport/parent_to_parent_p2p_programs">https://arcwa.org/index.php/getsupport/parent_to_parent_p2p_programs</a>
<b>National:</b>	Understood.org - Understanding ADHD in Your Child	<a href="https://www.understood.org/en/learning-thinking-differences/child-learning-disabilities/add-adhd/adhd-in-children">https://www.understood.org/en/learning-thinking-differences/child-learning-disabilities/add-adhd/adhd-in-children</a>
	AAP ADHD Resource Toolkit for Clinicians	<a href="https://www.aap.org/en-us/pubserv/adhd2/Pages/kit/data/assessdxframe.html">https://www.aap.org/en-us/pubserv/adhd2/Pages/kit/data/assessdxframe.html</a>
	U.S. Department of Education: Teaching Children With Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices	<a href="https://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching_pg4.html">https://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching_pg4.html</a>
	Centers for Disease Control and Prevention (CDC) ADHD	<a href="https://www.cdc.gov/ncbddd/adhd/index.html">https://www.cdc.gov/ncbddd/adhd/index.html</a>
	Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)	<a href="https://chadd.org/">https://chadd.org/</a> (general website) <a href="https://chadd.org/for-professionals/clinical-practice-tools/">https://chadd.org/for-professionals/clinical-practice-tools/</a> (clinical practice tools)

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