

NH Pediatrician and Family Physician Practice Patterns, Comfort Level, and Support Needs, Relative to Pediatric Attention Deficit Hyperactivity Disorder (ADHD)



In spring 2016 NHPip conducted an online survey of NH primary care clinicians to understand **practice patterns, comfort level, and support needs** relative to caring for pediatric patients with ADHD. 137 clinicians responded yielding a 13% response rate. The below summary represents the 124 clinicians who reported currently caring for pediatric patients with ADHD.¹

Clinician Practice Patterns, Comfort Level, and Familiarity with Family Supports		
	Strengths	Challenges
Practice Patterns 	<ul style="list-style-type: none"> • High use of rating scales to diagnose ADHD* • Majority report seeing youth within 30 days of medication initiation** 	<ul style="list-style-type: none"> • Low use of rating scales to <ul style="list-style-type: none"> ○ monitor treatment response* ○ identify co-occurring disorders* • Few report seeing youth for recommended monitoring care** • Low use of algorithms for selecting medications
Clinician Comfort 	<ul style="list-style-type: none"> • Comfortable managing patients 6 years and older with ADHD without co-occurring disorders 	<ul style="list-style-type: none"> • Uncomfortable managing <ul style="list-style-type: none"> ○ children under six with ADHD without co-occurring disorders ○ patients with ADHD plus co-occurring disorders as number and severity of disorders increases • Difficulty managing care of patients with complex family dynamics
Family Supports 	<ul style="list-style-type: none"> • Fairly comfortable answering family questions about school support & behavior therapy 	<ul style="list-style-type: none"> • Lower comfort answering family questions about alternative approaches & managing challenging behaviors • Just over half report having a local support group to refer a family

*American Academy of Pediatrics guidelines for ADHD care. **NCQA quality metric for ADHD.

What Type of Supports Would Clinicians Find Useful to Treat ADHD and Co-Occurring Disorders?

Training & Education 91% Pharmacological Treatment 86 % Assessing Co-Occurring Mental Disorders 73% Online Training About Common Co-Occurring Conditions	Assessment Tools/Scales 86% Co-Occurring Mental Disorders 86% Treatment Response 81% Trauma Exposure
Services 87% Psychiatric Consult	Quality Improvement 61% Conduct QI Project 51% Prescribing Pattern Data

¹ For a more in-depth analysis of survey results, go to www.nhpiip.org/Publications

Background Information on Pediatric Attention Deficit Hyperactive Disorder

ADHD is the most common pediatric mental health disorder managed in the primary care setting.



Two-thirds of children with ADHD have at least one co-occurring disorder².



ADHD is a costly condition, with an estimated societal cost of \$42 billion in the US in 2005³.



ADHD is a treatable condition.

American Academy of Pediatrics ADHD Care Guidelines

1. Initiate evaluation of youth 4 years and older presenting with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity.
2. Assure current *diagnostic* criteria met based on information from family, teachers, and others.
3. Assess for co-occurring conditions, including emotional or behavioral, developmental, and physical.
4. Youth with ADHD should be identified as a population with special health care needs.
5. Follow below treatment recommendations:

Age	Treatment Recommendations
Preschool (4–5 yrs)	<ol style="list-style-type: none"> 1. Behavior therapy first 2. Medication if behavior therapy does not work 3. No behavior therapy locally - weigh risks of early medication use vs. harm of delayed treatment
Elementary School (6–11 yrs)	<ol style="list-style-type: none"> 1. Medication + behavior therapy 2. Optimize school environment (e.g., accommodations and/or placement)
Adolescents (12–18 yrs)	Medication + behavior therapy
All Ages	Titrate medication to maximize clinical benefit (per parent and teacher rating scales) & minimize adverse effects

² Pliszka, S. R. (1998). Comorbidity of Attention-Deficit/Hyperactivity Disorder With Psychiatric Disorder: An Overview. *The Journal of Clinical Psychiatry*, 59(7), 50-58. Retrieved from <http://www.psychiatrist.com/jcp/article/Pages/1998/v59s07/v59s0707.aspx>

³ Beecham, J. (2014). Annual Research Review: Youth and adolescent mental health interventions: a review of progress in economic studies across different disorders. *Journal of Youth Psychology and Psychiatry*, 55(6), 714–732. <https://doi.org/10.1111/jcpp.12216>