

## National Support Groups

### THE AD/HD FAMILY SUPPORT GROUPS UK

Gill Mead  
1a High Street  
Dilton Marsh  
Westbury  
Wiltshire BA13 4DL  
Helpline: 01373 826045

### HYPERACTIVE CHILDREN'S SUPPORT GROUP

Sally Bunday  
71 Whyke Lane  
Chichester  
West Sussex PO19 2LD  
Tel: 01243 551313

## Information services

### ADD INFORMATION SERVICES

Andrea Bilbow  
Tel: 020 8906 9068

## Websites

**ADDnet UK**  
[www.web-tv.co.uk](http://www.web-tv.co.uk)

**Children and Adults with ADHD**  
[www.chadd.org](http://www.chadd.org)

**Training and publications for health and education professionals**  
[www.devdis.com/index.html](http://www.devdis.com/index.html)

**Information for parents and professionals**  
[www.attention.com](http://www.attention.com)

**ADD Warehouse (books, videos, etc.)**  
[www.addwarehouse.com](http://www.addwarehouse.com)

**School Psychology Resources Online**  
[www.bcpl.lib.md.us/~sandyste/school\\_psych.html](http://www.bcpl.lib.md.us/~sandyste/school_psych.html)

**The Scottish Intercollegiate Guidelines Network (SIGN)** supports improvement in the quality of health care for patients in Scotland by developing and disseminating national clinical guidelines and facilitating their implementation into practice. Sign guidelines provide recommendations for effective healthcare based on current evidence.

The recommendations are graded **A B C** to indicate the strength of the supporting evidence.

Good practice points  are provided where the guideline development group wish to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations and their application in practice can be found in the full guideline, available on the SIGN website: [www.sign.ac.uk](http://www.sign.ac.uk).

This guideline was issued in June 2001 and will be considered for review in 2003.

For more information about the SIGN programme, contact the SIGN executive or see the website.

**SIGN Executive**  
**Royal College of Physicians**  
**9 Queen Street**  
**Edinburgh EH2 1JQ**

[www.sign.ac.uk](http://www.sign.ac.uk)

**This Quick Reference Guide provides a summary of the main recommendations in the SIGN guideline on the management of attention deficit and hyperkinetic disorders (ADHD/HKD) in children and young people.**

The core symptoms of ADHD/HKD have a significant impact on a child's development, including social, emotional and cognitive functioning, and are responsible for considerable morbidity and dysfunction for the child or young person, their peer group and their family. ADHD and HKD present a challenge to professionals from a variety of backgrounds, including general practitioners, health visitors, teachers, psychologists, psychiatrists, paediatricians and social workers.

This national clinical guideline provides a framework for evidence-based assessment and management of children and young people with ADHD/HKD.

### DIAGNOSTIC CRITERIA

**The core symptoms of ADHD and HKD comprise developmentally inappropriate levels of:**

- inattention  
*(difficulty in concentrating)*
- hyperactivity  
*(disorganised, excessive levels of activity)*
- impulsive behaviour.

**In order to meet diagnostic criteria it is essential that symptoms:**

- have their onset before the age of seven years (ADHD) or six years (HKD)
- have persisted for at least six months
- must be pervasive  
*(present in more than one setting, e.g. at home, at school, socially)*
- have caused significant functional impairment
- are not better accounted for by other mental disorders  
*(e.g. pervasive developmental disorder, schizophrenia, other psychotic disorders, depression or anxiety).*

## ASSESSMENT

### The important components of assessment include:

- parent/care giver interview
- child/young person interview
- questionnaires
- psychological educational assessment
- clinical examination
- ancillary assessment including, physical, psychiatric and psychological assessments.

*Certain complications including pre-term delivery, maternal smoking, drug and alcohol abuse may be associated with ADHD/HKD.*

If ADHD/HKD associated with significant impairment is suspected following preliminary assessment, refer for assessment by a child and adolescent psychiatrist or paediatrician.

**B** Parental report of their children's symptoms is an essential component of the diagnostic assessment. A history should be obtained of obstetric and perinatal complications. A developmental history should be obtained to show a chronological development of difficulties

**C** An assessment of the child's presentation in their educational placement is important for confirming diagnosis and identifying educational underachievement.

**B** Laboratory assessments should not be used routinely.

## MANAGEMENT

ADHD/HKD may be chronic and persistent and in many cases long term, multimodal, multidisciplinary management is required, drawing upon different treatment methods at different times. Intervention must be individualised with treatment packages and programmes of intervention developed depending on the specific needs of the child or young person and their family.

## NON-PHARMACOLOGICAL MANAGEMENT

There is limited evidence for the effectiveness of psychosocial interventions in the management of the core symptoms of ADHD/HKD. Nevertheless, all symptoms presented by a child/young person must be assessed. Co-morbid conditions can be treated with psychosocial intervention.

**A** Family-based psychosocial interventions of a behavioural type are recommended for the treatment of co-morbid behavioural problems.

**B** Individual psychosocial interventions are not routinely recommended.

**A** Children with ADHD/HKD require an individualised school intervention programme including behavioural and academic interventions.

## PHARMACOLOGICAL MANAGEMENT

The initiation of pharmacological treatment for children with ADHD should only be undertaken by a specialist in child and adolescent psychiatry or paediatrics who has training in the use and monitoring of psychotropic medication in children and adolescents.

**A** **Psychostimulants** (Methylphenidate and Dexamphetamine) should be considered as the first line of drug treatment for the core symptoms of ADHD/HKD.

**A** **Tricyclic antidepressants** (TCAs) should be considered in the treatment of behavioural symptoms of ADHD/HKD.

When prescribing psychostimulants, commence with the smallest possible dose and titrate to a 2-3 times daily schedule of increasing dosage at weekly intervals until a satisfactory response is obtained or side effects intrude.

Blood testing should be carried out at the discretion of the supervising clinician and only when clinically indicated.

## COMBINED DRUG THERAPY

**C** Combined drug treatment may be indicated in certain cases, especially where co-morbidity is a feature, but should be supervised by a specialist with expertise in the field.

## OTHER DRUG THERAPY

The use of alternative pharmacological agents should be supervised by clinicians with specialist knowledge

## POSSIBLE DRUG SIDE EFFECTS AND MANAGEMENT OPTIONS

Anorexia, nausea, weight loss	Monitor carefully, give medication with meals, give calorie supplements
Growth concerns	If significant (rare in long-term) or causing parental anxiety, attempt weekend or vacation medication breaks
Sleep difficulties	Monitor carefully, reduce or omit late afternoon or evening medication (but note that some patients improve with added evening medication)
Dizziness and headache	Monitor carefully (check blood pressure), ensure medication is taken with meals and encourage fluid intake
Involuntary movements, tics and Tourette's syndrome	Reduce or if persistent discontinue medication. Consider alternative (e.g. TCA) if symptoms are severe
Loss of spontaneity, dysphoria, agitation	Reduce or discontinue medication (discontinue if thought disorder or psychosis suspected - this is rare)
Irritability, behavioural rebound	Monitor carefully, reduce or overlap afternoon dose; evaluate for co-morbidity (ODD/CD)

## ALTERNATIVE THERAPIES

There is insufficient evidence at present to support the routine use of dietary, complementary and alternative interventions.