



CADDRA Information on new AAP Guidelines (October 2011)

The new American Academy of Pediatrics (AAP) Guidelines on diagnosing and managing ADHD in children, which recommend that doctors evaluate children between the ages of four and 18 years that show symptoms, have generated significant media coverage across Canada since their release. Their previous Guidelines put the span at six to 12 years of age.

The concern expressed in many of news reports is that the lowering of the diagnosis and treatment age may lead to both over-diagnosis and to children prescribed medications at a very young age that they may not need.

The main points of the new AAP Guidelines are:

1. Physicians should evaluate all children between four and 18 years that show signs of ADHD, such as academic or behavioural problems and symptoms of inattention, hyperactivity, or impulsivity.
2. The primary care clinician should determine that DSM-IV criteria have been met by obtaining information primarily from reports from family, teachers and other school and mental health professionals. This should also document impairment in more than one major setting. Any alternative cause of the symptoms should be ruled out.
3. Physicians should look out for learning disabilities, anxiety and other issues that can go hand-in-hand with ADHD.
4. Treatment should be tailored, with evidence-based behaviour therapy and medication based on kids' age and severity of symptoms.
5. Methylphenidate (Ritalin) should be considered for preschool kids with moderate to severe symptoms when they aren't helped by behaviour therapy. However, the first line of treatment should be evidence-based parent and/or teacher-administered behaviour therapy.

The CADDRA Board would like to reiterate that, in the comprehensive evaluation, a health professional needs to rule out other causes for inattention, hyperactivity and impulsivity. These other causes can include medical causes such as hearing and vision problems, hyper or hypothyroidism, hypoglycaemia, petit mal epilepsy or mild retardation.

Practitioners should also exclude psychiatric causes such as anxiety, depression, etc.

With young children, parent training is critical to assist parents in helping their children deal adaptively with their symptoms. This is the first approach. Medication is added in small dosages only in extreme situations where parent training and behavioural management have proven inadequate.

The CADDRA Guidelines include specific information on the diagnosis and treatment of children in Chapter 3 and information and guidance on psychosocial interventions and treatment in Chapter 6.

[Link to the AAP document published in the Pediatrics Journal](#)