PRACTICE GUIDELINE: TREATMENT of ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)* USING STIMULANT MEDICATIONS

(This guideline is not intended to replace clinician’s judgment or establish a protocol for all patients)

I. POLICY

Stimulant Medications are Class II narcotics and may be used in the treatment of Attention Deficit Hyperactivity Disorder. These medications are governed by federal and state laws and regulations. Under South Carolina law only physicians are allowed to write for Class II narcotics. Nurse Practitioners and Physician Assistants may write for non-stimulant ADHD medication only. To provide high quality, evidence-supported, consistent stimulant medication for the treatment of ADHD, Student Health Services has established Practice Guidelines for treatment of ADHD.

II. PROCEDURE

A. Initial Evaluation

I. Individual must have a current (within the past three years) psychological testing evaluation from an outside provider for assessment of ADHD based on DSM IV criteria (Diagnostic and Statistical Manual of Mental Disorders IV-TR, see addendum).

II. If this assessment concludes the diagnosis of ADHD and the sufficient documentation is provided by the patient/client, then:

a. Treatment (including stimulant medication management as determined by provider) may be initiated at this time by the counseling center staff psychiatrist.

b. “Sufficient documentation” must include a copy of the patient’s assessment.

c. The provision of recent outside testing consistent ADHD does not guarantee provision of treatment with stimulant medication by the Student Health
B. The assessment report and medication information will be maintained in the patient/client’s electronic medical record.

C. Diagnostic assessment must consist of more than a self report and prior prescription history.

D. Assessment must include standardized measures for inattention, hyperactivity and impulsivity as delineated in the DSM IV-TR.

E. A combination of assessment measures is required besides a diagnostic interview. Examples include:
   I. Rating scales (from at least two relevant persons such as a recent teacher, employer or parent),
   II. Continuous performance tests (e.g., TOVA, IVA),
   III. Personality testing (e.g. PAI, MCMI, or MMPI).
   IV. In addition other tests may be necessary in order to rule out learning disorders (e.g. intellectual testing (e.g., WAIS-III), and psychoeducational testing (e.g., Woodcock-Johnson III), pervasive development disorders, and/or other mental disorders that may affect concentration and attention.

F. If sufficient documentation of an ADHD assessment (as defined above) is not available, USC Student Health Services will not provide treatment through stimulant use.

G. The student seeking treatment for ADHD will be provided with a referral list of testing providers by psychologists in the local community.

H. This referral list is done as a courtesy and Student Health Services does not receive compensation for referrals of students.

I. Students may locate their own testing provider but must ensure that the chosen provider is aware of the required testing as described above.

J. Results of the evaluation may then be provided to Student Health Services for consideration of treatment.

K. Recommendations for other treatment and further services may be made based on the assessment.

L. The Student Health Psychiatrist collaborates with patient/client and recommends a treatment plan based on patient/client needs and scope of service.

M. Recommended treatment options for ADHD available at SHS include:
   I. Pharmacotherapy
   II. Brief Individual Psychotherapy (emphasizing cognitive-behavioral approaches)
   III. Combined pharmacotherapy and psychotherapy
   IV. Referrals to Campus Providers such as the Office of Student Disability Services or the Academic Centers for Excellence which assists with studying coaching

N. Stimulant medications must be used with great care if there is a history of significant drug abuse, history of cardiac disease or seizure disorders.
   I. Their use is relatively contraindicated in clients/patients with a history of illicit use or abuse of stimulants. A trial of non-stimulant medication is strongly recommended, along with a referral for substance abuse consultation.
   II. Consultations with primary care, neurology and/or cardiology may be required for medical clearance prior to treatment with stimulants.
O. Follow-up Assessment

I. Initial – Follow-up appointments may occur at least monthly (or as indicated) until the client/patient’s symptoms and medication dosage have been stabilized.

II. Maintenance - Patients/clients being treated for ADHD with stimulant medications must be re-evaluated in face-to-face follow-up by the Student Health Center Psychiatrist at least once every three months.

III. Weight and blood pressure will be assessed for any medication-related side effects.

IV. Continued assessment will include monitoring for medication side-effects, e.g. insomnia, headache, and tics and/or co-morbid medical conditions.

NOTE: Deviation from the standards of this guideline are recognized as appropriate in certain clinical situations, but must be clearly documented by treating provider, including rationale for the change.

*Treatment protocol is based on information obtained through review of guidelines published by the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, and the American Psychological Association.