Use of an ADHD Non-Stimulant at Higher Than Recommended Dose For 45 or More Days (Under 18 Years)

CLINICAL ISSUE	CLINICAL CONSIDERATIONS	REFERENCES
 Increased risk of side effects. May contribute to poor adherence. May indicate non-responsiveness to this class. May indicate diagnostic uncertainty. 	 Reconsider original diagnosis and revise treatment to reflect current clinical formulation including comorbid mental health disorders. If current stimulant is ineffective, consider stimulants and/or non- stimulant treatments. Consider down titrating dose to determine if the higher than recommended dose is needed. Consider psychosocial interventions and/or consider referral for consultation by a child and adolescent psychiatrist. Consider reviewing medication use and adherence with patient and/or family. 	 Rappley MD. Clinical practice. Attention deficit-hyperactivity disorder. N Engl J Med. 2005;352(2):165-173. Michelson D, Allen AJ, Busner J, et al. Once-daily atomoxetine treatment for children and adolescents with attention deficit hyperactivity disorder: a randomized, placebo-controlled study. Am J Psychiatry. 2002;159(11):1896-1901. Michelson D, Faires D, Wernicke J, et al. Atomoxetine in the treatment of children and adolescents with attention- deficit/hyperactivity disorder: a randomized, placebo- controlled, dose-response study. Pediatrics. 2001:108(5):E83. Newcorn JH, Spencer TJ, Biederman J, et al. Atomoxetine treatment in children and adolescents with attention-deficit/hyperactivity disorder and comorbid oppositional defiant disorder. J Am Acad Child Adolesc Psychiatry. 2005;44(3):240- 248.

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Use of Clonidine at Higher Than Recommended Dose For 45 or More Days (Under 18 Years)

CLINICAL ISSUE

- Increased risk of side effects such as hypotension, somnolence, bradycardia, irritability and weakness at high doses.
- May contribute to poor adherence.
- May indicate nonresponsiveness to this class, which when prescribed for youth is typically for ADHD and/or tic disorders.
- May indicate diagnostic uncertainty.

Consider reviewing medication use and adherence with patient and/or family.

CONSIDERATIONS

CLINICAL

- Consider whether stimulant dosing may contribute to sleep difficulties.
- If used for sleep, consider whether mid-sleep awakening is contributing to dose escalation.
- Consider down titrating dose to determine if the higher than recommended dose is needed.
- Reconsider original diagnosis and revise treatment to reflect current clinical formulation including comorbidity.
- Consider psychosocial interventions and/or consider referral for consultation by a child and adolescent psychiatrist.

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- Hazell PL, Stuart JE. A randomized controlled trial of clonidine added to psychostimulant medication for hyperactive and aggressive children. J Am Acad Child Adolesc Psychiatry. 2003;42(8):886-994.
- Pliszka SR, Greenhill LL, Crismon ML, et al. The Texas Children's Medication Algorithm Project: Report of the Texas Consensus Conference Panel on Medication Treatment of Childhood Attention-Deficit/Hyperactivity Disorder. Part II: Tactics. Attention-Deficit/Hyperativity Disorder. J Am Acad Child Adolesc Psychiatry. 2000;39(7):920-927.

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LINICAL ISSUE	CLINICAL CONSIDERATIONS	REFERENCES
Increased risk of side effects such as mid-sleep awakening at high doses. May contribute to poor adherence. May indicate non- responsiveness to this class which when prescribed for youth is typically for ADHD and/or tic disorders. May indicate diagnostic uncertainty.	 Consider reviewing medication use and adherence with patient and/or family. Consider whether stimulant dosing may contribute to sleep difficulties. Consider down titrating dose to determine if the higher than recommended dose is needed. Reconsider original diagnosis and revise treatment to reflect current clinical formulation including comorbidity. Consider psychosocial interventions and/or consider referral for consultation by a child and adolescent psychiatrist. 	 Rappley MD. Clinical practice Attention deficit-hyperactivity disorder. N Engl J Med. 2005;352(2):165-173. Scahill L, Chappell PB, Kim YS, et al. A placebo-controlle study of guanfacine in the treatment of children with tic disorders and attention defici hyperactivity disorder. Am J Psychiatry. 2001;158(7):106 1074. Pliszka SR, Greenhill LL, Crismon ML, et al. The Texa Children's Medication Algorithm Project: Report of the Texas Consensus Conference Panel on Medication Treatment of Childhood Attention- Deficit/Hyperactivity Disorder Am Acad Child Adolesc Psychiatry. 2000;39(7):920 927.

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Use of Bupropion at Higher Than **Recommended Dose For 45 or More Days** (Under 18 Years) CLINICAL REFERENCES CONSIDERATIONS CLINICAL ISSUE Rappley MD. Clinical practice. Consider reviewing Attention deficit-hyperactivity Increased risk of side effects medication use at high dose disorder. N Engl J Med. such as nausea, vomiting, and adherence with patient 2005;352(2):165-173. rash and possible seizures at and/or family. high doses. waxmonsky J. Assessment Consider down titrating dose and treatment of attention May contribute to poor to determine if the higher than deficit hyperactivity disorder in adherence. recommended dose is children with comorbid May indicate nonneeded. psychiatric illness. Curr Opin responsiveness to this class Reconsider original diagnosis Pediatr. 2003;15(5):476-482. which when prescribed for and revise treatment to reflect Pliszka SR, Greenhill LL, youth is typically for ADHD current clinical formulation Crismon ML, et al. The Texas and/or tic disorders. including comorbidity. Children's Medication may indicate diagnostic Consider psychosocial Algorithm Project: Report of uncertainty. interventions and/or consider the Texas Consensus referral for consultation by a Conference Panel on child and adolescent Medication Treatment of psychiatrist. Childhood Attention-Deficit/Hyperactivity Disorder. Part II: Tactics. Attention-Deficit/Hyperativity Disorder. J Am Acad Child Adolesc Psychiatry. 2000;39(7):920-927.

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Quality Indicator 507