



Title: Management of Attention-Deficit/Hyperactivity Disorder by Developmental-Behavioral Pediatricians: A DBPNet Study

Authors: Elizabeth Harstad, MD, MPH; Nathan Blum, MD; Amy Gahman BA; Justine Shults PhD; Eugenia Chan MD, MPH; William Barbaresi, MD

Objective: To describe practice patterns for developmental-behavioral pediatricians (DBPs) providing ongoing management for children with Attention Deficit Hyperactivity Disorder (ADHD) and determine how well they adhere to American Academy of Pediatrics ADHD Clinical Practice Guidelines.

Methods: Seventy eight DBPs at 12 academic medical centers participating in the Developmental-Behavioral Pediatric Research Network (DBPNet) completed encounter surveys for 10 consecutive patients with a primary diagnosis of ADHD or autism spectrum disorder seen for a follow-up visit between 12/2011 and 6/2012. Data regarding patient characteristics, comorbid conditions, and medication management were obtained via the encounter survey completed at the time of each visit.

Results: Fifty seven DBPs completed 301 ADHD follow up encounter surveys. Most patients were male (75.3%) with mean age 9.57 years (SD=3.3). Race/ethnicity was primarily white/non-Hispanic with similar numbers on private insurance (41.5%) versus Medicaid (45.5%). DBPs reviewed ADHD rating scales from teachers for 38% of encounters and from parents 44%; medication treatment status (defined as whether or not the patient was taking any stimulant medication) was not associated with frequency of use of rating scales ($p=0.628$). Only 36% of preschool children (< 6 years) were currently receiving behavioral counseling and DBPs recommended behavioral counseling for only 39% of the preschool children who were not currently receiving it. DBPs primarily (90.6%) prescribed medications FDA-approved for ADHD treatment; 96.0% of patients receiving other medications had documented psychiatric co-morbidities. Height and weight were recorded for 98.6% of encounters when patients were on stimulants.

Conclusions: DBPs are adhering to the recommended medication prescribing practices for ADHD, including use of FDA-approved medications and monitoring growth. However, DBPs do not consistently review ADHD rating scales or recommend behavioral counseling for children under 6 years of age as recommended. Further research is needed to identify potential barriers that may prevent DBPs from providing care consistent with current practice guidelines.

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