

ADHD Medication Guidelines for Children under Age 6

Level 0

- Comprehensive assessment and psychoeducation about ADHD, including clearly defined treatment expectations. Consider co-morbid developmental language disorder, other learning disabilities (LD), or Autism Spectrum Disorders (ASD).
- Facilitate family engagement, psychoeducation about ADHD (evidence-based behavior and educational interventions and medication treatments), and treatment preference assessment. Treatment response should be monitored using rating scales and appropriate safety assessments (vital signs, height and weight).

Level 1

- Parent management/skills training/or other behavioral intervention at home and/or school for a minimum of 12 weeks.

Level 2

- Monotherapy with methylphenidate formulation.

Level 3

- If methylphenidate unsuccessful, could consider monotherapy with atomoxetine.

Level 4

- Consider amphetamine formulations which have FDA indication for ages 3-5 years, but limited clinical trial evidence base; may also consider alpha 2 agonists; but no published data available.
 - Taper or discontinuation after 6 months of any stable improvement on any effective medication treatment to determine lowest effective dose and possibility of discontinuation.

Not Recommended:

- Antipsychotic medication to treat core symptoms of ADHD in absence of ASD.