



News Release

AAP EXPANDS AGES FOR DIAGNOSIS AND TREATMENT OF ADHD IN CHILDREN

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BOSTON – Updated guidelines from the American Academy of Pediatrics (AAP) offer new information on diagnosing and treating Attention-Deficit/Hyperactivity Disorder (ADHD) in younger children and in adolescents.

Emerging evidence makes it possible to diagnose and manage ADHD in children from ages 4 to 18 (the previous AAP guidelines, from 2000 and 2001, covered children ages 6 to 12). The new guidelines describe the special considerations involved in diagnosing and treating preschool children and adolescents. They also include interventions to help children with hyperactive/impulsive behaviors that do not meet the full diagnostic criteria for ADHD.

“Treating children at a young age is important, because when we can identify them earlier and provide appropriate treatment, we can increase their chances of succeeding in school,” said Mark Wolraich, MD, FAAP, lead author of the report. “Because of greater awareness about ADHD and better ways of diagnosing and treating this disorder, more children are being helped.”

ADHD is the most common neurobehavioral disorder in children, occurring in about 8 percent of children and youth.

The report, “ADHD: Clinical Practice Guidelines for the Diagnosis, Evaluation and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder,” will be released Sunday, October 16, at the AAP National Conference & Exhibition in Boston, and will be published in the November 2011 issue of *Pediatrics* (published online Oct. 16). Dr. Wolraich will discuss the new recommendations during an embargoed news briefing for reporters at 9 a.m. ET Saturday, Oct. 15, at the Boston Convention & Exhibition Center.

According to the AAP guidelines, in preschool children (ages 4 and 5) with ADHD, doctors should first try behavioral interventions, such as group or individual parent training in behavior management techniques. Methylphenidate may be considered for preschool children with moderate to severe symptoms who do not see significant improvement after behavior therapy, starting with a lower dose. For elementary school children and adolescents, the AAP recommends both FDA-approved medications and behavior therapy.

“Because ADHD is a chronic condition, it requires a team approach, including the patients, their parents, the pediatrician, therapists, and teachers,” Dr. Wolraich said.

In addition to the formal recommendations for assessment, diagnosis and treatment of ADHD, the guidelines provide a single algorithm to guide the clinical process. The AAP is also releasing a newly revised and updated ADHD Toolkit to assist health care providers diagnose and treat ADHD in their patients.

To help parents understand the new guidance on ADHD, the AAP has published a detailed and updated consumer resource book entitled “ADHD: What Every Parent Needs to Know.” Parent information will also be available at www.healthychildren.org/adhd starting Oct. 16.

Reporters attending the news briefing should first check in at the press room (151A) at the Boston Convention Center. For a copy of the guidelines or to interview one of the authors, contact the AAP Department of Communications.

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The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents and young adults. For more information, visit www.aap.org.