





Milton Keynes Community Health Services

## Medication Treatment Algorithm for Childhood ADHD ~ CNWL-MK

Please note: Medications are considered first line where the child or young person has severe ADHD with severe impairment evidenced in all spheres of function

Full psychosocial assessment by CAMHS specialist team

Diagnosis of ADHD made

Decision to proceed to a trial of medication under supervision of Consultant

Child Psychiatrist

FIRST LINE: Methylphenidate

## **SECOND LINE: Atomoxetine**

~Low doses of methylphenidate are not tolerated

~Maximum doses of methylphenidate are not effective.

~If tics, Tourette's Syndrome or anxiety are present.

~if there is a risk of stimulant misuse or diversion

SECOND LINE: Lisdexamfetamine (Long acting dexamfetamine prodrug which can be dissolved in water)

Specifically for children with LD and/ or Autism who due to sensory sensitivities cannot tolerate other stimulant preparations and for whom atomoxetine is not recommended as a clinically effective option.

## THIRD LINE: Dexamfetamine/lisdexamfetamine

~Use when there has been no response at maximum doses of methylphenidate and atomoxetine (when used for an adequate duration)

Source: Child Services, CNWL-MK Document Status: Approved

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