

Adult ADD Guidelines

Important considerations for the diagnosis and treatment of adult attention deficit disorder in primary care

1. Care and caution need to be exercised when making the diagnosis of attention deficit disorder (ADD/ADHD) in adults. Consideration should be given to utilizing psychiatric or psychological collaboration or consultation when making the diagnosis. The differential diagnosis includes anxiety disorders, mood disorders, substance use disorders, personality disorders, psychotic disorders, chemically induced symptoms of attention deficit disorder, autistic spectrum disorder, oppositional defiant disorder, intermittent explosive disorder, learning disorder, reactive attachment disorder, intellectual developmental disability, neurocognitive disorders and neurodevelopmental disorders.
2. Stimulant medication should be avoided in those with a history of addiction to any of the stimulants. Caution should be exercised when prescribing stimulants to someone with any history of addiction and step-treatment should be considered as below;
 - a. Atomoxetine
 - b. Behavioral Therapy
 - c. Alpha 2 agonists (clonidine and guanfacine)
 - d. Bupropion
3. Step-treatment, as above, should be utilized when treating ADD/ADHD in those with co-morbid opioid use disorder on opioid replacement treatment.
4. Stimulants should not be prescribed concurrently with an opioid or a benzodiazepine in primary care without psychiatric collaboration and documented rationale of the exceptional reasons.
5. Stimulants may worsen psychosis, mood and anxiety symptoms. Stimulants may make bipolar disorder, anxiety disorders, and psychotic disorders worse.
6. Benzodiazepines, Alcohol, Opioids and Marijuana may cause symptoms of inattention.
7. Monitoring obligations for stimulants should be the same as they are for any other schedule II controlled substance (e.g. oxycodone).
8. Adult attention deficit disorder is a chronic disease; however, there is insufficient evidence due to lack of adequate long-term medication studies upon which to make clear conclusions on the appropriate duration of treatment or long-term chronic use of stimulants.
9. According to Lexi-Comp the medical contraindications for stimulants include:
hypersensitivity; use during or within 14 days following MAO inhibitor therapy; marked anxiety/ tension/agitation, glaucoma; family history or diagnosis of Tourette syndrome or tics; moderate to severe hypertension; hyperthyroidism; concomitant use of halogenated anesthetics; advanced arteriosclerosis; symptomatic cardiovascular disease; pheochromocytoma; and history of drug abuse. Additionally, stimulants may lower seizure threshold.
10. Long-acting formulations are preferred to short-acting formulations of stimulants secondary to convenience of dosing and to minimize abuse potential.
11. Prescriptions should be reviewed annually for efficacy, evidence of improved function and continuation need.