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Overview of Treatment Recommendations for Adult ADHD

Treatment	Description
Treat co-existing mental health conditions and substance use disorders first	• When co-existing conditions are stable, start ADHD treatment with medications (if recommended) or refer for treatment; behavioral therapy for both conditions can be recommended simultaneously; consider generic medications first or short 7-day trials for more expensive medications.
Assess for stimulant contraindications	• If contraindications detected, consider non-stimulants for medication management.
Use non-drug options	• Consider evidence-based non-pharmacologic options for all age groups. Consider Behavioral Parent Training for children and adolescents and Cognitive Behavioral Therapy for Adults.
Screen for substance use disorders	• Regularly screen adolescents and adults for substance use disorders using validated tools.
Apply "universal precautions"	*Assume all patients are at risk of misuse, abuse, diversion, or having their medications stolen. All stimulant medications are Schedule II prescriptions (high potential for abuse which may lead to severe dependence)* • Review the Prescription Monitoring Program record prior to writing a prescription. • Consider writing prescriptions in 28-day supplies so that each prescription refill is due on the same day of the week (Tuesday, Wednesday, etc.) • For stable patients: consider giving the patient 3 prescriptions for 28-days each. All prescriptions should have the date the prescriptions were written. The 2 prescriptions to be filled later should also include the future start dates. • Do not mail stimulant prescriptions to patients.
Consider long-acting stimulants as effective, evidence-based therapies for most patients	• Consider long-acting stimulants for all patients. • Avoid short-acting or immediate-release stimulants as they have a higher abuse and diversion potential. • Educate patient on taking medications as prescribed; discourage crushing, dissolving, splitting, cutting, or damaging the pill or cutting the patch. When crushed, slow release stimulants act the same as immediate release.
Consider a non-stimulant if there is recent substance abuse use or a history of stimulant use disorder	• Atomoxetine (Strattera) is a selective NRI that is not a controlled substance and has essentially no abuse potential. It is FDA-approved for children and adults, ages 6+, but has a black boxed warning for suicidal ideation in children/adolescents.
	• Bupropion is a norepinephrine-dopamine reuptake inhibitor that is FDA-approved for depression and smoking cessation. Short-term studies (6-12 weeks) and a meta-analysis suggest 1 adult with ADHD will have improvement for every 5 adults treated. The evidence is for sustained- or extended-release formulations.
	• Clonidine and Guanfacine only have FDA approvals for ADHD in children and adolescents. The immediate-release formulations are not FDA-approved for ADHD in adults. Guanfacine has a longer half-life and fewer problems with sedation, changes in blood pressure and pulse than clonidine, although dry mouth, sedation, and headache are still side effects to consider.
Monitor treatment response	• With stimulant medications, benefits can be seen as soon within first 2-3 days of use. • If symptoms and function improve, continue with treatment and monitoring with 3-6 month follow-up. • If poor or no response, adjust dose or try alternative medication. • If no response after repeated adjustments, consider reassessing for a different diagnosis or refer to psychiatry.

Authors: Loskutova N, Callen E, Lutgen C; 2019, AAFP National Research Network
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