



Research Summary: **Developmental-Behavioral Pediatricians Prescribe FDA Approved Medications for ADHD, but Most Families are Not Getting Behavioral Therapy**

What can parents expect when a developmental-behavioral pediatrician sees their child for follow-up of an Attention Deficit Hyperactivity Disorder (ADHD) diagnosis? In this study, 57 developmental-behavioral pediatricians at 12 different academic medical centers completed surveys about the type of care that they had provided for a patient with ADHD, right after the clinic visit. Answers from these surveys allow us to learn about what type of follow-up care for ADHD is actually provided.

We found that developmental-behavioral pediatricians managing ADHD consistently follow the American Academy of Pediatrics recommended medical treatment guidelines for ADHD. They usually prescribe Food and Drug Administration (FDA) approved medication for ADHD to school aged children and they monitor the children's vital signs and growth at almost all clinic visits. However, developmental-behavioral pediatricians may not be recognizing all co-existing learning problems that occur for children with ADHD and they are not consistently collecting information about the response of ADHD symptoms to treatments using parent and teacher rating scales. In addition, for many children seen for an ADHD follow-up visit, counseling/behavioral therapy was not being provided and was not recommended. There were no specific child or clinician factors that explained these practice patterns. These findings suggest that barriers to ideal ADHD care may exist. Improving the access to full testing to evaluate for learning disorders, as well as the access to counseling/behavioral therapy, may help developmental-behavioral pediatricians to care for children with ADHD.

Harstad EB, Blum NJ, Gahman A, Shults J Chan E, Barbaresi W for the DBPNet Steering Committee. Management of Attention Deficit Hyperactivity Disorder by Developmental-Behavioral Pediatricians: A DBPNet Study. *Journal of Developmental and Behavioral Pediatrics* 2016;37(7):541-547.

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