It is good practice to use a standardised rating scale as part of the diagnostic assessment for ADHD in children and young people aged 6-18.

Good practice

It was not considered necessary to update the recommendation in 2018.

It is good practice to use a professional observation of children and young people aged 6-12 years in their environment as part of the diagnostic assessment for ADHD. This in particular applies in case of differential diagnostic considerations regarding attachment disorder or behavioural disorder.

Good practice

Professional observers are independent persons who have in-depth knowledge of both children’s normal behaviour and development and of ADHD, and who take a multidisciplinary approach to ADHD in their daily work. The observation must be geared to the specific problem with the child in question.

It was not considered necessary to update the recommendation in 2018.

Polyunsaturated fatty-acid supplements should only be used after careful consideration to relieve core symptoms in children and young people aged 6-18 with ADHD. The intervention does not appear to have any effect, and the scope of gastrointestinal side effects is uncertain.

Weak recommendation Against

It is recommended that young people with ADHD follow the Danish Veterinary and Food Administration’s dietary advice – likewise all other children and young people.

The recommendation was updated without amendments in 2018.

Elimination of dyes from the diet should only be used for relieving core symptoms in children and young people aged 6-18 with ADHD upon due consideration. The intervention does not appear to have any effect.

Weak recommendation Against

It is recommended that young people with ADHD follow the Danish Veterinary and Food Administration’s dietary advice – likewise all other children and young people.

It was not considered necessary to update the recommendation in 2018.
Sugar should not be eliminated from the diet for children and young people aged 6-18 years with ADHD.

**Strong recommendation** Against

It is recommended that young people with ADHD follow the Danish Veterinary and Food Administration’s dietary advice – likewise all other children and young people.

It was not considered necessary to update the recommendation in 2018.

Computer-based cognitive training should only after careful consideration be used in children and young people aged 6-18 with ADHD.

**Weak recommendation** Against

The recommendation was updated and amended in 2018.

Consider using social-skills training for children and young people aged 6-18 with ADHD.

**Weak recommendation**

The recommendation was updated without amendments in 2018.

Consider using parent training programmes in children and young people aged 6-18 with ADHD.

**Weak recommendation**

The effect varies across the included studies due to difference in the interventions investigated, study length and rating scales used. Programmes directed towards the parents of children and young people with ADHD may support the parents and contribute with tools to improve communication in the home and reduce conflicts, without it having any measurable effect on the core symptoms in the child or young person with ADHD. The working group notes that this may be of particular importance for the group of parents who themselves have ADHD-like problems. Parent training may also be considered for children with ADHD and comorbid behavioural problems, as well as in families where the child or young person with ADHD is displaying difficulties as a result of uncompensated ADHD.

The recommendation was updated without amendments in 2018.
Offer methylphenidate to children and young people with ADHD who are displaying a substantial functional impairment and in whom psychological and/or educational initiatives have not had a sufficient effect. The effect and incidence of adverse events should be monitored.

**Strong recommendation**

It should be emphasised that this recommendation is based on a demonstrated positive clinical effect found within a very short treatment period. All the included randomised trials are of a short duration (≤ 6 months), thus on the basis of the included studies it is not possible to say anything about the long-term effects and long-term adverse events. Based on the sparse reporting in the included studies, it is also uncertain whether methylphenidate causes serious adverse events. There is a need for further research that explores the consequences of long-term treatment with methylphenidate.

The degree of functional impairment must be assessed on the basis of a thorough clinical assessment and medical history. The treating doctor should continuously assess the effect of treatment, adverse events and patient compliance, and on this basis make a decision about continued treatment. If the diagnosis is definite and the disorder substantial, it may in certain cases be decided to try out pharmacological treatment in parallel with non-pharmacological treatment.

New recommendation added in 2018.

**Consider offering methylphenidate to children and young people with ADHD who are not displaying any substantial functional impairment, and where psychological and/or educational initiatives have not had a sufficient effect. The effect and incidence of adverse events should be monitored.**

**Weak recommendation**

Even if there is no substantial functional impairment, there may still be a need for medical treatment in some patients due to other symptom load. The reason for the weak recommendation in this patient group is that the choice of medical treatment to a greater extent depends on an individual assessment of the patient's symptom load. Thus it is not certain that this form of treatment is optimal for all patients not displaying a substantial functional impairment, but it may be deemed helpful for some patients.

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New recommendation added in 2018.
Offer atomoxetine to children and young people with ADHD who are displaying a substantial functional impairment and in whom psychological and/or educational initiatives have not had a sufficient effect. The effect and incidence of adverse events should be monitored

**Strong recommendation**

It should be emphasised that this recommendation is based on a demonstrated positive clinical effect found within a very short treatment period. All the included randomised trials are of a short duration (2-18 weeks), thus it is not possible to say anything about long-term effects and long-term adverse events. Based on the sparse reporting in the studies included, it is uncertain whether atomoxetine causes serious adverse events. There is a need for further research that examines the consequences of long-term treatment with atomoxetine.

The degree of functional impairment must be assessed on the basis of a thorough clinical assessment and medical history. The treating doctor should continuously assess the effect of treatment, adverse events and patient compliance, and on this basis make a decision regarding continued treatment. If the diagnosis is definite and the disorder substantial, it may in certain cases be decided to try out pharmacological treatment in parallel with non-pharmacological treatment.

New recommendation added in 2018.

Consider offering atomoxetine to children and young people with ADHD who are not displaying any substantial functional impairment, and where psychological and/or educational initiatives have not had a sufficient effect. The effect and incidence of adverse events should be monitored.

**Weak recommendation**

Even if there is no substantial functional impairment, there may still be a need for medical treatment in some patients due to other symptom load. The reason for the weak recommendation for this patient group is that the choice of treatment to a greater extent depends on an individual assessment of the patient's symptom load. Thus it is not certain that this form of treatment is optimal for all patients not displaying any substantial functional impairment, but it may be deemed helpful for some patients.

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New recommendation added in 2018.
Offer lisdexamfetamine/dexamphetamine to children and young people with ADHD who are displaying a substantial functional impairment and in whom psychological and/or educational initiatives have not had a sufficient effect. The effect and incidence of adverse events should be monitored

**Strong recommendation**

It should be emphasised that this recommendation is based on a demonstrated positive clinical effect found within a very short treatment period. All the included randomised trials are of a short duration (14-63 days), thus on the basis of the included studies it is not possible to say anything about the long-term effects and long-term adverse events. Based on the sparse reporting in the included studies, it is also uncertain whether lisdexamfetamine/dexamphetamine causes serious adverse events. There is a need for further research that explores the consequences of long-term treatment with methylphenidate.

The degree of functional impairment must be assessed on the basis of a thorough clinical assessment and medical history. The treating doctor should continuously assess the effect of treatment, adverse events and patient compliance, and on this basis make a decision about continued treatment. If the diagnosis is definite and the disorder substantial, it may in certain cases be decided to try out pharmacological treatment in parallel with non-pharmacological treatment.

*New recommendation added in 2018.*

**Consider offering lisdexamfetamine/dexamphetamine to children and young people with ADHD who are not displaying any substantial functional impairment, and where psychological and/or educational initiatives have not had a sufficient effect. The effect and incidence of adverse events should be monitored.**

**Weak recommendation**

Even if there is no substantial functional impairment, there may still be a need for medical treatment in some patients due to other symptom load. The reason for the weak recommendation in this patient group is that the choice of medical treatment to a greater extent depends on an individual assessment of the patient’s symptom load. Thus it is not certain that this form of treatment is optimal for all patients not displaying a substantial functional impairment, but it may be deemed helpful for some patients.

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*New recommendation added in 2018.*

**As there is no immediate difference in clinical effect between methylphenidate and atomoxetine, there is no basis for recommending one product over the other. The choice will depend on an evaluation of the individual patient.**

**Weak recommendation**

The treating doctor should continuously assess the effect of treatment, adverse events and patient compliance, and on this basis consider the continued course of treatment.

*New recommendation added in 2018.*
The literature search found no evidence for the use of atomoxetine compared with lisdexamfetamine. The effect of and occurrence of adverse events for dexamphetamine may, however, be comparable with that of lisdexamfetamine, thus the recommendation concerns the use of both dexamphetamine and lisdexamfetamine. The treating doctor should continuously assess the effect of treatment, the adverse events and patient compliance, and on this basis make a decision regarding continued treatment.

New recommendation added in 2018.

Pausing the pharmacological treatment for core symptoms in children and young people aged 6-18 with ADHD should only be planned after careful consideration. Pauses increase the risk of relapse. Every six months it is good practice to assess the effect, adverse events and patient compliance. A decision on continuation of treatment will be based on this assessment.

Weak recommendation Against

The working group finds that in children and young people undergoing pharmacological treatment of ADHD, pauses may be justified in the event of adverse events, but should not be planned in advance. The working group thus finds that the Danish Health Authority’s guidance on medical treatment of children and young people with mental-health issues is still relevant.

It was not considered necessary to update the recommendation in 2018.

It is good practice to combine pharmacological treatment with a psychosocial interventions in order to relieve symptoms other than core symptoms, e.g. behavioural disorders, in children and young people aged 6-18 with ADHD. However, combination treatment does not seem to relieve core symptoms in children and young people aged 6-18 with ADHD any better than pharmacological treatment alone.

Good practice

It was not considered necessary to update the recommendation in 2018.
About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the assessment and treatment of ADHD in children and young people. The guideline was prepared under the auspices of the Danish Health Authority.

The guideline includes recommendations on both pharmacological and non-pharmacological treatment of children and young people with ADHD.

The national clinical guideline includes recommendations regarding selected parts of the area. It cannot stand alone, but must be seen in conjunction with other guidelines, process descriptions etc. in the area.

Further information can be found at sundhedsstyrelsen.dk
On the Danish Health Authority’s website (www.sst.dk) the full version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines
This national clinical guideline is one of the national clinical guidelines being prepared by the Danish Health Authority during the period 2017-2020.

Further material regarding the choice of subject, method and process is to be found at www.sst.dk