

## **Project Title**

Ensuring a Safe and Effective Psychotropic Medication Titration

## **Project Lead and Members**

Project lead: Dr Evelyn Law Chung Ning

Project members: Chan Sherlyn SJ; Teh Jean; Dr Chong Shang Chee

## **Organisation(s) Involved**

National University Hospital

## **Healthcare Family Group(s) Involved in this Project**

Medical, Healthcare Administration

## **Applicable Specialty or Discipline**

Pediatrics, Specialist Associate, Research Assistant

## **Project Period**

Start date: Jan 2022

Completed date: Feb 2023

## **Aims**

- Ensure >90% of families use medication titration materials and >50% are comfortable communicating dosage titration outside of in-person visits within 12 months of implementation
- Decrease number of days needed to reach the most effective dose of psychotropic medication

## **Background**

See poster attached/ below

## Methods

See poster attached/ below

## Results

See poster attached/ below

## Lessons Learnt

This was a 1.5-year project that began early in 2021 when our team identified and define the problem of psychotropic medication titration within the Child Development Unit, Department of Paediatrics, National University Hospital. We then set SMART goals and completed a gap analysis by mid-2021. We collected information about our patients and families from May to October 2021, which was captured in Table 1. On 1 October 2021, we embarked on our interventions and obtained data after 1 year. Here is the A3 poster which was generated when the project was completed on 27 February 2023

## Conclusion

See poster appended/ below

## Additional Information

Accorded the NUH QIX Award\* (Merit) Winner for period Jan-Apr 2023

*\*Quality Improvement Award for Process eXcellence & Service eXperience*

## Project Category

Care & Process Redesign

Quality Improvement, Clinical Practice Improvement, Lean Thinking

## Keywords

Psychotropic Medication, Titration, Mental Health, Child Development Unit

**Name and Email of Project Contact Person(s)**

Name: Dr Evelyn Law

Email: [evelyn\\_law@nuhs.edu.sg](mailto:evelyn_law@nuhs.edu.sg)

# Incredible Care QIX Award (Process Excellence)



Project Title no. 2 : Ensuring safe and effective psychotropic medication titration

Department: Department of Pediatrics

Period: January 2021 to February 2023

Author: Dr LAW Evelyn Chung Ning

Sponsors (HOD): Prof LEE Yung Seng

Team Leader: Dr LAW Evelyn Chung Ning

Team Members: CHAN Sherlyn SJ, TEH Jean, Dr CHONG Shang Chee

## A. Define the Problem (PLAN)

Mental health and developmental conditions have a global prevalence of 18% in children worldwide. Many effective conditions require psychotropic medications that are often accompanied with side-effects and are Class B controlled substances including Ritalin formulations.

Coordination of medication dosage titration and refill is labour intensive and carries risks when communication errors are made. In order to adapt the busy lives for medication, medications are treated most effectively with frequent communication for both the clinical team and families, which are fraught with time management issues in a public, multi-staff hospital setting (Table 1).



## A. Define the Problem (PLAN)

We collected characteristics of families who came to the CDU for psychotropic medication management from May to October 2021 to understand the problem further (Table 2).

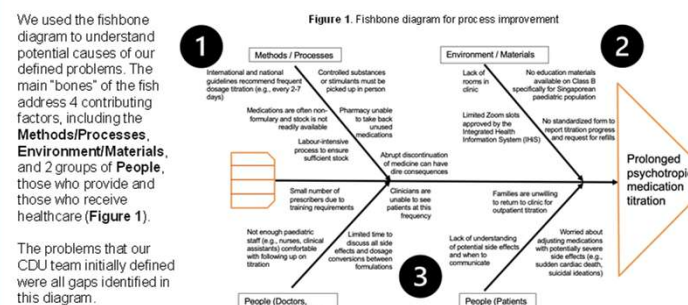
Variable	Descriptive Data
Gender No. (%)	Male 99 (67.7%)
Diagnosis No. (%)	Mood Disorder: 10 (7.7%) ADHD: 133 (88.3%) Autism Spectrum Disorder: 4 (3.1%) Conduct Disorder and ADHD: 3 (2.3%)
Medication type No. (%; not mutually exclusive)	SSRI: 12 (8.2%) Antipsychotics: 12 (8.2%) Methylphenidate: 117 (80.0%) Alpha agonist: 10 (7.3%) Others: 3 (2.3%)
Families contacted clinic about medicines No (%)	23 (8.9%)
Child age in years (SD)	8.89 (4.49)
Frequency of visits in days (SD)	112.20 (23.52)
From index visit to effective dosage in days (SD)	112.38 (55.11)
From index visit until refills were prescribed in days (SD)	94.77 (82.02)

## B. Goal (PLAN) Set SMART goals | Specific, Measurable, Achievable, Relevant, Time-based |

In children who are prescribed psychotropic medications for a mental health or developmental diagnosis, this QI project aims:

- To ensure that **>90% of families use the medication titration materials** and **>50% are comfortable communicating dosage titration outside of in-person visits** within 12 months of implementation
- To **decrease** the number of days needed to reach the most effective dose of psychotropic medication from the baseline interval to **30 percent of the interval** within a 6-month time frame AND for the decreased interval to be maintained for another 6 months

## C. Problem Analysis (PLAN) Gap Analysis



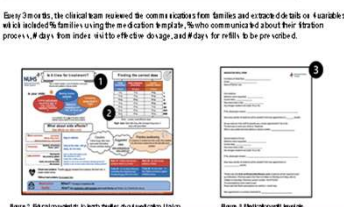
We used the fishbone diagram to understand potential causes of our defined problems. The main "bones" of the fish address 4 contributing factors, including the **Methods/Processes, Environment/Materials, and 2 groups of People**, those who provide and those who receive healthcare (Figure 1).

The problems that our CDU team initially defined were all gaps identified in this diagram.

## D. Interventions & Action Plan (DO)

Problem	People responsible	Date of implementation	Interventions & Action plan
1. Methods/Processes: Prescriber need to discuss adjustments based on guidelines	CDU team and parents	1 Oct 2021	- Discussed the Singapore guidelines and created medication titration template for families to take medications at home - Added new communication channel between prescribers and patients
2. Methods/Processes: Unavailable medication stock	Doctors and the KTP-NUJCM pharmacy team	21 Jan 2022	- Discussed with head pharmacist Lal Png Yong on stocking psychotropic medications on MOH Standard Drug List in the KTP-NUJCM formulary - On 7 Sep 2022, we realized there that the most commonly used stimulant medications were stocked in IHIS
3. Materials: No education materials	CDU team	1 Oct 2021	See Figure 2 on our new education materials
4. Materials: No standardized refill form	CDU team	24 Sep 2021	See Figure 3 on our new medication refill form used by all clinicians to ensure no errors with prescriptions while doctors believe appropriate. Considered (CDU) could not order many of these medications, a large process was initiated for AC and above to see children requiring pharmacotherapy
5. People: Small numbers of prescribers due to training requirements	CDU team	3 Jun 2022	We coordinated our efforts to families on how to report medication titration progress with the team and the clinic staff were trained to use them for communication with patients
6. People: Dissatisfied with communicating medication titration	Clinical Assistants and Specialist Associates	27 Oct 2021	

## D. Interventions & Action Plan (DO)



## E. Benefits / Results (CHECK)

At 1-year post intervention, 93.8% of families were using the medication refill template and over two-thirds of families communicated about their titration process before their review visit in the hospital (Figure 4). The number of days until effective dosage was reduced from 122.0 (SD 29.8) to 34.1 (22.0) days, while the days needed for families to obtain refills decreased to a mean of 2.0 (SD 1.8) days (Figure 5).

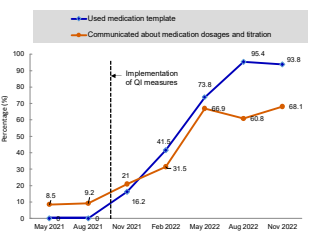


Figure 4. Percentage of patients using recommended processes

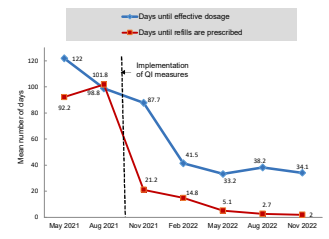


Figure 5. Time to the most effective medication dosage

## F. Strategy for Spreading/ Sustaining (ACT)

What actions are required for continuous improvement? How will the results be sustained for the long run? Will the project be spread to other areas?

- Communication with colleagues**
- Team leader, Dr Evelyn Law, has used CDU team meetings as a platform to discuss findings of this QI Project early 2023
  - The team will ensure that CDU doctors use these interventions across the 3 NUH sites, which include CDU at KTP-NUJCM and 2 community sites (CDU@Keat Hong in Choa Chu Kang and CDU@Jurong Medical Centre)
  - To discuss this with Department of Psychological Medicine and to see whether QI strategies may be useful in their inter-disciplinary clinics
- Materials**
- To ensure that doctors and clinical assistants seeing CDU patients have access to both the education materials and the medication refill template
  - A3 posters of the education materials are printed and laminated in respective clinic rooms
- Assess for sustainability**
- The team will systematically collect data around February every year to understand the pattern of medication refill template use and to retrospectively examine the number of days needed until effective dosage and for families to obtain refills.

## A. Define the Problem (PLAN)

---

Mental health and developmental conditions have a **global prevalence of 16%** in children worldwide.<sup>1</sup> Many of these conditions require psychotropic medications that are often accompanied with **side effects** and are **Class B controlled substances** including Ritalin formulations.

Coordination of medication dosage titration and refill is labour-intensive and carries risks when communication errors are made. In order to adopt **the best-practice recommendations**,<sup>2,3</sup> medications are titrated most effectively with **frequent communications between the clinical team and families**, which are fraught with three main problems within in a public, restructured hospital setting (**Table 1**).

**Table 1.** Paediatric clinicians in the Child Development Unit (CDU) agreed on these problems

<b>1</b> Titration of medication dosage could not be assessed by clinicians every 2-7 days, although guidelines recommended such titration frequency	<b>2</b> Lack of education materials for families about medication titration and lack of clinic time to discuss dosage conversion during titration	<b>3</b> No standardised form for families to communicate with clinicians about titration progress, many stopped the medicine due to concerns for safety by the review visit
---	---	---

## A. Define the Problem (PLAN)

---

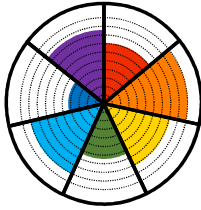
We collected characteristics of families who came to the CDU for psychotropic medication management from May to October 2021 to understand the problem further (**Table 2**).

**Table 2.** Baseline data before quality improvement interventions

Variable	Descriptive Data
Gender No. (%)	Male 88 (67.7%)
Diagnosis No. (%)	Mood Disorder: 10 (7.7%) ADHD: 113 (86.9%) Autism Spectrum Disorder: 4 (3.1%) Co-morbid Mood Disorder and ADHD: 3 (2.3%)
Medication type No. (%), not mutually exclusive)	SSRI: 12 (9.2%) Antipsychotics 3 (2.3%) Methylphenidate 117 (90.0%) Alpha agonists 18 (13.8%) Others 3 (2.3%)
Families contacted clinic about medicines No (%)	23 (8.9%)
Child age in years (SD)	8.89 (4.40)
Frequency of visits in days (SD)	118.25 (29.92)
From index visit to effective dosage in days (SD)	112.38 (50.11)
From index visit until refills were prescribed in days (SD)	94.77 (82.02)

## **B. Goal (PLAN)** Set SMART goals | Specific, Measurable, Achievable, Relevant, Time-based |

---



In children who are prescribed psychotropic medications for a mental health or developmental diagnosis, this QI project aims:

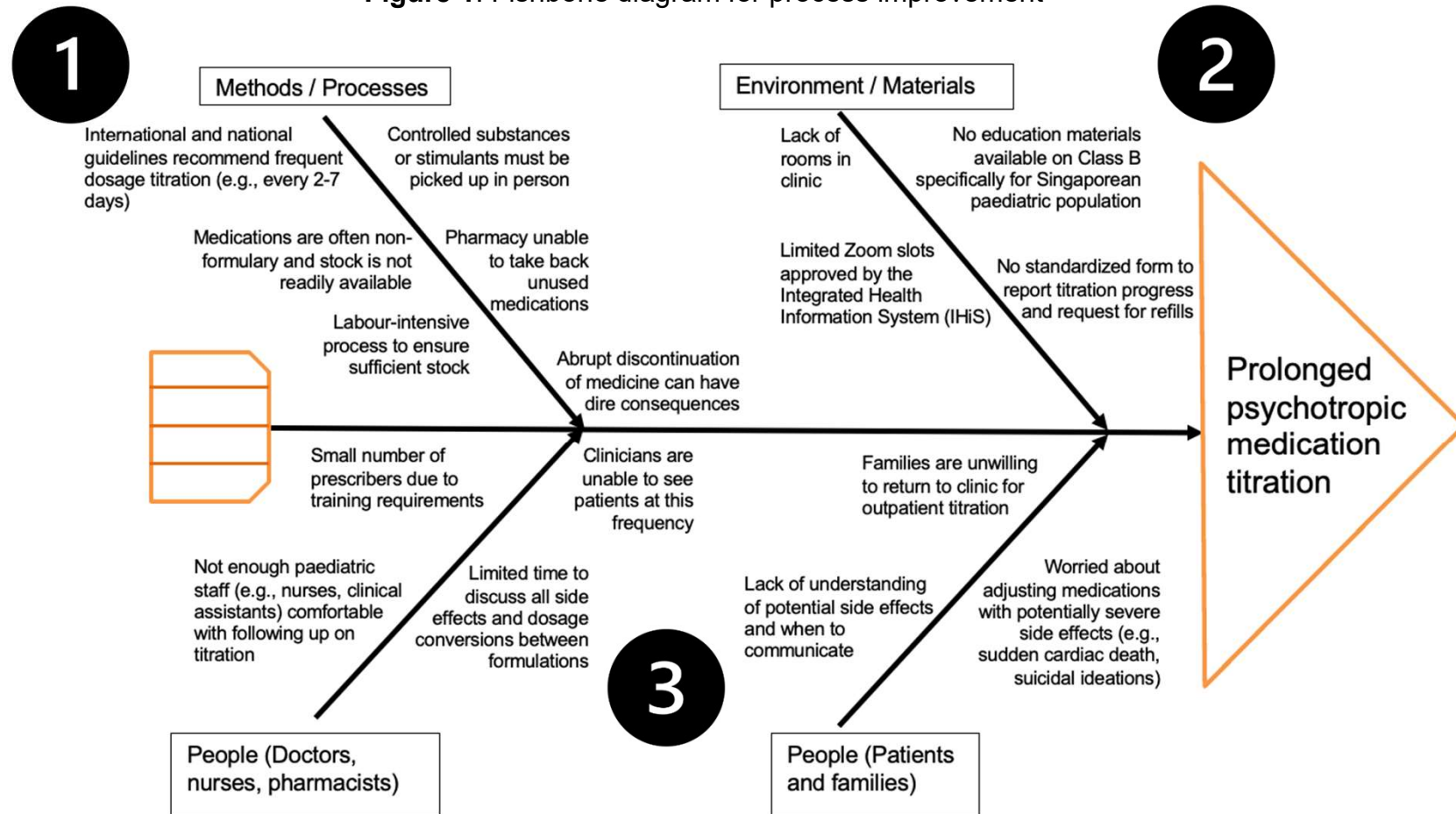
- To ensure that **>90% of families use the medication titration materials** and **>50% are comfortable communicating dosage titration outside of in-person visits** within 12 months of implementation
- To **decrease the number of days needed to reach the most effective dose** of psychotropic medication from the baseline interval to **30 percent of the interval** within a 6-month time frame AND for the decreased interval to be maintained for another 6 months

# C. Problem Analysis (PLAN) Gap Analysis

We used the fishbone diagram to understand potential causes of our defined problems. The main “bones” of the fish address 4 contributing factors, including the **Methods/Processes**, **Environment/Materials**, and 2 groups of **People**, those who provide and those who receive healthcare (**Figure 1**).

The problems that our CDU team initially defined were all gaps identified in this diagram.

Figure 1. Fishbone diagram for process improvement





## D. Interventions & Action Plan (DO)

	Problem	People responsible	Date of implementation	Interventions & Action plan
1	Methods/Processes: Frequent need for dosage adjustments based on guidelines	CDU team and patients	1 Oct 2021	<ul style="list-style-type: none"> <li>Discussed the Singapore guidelines and created standardised instructions for families to titrate medications at home</li> <li>Added new communication channels between providers and patients</li> </ul>
2	Methods/Processes: Unavailable medication stock	Doctors and the KTP-NUCMI pharmacy team	21 Jan 2022	<ul style="list-style-type: none"> <li>Discussed with head pharmacist Lai Ping Yeong on stocking psychotropic medications on MOH Standard Drug List 2 in the KTP-NUCMI formulary</li> <li>On 7 Sep 2022, we received news that the most commonly used stimulant medications were stocked in NUH</li> </ul>
3	Materials: No education materials	CDU team	1 Oct 2021	See <b>Figure 2</b> on our new education materials
4	Materials: No standardised refill form	CDU team	24 Sep 2021	See <b>Figure 3</b> on our new medication refill form used by all families to ensure no errors with prescriptions
5	People: Small numbers of prescribers due to training requirements	CDU team	3 Jan 2022	While doctors below Associate Consultant (AC) could not order many of these medications, a triage process was instituted for AC and above to see children requiring pharmacotherapy
6	People: Discomfort with communicating medication titration	Clinical Assistants and Specialist Associates	27 Oct 2021	We standardised our emails to families on how to report medication titration progress with the team and the clinic staff were trained to use them for communication with patients

# D. Interventions & Action Plan (DO)

Every 3 months, the clinical team reviewed the communications from families and extracted details on 4 variables, which included % families using the medication template, % who communicated about their titration process, # days from index visit to effective dosage, and # days for refills to be prescribed.

**Is it time for treatment?**

This is a family's decision, not by the teacher or the doctor. Here are a few questions to help you decide:

**Is your child:**

- Meeting his/her potential?
- Increasing stress level at home?
- Behind in academics and may not catch up?
- Losing self-esteem, becoming sad, or only receiving negative feedback?

If you answered "Yes" to any of the above, medicine treatment may be needed to avoid future problems.

**What about side effects?**  
Side effects are often mild.

More common	Less appetite	Easy to address
Difficulty falling asleep	Rebound symptoms (e.g., more active)	
Temporary	Headaches, stomachaches	Only at the start, will go away, do not stop
Nausea, "giddy"		
Less common	Slower growth	Does not affect final height as adult
More emotional, agitation	Fatigue	When disturbed by others
Quieter, less social, less bubbly	Nervousness	Usually when medicine wears off
		Question to ask: Are the new behaviours still age-appropriate?
		Question to ask: Are there anxious traits before starting medicine?

**Chronic heart problems:** Possible risks for increased blood pressure, fast heart rate, or sudden cardiac events.

**\*Without heart problems: No increased risks**

**Medication Refills**  
When? 7-10 days of medicine left  
How? Use medication refill template and e-mail Sherlyn at Sherlyn\_SJ.Chan@nuhs.edu.sg

**Caution:** Online blogs often have inaccurate information. Choose websites wisely.

**Suggested sites:** [www.understood.org](http://www.understood.org), [www.chadd.org](http://www.chadd.org)

**Practice swallowing:**  
1) Squeeze 3 cooked rice into a ball, then swallow  
2) Add more cooked rice to the ball with more practice

**Myth #1:** Children with attention problems need to try harder.  
**Truth #1:** It's not about willpower. Controlling their behaviours and focusing are truly difficult for them.

**Myth #2:** My child can get addicted to Ritalin.  
**Truth #2:** No such case. In fact, Ritalin is protective against substance abuse.

**Finding the correct dose**

Ritalin (short-acting)	Ritalin LA/Medikinet (long-acting)	Concerta (extended release)
4 hours	6-8 hours	12 hours
5 mg	10 mg	18 mg
7.5 mg	15 mg	27 mg
10 mg	20 mg	36 mg
15 mg	30 mg	54 mg
20 mg	40 mg	72 mg
25 mg	50 mg	90 mg
30 mg	60 mg	108 mg

**Aim:** Lowest, most effective dose  
**Right dose:** Start with 5mg, then increase 5mg every 2 days until good effect

Figure 2. Education materials to teach families about medication titration

**MEDICATION REFILL FORM**

Full Name of Child/Teen: \_\_\_\_\_  
IC/FIN: \_\_\_\_\_  
Name of Doctor: Law \_\_\_\_\_

First medicine  
Medicine name requested: \_\_\_\_\_  
Current dose: \_\_\_\_\_  
How many times a day: \_\_\_\_\_  
Any changes needed to be made: Yes or No \_\_\_\_\_

If Yes, please give reasons: \_\_\_\_\_

How many months of medicine will be needed? Until next appointment or \_\_\_\_\_ months

Do you need our clinic staff to provide you a review appointment? Yes or No \_\_\_\_\_  
The best way to reach you: Email or Telephone \_\_\_\_\_  
What is your preferred email address or phone number: \_\_\_\_\_

Second medicine (if any)  
Medicine name requested: \_\_\_\_\_  
Current dose: \_\_\_\_\_  
How many times a day: \_\_\_\_\_  
Any changes needed to be made: Yes or No \_\_\_\_\_

If Yes, please give reasons: \_\_\_\_\_

How many months of medicine will be needed? Until next appointment or \_\_\_\_\_ months

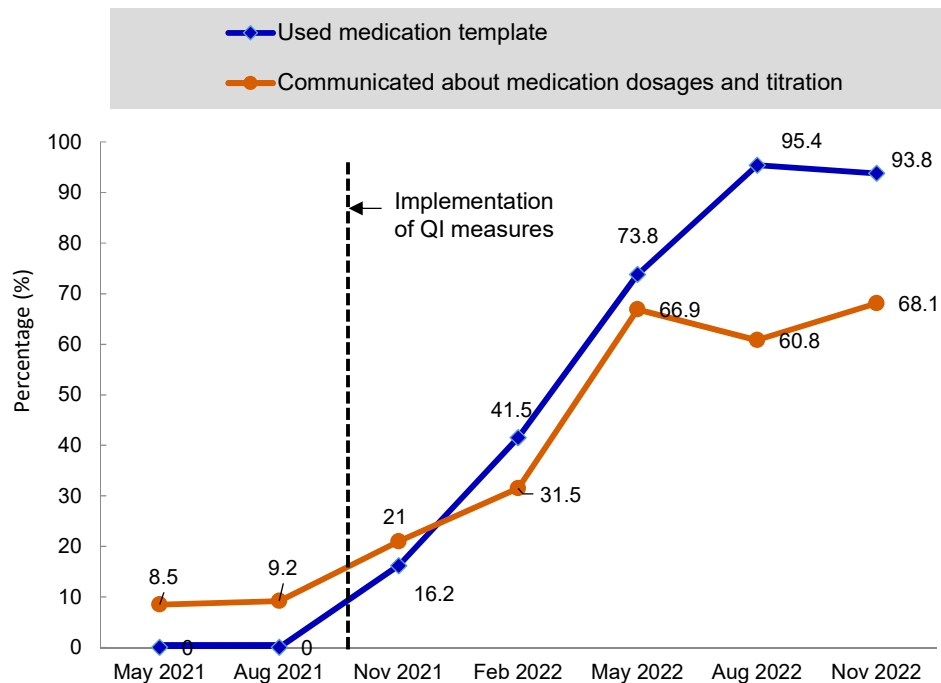
\*Kindly note that birth certificates/identification cards of patients will be required to pick up medications. Pharmacy opens from 9am to 6.30pm on Mondays to Fridays, 9am to 1330pm on Saturdays. Pharmacy contact number: +65 67722557  
The prescription(s) is/are ready to pick.  
Please note that Ritalin prescriptions are valid for 1 month only.

Next appointment is currently scheduled for \_\_\_\_\_

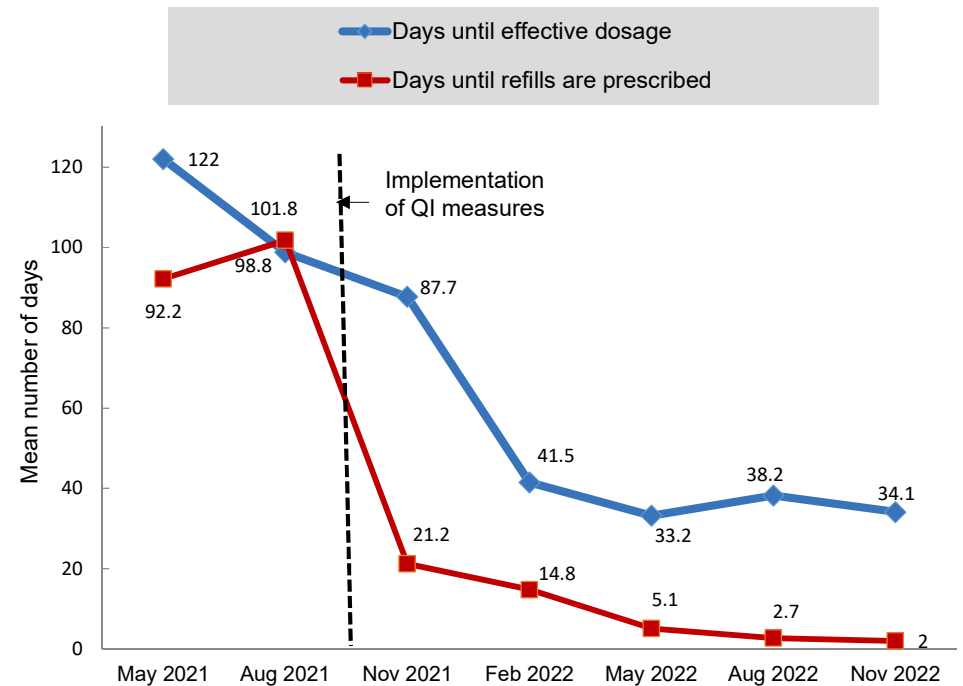
Figure 3. Medication refill template

## E. Benefits / Results (CHECK)

At 1-year post intervention, 93.8% of families were using the medication refill template and over two-thirds of families communicated about their titration process before their review visit in the hospital (**Figure 4**). The number of days until effective dosage was reduced from 122.0 (SD 29.8) to 34.1 (22.0) days, while the days needed for families to obtain refills decreased to a mean of 2.0 (SD 1.8) days (**Figure 5**).



**Figure 4.** Percentage of patients using recommended processes



**Figure 5.** Time to the most effective medication dosage

## **F. Strategy for Spreading/ Sustaining (ACT)**

---

What actions are required for continuous improvement? How will the results be sustained for the long run? Will the project be spread to other areas?

### **Communication with colleagues**

- Team leader, Dr Evelyn Law, has used CDU team meetings as a platform to discuss findings of this QI Project early 2023
- The team will ensure that CDU doctors use these interventions across the 3 NUH sites, which include CDU at KTP-NUCMI and 2 community sites (CDU@Keat Hong in Choa Chu Kang and CDU@Jurong Medical Centre)
- To discuss this with Department of Psychological Medicine and to see whether QI strategies may be useful in their inter-disciplinary clinics

### **Materials**

- To ensure that doctors and clinical assistants seeing CDU patients have access to both the education materials and the medication refill template
- A3 posters of the education materials are printed and laminated in respective clinic rooms


### **Assess for sustainability**

- The team will systematically collect data around February every year to understand the pattern of medication refill template use and to retrospectively examine the number of days needed until effective dosage and for families to obtain refills.

# Appendix

Show evidence and team effort to illustrate project implementation journey

This was a 1.5-year project that began early in 2021 when our team identified and define the problem of psychotropic medication titration within the Child Development Unit, Department of Paediatrics, National University Hospital. We then set SMART goals and completed a gap analysis by mid-2021. We collected information about our patients and families from May to October 2021, which was captured in Table 1. On 1 October 2021, we embarked on our interventions and obtained data after 1 year. Here is the A3 poster which was generated when the project was completed on 27 February 2023.




National University Hospital

### Ensuring safe and effective psychotropic medication titration

<sup>1</sup>Evelyn C Law, <sup>2</sup>Sherlyn SJ Chan, <sup>3</sup>Aveline Ajalan Vasu, <sup>3</sup>Aishworiya Ramkumar, <sup>3</sup>Shang Chee Chong

<sup>1</sup>Child Development Unit, Department of Paediatrics, Khoo Teck Puat – National University Children's Medical Institute, National University Hospital, Singapore; <sup>2</sup>Department of Paediatrics, Yong Loo Lin School of Medicine, National University of Singapore, Singapore



NUS  
National University of Singapore

## INTRODUCTION

Mental health and developmental conditions have a **global prevalence of 16%** in children worldwide (GRDDC, 2019). Many of these conditions require psychotropic medications that are often accompanied with **side effects** and are **Class B controlled substances** such as methylphenidate formulations.

Coordination of medication dosage titration and refill is labour-intensive and carries risks when communication errors are made.

In order to adopt the **best-practice recommendations** (MOH 2014; AAP 2019), medications are titrated most effectively with **frequent communications** between the clinical team and families, which may not be possible in a restructured hospital setting.

## PROBLEM

Paediatric clinicians who routinely prescribe psychotropic medications in the Child Development Unit (CDU) agreed on the following problems:

- 1 Titration of medication dosage could not be assessed by clinicians every 2-7 days, although guidelines recommended such titration frequency
- 2 Lack of education materials for families about medication titration and lack of clinic time to discuss dosage conversion during titration
- 3 No standardised form for families to communicate with clinicians about titration progress, many discontinued the medicine due to concerns for safety by the review visit

## AIMS

In children who are prescribed psychotropic medications for a mental health or developmental diagnosis, this QI project aims:

- To ensure that **>90% of families use the medication titration materials** and **>50% are comfortable communicating dosage titration outside of in-person visits** within 12 months of implementation
- To **decrease the number of days needed to reach the most effective dose** of psychotropic medication from the baseline interval to **30 percent of the interval** within a 6-month time frame AND for the decreased interval to be maintained for another 6 months

## METHODS

We first collected characteristics of families who came to the CDU for psychotropic medication management from May to October 2021 (Table 1).

Table 1. Patient baseline characteristics	
Variable	Descriptive Data
Gender No. (%)	Male 88 (67.7%)
Diagnosis No. (%)	Mood Disorder: 10 (7.7%) ADHD: 113 (86.9%) Autism Spectrum Disorder: 4 (3.1%) Co-morbid Mood Disorder and ADHD: 3 (2.3%)
Medication type No. (%), not mutually exclusive	SSRI: 12 (9.2%) Antipsychotics 3 (2.3%) Methylphenidate 117 (90.0%) Alpha agonists 18 (13.8%) Others 3 (2.3%)
Families contacted clinic about medicines No (%)	23 (8.9%)
Child age in years (SD)	8.89 (4.40)
Frequency of visits in days (SD)	118.25 (29.92)
From index visit to effective dosage in days (SD)	112.38 (50.11)
From index visit until refills were prescribed in days (SD)	94.77 (82.02)

Note: ADHD = Attention-Deficit/Hyperactivity Disorder

We started implementation of QI measures (see Targeted Interventions). Every 3 months, the clinical team reviewed the communications from families and extracted details on 4 variables, which included % families using the medication template, % who communicated about their titration process, # days from index visit to effective dosage, and # days for refills to be prescribed.

## TARGETED INTERVENTIONS

- On 1 October 2021, we initiated the use of education materials (Fig 1) for families to address Problems 1 & 2.
- We also implemented a standardised psychotropic medication reporting and refill form (Fig 2) to address Problem 3.

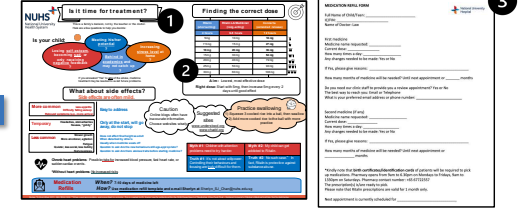


Fig 1. Education materials to teach families about medication titration. Fig 2. Medication refill template.

## RESULTS

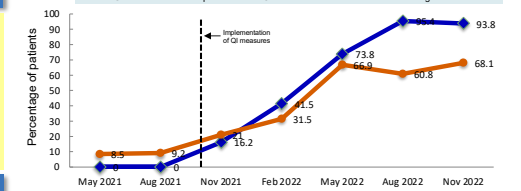


Fig 3. Percentage of patients on psychotropic medications using recommended processes

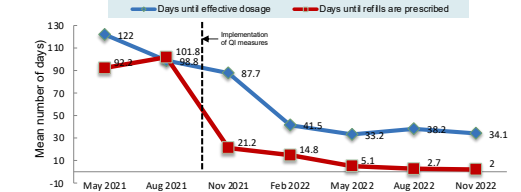


Fig 4. Time to the most effective medication dosage

At 1-year post intervention, the majority of families (93.8%) were using the medication reporting and refill forms and over two-thirds of families communicated about their titration process before their review visit in the hospital. The number of days until effective dosage was reduced from 122.0 (SD 29.8) to 34.1 (22.0) days, while the days needed for families to obtain refills decreased to a mean of 2.0 (SD 1.8) days.

## CONCLUSIONS

While the frequency of clinic visits remain the same, the provision of (a) easy-to-understand education materials in infographic format and (b) standardised medication reporting forms have empowered families to conduct medication titration at home, as recommended by evidence-based guidelines, and have reduced the days needed to reach the most effective dosage. To obtain a refill takes a mean of 2 days for families, which may increase medication continuity.

## REFERENCES

1. Olananya BO, Kancherla V, Shaheen A, Ogbo FA, and David AC, on behalf of the Global Research on Developmental Disabilities Collaborators (GRDDC). (2022) *Front Public Health*. DOI: 10.3389/fpubh.2022.97483. 2. Academy of Medicine of Singapore – Ministry of Health Clinical Practice Guidelines on Attention-Deficit/Hyperactivity Disorder (ADHD). May 2014. Singapore: Ministry of Health. ISBN 978-981-09-0767-9. 3. Wolraich ML, Hagan JF, Allan C, Chan E, on behalf of the American Academy of Pediatrics (AAP). (2019) *Pediatrics*. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. DOI:10.1542/peds.2019-2528.

# References

---

1. Olusanya BO, Kancherla V, Shaheen A, Ogbo FA, and David AC, on behalf of the **Global Research on Developmental Disabilities Collaborators** (GRDDC). (2022) Front Public Health. DOI: 10.3389/fpubh.2022.977453.
2. **Academy of Medicine of Singapore** – Ministry of Health Clinical Practice Guidelines on Attention-Deficit/Hyperactivity Disorder (ADHD). May 2014. Singapore: Ministry of Health. ISBN 978-981-09-0767-9.
3. Wolraich ML, Hagan JF., Allan C., Chan E, on behalf of the **American Academy of Pediatrics** (AAP). (2019) Pediatrics. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. DOI:10.1542/peds/2019-2528.