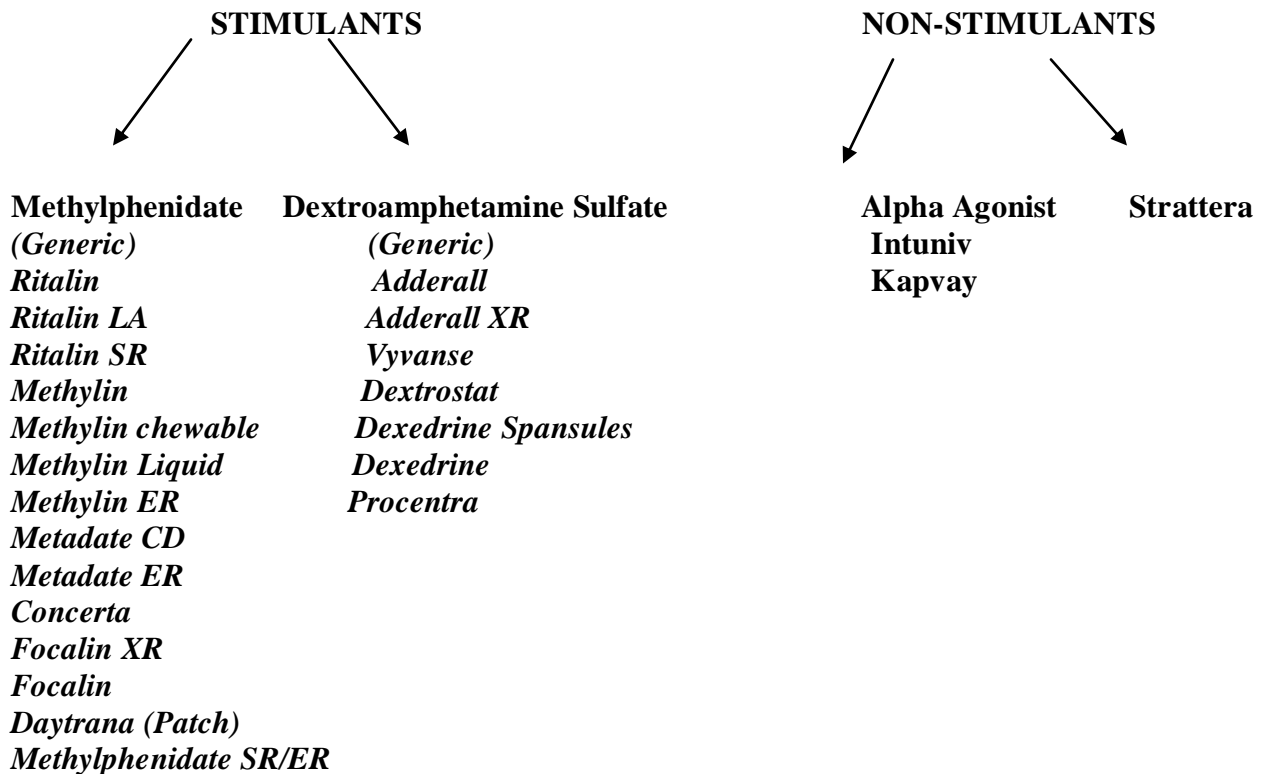


Medications for ADHD: Everything You Wanted To Know but Were Unable To Ask

There are over 25 FDA approved medications for ADHD at this time. In general we divide medications into two classes: stimulants and non-stimulants. This can be confusing to families when they hear the word stimulant and they think of a medication as stimulating their child who may need to calm down, focus, and be more in control. But the term stimulant is a misnomer as these medications actually calm and reduce hyperactivity. The list below is an overview of the medications we generally use to treat ADHD symptoms in children and teens.

ADHD Medications



Below are some of the most common questions I get regarding the use of ADHD medications.

- How do we decide which medication to use? Many factors go into deciding including duration of action, ability to swallow pills whole or not, present sleeping and eating habits prior to medication, age of the child, presence or absence of motor tics, and parent or child preference. No study has ever demonstrated one medication is better than the other of those we prescribe for ADHD.

- How do we know when we are on the right medication? When the symptoms we are trying to change improve without significant side effects we know we are on the right medication. For example, as part of the assessment of the ADHD we evaluate the most impairing symptoms such as: hyperactivity, focus, distractibility, following directions, etc. We actually count the number of symptoms based on parent and teacher report. We may decide to do the same post treatment or we may rely on the overall impression of parents, teachers and child to determine if we have improvement. Once we have established symptoms have improved and side effects if any are manageable. We know we are on the right medication. Curiosity about a better alternative may still lead us to trial other medications or dosage but only based on a thorough evaluation of risks and benefits.
- What if the medications don't work? 80% of the time they do, however if you are in the unresponsive group we may need to develop an alternate plan which may require the use of off label medications, reevaluation of the correctness of the diagnosis, changes in habits (sleep, diet), evaluation of school placement, consideration of supplements and complementary and alternative medicine, behavior therapy/ADHD coaching and other options.
- How long will we have to use medication? As long as necessary this may mean years or decades depending on your child. There will always be the long term goal of reducing or going without medication. Parents are free to conduct a discontinuation trial, and stop medication with medical supervision at any time.
- What if there are bad side effects? With any medication trial we ask the basic set of questions - are things better, worse or the same? Pending this response we can manage almost any side effect encountered. We may need to alter timing, add a second dosage, give a booster, add another medication, provide interventions to improve eating and sleeping etc., change medications etc.
- Will my child become a zombie? This is my all time favorite question. If I make your child a zombie what does that make me? I jest however, I understand the real underlying concern and share that concern to not alter a child's personality or risk losing what is unique about your child by overmedicating. However, in my practice this goes without saying a good outcome is a child or teen who is happy and performing better on their medication.
- What if my teenager does not want to take the medication? Teenagers provide us with a different set of challenges. Emerging self determination and autonomy must be taken into consideration. In addition you cannot make a teen take a medication, for behavior, that they do not want to take. So we work together as a team keeping the best interests of the individual being treated in mind. I try to empower teenagers without eroding parental authority. It is a tricky balance but one of my favorite things to do! I have the pleasure of enjoying and relating to your teen in a different manner than a parent and helping develop a sense of reasonableness and partnership in understanding the impact of ADHD on their life and the use and misuse of medication.
- Will this teach my child the wrong lesson about drugs? No it will actually teach them the right lesson about "drugs" which connote illegal substances in contrast with "medications" which we use to treat specific medical or behavioral

conditions. Study after study has shown that teenagers with untreated ADHD are more impulsive and erratic making them more vulnerable to poor choices and substance abuse. Additionally there are teenagers who use illicit substances to self medicate and stop this practice when they are properly and sensitively treated with medication.

- When can my child stop taking the medications? A lot of this depends on maturity of the child and severity of symptoms at the outset. There is no absolute however as children mature symptoms do change and we know for a fact hyperactivity decreases but the need for organizational skills and academic workload increase. There will be various points in treatment when we will consider stopping medication and reassessing symptoms. Parents do have the right to do this with their children and I would suggest teenagers may need to the opportunity to assess life on and off medication to be more compliant.
- What do long term studies show? Very few medications have long term safety data which is published. However stimulants have been used safely for over 60 years and the NIH has a long term ongoing study titled the MTA Study which has been monitoring children for over 10 years at this point. Federal regulations do not require long term safety studies only short term, however the longer a medication is used the more data we have and the stimulants have been used for a very long time. The non stimulants as well, have been used though predominantly “off label” other than Strattera. Specific risks and benefits of each medication will be discussed with you when prescribed. We take every precaution to monitor what may be a specific risk factor for your child on specific medications.
- What are the main side effects of stimulants vs. non-stimulants? All of the stimulants carry the same potential side effects: difficulty falling asleep, decreased appetite, motor or vocal tics, irritability, and aggression. When we have side effects that don't improve we change medications or add medications in certain circumstances. Tics when they occur though alarming are not permanent or harmful. With the non-stimulants Kapvay and Intuniv sedation, constipation, headache, and irritability are the most common medications. These require time to work and time for side effects especially sedation to subside. With strattera the main side effects are nausea, vomiting, mood changes, and fatigue. As with all medication you can get no side effects, some or all of them. However my job as your physician is to manage them and as always “do no harm”.
- What if I don't want to put my child on medication? We will develop the best possible treatment plan using other modalities.
- Do you ever use ADHD medications for children or teens without ADHD? Yes this is termed “off label usage” and we do this for children with Autism Spectrum Disorders. However, we do not use ADHD medication for children or teens or parents who simply request something to “focus better”, “improve grades”, or “stay up to work” this would be unethical and inappropriate. For these medications to be used there has to be a clear medical or diagnostic reason. Occasionally other psychiatric disorders such as depression may require usage of an ADHD medication.