

Medications for ADHD
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Using medication for ADHD is often confusing and anxiety provoking for parents. In considering the usage of medication for ADHD there are many things we need to consider. First and foremost, it is always a partnership between parents, the child and the physician or the patient and the physician for older teens and young adults. I address these concerns and work to develop a plan that is effective and acceptable to everyone involved. To make the best decision for yourself or your child you need to be informed and consider all of your treatment options.

Once a decision to try medication had been made there are a series of issues we discuss and consider in choosing the right medication for each individual. It is important to have an overview of all of the medications available. 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 you hear the word stimulant you think of a medication as stimulating their child who may need to calm down, focus, and be more in control. However, the term stimulants are a misnomer as these medications actually calm and reduce hyperactivity. Below is a list of the FDA approved medications we generally use treat ADHD symptoms in children and teens.

Methylphenidate

Methylphenidate (generic)

Ritalin

Ritalin LA

Ritalin SR

Methylin

Methylin chewable

Methylin Liquid

Methylin ER

Metadate CD

Metadate ER

Concerta

Focalin XR

Focalin

Daytrana (Patch)

Amphetamine

Dextroamphetamine Sulfate (generic)

Adderall

Adderall XR

Vyvanse

Non-Stimulants

Strattera

Intuniv

Kapvay

Key Questions About ADHD Medication

What do ADHD medications actually do to the body?

- Increase dopamine in the brain by a variety of mechanisms
- Some medications also increase norepinephrine but to a lesser degree
- Both of these neurotransmitters occur naturally in the brain, the medications are increasing a naturally occurring substance

How do we decide which medication to use?

- Mode of administration: pill, patch, liquid, chewable
- How long do we need the medication to work: 4, 6, 8, 10, 12 hours?
- Underlying problems: insomnia, under or over weight
- Family history what has worked with other affected family members
- Age of patient younger vs. older children can have different effects
- Cost and insurance coverage
- Interaction with other medications
- Presence or absence of co-existing problems such as motor tics, anxiety, or moodiness

How do we know when we are on the right medication?

- Track symptom improvement with rating scales from parents, teachers, and others
- Self report of effects
- Symptom reduction notable in school, work, home, play
- Balance of positive effects and side effects is optimal

What if the medications don't work?

- 30% of the time the first medication trialed works, often we need to trial other medications
- 80 % of the time we can find an effective medication or combination of medications
- We need to be sure behavioral approaches are consistent
- If there are truly no effects after an adequate trial we need to reconsider the diagnosis
- In older individuals we need to be certain there is no concomitant substance abuse

How long will we have to use medication?

- Length of treatment is Individualized based on needs
- Hyperactivity decreases with age, demands on organizational skills increase with age
- Some children no longer need medication during various point in their school years
- We work with older teens and young adults to try to reduce their need for medication through self control, exercise, nutrition, supplements, coaching and other strategies

- Medication is always on a trial basis and will be started and stopped based on effectiveness
- A medication trial is only a “trial” and fear of being on medication lifelong should not influence the decision to start medication

What if there are bad side effects?

- If we have clinical success nearly all side effects can be managed
- Many children will experience some reduction in appetite, difficulty falling asleep, and mood changes with stimulants. These may improve on their own with time or be effectively managed with a variety of strategies (add calories, melatonin, etc)
- Non-stimulants have their own side effects depending on the medication typically sedation (Kapvay, Intuniv), moody and nausea (Strattera). Over time many of these effects disappear. If not we have specific ways to manage (non-stimulants at night, Strattera with food etc.)

Will my child become a zombie?

- Affect and personality change if they occur are considered a negative side effect and would be managed through medication changes
- No child would continue on a medication that has a negative effect on their personality

What if my teenager does not want to take the medication?

- We need a willing partner in medication trials we will work through any resistance that arises
- No child should feel they are being forced to take medication

Will this teach my child the wrong lesson about drugs?

- Quite the contrary untreated ADHD often leads to impulsivity and poor decision making which can lead to substance abuse
- We never prescribe medication alone we always use psycho-social treatments which include: parenting, organizational skills, and behavior plans to help with symptoms

When can I or my child stop taking the medications?

- Discontinuation trials will be planned and monitored as you, your child or the parents see fit.
- Typically a patient should be close to symptom free before even considering this option
- If there are still significant difficulties but adherence to medication is no longer desired or possible there should be a plan to monitor symptoms and strategies to manage ongoing problems

What do long term studies show?

- There is no harm to the brain from use of ADHD medications
- There are improvements in relationships and psycho-social functioning
- ADHD symptoms persist over time and though medication may not always be necessary, addressing the problems that arise from ADHD need to be continuously worked on through a wide range of methods (coaching, organizational skills, outlets for activity, etc)
- There are inconclusive effects on growth with a small decrease in height a potential concern
- ADHD medication have been shown to protect teens from substance abuse
- Reduction in potential harm from accidents in driving, reckless behavior, poor decision making