

Guide little minds, for those that think and learn differently.

## Frequently asked questions about ADHD medications.

### 1. Which preparations are better? Short-acting or long-acting?

Slow-release preparations are preferred over short-acting preparations. Privacy and confidentiality allow kids to take a second dose at school. Patients report a more consistent, stable benefit: Extended-release formulations smooth out the rebound. The sudden drop in medication levels can make people weepy or irritable.

### 2. What medication side effects are acceptable?

While no side effects are acceptable, some people are willing to live with minor side effects because the benefits of taking medication outweigh them. Most children may experience minor loss of appetite when the medication is active. I think of the impact on eating as “delayed appetite.” Appetite returns and your child will display “catch-up eating.” when the medication wears off.

### 3. Is this medication taken with or without food?

Different medications carry different food requirements. Some stimulants, for example, react poorly to Vitamin C; they shouldn't be taken with orange juice, a typical breakfast drink.

#### 4. How long will this medication take to start working?

Most stimulants start working within an hour but make sure your doctor lets you know exactly what to expect from yours.

Non-stimulants can take a few weeks to start showing results.

#### 5. How long do the effects of this ADHD medication last?

When it comes to stimulants, you can't always trust the projected dosage window. Ask your doctor how long the medication should last, but ask what to do if it lasts for a shorter or longer time than projected.

#### 6. Are there any side effects I should seek immediate medical help for?

Most side effects — like nausea, appetite loss, or irritability — are mild and should be no cause for alarm. Others can indicate a severe problem with a medication.

**For stimulants**, these red flags include dizziness, fainting, pounding heartbeat, shortness of breath, weakness or numbness, or chest pain.

**When taking non-stimulants**, severe allergic reactions — like hives, swelling, or trouble breathing — should be reported to a doctor immediately. Strattera, in particular, carries an increased risk of suicidal thoughts or actions. Call your doctor immediately if you notice these in yourself or your child.

## 7. When should this medication be taken?

**Stimulants** typically start working within an hour and wear off within set time frames, so patients should work with their doctors to determine the most effective dosage time(s) given their unique schedules.

**Non-stimulants** need to build up in the body over several weeks and tend to work best if taken simultaneously every day. Some patients report feeling drowsy after taking a non-stimulant; in these cases, experts suggest taking them at night. Your doctor should be open to discussing timing strategies with you.

## 8. Must this medication be taken every day?

**Stimulants** start working quickly and wash out of the body within a day, so most patients can skip a dose or two without suffering any withdrawal-related symptoms — still, this doesn't mean inconsistent use is the best choice. Talk to your doctor about drug holidays and effective treatment schedules before you decide to skip a dose of your stimulant.

**Non-stimulants** usually need to be taken every day — otherwise, therapeutic levels of the medication in the bloodstream may drop, and the medication may become less effective. If you want to stop taking a non-stimulant altogether, discuss it with your doctor. Otherwise, do your best to take the medication every day at the same time.

## 9. If I want to stop taking this medication or stop administering it to my child, how do I do that?

**Stimulant medications** generally do not cause withdrawal problems, but most experts recommend tapering off them slowly instead of quitting cold turkey.

**Non-stimulants** are a little trickier and may need to be tapered off in a structured pattern. Your doctor should be able to recommend an effective strategy for discontinuing medication; ask how other patients under her care have done so successfully.

## 10. Is this medication taken with or without food?

Different medications carry different food requirements. Some stimulants, for example, react poorly to Vitamin C; they shouldn't be taken with orange juice, a standard breakfast drink.

Ask your doctor to explain what interactions your medication might have with your food and how to time your meals to maximise your medication's benefits.

## 11. Why does it sometimes appear as if my teen's medication isn't working?

“Before you become alarmed that medication isn't working,” Ensure that the medication is taken EVERY day—peer pressure to conform increases in early adolescence. Many kids who took medication without any problem when they were younger suddenly feel singled out when they have to leave the classroom to visit the school nurse. They may “forget” to go or refuse to take the medication.

If you know that your child is taking medication as prescribed and the medication still appears to be not working, then visit your doctor. Mood disorders, anxiety and other health problems can appear as if medication isn't working.

## 12. Are medications necessary?

The vast majority of people with attention deficit hyperactivity disorder (ADHD) use some form of stimulant medication to treat symptoms. Research has shown that ADHD medications combined with behaviour modification and therapy are the most effective treatment for ADHD.

## **13. Why didn't they prescribe all of these medications when I was a kid?**

Medication for ADHD has been in use since the 1930s. Ritalin has been in use for over 40 years. Medication is more visible now, partly because there has been an increase in the rates of diagnosis of ADHD and part because of increased media attention.

Some researchers feel that ADHD is underdiagnosed and that more children could benefit from medication treatment. A study in the Journal of the American Medical Association reported that ADHD affects between 3 and 6 per cent of school-aged.

In the United States, only 2.8 per cent of children aged 5 to 18 years were taking Ritalin.

## **14. Why do I have to go to the doctor to get a repeat prescription?**

Stimulant medications are considered abusable drugs and are scheduled for six medications. Medication can only be prescribed for one month of use per script. Stimulants cannot be purchased over the Internet for that exact reason. Non-stimulants do not have the same restrictions and can be prescribed on repeat prescriptions.

## **15. What are the most common side effects**

### **Loss of Appetite**

One of the most common side effects of these medications. The loss of appetite happens when the meds are effective and wear off, just like the benefits of the medication. Kids may

be starving when the meds wear off, and if they haven't eaten, they may also be irritable and cranky. This is typically a manageable problem, but we suggest discussing this issue with the doctor who prescribes the medication.

## **Sleep Problems**

Kids who take this medication can experience trouble falling asleep. This is usually a mild change, and it tends to occur more in kids who are younger and might have had issues with falling asleep before they started the medication.

Many things can interfere with falling asleep. So it also is essential to figure out whether any of those things are present (worry about school or friends, excess screen time before bed, etc.) when you're evaluating the effects of medication.

Problems falling asleep can sometimes get better over time and maybe helped by changing the time or type of medication. For example, if a child is taking a short-acting formula, it may mean that he is taking a second or third dose too late in the day, so it hasn't worn off by bedtime.

## **Wear-Off Effects, or 'Rebound'**

A small minority of children experience behavioural changes as their ADHD medication wears off, typically at the end of the school day. Some parents call it "rebound", but the term is misleading. They can seem more irritable or emotional, but it is usually mild. It is essential to ensure that they aren't simply hungry from having missed the midday meal. This may be connected to the medication level dropping. Strategies that create a more gradual decrease in the medication level may help take it away, such as adding a smaller dose a half hour before it wears off.

## Tics

About 10% of kids with ADHD will have tics whether or not they take medications, so there are a lot of kids who have both. Tics usually start between 6 and 8 years of age, which is often when kids start taking medication for ADHD. Tics also come and go over time. The best we know from a series of studies is that stimulants don't cause tics and can be used to treat children with both ADHD and tics. But this should be monitored during treatment.

If your child has tics or develops tics during treatment, you could discuss trying a non-stimulant medication, which affects the brain differently.

## Mood Changes

When a stimulant dose is too high for a child, he may begin to look sedated or zombie-like or tearful and irritable. If this happens, the prescription should be adjusted until the right dose is found: one in which the child gets the benefits of the medication with the least possible side effects.

But a small subset of kids with ADHD seem to get moody and irritable when they take stimulant medications, even if they take the best possible dose. It usually happens right away, as soon as they start taking the medication, and goes away immediately when they stop taking it.

If this happens with your child, it may help to switch to a different stimulant since some kids react differently to those based on methylphenidate and those based on amphetamine. If that doesn't work, a non-stimulant medication is a possibility.

Of course, it's essential to keep in mind that kids who have ADHD can also develop depression. They are at a higher risk of developing **major depressive disorder** than other kids.

The good news is that kids can be safely treated for both disorders simultaneously. However, we don't recommend treating mood problems that are a side effect of stimulant meds with another medication.

## **16. How will I know if this medication is working?**

“When your medication works effectively, you will have a sustained focus. We're not talking about hyperfocus or ‘zombie focus’ — we're just talking about a sustained focus. You can perhaps get the homework done, or you're able to finish making the bed. Other signs include an improved mood, less extreme emotions, and less physical and verbal impulsivity. Ask your doctor which signs are typical for your particular symptoms and how long they commonly take to appear.

## **17. Should we perform any health monitoring checks?**

Some doctors insist on regular cardiovascular checks for patients taking stimulants, particularly those with pre-existing heart conditions.

On the other hand, non-stimulants — clonidine or guanfacine in particular — can cause blood pressure to drop to dangerously low levels, so many doctors monitor blood pressure carefully. Ask your doctor about the type and frequency of any tests you should expect.

## **18. “Isn't Ritalin a dangerous drug? I've heard a lot of bad stories about this medication. Isn't it addictive? Won't it make my son more likely to take drugs later?”**

There is NO evidence that stimulant medication taken under correct supervision adds to the stimulant and does not increase the risk of addiction to



other substances. The opposite is, in fact, true. ADHD untreated increases the risk of adding to substances such as nicotine, caffeine, marijuana and other substances.

## **19. Don't stimulants just cover up the “real problem” and do not deal directly with the root causes of the child's ADHD.**

We now know that ADHD is essentially a genetic disorder associated with deficiencies in the functioning of specific regions in the brain related to inhibition, attention, and self-control. The stimulants deal directly with the parts of the brain that contribute to self-regulation, are underactive, and give rise to the outward symptoms of ADHD,

## **20. Do stimulants make children “high,” as illegal drugs do, and are addictive.**

Euphoria in children taking the prescribed forms of these medications by mouth is exceedingly rare. This is true only if people crush the pill and inhale it nasally as a powder, inject it into a blood vessel, or take exceptionally high doses. On rare occasions, some children describe feeling “funny,” “different,” tense, irritable, or dizzy. Others actually become a little bland in their mood, and a few even report feelings of sadness or just being emotionally sensitive. These mood changes occur a few hours after the medicine is taken and occur more often among children treated with higher doses. In most children, these changes are minor if they occur. Parents are often also quite concerned about the risk of addiction to stimulants and an increased risk of abusing other drugs when the children become teenagers. There are no reported addiction or severe drug dependence cases to date with these medications taken orally as prescribed. Many studies have examined whether children on these medications are more likely than those not taking them to abuse other substances as teenagers show that they are not.

## **21. Stimulant medications stunt children's growth, and their use is strictly limited by age.**

Your child's eventual adult height or skeletal size is not likely to be affected by taking medicine. However, recent studies suggest that in the first year or two of taking medication, the child may fail to grow by 1 centimetre on average.

Care monitoring of your child's weight and height is an essential part of the follow-up visits and is a necessary reason for you to ensure regular follow up at least every four months. During the first month, your child may experience some minor non-significant weight loss during the treatment. After your child's metabolism has adjusted to the medication, the weight stabilises.

## **22. Stimulants can be used only by young children.**

Contrary to what you may have heard, stimulant medicines can be used throughout the life of a person with ADHD, not just during childhood. There was widespread concern that stimulant medications could not be used once puberty started in earlier decades because they would no longer be effective. This was a fallacy, and we are now seeing a dramatic increase in prescribing these medications for teenagers with ADHD. We are also witnessing a growth in using these medicines by adults who have ADHD.

## **23. Stimulants do not result in lasting benefits to a child's academic achievement.**

Suppose one takes a simplistic view of the term academic achievement and expects stimulants to directly and immediately increase the amount of academic knowledge and skill in a school subject matter that a child acquires. In that case, the stimulants will disappoint in the short run. When consumed, the pills do not contain any knowledge automatically placed in a child's brain.

A child with ADHD who does not know her multiplication tables today, while not taking any medication, will not automatically realise them tomorrow after taking a dose of stimulant medication. To expect this kind of change would be silly and demonstrates the flaws in this criticism of stimulants. The stimulants help the child with ADHD show what she knows during the performance of school assignments by improving the child's attention span, concentration, resistance to distraction, and thoughtful, reflective behaviour. They also make the child more available to learn what is being taught in school by reducing her off-task, disruptive, and otherwise inattentive behaviour and improving her self-regulation. Given these gains, several years of medication give the child more academic knowledge than she would have had without medication.

The improvements in school adjustment and success that result from the stimulants are frequently the most common reasons for prescribing these medications for children with ADHD.

## **24. Stimulants like Ritalin cause cancer.**

Despite what you may have read or heard, there is absolutely no evidence in any scientific journal that Ritalin or any stimulant medication causes cancer in humans.

## **25. Stimulants cause sudden death in children and adults.**

Late in 2011, the two most extensive studies of this issue were published in scientific journals and included hundreds of thousands of patients treated with these medications over long periods. The study involving children published in the New England Journal of Medicine by Dr William Cooper and colleagues used more than 1.2 million children and young adults with ADHD to take stimulants. Both studies concluded that there was no evidence of any significant association between taking stimulant medications and any severe cardiovascular events, such as sudden death, heart attack, or stroke.