

ADHD Medications

Stimulants (Ritalin, Dexedrine, etc.) are the primary medications used to treat ADHD. If your child is to take these medications, there are several areas which you should consider. There are side effects, some of which are quite common.

Common side effects include decreased appetite, weight loss, headaches, stomachaches, and disturbance in sleep patterns. Usually, while the medication is working, the children are not hungry, and so may require a larger meal at dinnertime to make up for food not eaten during lunch. Sometimes, there are changes in sleep patterns: either more or less sleep. Rarely problems occur with increased blood pressure, decreased growth, abnormal movements called tics, or as the medicine wears off, hyperactivity or bad moods can get worse than before the medication was started. This latter problem is known as a rebound phenomenon. While there are numerous potential side effects, it is important to keep in mind that most of these side effects occur at higher doses. Your doctor will usually start at a very low dose, and monitor your child closely as the dose is increased.

One other problem with stimulants is that they can be abused as a recreational drug. Studies have also shown no evidence that prior treatment with a stimulant predisposes future addiction for other types of drugs. Additionally, studies have shown that untreated adolescents showed a greater incidence of illicit drug use compared to adolescents treated for ADHD.

Prescriptions for ADHD medications are monitored closely, they must be written on a special prescription pad and prescriptions must be filled within seven days. The federal government has created laws which effect the handling and filling of these prescriptions. We are sorry for the inconvenience which these procedures may cause you, but they are in place to safeguard the health of your child.

The following rules apply for filling your prescriptions:

- 1) All refills must be handwritten on the special prescription form and must be picked up by the parent from the doctor's office. Prescriptions cannot be faxed, mailed, nor phoned into the pharmacy. A copay is required for all prescription refills.
- 2) Refill requests must be made 7-10 days before running out of medication. Your doctor will want to review your child's chart before writing the new prescription, and decide whether or not your child will need to be seen before the prescription is written.
- 3) Once the prescription has been written, it must be filled within 7 days or it will need to be rewritten. You must turn in to your doctor the expired prescription in order to pick up a new one.
- 4) Prescription refill requests and pick up can only be done during regular office hours Monday to Friday.

Parent's Signature: _____

Parent's Name: _____ Date: _____

STIMULANT MEDICATIONS AND ADHD – FACT SHEET

For more than 60 years, stimulants have been used successfully and safely as part of a total treatment program for Attention Deficit/Hyperactivity Disorder (ADHD). It is believed that stimulant medications change the levels of important transmitter chemicals in the brain. These neurotransmitters help the different nerve cells to communicate among themselves. As glasses help people to focus their eyes to see more clearly, these medications help children with ADHD to focus and to ignore distractions. This makes them better able to pay attention and control their behavior. Stimulants may be used alone or combined with behavior therapy. Studies show that about 80 percent of children with ADHD who are treated with stimulants improve their functioning a great deal.

Different types of stimulants are available, in short-acting, intermediate-acting, and long-acting forms. The two most commonly prescribed stimulant medications are methylphenidate and amphetamine salts. Of the two, methylphenidate is the most studied for the treatment of ADHD.

EFFICACY OF STIMULANTS IN TREATING ADHD – Hundreds of studies have documented that stimulants are effective in reducing the core symptoms of ADHD. These symptoms are generally characterized by inattention, impulsivity and hyperactivity. In many cases, stimulant medication also improves a child's ability to follow rules and decreases emotional overactivity, thereby leading to improved relationships with peers and parents. The most powerful effects of these medications are found on measures of observable social and classroom behaviors and on core symptoms of attention, hyperactivity, and impulsivity. Most studies of stimulants have been short-term, demonstrating efficacy over several days or weeks. The Multimodal Treatment Study of Children with ADHD (MTA), a landmark clinical trial conducted by key opinion leaders in ADHD on behalf of the National Institute for Mental Health and the U.S. Department of Education, extended the demonstrated efficacy of stimulants to 14 months.

SAFETY OF STIMULANTS – Stimulants are generally considered safe medications. Almost all stimulant-related side effects are rare and short-lived and are responsive to dosing or timing adjustments made by the prescribing physician. As with any prescription medicine, individual results may vary and patients/parents should carefully review the full Prescribing Information, which accompanies the particular stimulant.

RECOMMENDED USE OF STIMULANTS – Most experts recommend using both stimulant medication and behavior therapy to treat ADHD. In its newly published Clinical Practice Guideline: Treatment of the School-Aged Child With Attention-Deficit/Hyperactivity Disorder, the American Academy of Pediatrics notes that, "The physician should recommend stimulant medication and/or behavior therapy as appropriate to improve target outcomes in children with ADHD."

Short-acting forms of stimulants usually are taken every 4 hours when the medication is needed. Long-acting medications usually are taken once in the morning. Children who use long-acting forms of stimulants can avoid taking medication at school or after school. A physician will help determine the best medication, dosage, and schedule for a patient. Some children may need to try different types of stimulants if they do not respond to a particular medication.

POTENTIAL FOR ABUSE – Stimulants are classified as Schedule II drugs by the U.S. Drug Enforcement Administration. There are some news media and anecdotal reports of abuse of this class of medication. However, these incidents are not widespread. In its “Practice Parameter for the Use of Stimulant Medications in the Treatment of Children, Adolescents, and Adults,” the American Academy of Child and Adolescent Psychiatry notes:

“Analyses of annual school surveys of drug use and the Drug Abuse Warning Network data on emergency room visits, however, have not suggested increased abuse or diversion of methylphenidate.”

The US General Accounting Office recently evaluated the issue of diversion and abuse of attention disorder drugs and concluded the following:

“We do not believe that the diversion or abuse of attention disorder medications is a major problem at middle or high schools. Based on our findings, few middle or high school principals are aware of ADHD medication diversion or abuse, and most do not believe this is a major problem. Furthermore, states and localities appear to be cognizant of the potential for problems and many have established policies and procedures to minimize risks.”

Additionally, in a review of published literature surrounding the use of medications in the treatment of ADHD from children through adulthood, researchers noted:

“Despite the concern that ADHD may increase the risk of abuse in adolescents and young adults (or their associates), there are no scientific data confirming the abuse of prescribed stimulants by ADHD children who are receiving appropriate diagnosis and careful follow-up.”

Different stimulant medications may have different abuse potentials. Careful selection of a stimulant therapy, together with close monitoring, can ensure both treatment compliance and minimization of abuse potential. If a child is on medication, it is always best to supervise the use of the medication closely.

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THE AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION HAS FAVORABLY REVIEWED THIS MATERIAL THROUGH 2005. FAVORABLE REVIEW MEANS THAT MEDICAL INFORMATION IS ACCURATE, BUT DOES NOT IMPLY ENDORSEMENT OF ANY CONCLUSIONS PRESENTED.