



Stimulants Medications: A Practical Guide for Parents

Finding the Right Medication

There are really no "good" or "bad" stimulant medications, only different ones. No test can predict which one is best for a given individual, and many people will find several different formulations that work well for them. Sometimes, it takes more than one try but it rarely takes more than 3 tries to find the right match. Needless to say, we always aim to get it right the first time.

Long-acting medications are generally preferred over the older immediate-release / short-acting ones. First and foremost, slow-release medicines don't require an afternoon boost for all-day coverage. In addition, slow-release stimulants usually take effect and wear off more smoothly, so they are less likely to cause irritability or emotional lability on either end.

On the other hand, the extended-release stimulants have certain disadvantages.

- **Slower onset** Many long-acting stimulants take about an hour to start working.
- **Insomnia** Extended-release medicines are more likely to keep kids up at night. We can't predict how long a slow-release stimulant will last, and sometimes a medicine will prevent kids from falling asleep, even if it's no longer controlling ADHD. When this happens, younger children may act "wild," make excuses, or "stall" at bed-time, while older children may stay up doing quiet activities in their rooms (possibly unbeknownst to parents) until late at night, or they may simply lie in bed awake, sometimes for several hours. Insomnia is uncommon if long-acting medicines are taken before 9:00AM, but parents should monitor for this side-effect.
- **Appetite** Because they last longer, appetite is suppressed, continuously, for a greater portion of the day. With slow-release medications, it is all the more important to monitor growth on a regular basis.

'Med checks' are scheduled on a regular basis, in order to identify issues and deal with them. Most side-effects are quite manageable, and they are usually far outweighed by the benefits.

How Do You Know When You've Reached the Right dose?

If you think a particular dose was too low, increase by one notch, and monitor for effects. Many variables play into behavior and attention, and medication is only one of them. If you think it *may* be the right dose, try it again before increasing. Unless you're sure you've reached the right dose, increase again by one notch. Signs of an excessive dose are hyperactivity, agitation, or sedation. Since you're only increasing by a small amount, the effects probably won't be so dramatic; even if you overshoot, they will end when the medicine wears off, and there won't be any long-term effects.

Long-acting stimulants should to be given in the morning. If given too late, they may keep him up at night. Until you're familiar with how long a particular medicine lasts for your child, give it no later than 9:00AM.

Keep a Long-Haul Approach

Sometimes a medication is obviously not a good fit, but most side effects are little more than a minor inconvenience. Dramatic adverse effects should be reported promptly, but they are quite unusual, especially when you start with a relatively low dose and advance slowly. Once your child starts taking a long-acting medication, parents and teachers should wait about a month before they assess for improvement in target behaviors. This is for several reasons.

- We notice ADHD behaviors because they tend to be negative, undesirable, and difficult to deal with. It's human nature not to notice as readily when things start going more smoothly.
- Many factors other than medication affect behavior and attention. Habits take time to break, environments vary from day-to-day and week-to-week, and everyone has better and worse days.
- It takes time for outsiders to recognize a consistent, positive change in behavior patterns and to form a new impression.

Children may not see the difference. Most kids who take stimulants benefit from them greatly, but don't be surprised if your child insists that "the medicine isn't doing anything." Some children will try to convince you that it's not helping, in order to avoid taking it. Others may lack the insight to appreciate how they've changed. Teachers and friends will usually notice the difference, and they are often your best gauge of effectiveness. Over time, the improvement in grades and in self-esteem usually speaks for itself.

Side Effects

- **Appetite and Growth** Stimulants tend to suppress appetite, and sometimes it can be challenging to get your child to eat enough calories for growth. Kids may not feel hungry when the medicine is in their system; without persistent reminders, they may skip lunch entirely. Then, when the medicine wears off in the afternoon/evening, they may act "starving," often asking for food later in the evening than you would allow them to eat. A filling breakfast (before the medicine reaches full effect), helps offset this suppressed appetite, and permitting later-night calories may be appropriate. At routine med-checks, we will monitor growth and strategize to ensure optimal nutrition and healthy eating habits. Studies have shown that when stimulants are taken long-term from a young age, some individuals attain a final adult height that is $\frac{1}{3}$ - $\frac{1}{2}$ of an inch less than their genetic potential. It's not clear whether this is a direct effect of the stimulants, or a side-effect of appetite suppression.
- **Sleep Issues** A good night's sleep is important for all children, and certainly for a child struggling with ADHD. If your child has trouble falling asleep, Melatonin one or two hours before bedtime may enable him to fall asleep. The usual starting dose is 1 mg, but up to 3 mg can be used to achieve the desired effect (5-6 mg may be used in older children and teens). If melatonin is not effective, other medications may be helpful. Interestingly, some of these medicines can be harnessed to further control ADHD.
- **Cardiovascular side-effects** These are extremely uncommon, but rarely stimulants will un-mask an arrhythmia or another serious heart condition. This occurs almost exclusively in patients who have a personal or close family history of childhood heart problems. Whether or not a child is taking medication, chest pain, fainting, sudden confusion, and lightheadedness should always be taken seriously. There is no evidence that stimulants cause long-term negative effects on the cardiovascular system.

Medication Holidays

It's important to schedule time off of stimulants, on a regular basis. Over time, the body adjusts its metabolism, and stimulants becomes less effective if they are taken for weeks on end. Periodic days-off allow the body to reset, maintaining full effectiveness of the medication, while providing an extended period when the appetite is not suppressed, which encourages "catch-up" calories.

At least one day a week should be designated as a medication holiday, preferably two. Weekends, vacations, and summer break are often suitable for medication holidays; you should give days off whenever possible. Occasionally, a medication holiday will fall on a day when you feel the medicine is really needed. From time-to-time it's all right to give skip a medication holiday, but don't do so on a regular basis.

Bumps along the Road

School performance and behavior tend to improve dramatically when kids first take stimulants. If the effects begin to wane, ask the following questions:

- **Sleep:** Getting enough?
- **Growth:** Losing weight? Overall, is he or she taking in enough calories every day? Alternatively, did your child outgrow the current dose?
- **Nutrition:** Is he or she consistently eating a wholesome, filling breakfast and lunch? It is notoriously difficult to gauge whether a child is eating enough without tracking actual weights, on a scale.
- **Medication** holidays: Are you giving at least one day off each week? Over time, the body adjusts, and begins to metabolize more effectively. The same dose gradually becomes less effective – unless you take days off. Periodic breaks let the body reset, keeping the medication fully effective.

Controlled Substance Prescriptions

Control substances must always be prescribed in writing, with an original signature. They can never be called into a pharmacy.

This information is meant to serve as a guide and reference, not as a replacement for medical advice delivered to you by a qualified healthcare professional.

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