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## **Taking Medication**

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**How do I decide if my child should take medication?** Whether or not to use medication is one of the most difficult decisions for parents to make. You should consider medication only after your child's strengths and weaknesses have been thoroughly evaluated by a clinician or team of professionals (see Evaluating for ADHD). Once a diagnosis of Attention Deficit Hyperactivity Disorder has been made, a treatment plan should be developed which includes some basic reading about ADHD and some initial consultations with a clinician who can help with parenting and educational issues.

If your child has an Attention Deficit or Hyperactivity Disorder, you should only consider medication if these weaknesses are interfering with your youngster's learning, happiness, friendships or family relationships. You may also want to look into the medication option if you believe that your son or daughter's weaknesses in attention or self-control are making it harder for your child to meet his or her potential.

Although the reports are exaggerated in the media, there are instances where stimulant medications are too freely prescribed and the medication option too passionately pursued by parents or teachers. Not all problems of attention or self-control are the result of an Attention Deficit Hyperactivity Disorder and you must be clear in your own mind that the diagnosis fits your child. The idea of trying medication, just to see if it helps, is an unwise one unless you are comfortable that there is a complete understanding of your child's strengths and weaknesses.

**How do I learn about medication therapy for ADHD?** Over the past few years, numerous books have been written about hyperactivity and attention deficit (see the book list). Your physician should also have some materials or references as well. **Do not** rely upon what you learn from other parents who claim to have an ADHD child since the most visible and vocal parents tend to be ones who are very passionate about the medication option (for or against). Since every child is different, you should not rely upon another person's experience until you have developed your own perspective first. Beware of some very negative books and articles that are written about medication therapy which are based upon anecdotal reports or religious beliefs.

**How do I choose a physician for my child?** Talk with your child's pediatrician or primary care physician. Make sure that your doctor has experience in working with ADHD youngsters and that he or she has the time required to monitor your child's progress. You may also wish to consult with the local CHADD chapter for suggestions.

**How often should I be seeing my doctor?** Every doctor has a different routine that they follow generally, depending upon how much work they are willing to do over the phone. Initially, you should expect to see your doctor fairly frequently (perhaps once every few months). Once the medication regimen and dose is established, your child might only see the physician a few times a year.

**What type of medication should my child be taking?** Stimulant medications are the most commonly prescribed drugs for ADD/ADHD. Although there are physician preferences, the different stimulant medications are of generally equal effectiveness. Most physicians prefer Ritalin or Dexedrine, although there are at least 3 other stimulants that are also used. Although there are some reasons for choosing one medication over another (Dexedrine has advantages for older elementary and middle school students, for example), we cannot predict which medication will work best for which student. In many cases, we will switch from one to another to determine which medication works best.

**Aren't there are other medications that are used as well?** Yes, there are other medications that are prescribed instead of, or in combination with, the stimulants. This is particularly true when there are side effects when taking stimulant medications (such as tics) or when there are other symptoms that warrant treatment (e.g., depression or obsessive-compulsive behaviors). Talk very carefully with your physician about the reasons for using these drugs and don't hesitate to ask for a second opinion about your child's medication regimen.

**How do we determine what dose to use?** Most physicians will start your child on a very low dose of medication and increase gradually. It is even possible to snap or score tablets so that the medication can be increased even more gradually and titrated more carefully. (We even know of one physician who has divided Dexedrine capsules.) Some youngsters respond immediately, while others show little or no improvement until a target dose is reached. Although there are some guidelines based upon age and body weight that doctors follow, the amount of medication to be used depends primarily upon the response the youngster shows to treatment. Generally, we are looking for improvement in attention and self-control without problematic side effects.

Determining this optimal dose requires close communication between parent, child and teacher. Your physician should not only have a form or checklist for you and the teacher(s) to fill out, but also a way for the you and/or the teacher to talk to him or her directly. Physicians should also have your child's report cards and work samples to review as well. There should also be a way for people to report directly to the doctor or physician's assistant any side effects they might observe. Although some physicians use computers and other tests to try and determine the ideal dose, this is no substitute for regular communication with parents and teachers.

**How many times a day is the medication given?** Most children will take medication for school purposes and for afternoons and weekends where the medication might benefit them (e.g., homework, baseball practice, church). Although some parents and physicians try to limit the use of medication by avoiding afternoon and weekend use, they should consider using medication in those situations where the child is struggling and the medication might help them to be more successful.

The daily medication regimen varies tremendously, depending upon the youngster's response to the drug and the type of medication used. In some instances, problems occur because the medication doses are spaced too far apart and problems occur between doses. In some cases, the medication dose has to be reduced over the course of the day to avoid late afternoon or evening side effects. Some children benefit from an early evening dose (it actually helps them to focus on the bedtime routine), while other youngsters are unable to fall asleep if the medication is given too late in the day. We have a few students who take medication in the afternoon only, for homework and studying purposes.

**How do we decide if the medication is helping?** The best way to determine if the medication is helping is by a pre-post comparison. Information is gathered from parents and teachers in making a diagnosis and then we compare these reports to the descriptions of the child's self-control and task persistence after medication therapy has been started. Although we generally inform someone at the school that medication has been started, we often do not tell the teacher. This allows for unbiased appraisal that is far more reassuring to parents (the teacher should not be offended). Improvements in self-control and/or task persistence should be clear, although parents may not see a difference if the child is taking the medication for school purposes only.

It is commonly believed that stimulant medications will only help ADD/ADHD children. In fact, other children who have mild weaknesses in attention or self-control might also show improvement. Generally, the improvement is more subtle and may fade over weeks and months of use. When we see a pattern where the medication appears to be working initially but not over time, we may wish to reconsider the diagnosis.

**What side effects should we look for?** A number of side effects are reported in the literature, including appetite suppression, sleeplessness, moodiness, lethargy or "spaciness" and tics. Your physician should have a side effect checklist for you to review and share with the teacher. Known side effects are readily observable and are usually managed by a lowering of the dose or change in medication. Some side effects are minimized by taking the medication with meals. Often these side effects lessen or disappear after the first few weeks. For the most part, ADHD children should continue to "feel like themselves" when they take these medications. Negative changes in mood or energy or a "lack of spark" should be reported to the physician and a change in medication schedule, dose or type should be considered.

Some side effects are sometimes misinterpreted as a need for a higher dose. A child who is not eating breakfast or lunch may have problems with behavior or learning that are only made worse by an increase in medication (there are ways to avoid or lessen appetite suppression effects). Children who have difficulty with behavior or mood when the medications wear off, may not need more medication but a change in the medication schedule or type of medication used. Difficulty falling asleep at night can lead to changes in behavior and class performance that don't respond to an increase in medication.

**What about risks for drug abuse?** While it is true that some children with ADD/ADHD are at greater risk for drug abuse, ADD/ADHD children who use medication therapeutically are less likely to have drug problems in later years. In our experience, the children develop an understanding of how the medication works and they understand the difference between taking medication and

abusing drugs. Children who are more successful academically and socially are also less likely to succumb to drug use and abuse. Although it is true that some drug abusers were treated with stimulant medications as a child, this does not take into account all the children being treated with medication who are responsible and successful and not using drugs.

It is true that stimulant medications have abuse potential, if taken in higher doses. For this reason, parents must monitor the medication very carefully. This is particularly true with older children and adolescents. Most physicians monitor their prescription practices very carefully and the state laws are rather rigorous regarding the number of prescriptions and the amount of medication that can be prescribed. Generally, the prescriptions cannot be phoned in (you may have to wait to get a prescription in the mail so make sure to have a few days worth of medication in reserve).

**How long will my child be taking medication?** The length of treatment varies. Some children take the medication for only a year or two, while there are some who continue to take medication into their adult years. Physicians will typically ask a child to stop using the medication for a week or so in the spring to see how things might go without medication therapy. It is not uncommon for students to stop taking the medicine for a period of time and then resume, as school demands increase and medication becomes more helpful in completing school work.

Remember that a person's "need" for medication depends also on what they learn about themselves and their ability to develop strategies for controlling their impulses and improving their task persistence. People learn routines and techniques that help them to be more successful and this may reduce their need for medication.

**What about children who don't want to take the medication?** Children need to understand how these medications work and why they are taking them. If they understand that they are not taking the pills because they are crazy or sick or stupid, they are usually more receptive. We typically talk with them about all the strengths and abilities they showed us and how the medication might help with their self-control and focus and allow them to use their talents.

We must listen very carefully to children who are resisting taking the medication. Sometimes they are worried about side effects, while in other situations there is some embarrassment (at school perhaps). Youngsters may not like the daily reminder of having a problem that is associated with taking the medication. The medication regimen might be inconvenient for them (having to go to the office at school).

For many children, resistance to taking the medication is a good sign since it suggests that they believe that they are doing well enough to be successful without taking the pills. Try and look at these issues from your child's point of view and encourage your youngster to talk to their doctor about their concerns. As children reach late elementary school and middle school, we are almost always willing to let them stop taking the medication for awhile and see how they do without the pills (a "blind" experiment to see if the teachers notice).

**What are the best methods for actually giving children their medication?** Make sure that you follow a routine, where the events of the day are the "trigger" or reminder for when the medication is to be taken. If your child's misbehavior is what reminds you that they need the next dose, he or

she will have a negative association with being given the pills. Remember to respect your child's privacy by not talking about the medication to others without his or her consent, particularly among their friends. It is important also to make sure that your child is actually swallowing the medication; some youngsters pretend like they are taking the pills and then throw them away. Some children become very adept at taking the pills without any liquid; others need something to drink or some food (e.g., pudding) to take the medication. Please make sure that the medication bottles are out of reach of the children, even if they are older (we have known friends of teenagers to steal the medication for abuse purposes).

The routine for taking medication at school can be even more complicated. We recommend a written plan, which outlines when the medication is to be given and how parents/children/teachers and physicians will communicate regarding treatment effects and side effects. A separate plan might be needed for field trips or outdoor school. It is a school's responsibility to make sure that the children receive their medication (legally and ethically) and that they monitor and keep records of the administration (it is not uncommon to hear about a child struggling in the afternoon because they are not getting their noon dose of medication). School resources are often limited, so the more help you can provide the better. Some parent groups have made financial contributions to help fund a school nurse or office assistant who can help administer the medication to the children.