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TREATING WITH MEDICATION: WHAT THE DOCTOR REALLY NEEDS TO KNOW

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How has the child's ability to control his or her excitability improved since starting medication, at home and at school? Have there been improvements in task persistence or productivity? For some children, there are immediate and obvious changes that are evident at home and school. For other children, who are perhaps taking medication only during the school hours, there may be no improvement at home. In some instances, the families see a change that is not apparent at school.

Is there feedback from any "blind" observers? What are the changes reported by people who are unaware that the child has begun medication therapy? Has the child's behavior, before the medication is given and after the medication seems to wear off, different than it was prior to starting medication therapy? Some children appear more irritable or restless when the medication wears off and in the morning before school. Other children are not behaving any differently, but their behavior appears different when contrasted with the improvement achieved through *medication therapy*.

How long does the medication appear to last? The duration of medication benefit is very different for the different types of medication and different for any given child. Some medications that are intended to last 4 hours are only helpful for 2 or 3 hours. Capsules and coated tablets don't always provide the extended benefit they are supposed to offer. This is particularly important to consider, because many medication schedules can create a "gap" during the school day of an hour or two where the child is not receiving any medication benefit. Difficulties during that period may lead a doctor to believe that the medication is not working or that the dose needs to be increased.

Are improvements in behavior associated with improvements in productivity and attention to task? Some children become much calmer with medication, but their attention span and ability to work at school does not change or may even worsen. Behavior checklists are generally geared towards behavioral improvement and don't take as close a look at how much work is being done?

Has the child's appetite or eating habits changed? Some children experience a decrease in appetite that leads them to eat less and even skip meals. Although they may not lose weight (because they eat more when the medication wears off), going hours without eating affects their mood, behavior and health. These effects may lead to inaccurate conclusions regarding the medication schedules or dose.

Have the child's sleep patterns changed? Is the child getting enough rest? Some children experience some medication-related sleeplessness that can occur long after the last dose of medication. The loss of sleep, or stress during the bedtime hours, can affect behavior and attention span. If not carefully understood and addressed, sleeplessness can lead to inaccurate decisions regarding medication therapy and can affect a child's health. If problems with sleeplessness do exist, there are a number of interventions that can be helpful.

Has the child's mood changed? Many children feel much better about themselves and appear happier when they benefit from medication therapy. Some, however, show more anger and unhappiness when the medication wears off. This is particularly true in younger children or when the doses are relatively high. If physicians are not told about these changes, they may misinterpret the behavior as an indication that the medication dose is not high enough. Aware of this side effect, they can usually alter the schedule, dose or type of medication to achieve positive results.

Is there evidence of tics? A small percentage of children develop a tic, a repetitive motor movement such as eye blinking or throat clearing or grimacing that takes on the appearance of a "nervous habit." In our experience, the tic disappears when the medication is discontinued or when the dose is lowered. In some instances, a change in medication is needed. Since the tics may wax and wane, the physician may not observe them in the office and needs to be informed about them by the parent or teacher.

Does the child feel like himself? Most children don't feel any differently when taking the medication. Any changes are observed by classmates, family members, school staff, etc. Sometimes, however, the children report feeling differently and this must be discussed with the doctor.

Are there other side effects? There are other side effects such as headaches, stomachaches, nausea that can occur when children take medication for ADHD. Although these side effects can also occur in children who believe they are taking medication and are actually being given a placebo, they still need to be reviewed by the physician. Usually, these side effects can be addressed.

What is the system for administering the medication? An important element which is not always carefully considered is how the medication is given. The tablets need to be monitored by the parent and school and children should be supervised when taking the capsule or tablet (some of the nicest children have feigned taking the medication). Many children are sensitive about taking the medication and their privacy needs to be respected, particularly with siblings and their

friends and in the classroom. At school, there should be a daily record of the medication being given (some children have gone several days without their medication).

What is the child's attitude about medication? While most children accept medication therapy and understand its benefits, few like the idea of taking medication. Many begin to resist taking the pills or capsules as they get older, often because they don't want to be different or because they believe they can be successful without medication. For some, this reflects a misunderstanding about what the medication is and does. For others, it is part of a more general oppositional pattern. A child who is resistant to medication should have the chance to talk to their physician or to their counselor or therapist about this issue.

What is the child's, family's and school's understanding of medication for ADHD? Even after medication is prescribed, many are still confused about how medication works. This leads to misconceptions, bias, poor treatment planning, etc. It is very important that the people involved understand what they can about the role medication plays and what to look for in evaluating its effectiveness.

What is the system for home/school communication? Since a physician's treatment decisions are based upon the feedback they receive from parents and teachers, they must know how the family and school staff communicate and work together. Otherwise, they may be lacking valuable information necessary to treatment planning.

What are the other aspects to treatment? Does the family have reading materials or information on video? Have they attended any workshops on parent support groups? Have they considered counseling or parenting classes? Would the child benefit from group therapy or coaching? Is the "whole child" being considered (other factors affecting health or happiness or education)? Too often, there is an over-reliance on medication.

How has the child done with a trial off medication? In most instances it is important to go for several days without taking the medication, to see if there is a change in behavior or task persistence that warrants continued use of the medication.

Is a change in dose or change in type of medication worthwhile? Some children show improvements with medication that can be enhanced through changes in medication schedule, dose or type. If a child has shown some improvements and no significant medication side effects, then there might be some room for increases in dose or change in medication schedule. For many children, it is worthwhile trying a different medication simply to see how that might work.