

# ADHD MEDICATIONS



## Medication Management of ADHD

Medication is an important part of ADHD management, and can help to significantly reduce symptoms. *It is important to understand that medications do not “cure” ADHD, but rather reduce ADHD symptoms.* In some cases, medication alone may be enough to completely control ADHD symptoms. More often, a child will require additional interventions, including accommodations at school, behavioral therapy, parental training, and education and awareness about their condition.

## Stimulant medications

These are the most common medications used to treat ADHD. Stimulants include methylphenidate and amphetamine medicines. They work by increasing dopamine and norepinephrine levels in the brain. Stimulants are effective for about 70–80% of children with ADHD and have a calming and “focusing” effect. Extended release formulas are most commonly prescribed, although short-acting versions are available. Stimulants can be given every day or can be given only on school days, if preferred.

These drugs are considered safe and are approved for children. Lab work or other tests are not necessary for monitoring. Cardiac screening is not necessary in otherwise healthy children, although it may be recommended in certain situations. Common side effects include decreased appetite and poor weight gain, difficulty falling asleep, and irritability, although these side effects can often be addressed with your neurologist. When used properly, at the right dose and right route, stimulants have not been found to cause addiction. Stimulants do have a potential for abuse without parental and medical supervision, particularly in adolescents.

**Methylphenidates:** available in generic, also Concerta, Metadate CD, Methylin ER, Ritalin LA, Focalin XR, Quillivant XR (liquid), Daytrana (patch)

**Amphetamines:** available in generic, also Procentra (liquid), Adderall XR, Dexedrine, Vyvanse

## Non-stimulant medications

Non-stimulant medications are an alternative to stimulants. While each is different, all have been approved for treatment of ADHD in children. Non-stimulants are often used when a child does not tolerate stimulants or if parents prefer a non-stimulant medicine.

In some cases, non-stimulants can also be used together with a stimulant (this is called *adjunctive therapy*) to treat ADHD. Usually, non-stimulants have to be given every day, without missing a dose.

**Intuniv (guanfacine), Kapvay (clonidine):** these medicines are thought to act on the prefrontal cortex, an area of the brain that controls attention and impulse control. Given once or twice daily, both help most with hyperactive and impulsive behaviors. Common side effects include mood changes and sleepiness.

**Strattera (atomoxetine):** a medicine that increases norepinephrine and dopamine levels, decreasing ADHD symptoms. Taken once daily. Common side effects include decreased appetite, mood changes, and sleep disruption.

**Vayarin:** a prescription medical food, or supplement. A special compound of omega-3 fatty acids and phospholipid. See more on omega-3s below.

## Supplements

**Omega-3 fatty acids:** the use of omega-3 fatty acids to treat ADHD is an area of ongoing research. Some studies show indicate that high dose omega-3s (especially DHA and EPA) can help reduce ADHD symptoms, although not as dramatically as prescription medications.

**Herbal compounds:** there are no specific herbs that have been proven to reduce ADHD symptoms, although there is a wide range of herbal products on the market touted to treat ADHD. Most are harmless, but always check with your doctor or neurology provider before starting a new herbal medicine.

**Caffeine:** While caffeine has been reported to briefly calm children with ADHD, it is not a recommended treatment due to risk for elevated blood pressure, headaches, irritability, and its short duration of effect.

## References

<http://www.cdc.gov/ncbddd/adhd/>  
<http://www.help4adhd.org/en/treatment/treatmentoverview>  
<http://www.drugabuse.gov/publications/drugfacts/stimulant-adhd-medications-methylphenidate-amphetamines>  
[http://www.aacap.org/galleries/PracticeParameters/JAACAP\\_ADHD\\_2007.pdf](http://www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf)

