



Pediatric Associates PSC
Attention Deficit Hyperactivity Disorder Information Sheet

How is ADHD diagnosed?

The diagnosis of ADHD is based on input from parents and teachers as well as an interview with the child. Evidence-based behavioral scales are most commonly used. Additional testing is sometimes included in the evaluation to confirm the diagnosis, evaluate for associated issues, or to rule out other causes. A diagnosis of ADHD can be made when the symptoms have been present before age 7, have been present for longer than 6 months, occur in at least 2 settings (school, home, extracurricular activities), and cause impairment. There are three types of ADHD:

1. Inattentive: trouble staying focused, inattentive, disorganized, forgetful, constant reminders to complete tasks
2. Hyperactive: impulsive, can't sit still, fidgety
3. Combined: symptoms of #1 and # 2 above

Can ADHD be associated with other issues?

Children and teens with ADHD are at risk for other problems such as learning disorders, behavior problems, and mood issues. A psychology evaluation at the time of diagnosis will include evaluation for these issues. Your providers will also monitor for these over time.

How is ADHD treated?

There are two parts to treatment: behavior modification and medications. Each component works but the best outcomes are when patients are treated with both methods.

1. **Behavior modifications and accommodations:** This may include making sure the child is seated in the front of classroom, a daily or weekly school-home "report card" or other means of communication about behavior goals, extra help/time for tests from teachers/school, and minimizing distractions for the child at home when doing homework. Children with ADHD are eligible for extra resources at school (IEP or 504b plan). Other interventions may be needed depending on the presence of other co morbid problems. More information about this is available on our website www.pediatricassociatesnky.com.
2. **Medications:** There are several medications that can be used to help improve ADHD symptoms. These medications are grouped by type: Stimulants and Non-stimulants.

Stimulant Medications

- Approximately 80% of children and teens will have improvement with this type of medication. Stimulants are **effective immediately** after starting. They are available in short acting (4 hrs) and long acting (8-12 hrs) formulations. Brand names include *Ritalin*, *Adderall*, *Metadate*, *Focalin*, *Concerta*, *Vyvanse* and *Daytrana*.
- Possible side effects include decreased appetite, weight loss, headaches, and sleep difficulties.
- Once your child starts a medicine, we will ask you to monitor for **medication effectiveness, duration, and any side effects** over the first several weeks and when

changes are made. We will increase the dose as needed to achieve the goals of therapy unless significant side effects occur. This may take several weeks or months.

- Due to the appetite suppression that may occur during the day, it may be necessary for a child to "make up" some of his/her daytime calories in the evening to prevent weight loss. We encourage you to offer healthy snack choices in the evening if needed. It is also important to monitor difficulties with sleep onset while on the medication and report those.
- If the goals of therapy are not achieved or the side effects are not tolerable your provider may recommend switching medications.
- These medications are **controlled substances**. State laws require that we review a controlled substance report every 3 months while your child/teen is on the medication.

Non-Stimulant Medications

- Approximately 60% of children will have improvement with this type of medication. The non-stimulant medications **need time to "build up" in the system to achieve maximal effectiveness**.
- We will ask you to monitor medication effectiveness and side effects as directed by your provider.
- Guanfacine (Tenex or Intuniv) - Possible side effects include lightheadedness, low heart rate, and fatigue.
- Strattera - Possible side effects are stomachaches, sleepiness, and decreased appetite. Taking with a big meal helps with stomachaches. Taking at night helps with sedation. Dose titration may take several weeks to months.
- Refills can be phoned in. These medications should be tapered off when stopping.

Office Policies/Follow up

- Please monitor your child's medication effectiveness as described above carefully in the 2 weeks after a prescription is started
- Call our office immediately if serious side effects occur (significant appetite suppression, reports of chest pain/irregular heart beat, lethargy, inability to sleep, etc)
- Our care coordinators will be calling you in 2 weeks to discuss the above. If you do not receive a call, please contact the care coordinators at 859-341-5400
- We recommend a follow up appointment 1 month after starting the medication and every 6 months thereafter. We require an annual checkup as well to monitor growth and efficacy of treatment. Dose changes can be made over the phone once the patient is stabilized, unless significant difficulties exist.
- For refills, please call our office and allow 48-72 hours to process the request. Try to call about 5 business days before you run out of medicine and please designate where you will pick up the prescription. Once your child is on a stable dose of medicine we may be able to write for a 90 day mail order.

Resources:

www.healthychildren.org (American Academy of Pediatrics)
www.cincinnatichildrens.org (Cincinnati Children's Hospital)
www.nclld.org (National Center for Learning Disabilities)
www.chadd.org (Children with ADD) 305-587-3700 (800 233-4050)
www.nimh.nih.gov/childhdp/mtaqa.cfm (MTA study showing efficacy of meds)

ADHD/Hyperactivity: A Consumer's Guide. By M. Gordon

Taking Charge of ADHD: The Complete Authoritative Guide for Parents by R Barkley