

Medication Management Website Information

Medication Management for Children

Medication Management plays an important role in the health and wellbeing of children. When therapy alone is not sufficient the plan may need to be augmented with medication. Medication helps provide a relief of symptoms for children who are struggling with various mental health disorders such as ADHD, anxiety, and depression. Medication can also assist in helping children provide a sense of physical relief, (ok like this? Or did you want to keep in behave?) while you and your child are working with a team of experts to provide behavior interventions, parenting guidance, and lifestyles changes to help your child cope better.

At Mind Works we provide an integrated healthcare approach to treatment. This means that when your child is being seen by our physician they are also being seen by their therapist. This allows for substantial collaboration and individualized care for every child that walks through our doors.

Medications do come with a list of side effects that can be concerning for many parents. Some parents worry that this will be a permanent solution to treatment. While you should be open to your child taking medication if they need to, you should also know that medication does not have to be, nor is it expected to be, a permanent solution to treatment. Your physician will explain the process while helping you navigate and address any questions you may have about medication assisted treatment.

Mind Works is here to support you and your child by providing you with a team of expert clinicians who will work with your physician to ensure the best treatment approaches.

ADHD and Medication Management

What is ADHD?

Attention-Deficit Hyperactivity Disorder (ADHD), is one of the most common neurobehavioral disorders of childhood. ADHD is considered a chronic condition. It can impact the ability to learn, socialize, and execute tasks. Approximately 7.2% of children worldwide have been diagnosed with ADHD according to a recent meta-analysis.

Children with ADHD find it more difficult than others to concentrate on tasks or instructions given by others, to be still, and to control impulsive behavior. This lack of the ability to focus and follow through on age-appropriate tasks leads to the inability to perform well with peers, schoolwork, and impacts the home environment.

When to seek help

If your child is between the ages of 4 and 18 and have noted academic or behavioral problems in addition to symptoms of inattention, hyperactivity, or impulsivity.

It is possible to evaluate children younger than the age of 4 who exhibit ADHD-like symptoms. At this age the focus of therapy is parent training in behavior management (PTBM).

ADHD symptoms

The diagnosis of ADHD can be divided into two main categories. Symptoms most commonly noted are from both groups, but symptoms may be more pronounced for one subcategory than the other. Symptoms may also change as children get older such as them being less hyperactive and more able to control their body.

Inattentive symptoms

- Does not pay attention to details or makes careless mistakes
- Has difficulty focusing on what needs to be done
- Does not seem to be listening when spoken to directly
- Has difficulty following instructions and completing tasks
- Has trouble organizing
- Avoids or dislikes starting tasks that require sustained mental effort
- Loses things needed for tasks and activities
- Is easily distracted
- Is forgetful in daily activities

Hyperactive or impulsive symptoms

- Fidgeting or squirming in seat
- Leaving seat when unexpected
- Excessive running or climbing
- Trouble playing quietly
- Seems to be “on the go” or “driven by a motor”
- Talks excessively
- Blurts out answers before questions are completed
- Difficulty waiting his or her turn
- Interrupting others during conversations or activities

Diagnosing ADHD

Your primary care doctor should be part of the initial evaluation to perform a routine medical examination and determine if the symptoms you are noticing could be due to an underlying medical condition, consistent with ADHD, or another mental health diagnosis. Part of the evaluation would include gathering information, as well as ensuring that there is no impairment in vision or hearing which may be contributing to the presentation. It is also important to get additional input, through surveys and reports, from teachers or others who spend time with your child.

Children without hyperactive or impulsive symptoms may and usually are diagnosed later in life as they are less disruptive in the classroom and home environment. These children typically start to struggle in the middle of elementary school, when things start to get more difficult to keep up with.

Medication options for ADHD

The FDA has approved stimulants and non-stimulants as the two types of medications to help reduce the symptoms of ADHD in children as young as 6 years of age.

Psychostimulants are the first line medical treatment. Stimulants increase the amount of dopamine which is a chemical found in the brain. In addition to this, dopamine helps with focus, motivation, as well as controlling impulsivity and hyperactivity.

Types of stimulants (not all inclusive)

- Methylphenidate-based
 - o Concerta, Focalin, Metadate, Methylin, Quillivant, Ritalin
- Amphetamine-based
 - o Adderall, Dexedrine, Dyanavel, Vyvanse

Studies have demonstrated that over 80% of children will respond to a stimulant and over 50% will respond equally to both groups.

There are multiple formulations of medications which correspond to when medication is released or becomes active. There are immediate release formulations that act quickly and may last about 4 hours. Other types of medication may be extended release where a certain amount is active quickly then released throughout the day for coverage up to 14 hours.

Types of non-stimulants

- Atomoxetine, aka Strattera
- Clonidine, (Catapres, Nexicon, Kapvay)
- Guanfacine (Tenex, Intuniv)

Possible Side Effects

- Sleep issues
- Eating issues
- Growth issues
- Nausea
- Headaches
- Rebound – irritability or aggressiveness
- Tics
- Mood changes
- Changes in vital signs (elevated HR, BP)
- Changes in circulation

Some symptoms may seem like side effects but can be due to other underlying medical diagnosis that warrant further evaluation.

What happens if I do not treat my child?

Medication Management Website Information

- Fall behind in school
- Have social impairment – with friends, group activities
- Have family impairment – with parents, siblings, family gatherings
- Self-harm – studies have shown that untreated children have more emergency room visits due to self-inflicted injuries compared to those treated for ADHD.
- Substance abuse – drinking and driving, experimenting with drugs (Reported as having twice as many car accidents compared to treated adolescents.
- Increased sexual activity

Q & A for Parents

1. What causes ADHD? *Clear causes or risk factors have not been identified, but it has been shown that genetics does play a role in ADHD diagnosis.*
2. What does not cause ADHD? *Although the following are not helpful for anyone whether they have ADHD or not, they may make symptoms worse. Research has not shown strong evidence as the following being the cause of ADHD.*
 - *Eating too much sugar*
 - *watching too much television*
 - *parenting*
 - *social environment*
 - *environmental factors*
3. What are the best treatment options for my child? *The most effective form of treatment is using an evidenced based treatment modality with a combination of medication management when needed.*
4. Does my child have ADHD if they can still focus on things? *Many children with ADHD can hyperfocus on things that they enjoy doing. Some of these activities include video games and favorite activities at home or school. It is typically noted that it is hard to shift attention when performing these activities especially when asked to do things they may not enjoy such as schoolwork or going to bed.*
5. Will my physician be able to speak to my child's therapist? *Our model of treatment includes a high degree of collaboration by a team of expert clinicians working with your child's physician to ensure treatment goals are being met. If your child is being seen by a therapist at another location the physician, with your permission, can collaborate with them.*
6. How will medication help my child?

Medication Management Website Information

Medication has been shown to increase the chemical messenger dopamine which is a found in the brain. Dopamine has been shown to not only improve the ability to focus, but also improves motivation as well as controlling impulsivity and hyperactivity.

7. Will my child have to take medication for their whole life?

While that may be a possibility, most people outgrow the hyperactivity component however, impulsivity and difficulty with focus may persist. Through the integration of therapy and continued support to augment executive functions the goal is to wean from medications. Follow up visits with the physician and therapists are focused to target the skills to overall make life easier.

8. When can my child get off of medication?

The time to get off medication will vary on the goals of therapy and the individual. If your child only has difficulty while at school, then school days may be the only days that medication is administered. If the impulsivity and hyperactivity interfere with everyday functioning it may be decided that therapy is the safer option for a longer duration of time. It is known that children with ADHD may have a delay in executive functioning skills which can be developed along with guided therapy and maturation.