

# The Medication Dilemma

by Myles Cooley, Ph.D.

**Date:** Almost every day

**Time:** Several times a day

**Doctor, now that you've diagnosed our child with AD/HD, what can we do to help him? You're not going to say drugs, are you?**

First, I don't prescribe medication because I'm a psychologist. If you choose medication treatment, I'll refer you to your pediatrician, family practitioner or a psychiatrist. What I'd like to tell you about are all of the interventions and treatments we know that are effective for AD/HD. Since you've raised the possibility of medication, though, let's refer to this treatment as medication rather than drugs. The word "drugs" has a negative connotation. Kids are told to say "no" to drugs, but I don't think we want to teach them to be afraid of prescription medications they may need someday to improve the quality of their lives. I'm not surprised that you have reservations about medication, though. Most parents I speak with have many concerns and questions about medication. It's very important that you're educated and informed about the course of action you take for your child.

**We've heard lots of bad things about these medications.**

Well, let's start out by making sure we all understand that your child has a disorder that makes a part of her brain function differently. In a comprehensive review of research, Bradley and Golden summarize the differences in the chemistry, structure and electrical activity in certain parts of the brain of individuals with AD/HD. Medication

helps to "normalize" some of these brain functions so that these children are on the same playing field with their peers, enabling them to concentrate better and longer. They can also help to control many other behaviors that sometimes interfere with their performance in school, as well as behavior at home and with friends. Medication is usually effective for AD/HD with or without hyperactivity or impulsivity.

**What are you talking about, Ritalin?**

Historically, Ritalin (methylphenidate) has been the most widely prescribed medication for AD/HD. However, there are a number of medications available, including several with extended-release forms. Several of these medications are in the stimulant family. Michelson, et al. have reported on the efficacy of a new non-stimulant medication that should be approved within the next year.

**Every kid out there is taking this stuff. Aren't we just overmedicating kids?**

Unfortunately, I think it's true that there are some children taking medication who don't have AD/HD. This is frequently the result of an inadequate evaluation and diagnosis. On the other hand, there are many youngsters with AD/HD who are never brought in for evaluation and treatment. So let's not throw the baby out with the bathwater.

**Will she have to take this medication forever?**

The better question is, how long will symptoms of AD/HD interfere with her functioning? AD/HD is a lifespan disorder

and the symptoms in adulthood are different for each individual. School is certainly one of the most difficult places to function with AD/HD. As a person ages, the need for medication will depend on whether the symptoms continue to interfere with the tasks the patient is trying to perform. However, any treatment program should include a multi-modal plan that incorporates an appropriate education program, parent training, medical management, psychological counseling and behavioral modification.

**Will medication make my child appear heavily sedated?**

A child with AD/HD who is properly medicated should look like all the other children in the classroom. He'll finally behave like most other children. It's true that if children are overmedicated, they can sometimes appear sedated. It's also important to know that about 50 percent of children with AD/HD have co-existing psychological, medical, behavioral or learning disorders. The side effects for a child taking multiple medications must be considered by the prescribing physician.

**I've heard that this medicine can stunt children's growth.**

This was thought to be true at one time, but Kramer and Loney did a study comparing a group of boys with AD/HD who took medication with other groups who were not medicated. All of the boys' heights and weights were compared between the ages of 21 and 23, and there were no sizeable differences.

**Is this medication addictive?**

For something to be addictive, you would need more of it over time to create the same effect. You would also have withdrawal symptoms if you stopped an addictive substance. Neither of these is true with medication for AD/HD. Children may need increased dosages primarily because they grow older and bigger.

**What are the side effects?**

The most common side effect of stimulant medications is appetite suppression. During the hours the child is on the medicine, he is sometimes less hungry. This medication can also cause insomnia if taken too late in the day. However, for some children with AD/HD, medication actually makes it easier to fall asleep. Other children can become nervous, moody or irritable. Sometimes, these mood changes happen for an hour or so as the child is coming off his medication. A small number of children may develop a tic (twitch) in the facial area or in some other part of the body. [This may also occur if the dosage is too high and may disappear if the dosage is lowered.] You should call your doctor to discuss any of these side effects. A change in dosage or medication might be necessary. [Kurlan, et al. recently reported that methylphenidate, a commonly used stimulant, does not cause or exacerbate tics.]

Stimulant medications for AD/HD have been around for almost 60 years, which is much longer than most medications. Several studies (Beck et al.; Biederman, Wilens, Mick et al.) have shown a lower risk for subsequent substance abuse for youths treated with medication than their unmedicated peers.

The other factor to consider is the long-term effect on your child's life if he could benefit from medication but isn't given the opportunity to take it. Although multiple interventions are helpful for youngsters with AD/HD, results from one study conducted at multiple sites (MTA Study) showed that medication is more effective than any other intervention in improving these children's functioning. Many children who aren't treated



**School is certainly one of the most difficult places to function with AD/HD.**

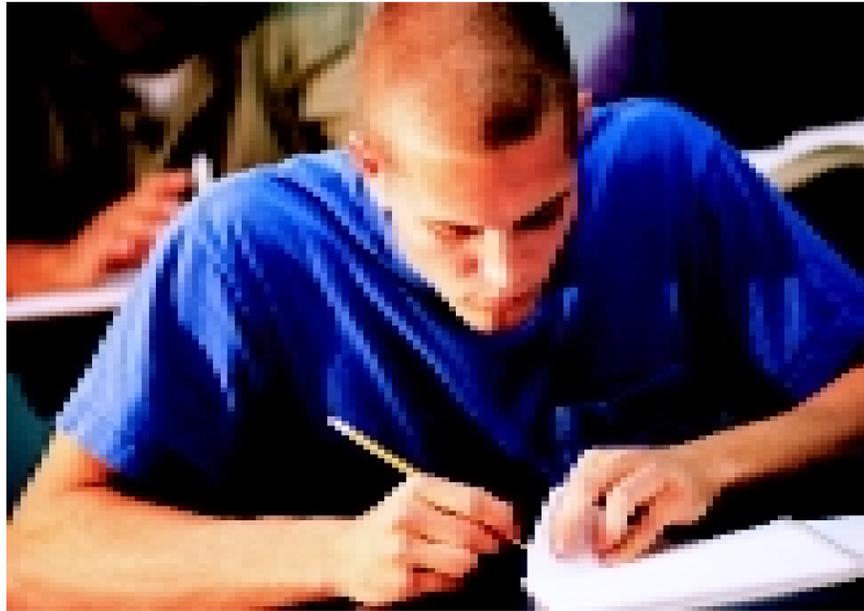
with medication won't actualize their academic, social or behavioral potential. They'll become frustrated and demoralized, and their self-esteem will suffer.

**Won't medication encourage the child to depend on or abuse drugs later on?**

To the contrary, Wilens has summarized studies showing that when children with AD/HD are properly medicated, they seem to be less likely to self-medicate with other chemicals.

**What about other alternatives like herbal supplements, vitamins, amino acids or changes in diet?**

First, let's try to finally dispel the belief that sugar causes hyperactivity. Many studies were reviewed over 15 years ago by Milich, et al. and no relationship was found between sugar and hyperactivity. As for other treatments, Arnold has provided a review of over 20 alternative treatments for AD/HD. He concluded that these treatments ranged from potentially dangerous to promising. Unfortunately, there is relatively little funding to support research on these other



**As a person ages, the need for medication will depend on whether the symptoms continue to interfere with daily tasks.**

treatments, compared to the funding that has produced research on the effectiveness of medications. Furthermore, the production and sale of the supplements are not regulated by any agency that gathers information or monitors their effects.

**I've heard that children won't be able to get into the military if they have taken medication for AD/HD.**

Hathaway has provided an excellent summary on issues involving AD/HD and the military. In general, a person who is currently taking daily medication for any chronic condition when he applies to the Armed Forces will be disqualified. If an individual hasn't taken medication for several years prior to applying, he'll likely be eligible for the Armed Forces, assuming he can pass all the required entrance exams.

*continued on page 37*

*continued from page 36*

**Find an AD/HD support group so you can talk to someone who has chosen to treat a child with medication.**

**OK, I guess we've learned some things from you, but we're going to have to think about this.**

Absolutely. There's no need to make a decision this minute. I can refer you to other reading materials and websites for more information. Have a consultation with your doctor. Find another parent or an AD/HD support group so you can talk to someone who has chosen to treat a child with medication. My guess is that they were initially as reluctant as you are now. Ask them what their current opinion is. ■

Myles L. Cooley, Ph.D. is a Board Certified Diplomate in Clinical Psychology specializing in AD/HD, learning disabilities, and other developmental disorders. He has practiced in Palm Beach Gardens, Fla. for over 25 years

**References**

Arnold, L.E. (1999). Treatment alternatives for attention-deficit/hyperactivity disorder. *Journal of Attention Disorders*, 3(1), 30-48.

Beck, L., Langford, W., Mackay, M., & Sum, G. (1975). Childhood chemotherapy and later drug abuse and growth curve: A follow-up study of 30 adolescents. *American Journal of Psychiatry*, 132(4), 436-438.

Biederman, J., Wilens, T., Mick, E., Spencer, T., & Faraone, S. (1999). Pharmacotherapy of attention-deficit/hyperactivity disorder reduces risk for substance abuse disorder. *Pediatrics*, 104(2), e20.

Bradley, J. & Golden, C. (2001). Biological contributions to the presentation and understanding of attention-deficit/hyperactivity disorder: A review. *Clinical Psychology Review*, 21(6), 907-929.

Hathaway, W. (1997). ADHD and the military. *ADHD Report*, 5(5), 1-6.

Kramer, J., Loney, J., Ponto, L., Roberts, M., & Grossman, S. (2000). Predictors of adult height and weight

in boys treated with methylphenidate for childhood behavior problems. *Journal of Academy of Child & Adolescent Psychiatry*, 39(4), 517-524.

Michelson, D., Faries, D., Wernicke, J., Kelsey, D., Kendrick, K., Sallee, F., Spencer, T., & Atomoxetine ADHD Study Group. (2001). Atomoxetine in the treatment of children and adolescents with attention-deficit/hyperactivity disorder: A randomized, placebo-controlled, dose-response study. *Pediatrics Electronic Pages*, www.pediatrics.org/cgi/content/full/108/5/e83, 108(5), e83.

Milich, R., Wolraich, M., & Lindgren, S. (1986). Sugar and hyperactivity: A critical review of empirical findings. *Clinical Psychology Review*, 6, 493-513.

MTA Cooperative Group. (1999). A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. *Archives of General Psychiatry*, 56, 1073-1086.

Tourette Syndrome Study Group. (2002). Treatment of AD/HD in children with tics. *Neurology* 58, 527-536.

Wilens, T. (2001). Effects of AD/HD medication on future substance abuse. *Attention!* 8(3), 40-43.

**Improve Reading Comprehension**

Is this your child, your student -- or you?

**Can't Remember** - Gets a part of the story or lesson, but not the whole idea

**Frequently Off-Task** - Mind drifts constantly when reading or listening, reads and re-reads... often

**Starts in the Middle** - Relates experiences in a scattered or fragmented way, requiring you to ask question after question to get the whole story

**Write what?!** - Has big problems collecting and organizing thoughts for writing

**Where did that come from?** - Sometimes makes "off-the-wall" comments during conversations

**MindPrime's IdeaChain® is a step-by-step blueprint for improving reading comprehension**

MindPrime's IdeaChain program improves an individual's ability to understand and remember more of what they read and hear. It is designed for home or school use, is well suited for adults as well as children and carries a money-back guarantee. Visit our website for more information about this innovative solution . . . .

**comprehendmore.com/add**  
**1-800-460-8484**

**IDEACHAIN**  
Read • Remember • Retain

MindPrime®, Inc. • 461 Franklin Avenue, Waco, Texas 76701 • info@mindprime.com

**All CHAMPIONS have COACHES!**

**CHAMPIONS WANTED:**  
Success minded  
excellence oriented  
with a vision for your future  
bigger than your challenges

**Create the results you want from a life you love!**

**MasterCoaches**

Personal ADD Coaching from a Coach, Licensed Therapist, ADD Expert!

David Brown, M.A., L.M.H.C.  
Member Int'l. Coach Federation  
**(321) 253-3884 e.s.t.**  
David@mastercoaches.com

CHADD DOES NOT ENDORSE PRODUCTS, SERVICES, PUBLICATIONS, MEDICATIONS OR TREATMENTS, INCLUDING THOSE ADVERTISED IN ATTENTION!®