Basic Facts: What Every Parent Should Know Before Starting a Child on Medication

General Information

Studies have shown that treatment for attention-deficit/ hyperactivity disorder (ADHD) with medication is effective in treating the symptoms of ADHD alone or in combination with behavioral interventions. There are several types of medications and they are grouped into 2 major categories: stimulants and non-stimulant medications. Most children are initially treated with stimulants, although there are reasons why your doctor may choose to treat your child with a non-stimulant. Deciding which medication is right for your child may take time. Your doctor may try several different doses or switch to different medications to find the best choice. Discuss any family history of heart disease, high blood pressure, or substance abuse with your doctor.

Stimulant medications usually work within 30 to 90 minutes, depending on dose and formulation. Stimulant medications come in short-acting preparations that need to be given 2 or 3 times per day, and long-acting preparations that are given only once a day. Although the medications are similar, each child may experience different benefits and side effects with different medications. Stimulant medications should be given at the same time of the day and you should never double up to make up for a missed dose. Non-stimulant medications may take up to 2 or 3 weeks before a beneficial effect is seen.

Side Effects

There are several side effects that can be associated with stimulant medications. These include stomachache, headache, decreased appetite, sleep problems, and increased symptoms as medication wears off. Preschool-aged children may also experience emotional outbursts, repetitive behaviors or thoughts, or irritability. Usually these effects are mild and often decrease after the first 1 to 2 weeks. Your doctor will adjust medicines or discuss other strategies at follow-up visits if these side effects occur. Serious side effects are rare, but you should contact your doctor's office if your child experiences dizziness, fainting, severe irritability, tics, or serious behavioral changes.

Follow-up

Currently there is no way to know which medication will be best for any particular child. To make sure that your child is receiving the dose that gives the best effect with the least amount of side effects, your doctor will need to start at a low dose and increase the dose until a good effect or fewer side effects are seen. To judge whether the medication is helping, your doctor will obtain rating sheets from you and your child's teachers at baseline (without medicine) and at different medication doses. If there is no beneficial effect at the maximum recommended dose, your doctor will usually try another stimulant medication. Approximately 80% to 90% of children will respond to one of the stimulants.

Setting a Follow-up Plan

Your child will need to be seen frequently during the initial treatment phase. After a satisfactory dose has been found, your child will be scheduled for a follow-up visit at regular intervals, usually every 2 to 3 months.

At follow-up visits your doctor will review rating scales from you and your child's teacher, and will check weight, blood pressure, and emotional status and review any medication side effects.

Parent's follow-up responsibilities include

- Discuss your child's treatment program with appropriate school personnel.
- Bring copies of NICHQ Vanderbilt parent and teacher forms to all follow-up visits.
- Schools may be willing to fax NICHQ Vanderbilt forms to your doctor's office.
- Inform the doctor before the next scheduled visit if your child is experiencing serious medication side effects.
- Ask the child how he or she feels on the medication.
- Schedule follow-up visits.

Follow-up visit schedule

- Initial visit
- First follow-up visit: usually within 4 weeks of initiating medication, but may occur within 2 weeks depending on your doctor's preference
- Subsequent follow-up visits: usually monthly until satisfactory dose found
- Regularly scheduled visits annually with full review, and at least every 2 to 6 months with review of NICHQ Vanderbilt forms and side effects

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Caring for Children With ADHD: A Resource Toolkit for Clinicians, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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