

## ADHD AND MEDICATION

Stimulant medications (dexamphetamine and methylphenidate/Ritalin) are still the best treatment for those people with moderate/severe ADHD.

These medications have been around for 70 years, they are safe, nonaddictive and user-friendly.

Within a few days of starting on them, ADHD symptoms are reduced and there is a noticeable improvement in focus and general efficiency.

Side-effects are rarely a major problem. The common ones include reduced appetite (occasionally a problem in children, but usually welcome in adults!). Sometimes, problems getting off to sleep, occasional headaches and dry mouth.

All in all, they are considered very useful medications. They come in short acting (half day) tablets and long acting (all day) capsules. The particular medication and dosage is arrived at by a process of trial and error, starting low and building up to level which suits – this usually takes a few weeks/months, under the supervision of the specialist prescribing (psychiatrist or paediatrician). Once the dosages stabilise, the GP is allowed to alternate with the specialist 6 monthly.

Not everybody responds to stimulant medications and the specialist may opt to trial other medications such as atomoxetine/Strattera, guanfacine/Intuniv, or 1 of the antidepressants (fluoxetine/Prozac or bupropion/Zyban are popular).

Winding down at night can be a problem for ADHD patients, either because of the ADHD overactivity or because of the stimulating effects of the medication they are taking. Clonidine/Catapres is popular – nonaddictive. Sleeping tablets used very occasionally can be helpful but their regular use can be problematic because of their addictive potential.

The key message is to find the right medication at the right dose for each individual and this requires regular consultations and feedback with the treating doctor. Once stabilised, medication reviews are often only 6 monthly. Younger patients are likely to need closer scrutiny of their dosages, and slight adjustments over time as they grow. Adult patients tend to stay at the same dose with tolerance and dependence not a major issue, generally speaking.

It must be stressed that medication is best prescribed in a situation where the patient (and those assisting them) understand ADHD, are given education about the medication, and are given the opportunity to take part in counselling/coaching. This is so-called multimodal treatment and is considered best practice.

Dr Roger Paterson