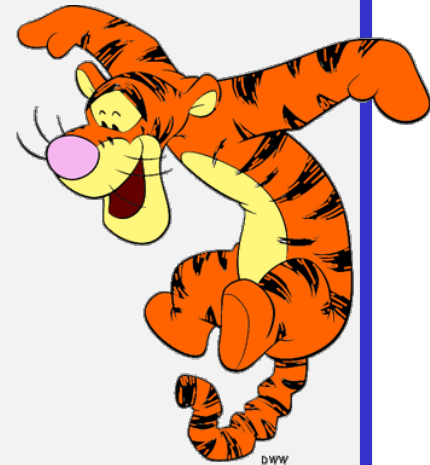


Treating Attention Deficit Hyperactivity Disorder

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What Helps?

- Medication
- Behavior Modification
- Point of Performance Reward
- Parent Training
- Teacher Training
- Novelty
- Developmental Phenomenon



Medications

- When do you recommend medication?
- How do you decide which medication to prescribe?
- What do you say to the parent about medication?
- How do you talk to the child about medication?

Methylphenidates - Block dopamine & norepinephrine reuptake



Long Acting
Intermediate Acting
Short Acting



Methylphenidates

Focalin	dexmethylphenidate	6 & up			2-5 hrs
Focalin XR	dexmethylphenidate	6 & up	50% - 50%	SODAS -sprinkle	8 hrs
Metadate ER	methylphenidate (extended release)	6 & up			
Metadate CD	methylphenidate (extended release)	6 & up	30%- 70%	Beads - sprinkle	6-8 hrs
Methylin	methylphenidate (oral solution/chewables)	6 & up		chewable	
Methylin ER	methylphenidate (extended release)	6 & up			
Ritalin	methylphenidate	6 & up		tablets	4-5 hrs
Ritalin SR	methylphenidate (sustained release)	6 & up		must swallow	8 hrs
Ritalin LA	methylphenidate (long acting)	6 & up	50% -50%	SODAS-sprinkle	8 hrs
Quillivant XR	methylphenidate HCL	6 & up		5mg/ml suspension	12 hrs
Quillichew ER	methylphenidate HCL	6 & up		Chewable tabs	8 hrs
Concerta	methylphenidate hcl (long acting)	6 & up	22% - 78%	Oros/must swallow	10-12hrs
Daytrana	methylphenidate (patch)	6 & up	2 hrs before	patch	10 hrs

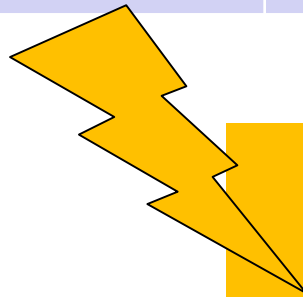
Amphetamine Salts/ d,l-amphetamines

- - block dopamine & norepinephrine reuptake by competitive inhibition of dopamine at dopamine binding sites
- - displace/release dopamine and norepinephrine from pre-synaptic terminals



Amphetamine Salts

Adderall	Amphetamine mixed salts	3 & up		Swallow tablet	4-6 hrs
Evekeo	Amphetamine sulfate	3 & up		Swallow tablet	3-5 hrs
Adderall XR	amphetamine (extended release)	6 & up	50% -50%	Beads -sprinkle	10-13 hrs
Adzenys XR ODT	Amphetamine (ER)	6 & up	50% - 50%	Dissolvable	8 hrs
Mydayis	Mixed salts of single amphetamine	13 & older	3 types of beads	Capsule/beads	Up to 16 hrs



Decreased Appetite
Insomnia
Headache
Increased Heart Rate
Growth?

Vyvanse

Lisdexamfetamine

- Pro drug of dextroamphetamine
- Must be metabolized to become active
 - lighter impact amphetamine
- Dissolvable and Chewable
- Harder to abuse...



Side Effects?

- Sleep
- Appetite
- Heart Rate?
- Growth?



**39% respond equally well to
Methylphenidate or
Amphetamines**

**26% respond better to
Methylphenidates**

**35% respond
better to
d-amphetamines**

Non Stimulants

Atomoxetine

Gaunfacine
Clonidine



- If we know there are interventions that help...why do 90% of children and teens diagnosed with ADHD at some point significantly struggle in school?
- Medication - doesn't address all the symptoms...and they "wear off"
- Behavior Modification-labor intense, tracking behaviors takes time, delivering reward at point of performance is challenging , systems lack novelty
- Understanding Time- if it's not due today...it's not a problem, there's plenty of time, living in the moment

What Helps?

Child

- Medication - Physical Activity - Diet? -Social Opportunities
- Encourage strengths and interests - Novelty

Parent Support & Strategies

- ADHD Education - Support Group
- Behavior Modification with Point of Performance Reward
- Developmental Considerations

School Strategies

- Identify Learning Problems
- Home School Communications - #1 Factor in School Success
- Organizational Strategies

