

ADHD Medication & Treatment

An **ADDITUDE** Guide

Everything you need to know about
medication options, minimizing side effects,
alternative therapies, and more



From the editors of *ADDitude* magazine

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You're relieved to know, finally, that your child's symptoms—impulsivity, distractedness, perhaps hyperactivity—have a name. Or that your inability to focus or pay attention in school as a child—or at work as an adult—is due to attention deficit disorder.

As you sit down with your doctor and discuss treatment options, you will no doubt be overwhelmed with information or uncertain about the alternatives. Yet you want to choose the safest, most effective treatment plan, with a minimum of side effects.

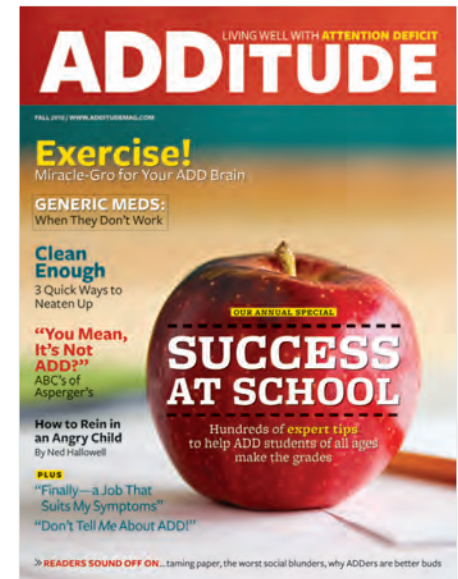
This special report, assembled by *ADDitude* editors and ADHD experts, will help you do that. It is designed to educate parents and adults about finding the right treatment and, working with your doctor, to assemble an effective plan. Inside, you will find detailed information about how ADHD medications work and how to minimize side effects, which alternative therapies can manage ADHD symptoms, and the benefits of behavior therapy and cognitive behavioral therapy for improving behavior and self-esteem.

This report answers questions about the safety of medication, when to increase the dosage, and when to switch to another class of drugs. It also offers tools to address symptoms that medication won't manage: setting up a daily report card that can help you and the teacher correct your child's problem behaviors at school, as well as techniques and therapies to help you overcome habits that have prevented you from achieving goals.

We hope you will use this e-book as a resource when talking with your doctor, your family, or your child's teacher. It will put you on the road to taking control of ADHD and living a happy, productive life.

—the editors of *ADDitude*

ADDitude magazine is an invaluable source of treatment information and ADHD support: **ADDitudeMag.com**



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Tool

Each winter, *ADDitude* produces a **special Alternative Therapies edition** that reports on the latest complementary treatments to help manage ADHD symptoms:
ADDitudeMag.com/store



ADHD Treatment: Information and Resources for Adults & Children
www.ADDitudeMag.com/adhd-treatment.html

CHAPTER 1

How Professionals Diagnose ADHD/ Understanding Your Treatment Options

A Step-by-Step Guide to Diagnosing ADHD

The diagnostic tests and evaluations that professionals use to discern whether your symptoms point toward attention deficit disorder.

Diagnosing ADHD can be frustrating because there is no definitive way to check for it. There is no blood test or electroencephalogram reading, or CAT scan or PET scan, or X ray, no neurological finding or psychological testing score.

There is, however, a logical set of steps that lead to a formal diagnosis. At the heart of it is the history, your own recollection of your life, confirmed and amplified (particularly in diagnosing ADHD in a child) by the observations of those close to you: parents, spouse, teachers, siblings, friends.

The most important step in determining whether one has ADHD is sitting down and talking to somebody who is knowledgeable about the condition. When you think about it, this is old-fashioned medicine.

Steps Toward Diagnosis

If after reviewing your history, your physician decides (1) that you have the symptoms of ADHD, (2) you have had them since childhood, (3) you have the symptoms to a much greater degree than your peers of the same mental age, and (4) there is no other diagnosis that can explain your symptoms, then a presumptive diagnosis of ADHD can be made.

Keep in mind a few points concerning your history. First, it is best if at least two people relate your history to the doctor. People with ADHD are poor self-observers. The history will be much more reliable if another person is present to corroborate, enlarge upon, or give a different point of view about what you say.

In the case of children, the history should be taken from the child, from parents, and from schoolteachers' written or telephoned reports. With adults, the history should be taken from the individual in question as well as his or her spouse, or a friend or relative. If available, documents from the elementary or high school or college you attended can fill out your history.

FYI

The term **attention deficit/hyperactivity disorder (AD/HD)** comes from the American Psychiatric Association's *Diagnostic and Statistical Manual for Mental Disorders (DSM-IV)*. The *DSM-IV* outlines three types of ADHD:

Inattentive type: Difficulty staying on task; short attention span; distracted by auditory or visual stimuli.

Hyperactive/impulsive type: Squirmy, fidgety behavior; some part of the body is always in motion, often purposeless motion. Focusing isn't an issue.

Combined type: Difficulty focusing and staying on task; fidgety behavior.

Complete ADHD glossary of terms: ADDitudeMag.com/about-adhd.html

More about diagnosing ADHD in children: ADDitudeMag.com/adhd-diagnosis.html

ADHD Symptoms

Doctors diagnose ADHD on the basis of detailed criteria spelled out in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. In its entry on ADHD, *DSM-IV* lists nine symptoms that suggest inattentive ADHD and nine that suggest hyperactivity/impulsivity in children:

Inattentive

1. fails to give close attention to details or makes careless mistakes
2. has difficulty sustaining attention
3. seems not to listen when spoken to
4. has trouble following through on instructions or finishing tasks
5. has difficulty organizing tasks and activities
6. is reluctant to engage in tasks that require sustained mental effort
7. often loses things
8. is easily distracted
9. is forgetful in daily activities

Hyperactive/Impulsive

1. fidgets with hands or feet, or squirms in seat
2. leaves seat in classroom
3. runs about or climbs excessively
4. has difficulty playing quietly
5. often seems “on the go” or acts as if “driven like a motor”
6. talks excessively
7. blurts out answers before questions have been completed
8. has trouble taking turns
9. interrupts or intrudes on others

Making Sense of Symptoms

Almost every child will exhibit one or more of these symptoms at some point. A child is diagnosable with ADHD only if he or she exhibits at least six of nine symptoms from one of the lists above, and if the symptoms have been noticeable for at least six months in two or more settings—for example, at home and at school. What’s more, the symptoms must significantly impair the child’s functioning, and at least some of the symptoms must have been apparent before the age of seven.

Checklist

Conditions that may accompany, resemble, or mask ADHD include:

- Anxiety disorder
- Bipolar disorder
- Excessive coffee or soda drinking
- Conduct disorder (in children)
- Learning disabilities
- Hyperthyroidism or hypothyroidism
- Lead poisoning
- Post-traumatic stress disorder
- Obsessive compulsive disorder
- Pathological gambling

More about conditions related to ADHD:

ADDitudeMag.com/treating-depression-anxiety-bipolar.html

ADHD symptom checklist for children: **ADDitudeMag.com/adhd-symptoms.html**

ADHD Rating Scales

Many doctors also use standardized rating scales to evaluate children and adults for ADHD. These scales are typically listings of cognitive, emotional, and behavioral problems often experienced by individuals with the condition. Scores of a person being evaluated can be compared with those in the general population to ascertain whether the levels of impairment are consistent with an ADHD diagnosis.

The most commonly used rating scales include:

Conners' Revised (CRS-R)—for children three to 17 years old

Conners' Adult ADHD Rating Scales (CAARS)—can be completed either by the person who may have ADHD or by someone close to that person

Wender Utah Rating Scale (WURS)—for adults

ADD-H Comprehensive Teacher/Parent Rating Scales (ACTeRS)—for adolescents and adults

Brown ADD Rating Scales—age 3 through adult

Nailing Down an ADHD Diagnosis

In making the diagnosis, a professional must also rule out other conditions that look like ADHD, as well as look for conditions that may occur with ADHD. Often the diagnosis of ADHD is missed because the condition is masked by a coexisting condition, such as substance abuse, depression, or anxiety. At other times the diagnosis is made incorrectly when a medical condition, such as hyperthyroidism, is causing the symptoms.

It is important that you get an accurate diagnosis. Only then can you and your health-care professional develop an effective treatment plan that will manage symptoms and empower you to live a productive life.

Tools

For more information on diagnosis, check out these books:

- *Driven to Distraction*, by Edward M. Hallowell, M.D., and John J. Ratey, M.D.
- *ADHD: The Great Misdiagnosis*, by Julian Stuart Haber, M.D.

More ADHD book reviews:
ADDitudeMag.com/resources/bookreviews.html

WHO CAN TREAT ADHD?

Before choosing an ADHD professional, you should understand the strengths and weaknesses of each option. Here is a short list of who does what in diagnosing ADHD.

PSYCHIATRIST

An M.D. who treats the brain and may prescribe medication or other treatment.

Advantages

- Trained in diagnosis.
- Able to diagnose, prescribe medication, and treat.

Disadvantages

- Fees usually start at around \$200 an hour. While psychiatrists can diagnose and treat, they may not be trained in counseling, especially in the day-to-day life skills needed by ADHD adults and children.

PSYCHOLOGIST

Understands how the mind works, but is not an M.D. and cannot prescribe medications. If the psychologist feels that medications are needed, he or she must refer the patient to either a medical doctor or a psychiatrist.

Advantages

- Trained in diagnosis.
- Trained in counseling.
- Costs less than a psychiatrist.

Disadvantages

- Cannot prescribe medications.
- Patient must be referred for an MRI or any other test that could assist in diagnosis.

FAMILY DOCTOR

Most know of ADHD, but may lack the extensive knowledge about the condition that specialized professionals have.

Advantages

- Is familiar with you and your medical history.
- Is usually easier to see for an appointment.
- Can prescribe medications, if needed.
- Less expensive than a psychiatrist.

Disadvantages

- May have limited experience with ADD, especially in adults.
- Cannot offer counseling.
- Brief office visits often mean a hurried diagnosis.

NEUROLOGIST

A doctor who specializes in treatment of the brain and central nervous system.

Advantages

- Can determine whether other conditions, such as seizure disorder, are present.

Disadvantages

- Expensive.
- EEG testing isn't necessary for diagnosis or treatment of ADHD.
- Patient must be referred for any counseling or therapy.

MASTER LEVEL COUNSELOR

Has a master's degree in psychology or counseling and may be able to perform an initial assessment with the appropriate training.

Advantages

- Is able to provide counseling, problem-solving, and behavior management.
- Less expensive than psychiatric care.

Disadvantages

- May have trouble making a differential diagnosis (identifying other possible problems).
- Must refer patient to a doctor or other professional.
- Cannot prescribe medication.

SOCIAL WORKER

A Master of Social Welfare (MSW) or a Licensed Clinical Social Worker (LCSW) is often employed by an agency (for example, public health-care resources) to provide counseling. Social workers can help with some behavior issues that ADHD adults experience.

Advantages

- Inexpensive.

Disadvantages

- May have trouble with a differential diagnosis (identifying other potential problems).
- Must refer patient to a doctor or other professional.
- Cannot prescribe medication.

Your ADHD Treatment Options

A brief overview of the most common—and effective—ADHD treatments available today: medication, behavior therapies, alternative treatments, and coaching.

The best way to treat ADHD is to use a multimodal approach—to combine several different treatments that augment one another to give you the greatest reduction in symptoms. For one person, this may be a combination of medication, diet, exercise, and behavioral therapy. For someone else, it may mean taking supplements, sessions of cognitive behavioral therapy and neurofeedback, and getting into an ADHD support group.

Finding the right treatments—and managing them—takes research, planning, organization, and persistence. Talk with your doctor about the options. If you use medication, you'll automatically have a professional to work with. She may have the knowledge and expertise to also help you with the rest of your treatment options. If you choose to go without medication, try to find a professional who is attuned to—and knowledgeable about—the types of treatments you want to use.

With that in mind, here is a rundown of ADHD treatments. Each of them will be covered in depth in later chapters.

MEDICATION

Taking medication is often the first line of defense against the symptoms of ADHD. If you are working with a medical doctor, medication will most likely be part of your initial treatment plan. With the right drug and the optimal dosage, the success rate of medication is high: Meds work for at least 80 percent of people with ADHD.

Even so, medication is not for everyone, and starting a treatment program requires more involvement than taking a pill. Before you go down the pharmacological path, here are some things to consider:

- Finding the right medication, amount, and dosage schedule often takes months.
- Every medication has side effects. Balancing them with the positive effects of medication is a trial-and-error process. It will take time for you or your child to find the optimal dosage.

More about using ADHD medications: ADDitudeMag.com/adhd-medication.html

ADHD Treatment: Information and Resources for Adults & Children
www.ADDitudeMag.com/adhd-treatment.html

- To get the most out of medication, you must communicate with your doctor and follow his advice, especially during the initial phase of taking medication. This will allow him to adjust dosage and control side effects in a timely manner.
- Medication isn't a magic bullet. It helps manage some ADHD symptoms, but it does not cure the disorder.
- Supplementing medication with behavioral therapy and/or coaching is often a more effective strategy of managing ADHD.

BEHAVIOR THERAPIES

Medicine alone is not sufficient treatment for some with ADHD, especially children and adolescents who are seriously disruptive in school, with peers, and/or at home with their families. Behavior therapy can help improve the situation. It involves directing the child's behavior by doing the following:

- Creating an environment conducive to good behavior.
- Providing positive feedback for good behavior.
- Establishing clear consequences for misbehavior.
- Being consistent about your expectations and the consequences of good and bad behaviors.

Behavior therapy is effective in helping children improve attitude and performance in school. This type of therapy often involves training for parents—and sometimes teachers—as well.

Cognitive behavioral therapy. This approach, often used in combination with medication, is implemented by a therapist who works with you to find problem behaviors—and develops strategies for changing them. Here's how it works:

- Choose one problem behavior—procrastination, say—to work on at a time.
- Understand the motivation for the behavior—and change the thoughts and perceptions that cause it.
- Develop practical ways to change the behavior.
- Implement the strategies, and try new ones if they don't work.

This approach is effective for most people with ADHD. The only exceptions are very young children—who are unable to articulate their thoughts and feelings—and people who need a more structured

More about behavior therapy for ADHD children:
ADDitudeMag.com/adhd-behavior-discipline.html

approach, such as those who are exceptionally defiant and unwilling to cooperate in managing their behaviors.

ALTERNATIVE TREATMENTS

For those who don't benefit from medication, or don't like the idea of taking drugs every day, there is evidence that diet, physical activity, and therapies that train the brain can help manage symptoms.

Diet and supplements. Changing your diet to increase certain ADD-friendly nutrients—fish oil, the minerals zinc, iron, and magnesium—as well as protein and complex carbohydrates, can help the brain function at optimal levels and control swings in behavior. Limiting sugar, artificial preservatives, and food coloring reduces hyperactivity in some children.

Exercise. Physical activity not only trims your waistline but also firms up the brain. Exercise turns on the attention system—sequencing, working memory, prioritizing, inhibiting, and sustaining attention—the so-called executive functions. It also reduces impulsivity in kids and adults. Walking for 30 minutes, four times a week, can provide benefit.

Brain training. Studies have shown that exercising the brain's working memory improves attention and decreases hyperactivity in children with ADD. Cogmed, a Swedish company, has developed software to allow children to sharpen working memory through “play” exercises on the computer. Neurofeedback involves using computer exercises to change brain-wave activity. Enhancing the brain's activity level can improve ADHD symptoms.

Nature therapy. Studies show that a daily dose of nature—a walk in the woods or spending time in a room full of plants—may reduce symptoms in both adults and children. Several experts have suggested that nature therapy be used in conjunction with prescription medications and behavioral therapy.

COACHING

An ADHD coach knows about the challenges facing those with the condition and can help them acquire the skills to overcome those problems. Part cheerleader, part taskmaster, part personal assistant, part teacher, a coach may help you do the following:

More about how diet and exercise impact ADHD:
**ADDitudeMag.com/
adhd-diet-exercise.html**

More about the impact of nature therapy on ADHD:
ADDitudeMag.com

- Develop structures for organizing your life
- Make plans and set goals
- Get and stay motivated
- Develop time and money-management skills

Some coaches meet their clients weekly; others stay in regular contact by phone. Still others will meet with you in your home to help with specific tasks, such as organizing papers or working on social skills.

How to Approach ADHD Treatments

Most people with ADHD try a variety of treatment programs in the hope of finding the right balance of symptom control. If you plan to do this, keep a log, so you can follow the progress of your efforts and understand the outcomes of various treatments. Don't drop a treatment from your plan if things aren't happening as fast as you'd like. Change takes time. Before you stop—unless the side effects are getting in the way of your life—consult the professional you hired to help you with the treatment. Look for ways to adjust the treatment before you give up on it.

Share your questions and insights about ADHD treatment: ADDitudeMag.com/adhdforums

CHAPTER 2

Types of ADHD Medications

Medication Options for ADHD

Professionals prescribe many medications to manage ADHD symptoms. This guide will explain how medications work, the benefits they deliver, and how to manage them safely.

The medications used to treat ADHD can dramatically improve the quality of an individual's life. Just as a pair of glasses helps the near-sighted person focus, so can medication help the person with ADHD see the world more clearly.

When medication is effective, the results can be life-changing. However, medication is no panacea. It does not work for everybody, and for those it does help, it does not cure the condition.

Medication should be used only under medical supervision, and only as part of a comprehensive treatment program that includes a careful diagnostic evaluation; education about ADHD and associated learning problems; practical suggestions about restructuring one's life and managing one's moods; counseling, or coaching, as well as family or couples therapy, if needed.

How Meds Work

Medications for people with ADHD affect brain chemicals called neurotransmitters. ADHD meds work by increasing the amounts of norepinephrine and dopamine levels in the synapses—the areas between the brain's neurons. Higher levels of neurotransmitters enable the brain to rebalance activities of these two systems and, consequently, the activities of other neurotransmitter systems.

Dopamine is responsible for the strength of signals coming into the brain and for filtering external stimuli, so you can pay attention. Norepinephrine plays a role in arousal level (how awake or drowsy you are), and the clarity of the brain's processes. Both play a role in the level of motivation.

Neuroscientists are beginning to understand which chemicals are associated with specific ADHD symptoms. Distractibility is often a result of too much norepinephrine in relation to dopamine. Impulsivity may be related to too much norepinephrine or too little dopamine. In many people who exhibit ADHD symptoms, the levels of neurotransmitters in the nerve cells are normal; the problem lies in the way the chemicals are released or the way the receptors bind to them.

Misconceptions about stimulants

- Given in the right dosage, they do not cause you to feel foggy or “out of it.”
- They are not addictive in the doses prescribed for ADD.
- They do not take away the creativity or that “special something” people with ADHD possess.

Finding the right medication can take time and patience. It is difficult to predict whether a child or an adult will respond better to one medication or another. Some people respond poorly to one and have a good response to another. Some have side effects with one and not with another. Your doctor should use his judgment as to which one to try first.

Stimulant Medications for Treating ADHD

Here's what you need to know about the most commonly prescribed drugs.

Stimulants are the most popular class of drugs used for treating ADHD. In the decades since stimulant medications were introduced (1937), several thousand scientific studies have assessed the effectiveness of these medications. The conclusion? Stimulants significantly improve symptoms of ADHD in most people.

Stimulants work by increasing levels of the neurotransmitters dopamine or norepinephrine (or both) in the brain's synapses, or by causing more of these neurotransmitter(s) to be retained in the synapses for a longer time. Stimulants decrease hyperactivity, distractibility, and/or impulsivity.

Here are the most common stimulants (each drug has a generic, or chemical, name and a trade name).

Methylphenidate (Ritalin, Concerta, Metadate, Focalin, Daytrana): This is the most widely used medication for ADHD, although dextroamphetamine works as well for many individuals. The big difference among the brand names is in the delivery system—how the drug is released in the intestinal tract, and how long it lasts in the body. Methylphenidate comes in short- and long-acting forms.

Dextroamphetamine (Dexedrine, Dexedrine Spansule):

The oldest medication used for ADHD, dextroamphetamine also comes in short- and long-acting forms. A doctor will try this medication when methylphenidate doesn't work on symptoms or causes unwanted side effects.

FYI

When is it safe to start a child on stimulants? Dexedrine is approved for use in children three years of age. Other stimulants are approved for use in children six or older.

More about treating children with ADHD:
ADDitudeMag.com/treating-adhd-children.html

Tip

As you take medication, look for signs that the dose is too strong. These signs include:

- Feeling anxious, jittery, or overly drowsy
- Developing symptoms you didn't have before
- Experiencing mood changes that get worse

Mixed Amphetamine (Adderall): Similar to dextroamphetamine, it contains a mixture of several amphetamine salts. It supposedly works better on norepinephrine-containing neurons than dextroamphetamine does. Short- and long-acting forms are available.

Lisdexamfetamine Dimesylate (Vyvanse): This newer medication, which came on the market in 2007, is known as a “prodrug,” meaning that it is chemically inert until it interacts with an amino acid in the gastrointestinal tract. It is designed for once-daily dosing, with efficacy and side effects comparable to those of Adderall XR.

What You Should Know

- For children who have trouble swallowing pills, methylphenidate is available in liquid and chewable forms. It is also available in capsules, which can be opened to sprinkle the contents on food. Another option is Daytrana, a methylphenidate skin patch.
- Some children don't respond to stimulants. Others respond but are unable to tolerate the side effects. Stimulants may be inappropriate for children who take oral steroids for asthma, or for anyone who has unstable bipolar disorder, a history of drug addiction, or an eye condition known as narrow-angle glaucoma. For such children, doctors sometimes prescribe nonstimulant medication, tricyclic antidepressants, or the antidepressant **bupropion (Wellbutrin)**. See below.
- Clinical practice guidelines recommend that a doctor fine-tune medication dosage once a year. Usually, when the patient reaches age 16, the dosage is locked in and remains the same for the rest of that individual's life.
- Although cardiovascular complications are rare, the FDA has required a label warning that stimulants may cause heart problems. If you or your child has an irregular heartbeat or heart palpitations, or if there is a family history of heart disease, you should have your child tested before starting stimulants.
- Some researchers conclude that, on average, kids taking stimulants lagged behind peers on their growth curves by 3/4 of an inch in height and by six pounds in weight. Other researchers have good longitudinal data to show that the lag in height is unrelated to the taking of medication. Still, it's probably a good idea for your child's doctor to monitor his height and weight.

Tool

Keep a daily log—writing down small, positive changes in your behavior and symptoms. This journal can help you see how well your medication program is working.

FYI

The FDA is now requiring new labeling on drugs used to treat children with attention deficit hyperactivity disorder (ADHD), warning of possible psychiatric side effects. This decision is based on concerns arising from recent analyses gathered during clinical trials.

More about side effects and medication changes:

**ADDitudeMag.com/
better-adhd-treatments.html**

Non-stimulants, Antidepressants, and Antihypertensives

When stimulants do not manage ADHD symptoms, doctors turn to other medication options.

NON-STIMULANT

Atomoxetine (Strattera): This is the only medication that is not a stimulant specifically approved by the FDA for ADHD treatment. Atomoxetine works like an antidepressant—it is a reuptake inhibitor that increases the levels of epinephrine, but not other neurotransmitters, in the brain.

What You Should Know

- Atomoxetine is a once-a-day medication, and it takes four to six weeks to reach its full effect.
- Tell your doctor and pharmacist about all other medicines that you are taking, including non-prescription medicines, nutritional supplements, or herbal products, all of which can affect the effectiveness of atomoxetine.

TRICYCLIC ANTIDEPRESSANTS

Tricyclic antidepressants (TCAs) work by decreasing the breakdown or absorption of neurotransmitters at the nerve endings, resulting in an increase in these key brain chemicals. Each tricyclic antidepressant affects norepinephrine, dopamine, and serotonin in varying degrees.

These medications are used if stimulants do not work, or if they produce side effects that cannot be clinically managed. A tricyclic antidepressant might also be added to a stimulant to get more even coverage—filling in the valleys when a stimulant is not working.

The most commonly prescribed tricyclic antidepressants are:

Imipramine (Tofranil): This was the first tricyclic antidepressant, and is the most frequently used medication in this class of drugs.

Desipramine (Norpramin): This can be given in single daily dosage, avoiding the need to take a pill several times a day. Combining a low dose of desipramine with methylphenidate has been shown to work well in managing ADHD symptoms.

FYI

If other stimulants don't work for an individual, methamphetamine (Desoxyn) may be a good alternative, says William Dodson, M.D., a Denver-based psychiatrist. Some doctors are unfamiliar with the medication or are dissuaded from prescribing it because of parents' fears about their child becoming addicted to it.

Nortriptyline (Pamelor): This TCA is not as sedating as other tricyclic antidepressants and may cause fewer side effects than other medications in its class.

What You Should Know

- Tricyclic antidepressants are long-acting—they can be taken in the morning and the evening—avoiding the need to take medication at school. If two doses a day cause fatigue, or a child seems to do worse in the late afternoon, the total dose can be divided into three doses a day, given in the morning, after school, and in the evening.
- It may take a week or two for TCAs to begin to work. The dose is usually increased every week to two weeks until the desired effects are reached.
- If a TCA is stopped, it must be tapered off slowly. If it is stopped abruptly, the child or adolescent might develop flu-like symptoms.
- If depression coexists with ADHD, as it frequently does, one should not usually start the antidepressant at the same time as the stimulant. Depression often disappears as ADHD symptoms diminish.
- Because TCAs are in the bloodstream all the time, it is necessary to get a blood test every six months to monitor liver function. On rare occasions, TCAs might decrease white blood cell count, so a complete blood count (CBC) is appropriate.

ANTIDEPRESSANTS

Bupropion (Wellbutrin): Typically used to treat depression, bupropion can also be helpful in treating ADHD. The exact mechanism of its action is not known.

What You Should Know

- It is recommended for those 18 years old or older.
- It usually has few, if any, side effects.

ANTIHYPERTENSIVES

While stimulants manage hyperactivity, distractibility, and/or impulsivity, TCAs seem to help with only hyperactivity and distractibility. As a result, a second medication—often clonidine or guanfacine, called antihypertensives—might be added to address impulsivity.

These medications, often used by adults with high blood pressure, decrease norepinephrine levels at low doses.

For women only

Buspirone (Buspar), fluoxetine (Prozac), or sertraline (Zoloft) may alleviate severe PMS symptoms that frequently occur in women with ADD. Ask your doctor whether they will work for you.

Warning

Some children taking tricyclic antidepressants may stop metabolizing the medication, causing a fatal cardiac arrhythmia. Talk with your doctor about this before starting your child on a TCA.

The two most commonly prescribed antihypertensives are:

Clonidine (Catapres): This medication is somewhat sedating and short-acting, unless delivered continuously by a skin patch. Sometimes used to induce sleep in children and adults, clonidine is helpful for decreasing impulsivity. The medication also comes in a slow-absorption patch, called a TTS (transdermal therapeutic system).

Guanfacine (Tenex): This medication is similar to clonidine, but is longer-acting and less sedating. A time-release version of guanfacine, called Intuniv, came on the market in 2009.

What You Should Know

- Because this class of drugs can cause sleepiness, minimal doses are typically prescribed.
- Both drugs are usually taken in the morning, and again around 3 P.M. Each dose lasts about six hours.
- If either clonidine or guanfacine is stopped, it should be tapered off slowly. When it is stopped abruptly, headaches or dizziness could occur.
- Clonidine may help children taking stimulants get to sleep when taken one hour before the planned bedtime. Talk with your doctor before trying this on your own.

Medications for Comorbid Conditions

How to treat conditions that frequently occur with ADHD: anxiety and anger disorders, depression, and OCD.

Anxiety Disorder. Anxiety is the emotional uneasiness associated with the anticipation of something bad happening or of danger. A doctor should determine whether the anxiety is *primary* or *secondary*.

If a child has had difficulty regulating stress and anxiety since early childhood, and his anxiety is pervasive, it is primary. With this type of anxiety, there is usually a family history of the disorder. On the other hand, an anxiety disorder may be secondary to difficulties experienced by a child who has ADHD or a learning disability. Secondary anxiety occurs in certain circumstances—only at school, say.

Anger. Children and adults who have trouble controlling anger often go into a tantrum. Usually, children with anger regulation problems explode only at home, with parents or other significant adults.

Depression. There are two types of depressive disorder: 1) *Dysthymia* is characterized by a depressed or irritable mood that lasts a year or longer in an individual who is never symptom-free for more than two months. 2) *Major depressive episode* is characterized by loss of pleasure, feelings of worthlessness or guilt, changes in appetite or weight, or suicidal thoughts that last at least two weeks.

Obsessive-compulsive disorder. *Obsessions* are unwanted thoughts, images, or impulses that an individual knows are senseless or unnecessary, intrude into his or her consciousness involuntarily, and cause functional impairment and distress. *Compulsive* actions are responses to perceived obligation to follow certain rituals or rules.

The clinical treatment for these disorders is to use selective serotonin reuptake inhibitors (SSRIs), which increase the level of serotonin in the brain. This class of medication includes **fluvoxamine (Luvox)**, **paroxetine (Paxil)**, **fluoxetine (Prozac)**, and **sertraline (Zoloft)**.

In addition to these medications, behavioral therapy is often prescribed. In some situations, verbal therapy or family therapy will be recommended as well.

FYI

Anxiety disorder, inability to control anger, and mood disorders, like depression, appear to be due to a deficiency of serotonin in the brain.

FYI

The current availability of information on using SSRIs with children does not indicate clear guidelines for choosing one over the other. A doctor might prefer to start with one and, if needed, move on to another.

Is It ADHD or Another Condition?

Evidence suggests that about half of all individuals who have ADHD also suffer from depression, anxiety, obsessive-compulsive disorder (OCD), a learning disorder, or some other emotional or neurological problem. In some cases, these problems are “secondary” to ADHD—that is, they are *triggered* by the frustration of coping with ADHD symptoms and are resolved when ADHD symptoms are under control. In other cases, the conditions may be “comorbid,” caused by some of the same factors that trigger ADHD. Below are three common comorbid conditions and their symptoms:

Depression	Anxiety	Bipolar Disorder
<ul style="list-style-type: none"> ■ Feelings of unhappiness, hopelessness, pessimism ■ Feeling of low self-esteem, worthlessness, guilt ■ Loss of interest or pleasure in hobbies, work, and activities you usually enjoy, including sex ■ Decreased energy, fatigue, feeling “slowed down” ■ Insomnia, early-morning awakening, or oversleeping ■ Difficulty concentrating, remembering, making decisions ■ Appetite changes—eating significantly less or more ■ Irritability, restlessness, hostility ■ Feeling anxious; low tolerance for stress ■ Recurring thoughts of death or suicide; suicide attempts ■ Unexplained physical symptoms or pains—such as headache, chronic indigestion, or pain—that do not respond to treatment 	<ul style="list-style-type: none"> ■ Excessive worry; a feeling or sense of anxiety that has bothered you every day for the last three to six months ■ Feelings of irritability and agitation ■ Occasional feelings of panic, fear, or dread ■ Not being able to relax; persistent feelings of restlessness or of being hyperalert ■ Poor attention ■ Tire easily; sleep poorly ■ Low tolerance of stress ■ Difficulty concentrating 	<p>In the mania phase:</p> <ul style="list-style-type: none"> ■ Excessive elation, exuberance, and euphoria ■ Hyperactivity ■ Racing thoughts ■ Aggressive behavior ■ Increased talking ■ High energy ■ Grandiose notions ■ Decreased need for sleep ■ Inappropriate social behavior ■ Easily distracted ■ Poor ability to concentrate <p>In the depressive phase:</p> <ul style="list-style-type: none"> ■ Same symptoms as in depression

ADHD Medication Chart

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
METHYLPHENIDATE						
RITALIN METHYLIN METADATE Generic MPH	Short-Acting Tablet 5 mg 10 mg 20 mg	Starting dose for children is 5 mg twice daily, 3-4 hours apart. Add third dose about 4 hours after second. Adjust timing based on duration of action. Increase by 5-10 mg increments. Daily dosage above 60 mg not recommended. Estimated dose range 0.3-0.6 mg/kg/dose	Insomnia, decreased appetite, weight loss, headache, irritability, stomachache, and rebound agitation or exaggeration of pre-medication symptoms as it is wearing off.	About 3-4 hours. Most helpful for rapid onset and short duration.	Works quickly (within 30-60 minutes). Effective in over 70% of patients.	Use cautiously in patients with marked anxiety, motor tics, or with family history of Tourette's syndrome, or history of substance abuse. Don't use if you have glaucoma or are taking an MAO inhibitor.
FOCALIN (with isolated dextro-isomer)	Short-Acting Tablet 2.5 mg 5 mg 10 mg	Start with half the dose recommended for normal short-acting methylphenidate above. Dose may be adjusted in 2.5 to 5 mg increments to a maximum of 20 mg per day (10 mg twice daily).	As above. There is evidence that Focalin (dextro-isomer) may be less prone to causing sleep or appetite disturbance.	About 3-4 hours. Most helpful for rapid onset and short duration. Only formulation with isolated dextro-isomer.	Works quickly (within 30-60 minutes). Possibly better for use for evening needs when day's long acting dose is wearing off.	As above. Expensive compared to other short-acting preparations.
FOCALIN XR	Long-Acting Capsule 5 mg 10 mg 15 mg 20 mg 30 mg 40 mg	Starting dose of 5 mg for all ages. Dose can be increased weekly by 5 mg, based on patient response	As above. Same as for all stimulants	9 to 12 hours	Removal of left isomer lowers intensity of side effects.	As above. Same as for all stimulants.
RITALIN SR METHYLINER METADATE ER	Mid-Acting Tablet 20mg Mid-Acting Tablet 10 mg 20 mg 40 mg 50 mg 60mg	Start with 20 mg daily. May combine with short-acting for quicker onset and/or coverage after this wears off.	Insomnia, decreased appetite, weight loss, headache, irritability, stomachache.	Onset delayed for 60-90 minutes. Duration supposed to be 6-8 hours, but can be unreliable.	Wears off more gradually than short-acting, so less risk of rebound. Lower abuse risk.	As above. Note: If crushed or cut, full dose may be released at once, giving twice the intended dose in first 4 hours, none in the second 4 hours.
RITALIN LA 50% immediate-release beads/50% delayed-release beads METADATE CD 30% immediate-release and 70% delayed-release beads	Mid-Acting Capsule 20 mg 30 mg 40 mg Mid-Acting Capsule 10 mg 20 mg 30 mg	Starting dose is 10-20 mg once daily. May be adjusted weekly in 10 mg increments to maximum of 60 mg taken once daily. May add short-acting dose in AM or 8 hours later in PM if needed.	Insomnia, decreased appetite, weight loss, headache, irritability, stomachache, and rebound potential.	Onset in 30-60 minutes. Duration about 8 hours.	May swallow whole or sprinkle ALL contents on a spoonful of applesauce. Starts quickly, avoids mid-day gap unless person metabolizes medicine very rapidly.	Same cautions as for immediate-release. If beads are chewed, may release full dose at once, giving entire contents in first 4 hours.
CONCERTA 22% immediate-release and 78% gradual-release	Long-Acting Tablet 18 mg 27 mg 36 mg 54 mg	Starting dose is 18 mg or 36 mg once daily. Option to increase to 72 mg daily.	Insomnia, decreased appetite, weight loss, headache, irritability, stomachache.	Onset in 30-60 minutes. Duration about 10-14 hours.	Works quickly (within 30-60 minutes). Given only once a day. Longest duration of MPH forms. Doesn't risk mid-day gap or rebound, since medication is released gradually throughout the day. Wears off more gradually than short-acting, so less rebound. Lower abuse risk.	Same cautions as for immediate release. Do not cut or crush.

ADHD Medication Chart

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
METHYLPHENIDATE (continued)						
DAYTRANA PATCH	10 mg 15 mg 20 mg 30 mg	There is no correlation between oral methylphenidate and the patch. Daytrana must be fine-tuned from the beginning. Although not FDA-approved, patches may be cut with scissors to fine-tune the dose. Talk with your doctor first.	Non-allergic skin irritation at the site of application; itching and discomfort.	Slow onset of benefits over 5 hours to steady blood level. Although FDA-approved for only 9 hours of wear time, it is almost always worn until 2-3 hours prior to desired end of medication benefits.	A good alternative if the child has trouble swallowing pills.	The patch should be worn on the hip. Before applying it, be sure the area of the hip is clean and dry. When applying it, firmly press it with your hand for 30 seconds, being sure the edges fully adhere. When disposing of the patch, fold it in half, so that it sticks to itself, and throw it away in a safe place.

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
DEXTROAMPHETAMINE						
DEXEDRINE	Short-Acting Tablet 5 mg	For ages 3-5 years: starting dose is 2.5 mg tablet. Increase by 2.5 mg at weekly intervals, increasing first dose or adding/ increasing a noon dose, until effective. For a child 6 years or older, start with 5 mg once or twice daily. May increase total daily dose by 5 mg per week to find optimal level. Tablet is given on awakening. For a child over 6 years, one or two additional doses may be given at 4-6 hour intervals. Usually no more than 40 mg/day.	Insomnia, decreased appetite, weight loss, headache, irritability, stomachache. Rebound agitation or exaggeration of pre-medication symptoms as it is wearing off. May also elicit psychotic symptoms.	Onset in 30-60 minutes. Duration about 4-5 hours.	Approved for children under 6. Good safety record. Somewhat longer action than short-acting methylphenidate.	Use cautiously in patients with marked anxiety, motor tics, or family history of Tourette's syndrome, or history of substance abuse. Don't use if patient has glaucoma or is on MAOI. High abuse potential, particularly in tablet form.
DEXEDRINE SPANSULE	Long-Acting Spansule 5 mg 10 mg 15 mg	Children 6 and older who can swallow whole capsule should take morning dose of capsule equal to sum of morning and noon short-acting. Increase total daily dose by 5 mg per week to find optimal dose, to maximum of 40 mg/day.	Same as above.	Onset in 30-60 minutes. Duration about 5-10 hours.	May avoid need for noon dose. rapid onset. Good safety record.	As above. Less likely to be abused intranasal or IV than short-acting. Must use whole capsule.
dextroamphetamine sulfate ER	5 mg 10 mg 15 mg					
DESOXYN (methamphetamine)	Immediate-Release Tablet 5 mg	Starting dose of 5 mg for all ages, which can be increased by 5 mg increments, based on patient response. Typical dose: 10-15 mg twice a day.	As above. Same as for all stimulants.	4-6 hours	Often effective when there is no benefit from amphetamine or methylphenidate	Expensive, stigma attached to taking it, potential for abuse

ADHD Medication Chart

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
DEXTROAMPHETAMINE (continued)						
VYVANSE	Long-Acting Capsule 20 mg 30 mg 40 mg 50 mg 60 mg 70 mg	Children and adults respond to the same range of dosing. Approximately 8% of patients optimize at doses lower than lowest dose manufactured; 40% optimize at doses higher than 70 mg.	Loss of appetite, dry mouth, jitteriness, and irritability if the dose is too high.	Onset of benefits at 45 minutes, with duration usually from 10 to 12 hours in children. Commonly shorter in adults.	Low abuse and addiction potential. One dose a day.	Stop taking the medication and call your doctor if you experience mild difficulty urinating, persistent diarrhea, suspiciousness, over-talkativeness, moderate to severe tenseness of your jaw, significant loss of sleep, a significant increase in blood pressure, unusual heart rhythms, very fast heart rate, or panicky feelings.

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
MIXED AMPHETAMINE						
ADDERALL	Short-Acting Tablet 5 mg 7.5 mg 10 mg 12.5 mg 15 mg 20 mg 30 mg	Starting dose is 5 or 10 mg each morning (age 6 and older). May be adjusted in 5-10 mg increments up to 30 mg per day.	Same as above.	Onset in 30-60 minutes. Duration about 4-5 hours.	Wears off more gradually than dextroamphetamine alone, so rebound is less likely and more mild.	Same as for Dexedrine tablets.
ADDERALL XR 50% immediate-release beads/50% delayed-release beads	Long-Acting Capsule 5 mg 10 mg 15 mg 20 mg 25 mg 30 mg	Starting dose is 5 or 10 mg each morning (at age 6 and older). May be adjusted in 5-10 mg increments up to 30 mg per day.	Same as above.	Onset in 60-90 minutes (possibly sooner). Duration 10-12 hours.	May swallow whole or sprinkle ALL contents on a spoonful of applesauce. May last longer than most other sustained-release stimulants. Less likely rebound than with long-acting dextroamphetamine.	Same as for Dexedrine Spansules, except that it has documented efficacy when sprinkled on applesauce.

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
ATOMOXETINE						
STRATTERA	Long-Acting Capsule 10 mg 18 mg 25 mg 40 mg 60 mg	Starting dose is 0.5 mg/kg. The targeted clinical dose is approximately 1.2 mg/kg. Increase at weekly intervals. Medication must be used each day. Usually started in the morning, but may be changed to evening. It may be divided into a morning and an evening dose, if patient needs higher doses.	In children: decreased appetite, GI upset (can be reduced if medication taken with food), sedation (can be reduced by dosing in evening), lightheadedness. In adults: insomnia, sexual side effects, increased blood pressure.	Starts working within a few days to one week, but full effect may not be evident for a month or more. Duration all day (24/7), so long as taken daily as directed.	Avoids problems of rebound and gaps in coverage. Doesn't cause a "high," thus does not lead to abuse. It is not a controlled drug and may be used by those with history of substance abuse.	Use cautiously in patients with hypertension, tachycardia, or cardiovascular or cerebrovascular disease. It can increase blood pressure and heart rate. Has some drug interactions.

ADHD Medication Chart

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
BUPROPION						
WELLBUTRIN IR	Short-Acting Tablet IR 75 mg 100 mg	Starting dose is 75 mg, increasing gradually (wait at least 3 days) to maximum of 2-3 doses, no more than 150 mg/dose.	Irritability, decreased appetite, and insomnia.	About 4-6 hours.	Helpful for ADHD patients with comorbid depression or anxiety.	Not advised in patients with a seizure disorder or with a current or previous diagnosis of bulimia or anorexia. May worsen tics. May cause mood deterioration when it wears off.
WELLBUTRIN SR	Long-Acting Tablet 100 mg 150mg 200 mg	Starting dose is 100-150 mg/day; increase as tolerated to 400 mg.	Few side effects	About 10-14 hours; benefits apparent after 4-6 weeks.	Well tolerated, no potential for abuse.	May increase seizure risk.
WELLBUTRIN XL	Long-Acting Tablet 150mg 300mg	Starting dose is 100-150 mg/day; increase as tolerated to 400 mg/day.	Few side effects	About 10-14 hours; benefits apparent after 4-6 weeks.	Well tolerated, no potential for abuse.	May increase seizure risk.

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
ANTIHYPERTENSIVES						
CATAPRES (clonidine)	Tablet 0.1 mg 0.2 mg 0.3 mg	Starting dose is 0.025-0.05 mg/day in evening. Increase by similar dose every 7 days, adding to morning, mid-day, possibly afternoon, and evening doses in sequence. Total dose of 0.1-0.3mg/day divided into 3-4 doses. Do not skip days.	Sleepiness, hypotension, headache, dizziness, stomachache, nausea, dry mouth, depression, nightmares.	Onset in 30-60 minutes. Duration about 3-6 hours.	Helpful for ADHD patients with comorbid tic disorder or insomnia. Good for severe impulsivity, hyperactivity, and/or aggression. Stimulates appetite. Especially helpful in younger children (under 6) with ADHD symptoms associated with prenatal insult or syndrome, such as Fragile X.	Sudden discontinuation could result in rebound hypertension. Minimize daytime tiredness by starting with evening dose and increasing slowly. Avoid brand and generic formulations with red dye, which may cause hyperarousal in sensitive children.
CLONIDINE	Tablet 0.1 mg 0.2 mg 0.3 mg					
CATAPRES Patch	TTS-1 TTS-2 TTS-3	Corresponds to doses of 0.1 mg, 0.2 mg, and 0.3 mg per patch. (If using 1 mg tid tablets, try TTS 2, but will likely need TTS 3).	Same as Catapres tablet, but with skin patch there may be localized skin reactions.	4-5 days, so avoids the vacillations in drug effect when taking tablets.	Same as above.	Same as above. May get rebound hypertension and return of symptoms if it isn't recognized when a patch has come off or becomes loose. An immature student may get excessive dose from chewing on the patch.
TENEX (guanfacine)	1 mg 2 mg 3 mg	Starting dose is 0.5 mg/day in evening. Increase by similar dose every 7 days as indicated. Given in divided doses 2-4 times per day. Daily dose range 0.5-4mg/day. Do not skip days.	Compared to clonidine, lower chance of severity of side effects, especially fatigue and depression. Also less headache, stomachache, nausea, dry mouth. Unlike clonidine, minimal problem of rebound hypertension if doses are missed.	About 6-12 hours.	Can provide for 24/7 modulation of impulsivity, hyperactivity, aggression, and sensory hypersensitivity. This covers most out-of-school problems, so stimulant use can be limited to school and homework hours. Less sedating than clonidine.	Avoid formulations with red dye as above. Hypotension is the primary dose-limiting problem. As with clonidine, important to check blood pressures with dose increases and if symptoms suggest hypotension, such as light-headedness.
guanfacine tablets	1 mg 2 mg 3 mg					
INTUNIV	Time-Release (guanfacine) tablet	1 mg 2 mg 3 mg 4 mg	Starting dose of 1 mg each morning, increasing by 1 mg each week up to a maximum dose of 4 mg per day. Benefits build over 3 to 4 weeks.	24 hours	Non-stimulant with particular benefit for the hyperactive-impulsive impairments of ADHD.	Maintain water intake; do not skip doses.

CHAPTER 3

MEDICATION STRATEGIES

Maximizing the Use of ADHD Medications

Expert advice that will help you or your child derive the most benefit from stimulant medication—at home and in school.

Successfully treating ADHD with medication isn't as simple as filling a prescription and living happily ever after. There is no standard medication or dosage for everyone with ADHD. Prescribing involves trial and error. "Getting ADHD meds to work to their optimal benefit requires patience," says William W. Dodson, a Denver-based psychiatrist specializing in ADHD.

Here are five rules for using medications effectively to manage ADHD symptoms:

1. Find a doctor who will closely monitor medication.

Studies have shown that children who are closely monitored show the greatest improvement in their symptoms.

Need help finding an ADHD specialist? Go to **ADDitudeMag.com/directory**

The American Academy of Pediatrics (AAP) suggests that parents start out with a general pediatrician to deal with ADHD. But if your child has a comorbid condition, such as depression or a learning disability, or if she doesn't respond to initial drug therapy, a parent should consider seeking specialized care, says Andrew Adesman, M.D., director of developmental and behavioral pediatrics at Schneider's Children's Hospital in New Hyde Park, New York.

A developmental pediatrician, child neurologist, or child psychiatrist can offer a working knowledge of the newest medications and experience with drug therapy.

While the frequency of visits during the startup phase of a medication may vary from office to office, your child's doctor should be willing to see him at least every two to four weeks during the first couple of months. These meetings will enable you to discuss how the meds are working, whether there are noticeable or troubling side effects, or whether the medication is affecting the child's height or weight.

A doctor should measure height and weight during the initial office visit and again at evenly spaced intervals—once a month, perhaps—afterward.

ADHD Treatment: Information and Resources for Adults & Children
www.ADDitudeMag.com/adhd-treatment.html

2. Start at the lowest dose possible and adjust dosage upward.

Because everyone has a unique response to medication, a physician may need to increase the dosage—adjustment is typically done every three to seven days—to arrive at an optimal dose. Such adjustment is called titration. Doctors start at the lowest dose to provide a baseline for how much more (if any) of the drug a child needs, explains Ray Boorady, M.D., a child and adolescent psychiatrist and clinical coordinator of psychopharmacology at New York University Child Study Center.

At some point, the lower of two doses will become the optimal dose. “Don’t think of high dose or low dose, think of the right dose,” advises Dr. Dodson.

Gender, height, and age aren’t reliable gauges as to how a child will respond to medication—nor is weight. That’s because each child metabolizes medication at a different rate. While one 83-pound child might see a benefit from 5 mg. of methylphenidate, another might need a higher dosage to achieve the same effect.

Physicians do use weight as a starting point. “Even though dosage is not directly related to weight, we have to start somewhere,” says Stephen C. Copps, M.D., director of central Georgia’s Institute for Developmental Medicine, in Macon. “So I choose to start with the lowest dose possible.”

3. Try medication 7 days a week, 16 hours a day.

Although some studies suggest that skipping medication on weekends—called drug holidays—may reduce side effects without increasing symptoms, many experts don’t subscribe to stopping medication.

“ADHD is a life problem, not just an academic or workplace problem,” says Dr. Copps. “The appropriate treatment is as important to relationships and social competency as it is to academic endeavors.”

Taking medication that extends beyond the school day has many advantages, including increased focus for homework and after-school activities, such as sports.

More about ADHD drug holidays: ADDitudeMag.com

Says Dodson: “No ADHD medication’s delivery system lasts long enough to cover a 16- to 18-hour day, especially for a person over 13 years of age. Second doses are often necessary for homework and behavior problems. However, a doctor may hesitate to prescribe a second dose for fear of causing insomnia. If a second dose is needed, the family should first see whether a child can take a nap after lunch while on medication. If he can, they know that a second dose of the same long-acting formulation probably won’t cause insomnia at night.”

More about treating ADHD at school: ADDitudeMag.com/adhd-medication-school.html

4. Keep tabs on how the medication is working.

Parents can help the doctor arrive at the correct dosage for their child by tracking the child’s response to his medication. A doctor should offer parents a structured way to monitor their child’s symptoms. Behavior rating scales are very effective.

The **SNAP-IV Scale** can help parents assess a child’s behavior throughout the day to detect problems with medication. (You can download the form free from adhd.net.) This scale gauges the frequency of 90 physical symptoms and emotional behaviors at home and in the classroom. A doctor can evaluate any troubling patterns and adjust the dosage or switch to another medication to correct them.

The **Conners’ Rating Scales-Revised (CRS-R)** is another worthwhile tool. Each of the three versions—parent, teacher, and adolescent—is available in a short and long form. Dr. Boorady recommends that parents use the long form and reserve the short form for their child’s teacher(s), who probably have less time to fill out the evaluation. The CRS-R is available from **Multi-health Systems, Inc., P.O. Box 950, North Tonawanda, New York 14120.**

5. Consider a child’s diet.

Drinks rich in ascorbic acid/vitamin C or citric acid (orange, grapefruit, and other drinks supplemented with vitamin C) may interfere with the absorption of **Ritalin**.

Some doctors insist that children on stimulants also avoid cold/sinus/hayfever medications that contain decongestants (antihistamines without decongestants are OK); over-the-counter or prescription weight-control medications; steroids, taken orally or injected; and asthma medication containing albuterol or theophylline. Any of these may give a child a mildly unpleasant “buzz.”

ADHD Meds at School

Everything you need to know about setting up a school-day dose and trouble-shooting for potential problems.

Your child should be on medication if hyperactivity, distractibility, and/or impulsivity interfere with his success in life at school, at home, and in peer/social interactions. If he is on medication during school hours but cannot focus on homework, or has a behavioral problem at home, coverage should expand to include after-school hours. Think about weekends the same way. Follow this step-by-step guide for help.

STEP ONE: Assess the Need for Midday Meds

Many children with ADHD do best with a short-acting tablet in the morning and another in the afternoon, ensuring an appetite for lunch. For them, a midday trip to the nurse's office at school is imperative.

Other children can take a morning dose that covers the entire school day. Most stimulants are available in a long-acting form that lasts for 8 to 12 hours. However, keep in mind that, for some children, 8-hour tablets or capsules may work for 10 hours or for 6 hours. The 12-hour form of **Concerta** may work for 14 hours or 10 hours.

You and your child's teacher should observe when the medication wears off and base the timing of each dose on your observations. For example, your child might take an eight-hour capsule at 7:30 A.M., expecting it to last at least until 3:30 P.M. But if the teacher notes that by 2 P.M. he is restless, another dose may be needed at that point.

STEP TWO: Set Up a School-Day Dose

Go to the school's front office or health room and ask for a medication authorization form. Schools cannot give this form out without a request from a parent or guardian, because they aren't permitted to recommend medication.

Most of these forms have three parts. Part one, to be filled out and signed by the parent, authorizes the school nurse or aide to give your child medication. Part two is completed and signed by the physician. It asks him to provide information on the diagnosis, medication, time and dosage to be dispensed, and possible side effects. Part three is the school's approval of the form and is completed by an administrator.

Many schools require a separate bottle from the pharmacy, so the prescription might look like this: **Methylphenidate, 10 mg tablets, #90**

Label: School Use

- Place 20 tablets in bottle
- One tablet at noon

Label: Home Use

- Place 70 tablets in bottle
- One tablet three times a day

Take the forms completed by you and your physician, plus the bottle labeled for school use, to the health room. The school nurse or assistant should let you know when meds are running low, but you should also monitor this yourself.

STEP THREE: Prepare to Tweak

The teacher should know which med your child takes and the symptoms it targets. Ask her to notify you if she notices the emergence of side effects, such as headaches, stomachaches, tics, or “spaciness.” Some children have negative rebound experiences, or feel over-focused. If there’s a problem, your child’s medication may need to be adjusted.

STEP FOUR: Watch for Problems

The person responsible for giving out the medication should alert you if your child does not show up to get it. Did the teacher forget to remind him? Did he not want to leave class? Are the logistics in middle or high school such that there is no time to make the trip? If there is a problem, it must be addressed.

Teachers sometimes embarrass a child by stopping by class and saying, “John, it’s time to get your medicine.” Even worse, some school nurses call over the loudspeaker, “John, please come to the health room to get your medicine.” If this happens, complain to the school to stop it.

If leaving class to visit the school nurse makes your child feel “different,” ask her doctor about medication that lasts through the day.

Medication Authorization Forms

Private schools may have their own form or may accept a form from a public school. After-school programs usually will accept the public school form. When in doubt, ask.

Just in Case

Even if your child doesn’t take a dose at school, inform the nurse which ADHD med your child takes; in an emergency, she’ll know to avoid administering any drugs that might interact dangerously with it.

How a daily report card can track effectiveness at school: ADDitudeMag.com

CHAPTER 4

Managing Side Effects

When Medication Causes Problems

No one has to put up with side effects when taking ADHD medication. Here's a game plan for dealing with them.

The right medication can make life much easier for children and adults who have attention deficit disorder. But ADHD medications can cause severe side effects, including headaches, sleep problems, and blunted appetite.

Some people (including more than a few doctors) assume that side effects are merely the price to pay for being on medication. Wrong. Often, a simple adjustment in the way a medication is used is all it takes to remedy the problem.

Methylphenidate (Ritalin), dextroamphetamine (Dexedrine), dextroamphetamine/levo-amphetamine, and lisdexamfetamine dimesylate (Vyvanse) have similar side-effect profiles, and the strategies that curb side effects for one medication work for the others, as well. The strategies below are applicable for adults and children.

STIMULANT MEDICATIONS

Loss of Appetite

A blunted appetite is the most common side effect of stimulants. This problem often clears up on its own within weeks, so a wait-and-see approach is prudent. If the problem persists, take action—especially if the appetite loss is severe enough to trigger unwanted weight loss, or, in a growing child, failure to gain weight appropriately.

First, observe your child's eating patterns. Breakfast often goes well because the first dose of the day hasn't yet kicked in. Lunch is likely to be a lost cause, nutrition-wise. Ditto for dinner. A child often becomes very hungry around 8 P.M., when the evening dose wears off.

Adjust mealtime. There may be little you can do to boost your child's appetite in the middle of the day (when medication is at maximum effectiveness). So instead of worrying about what gets eaten at lunch, create nutritional "windows of opportunity" at other times of the day. For example, get a healthful breakfast into your child before the first dose of the day kicks in. Hold off on the 4:00 P.M. dose until 5:00 or 6:00 P.M. Your child's appetite may return in time for dinner. Give the third dose after dinner.

Side effects: general approaches

- Wait two weeks; sleep and appetite problems often go away.
- Lower, raise, or change the time of the dose, depending on the side effect.
- Take medication with food, not on an empty stomach.
- Consider a change to long-acting medications to ease the side effects of short-acting medications, or vice versa.
- Add medication to counteract side effects (e.g., clonidine or guanfacine for sleep problems).
- Change medications if side effects are too bothersome or problematic.

—PETER S. JENSEN, M.D.

Tip

Longer-acting stimulant drugs don't seem to suppress appetite as much as shorter-acting versions.

Another way to make sure that your child is getting adequate nutrition is to offer a food supplement drink instead of nutritionally empty snacks—or in place of a meal that is likely to go uneaten. These tasty beverages, such as Pediasure and Ensure, come in several flavors. They can be made into milk shakes or frozen to make pops.

Switching medication. If these approaches don't work, ask your doctor about trying a different stimulant. For reasons that remain unclear, some children who experience appetite loss while taking one stimulant medication don't experience such loss on another.

Some children and adults will have to try several medications before finding the one that provides benefits without adverse reactions. If switching stimulants doesn't help, ask your doctor about moving to a non-stimulant.

Difficulties with Sleep

For some kids, difficulty falling asleep is a troubling side effect of stimulant medication. But other kids are kept awake at night by a lack of medication. That is, once the last dose of the day wears off, these children return to “being ADHD.” They feel restless, are sensitive to sound, and find it impossible to “turn off” their brain.

Get to the root of the problem. There's no easy way to tell which of these scenarios explains your child's sleep problem. To find out, pick an evening when sleeplessness is unlikely to prove disastrous (when your child can sleep late the following morning). Have your child take an additional dose of her usual stimulant around 8:00 P.M.

If your child goes right to sleep, it's a good bet that her sleeplessness has been caused by a lack of medication. You should be able to remedy this problem by continuing with the extra evening dose.

Sleep solutions. If the extra dose triggers the opposite reaction—and your child becomes more “wired”—then sleeplessness is a side effect. The problem can often be remedied by giving your child a weight-adjusted dose of the antihistamine Benadryl just before bedtime. If your child lies in a dark room after taking a dose, sleep should come in an hour. (Benadryl is for occasional use only.)

Tool

If your doctor seems less concerned than you are about your child's appetite problems, download CHADD's “Fact Sheet No. 3, Medical Management of ADHD” (help4adhd.org/en/treatment/medication) and share it with him.

Tip

In the case of persistent tics, ask your doctor about clonidine (Catapres), risperidone (Risperdal), or guanfacine (Tenex), each of which has been shown to ease the condition.

More ADHD sleep solutions: ADDitudeMag.com/gettosleep.html

What if the sleep problem persists? See what happens if you reduce the 4:00 P.M. dose or give it up entirely. Of course, this might cause your child's ADHD to flare up in the evening. If so, ask the doctor about trying a non-stimulant medication.

For some children, the only medication that is effective against ADHD symptoms is a stimulant that causes severe sleep problems. In such a case, ask your doctor about giving your child a dose of clonidine (Catapres) about one hour before bedtime. This non-stimulant medication often has a sedating effect.

Stomachaches and Headaches

No one knows why stimulants cause these problems in some kids. But often it's helpful if the child eats something before taking his medication. Occasionally, one stimulant will cause symptoms while another will not. For very sensitive children, especially allergic children, many medications must be tried to determine the most effective and least problematic one.

If stomachaches or headaches persist, it may be necessary to try a non-stimulant medication.

Tics

These sudden, involuntary muscular contractions typically involve the eyes, face, mouth, neck, or shoulders. If the muscles in the throat are involved, the tic might cause sniffing, snorting, or coughing. In many cases, children experience tics shortly after starting on a particular medication.

If tics occur, stop the medication and try another one. In most cases, the tics will go away within several weeks. If there is a family history of tic disorder, however, the tics may not go away. That's why doctors generally avoid giving stimulant meds to kids with a family history of tics.

Emotional Problems

When the dosage is too high, stimulants can cause children to seem "spacey" or "zombie-like," or to be uncharacteristically tearful or irritable (a condition known as emotional lability). In general, the best way to rein in these side effects is to lower the dosage.

If reducing the dosage causes your child's ADHD symptoms to reemerge, ask your doctor about trying another stimulant. If all stimulants cause problems, you'll have to move on to a non-stimulant.

Rebound

Some children experience 30 to 60 minutes of increased hyperactivity, impulsivity, and nonstop talking a half-hour or so after the last dose of the day wears off. It is as though they have stored up energy all day and, once the medicine wears off, this pent-up energy explodes. This effect is called rebound. You may be able to avoid this problem by reducing the last dose.

Another helpful strategy is to add another short-acting dose to the regimen at 4:00 or 8:00 P.M. If this additional evening dose fails to help—or if it causes sleep problems—it's probably best to switch your child to a non-stimulant medication.

Other Side Effects

If your child has a problem with anger or suffers from anxiety, depression, or obsessive-compulsive disorder, taking a stimulant can make symptoms worse. (Sometimes, you may be unaware that your child has such a disorder until he starts taking a stimulant.) In any of these situations, stopping the stimulant should solve the problem.

If your child is taking medications to address an emotional disorder, it may be possible to re-start stimulants. Another option is to try a non-stimulant medication.

NON-STIMULANT MEDICATIONS

If stimulants cannot be used because their side effects prove uncontrollable, consider using one of the non-stimulant medications. Some children experience side effects on both stimulants and non-stimulants. In this case, combining much smaller doses of a stimulant and a non-stimulant might be the solution.

TRICYCLIC ANTIDEPRESSANTS

Along with **bupropion** (Wellbutrin), three tricyclics are used to treat ADHD: **imipramine** (Tofranil), **desipramine** (Norpramine), and **nortriptyline** (Pamelor).

Fatigue is the most frequent side effect of these four drugs. This prob-

lem often diminishes over the first several weeks. If it does not, ask your doctor about reducing your child's daily dosage, or about dividing one large dose into three smaller doses—one to be taken in the morning, another at about 4:00 P.M., and the third at bedtime.

Bupropion and the tricyclics can also cause constipation, dry mouth, and blurred vision. These “cholinergic” effects often respond to symptomatic treatment. That is, a high-fiber diet or a fiber supplement might eliminate constipation, throat lozenges might moisten a dry mouth, and so on.

If these approaches fail, try another medication. Unlike stimulant medications, tricyclic medications must be tapered off slowly. Very rarely, these medications cause a child to wake up at 4:00 to 5:00 A.M. and be unable to go back to sleep. If reducing the evening dose or giving it a bit earlier doesn't ease your child's “early morning insomnia,” try another non-stimulant medication.

Brain and heart problems. In some children, tricyclics affect brain-wave activity. If your child has a seizure disorder, a tricyclic might exacerbate the problem. Discuss the matter with your doctor.

Tricyclics have also been known to affect the electrical conduction pattern within the heart, triggering a rapid pulse. This is a rare side effect, and it generally stops once the medication is stopped. If you are concerned, discuss this with your doctor.

ANTIHYPERTENSIVES

Clonidine (Catapres), guanfacine (Tenex), and time-release **guanfacine (Intuniv)** control impulsivity in certain people with ADHD. However, these meds may cause daytime sedation. If this occurs, reducing the dose or spreading it out over the day may solve it. If not, ask your doctor about trying another non-stimulant medication.

ATOMOXETINE

This medication (**Strattera**) can cause stomachaches, decreased appetite, nausea, vomiting, dizziness, fatigue, and mood swings. These problems often go away over time. If they do not, try lowering the dosage or replacing a once-a-day dosing regimen with several smaller doses during the day. If these steps fail, try a different non-stimulant medication.

CHAPTER 5

Alternative Treatments

Five Therapies to Try When Medication Doesn't Do the Job

Non-drug treatments—everything from training the brain to taking the right supplements—can help manage ADHD symptoms without side effects.

In this age of herbal supplements, cult diets, and as-seen-on-TV miracle cures, it's more important than ever for parents of children with ADHD, and for ADD adults, to separate legitimate alternative therapies from the sometimes-dangerous scams.

Here we explore several promising alternative therapies—neurofeedback, nutrition and supplements, exercise, working-memory training, and nature therapy—to help you make informed decisions about what ADHD treatment is right for you or your child.

The best ADHD treatment often involves a combination of therapies, including medication and non-drug alternatives. Fish oil and exercise are adjuncts to medication, not substitutes for it.

“Asking if you should use medication or a complementary therapy to treat attention deficit disorder is like asking whether you should eat fruit or vegetables,” says Barbara Ingersoll, Ph.D., a clinical psychologist and author of *Daredevils and Daydreamers: New Perspectives on Attention Deficit/Hyperactivity Disorder* (Main Street Books). “You often need both.”

Since the effectiveness of any treatment for attention deficit disorder varies with individuals and rarely acts in a vacuum, don't begin any new course of treatment before discussing it with your doctor.

1) Neurofeedback: Better Brain Waves

The goal of this high-tech therapy is to teach patients to produce brain waves that help one to focus.

Each year, countless parents of children with ADHD begin researching high-tech brain exercises because traditional medication has stopped working (or has never worked), produces unwelcome side effects, or, most commonly, doesn't manage all the symptoms of ADHD.

Today, approximately 10,000 U.S. children are receiving neurofeedback treatments to reduce impulsivity and increase attentiveness, according

Neurofeedback (NFB) is also called...

Neurotherapy
Neurobiofeedback
EEG Biofeedback (EEGBF)

Learn more about neurofeedback

The Healing Power of Neurofeedback,
by Stephen Larsen and Thom Hartmann

The Open-Focus Brain, by Les Fehmi
and Jim Robbins

Getting Rid of Ritalin, by Robert W. Hill
and Eduardo Castro

ADHD book reviews:

[ADDitudeMag.com/resources/
bookreviews.html](http://ADDitudeMag.com/resources/bookreviews.html)

to Cynthia Kerson, executive director of the International Society for Neurofeedback and Research. Seventy-five to 80 percent of them have some type of attention deficit condition.

Neurofeedback sessions are brief (approximately 30 minutes) and painless, but they are also expensive. The average course of treatment can range from \$2,000 to \$5,000. One promising aspect of neurofeedback is that its benefits are retained after treatment is ended.

Vincent Monastra, Ph.D., founder of the FPI Attention Disorders Clinic, in Endicott, New York, author of *Parenting Children with ADHD: 10 Lessons That Medicine Cannot Teach* (American Psychological Association), and a practitioner of neurofeedback, conducted a year-long, uncontrolled study with 100 children who were taking medication, half of whom also received neurofeedback. Monastra's results suggest that "patients who did not receive the therapy lost most of the positive effects of treatment one week after they were taken off medication." Those who combined medication with neurofeedback maintained their ability to control attention.

How Does It Work?

Neurofeedback is based on a simple principle. "The brain emits different types of waves, depending on whether we are in a focused state or daydreaming," explains Siegfried Othmer, Ph.D., chief scientist at the EEG Institute, in Woodland Hills, California. The goal of neurofeedback is to teach the patient to produce the brain-wave patterns associated with focus. The result: Some symptoms of ADHD—impulsivity, distractibility, and acting out—diminish.

Treatment Specifics

After a practitioner takes a detailed history of the patient, he "maps" the patient's brain. The patient wears a cap lined with electrodes and sits with his eyes closed for several minutes. He is then asked to perform a complex cognitive task, such as reading aloud. The results are shown as a color-coded map on a computer screen, indicating areas of the brain where there is too much or too little brain-wave activity—the sources, theoretically, of the patient's ADHD symptoms.

This digital map enables a person's brain activity to be compared with other brain-wave patterns stored in databases—and can help fine-tune a treatment plan by delineating sites for the electrodes.

During treatment, a child wears the headgear while sitting in front of a video screen. His goal: to move the characters in a computer or video game (goals vary, depending on the protocol the practitioner uses) by producing short bursts of sustained brain-wave activity in those areas of the brain thought to be under-aroused. The software generating the game monitors and records brain activity. Loss of focus will cause the game to stop. It plays only when the child exercises that portion of the brain that is deficient in focus.

Neurofeedback Critics

Neurofeedback has its critics, many of whom have valid objections. Unlike medication, the therapy hasn't been rigorously tested in large, double-blind studies. Some experts also claim that it isn't clear from studies whether improvements in children are due to the therapy itself or to the one-on-one time spent with a therapist.

Another criticism is that, while neurofeedback may sharpen attention in some children, it doesn't necessarily improve the other problems associated with ADHD.

Some experts admit that neurofeedback has promise, but they believe that it should be used only in combination with medication. "If I had a child with ADHD, I might use neurofeedback as one part of the treatment regimen," says David Rabiner, Ph.D., senior research scientist at Duke University's Center for Child and Family Policy.

The ABCs of Neurofeedback

Before Therapy Read up before jumping in. Then discuss the therapy with your spouse or partner. Parents should agree on therapy. A parent's negativity may affect results.

During Therapy Have a trainer collaborate with your primary-care physician or psychiatrist. Depending on the results of therapy, you may need to change the dosage or the type of medication.

Who Should Avoid Therapy Children younger than six and those who don't understand what's asked of them in neurofeedback sessions.

Side Effects Typical complaints from children include sleepiness, headaches, and/or crankiness right after a session. These are usually relieved by a short nap or a protein-rich snack. Some children experi-

**Join the conversation
about neurofeedback:
ADDitudeMag.com/adhdforums**

ence a temporary increase in mood swings around the eighth week of treatment. Reducing medication dosage often alleviates side effects.

How Much, How Long? The initial brain mapping costs \$250; each session, from \$125 to \$200. An average course of treatment lasts from nine to 12 months, for once- or twice-weekly sessions. The cost can range from \$2,000 (with insurance, although few companies cover neurofeedback prescribed for a diagnosis of ADHD) to \$5,000 (without insurance). Ask your practitioner whether he is willing to offer a sliding-scale rate based on your income. Many do.

How Do You Know It's Working? After five sessions, the practitioner should see increased activation of the brain's frontal lobe. If he does not, treatment should be postponed.

Where to Find a Trainer Contact the Biofeedback Certification Institute of America (BCIA; bcia.org) for a list of practitioners. Look for those with advanced degrees in psychology, neuroscience, or one of the biomedical or social sciences. Interview all candidates. Note: BCIA is not regulated by the government.

2) Nutrition and Supplements

Studies suggest that balancing your diet and taking the right supplements can sharpen focus and improve attention.

OMEGA-3 FATTY ACIDS

Found mainly in cold-water, fatty fish, such as sardines, tuna, and salmon, omega-3 fatty acids are believed to be important in brain and nerve cell function. The body cannot make omega-3 fatty acids by itself, and most people don't consume enough of them to derive benefits, which is why fish-oil supplements are popular today.

The benefits of fish oil. Omega-3 fatty acids seem to improve anyone's mental focus, but these compounds may be especially helpful to those with ADHD. One study, published in 2003 in *Nutritional Neuroscience*, showed that omega-3s tended to break down more readily in the bodies of patients with ADHD.

Another study, published in 2004 in *The Journal of Nutritional Biochemistry*, suggested that children with ADHD were more likely to

Download ADDitude's free printable about using fish oil to manage symptoms:
ADDitudeMag.com/resources/printables.html

have low blood levels of omega-3 fatty acids than children who showed no symptoms of the condition. Although both studies were small, the results led scientists to surmise that increasing omega-3s can help control symptoms.

Edward Hallowell, M.D., founder of the Hallowell Center for ADHD, in Massachusetts, recommends that all of his patients take omega-3 supplements, and notes that “it seems to help most with mental focus, not hyperactivity or impulsivity.”

Picking the right supplement. If you decide to add omega-3s to your diet, how do you determine which brand is best? There are two main types of omega-3 fatty acids in fish oil: eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). Both seem to help brain function, but, because they are slightly different compounds, they work in different ways.

Early studies that tested the impact of either EPA or DHA in children with attention problems produced mixed results. Only recently have researchers begun to look at supplements that combine the two. In a small study, published this year in *Nutrition Journal*, for example, nine children with ADHD were given supplements containing both EPA and DHA every day. After eight weeks, the children showed significant improvements in ADHD symptoms.

The most popular omega-3 supplements differ in the amounts of EPA and DHA they contain. Based on the most recent research, Dr. John Ratey, associate clinical professor of psychiatry at Harvard Medical School, recommends that you choose a supplement that has at least three times the amount of EPA to DHA. “The data seem to show that those using supplements containing higher ratios of EPA get a better response in ADHD symptoms,” says Ratey.

Children may take up to 2.5 grams of fish oil daily; adults, up to 5 grams.

Warning

High doses of omega-3s may cause nausea, diarrhea, and other gastrointestinal discomfort. Consult your doctor before adding this supplement to your routine.

BALANCED MEALS

Choosing the right foods—or cutting back on the wrong ones—may prevent ADHD symptoms from swinging out of control. Poor nutrition can cause a child to become distracted and restless.

Dr. Edward Hallowell, author of *Delivered from Distraction* and, most recently, *Superparenting for ADD*, advises all of his patients to visualize their plates when preparing a meal. Half of the plate, he recommends, should be filled with fruits and vegetables, one-fourth with a protein, and one-fourth with carbohydrates. This combination is a balanced diet, and it may control swings in behavior caused by hunger, surges in blood sugar, or a shortfall of a particular nutrient.

The Power of Protein

Protein is important, in part because it prevents surges in blood sugar that may increase hyperactivity. The brain makes a variety of chemical messengers, or neurotransmitters, to regulate wakefulness and sleep. Certain neurotransmitters, including dopamine and norepinephrine, boost alertness. Others, including serotonin, cause drowsiness.

Studies by Massachusetts Institute of Technology neuroscientist Richard Wurtman, Ph.D., and others have shown that dietary protein triggers synthesis of alertness-inducing neurotransmitters, while dietary carbohydrates trigger the synthesis of neurotransmitters that cause drowsiness.

These findings lend credence to the belief that people with ADD fare better on a protein-rich breakfast and lunch. A study in the *Journal of Psychiatric Research* suggests that hyperactive children did better on tests, including a test for attention, on a high-protein breakfast than they did after eating a meal high in carbohydrates.

Hallowell also advocates eating several servings of whole grains each day to prevent blood sugar levels from spiking and plummeting, and cutting back on foods that contain dyes and excess sugar.

Food Additives and Sugar

Several studies suggest that some children with ADHD are adversely affected by food additives—causing them to be inattentive and fidgety. Dyes and preservatives are also found in personal care products, such as toothpaste and mouthwashes—some of which may be swallowed by

Tip

Good sources of protein include lean meats and poultry, eggs, unprocessed nuts and seeds, low-fat milk or milk products, whole-grain cereals and bread, and fresh fruits.

More about the impact of diet and exercise on ADHD symptoms:
ADDitudeMag.com/adhd-health-exercise.html

young children. Many pediatric medicines also contain additives. Ask your doctor whether there is an additive-free substitute that would work just as well.

Mind Your Minerals

Eating the right foods can improve ADHD symptoms; not eating enough of the right foods can worsen them. Deficiencies of several minerals—zinc, iron, and magnesium—have been shown to increase inattention, impulsivity, and hyperactivity in children.

Zinc. A 2008 study, published in *BMC Psychiatry*, followed 44 children with ADHD, half of whom were given 55 mg. of zinc sulfate, as well as methylphenidate, the active ingredient found in both Ritalin and Concerta. After six weeks, ADHD symptoms in all of the children improved; however, those who took zinc showed even greater improvement in their symptoms of hyperactivity and impulsivity.

Zinc is involved in the regulation of dopamine, a neurotransmitter that helps control mood. John Ratey, M.D., believes that zinc sulfate may make a drug like Ritalin more effective by improving the brain's response to dopamine. Zinc is found in beef, turkey, chicken, pork, lamb, oysters, and beans. Zinc can cause side effects in high dosages, so always talk with your doctor before adding a zinc supplement to your child's diet.

Iron. Research suggests that low levels of iron can increase ADHD symptoms in children with the condition. One study found that 84 percent of children with ADD had significantly lower levels of iron, compared with 18 percent of kids without the condition. Iron plays an important role in the brain, affecting production of the key neurotransmitter, dopamine. If you suspect your child has low levels of iron, talk with your doctor about having his iron levels tested. Diet, not supplements, is the safest way to increase your child's iron levels.

Magnesium. This mineral is involved in many metabolic processes in the body. Among the substances that are developed from magnesium are the myelin sheath that surrounds our brain cells (making neural transmission possible) and the neurotransmitters that produce attention and concentration. Like other minerals, magnesium is found in meats, nuts, soybeans, and spinach.

3) Exercise: A Med Without Side Effects

Physical activity may be good for focus. And it's inexpensive, self-prescribed, and accessible to everyone.

When you walk, run, or do a set of jumping jacks or pushups, your brain releases several important chemicals, including endorphins—hormone-like compounds that regulate mood, pleasure, and pain. That burst of activity also elevates the brain's dopamine, norepinephrine, and serotonin levels. These brain chemicals affect focus and attention.

“Exercise turns on the attention system, the so-called executive functions—sequencing, working memory, prioritizing, inhibiting, and sustaining attention,” says John Ratey, M.D., author of *Spark: The Revolutionary New Science of Exercise and the Brain* (Little, Brown). “On a practical level, it causes kids to be less impulsive, so they are ready to learn.”

Walking for 30 minutes, four times a week, will do the trick. But studies have shown that any of the martial arts, ballet, ice skating, gymnastics, rock climbing, mountain biking, whitewater paddling, and—sorry to tell you, Mom—skateboarding are especially good for adults and children with ADHD. Why? The technical movement inherent in these types of sports activates a vast array of brain areas that control balance, timing, sequencing, evaluating consequences, error correction, fine motor adjustments, inhibition, and, of course, intense focus and concentration.

Firming up the brain. Most of us think of exercise as a way to trim our waistlines, but the better news is that routine physical activity also firms up the brain. The latest news about exercise is that it helps kids push through past failures and attack things they didn't succeed at before. “The refrain of many ADHD kids is, ‘No matter what I do, I'm going to fail,’” says Ratey. “Rat studies show that exercise reduces learned helplessness. If you're aerobically fit, the less likely you are to learn helplessness.”

How physical activity helps. So how, exactly, does exercise deliver these benefits to the ADHD brain? When you walk, run, or do a set of jumping jacks or pushups, your brain releases several important

chemicals, such as endorphins, the hormone-like compounds that regulate mood, pleasure, and pain. A burst of activity also elevates the brain's dopamine, norepinephrine, and serotonin levels. These brain chemicals affect focus and attention. When you increase dopamine levels, you increase the attention system's ability to be regular and consistent, which has many good effects, like reducing the craving for new stimuli and increasing alertness.

Which activity is best? You don't have to be a marathoner, or even a runner, to derive benefits from exercise. Get your child involved in something that he finds fun, so he will stick with it. Team activities or exercise with a social component are especially beneficial. Studies have also found that tae kwon do, ballet, and gymnastics, in which you have to pay close attention to body movements, tax the attention system.

Many schools include exercise in their curricula to help kids do better in the classroom. A school in Colorado starts off the day by having students do 20 minutes of aerobic exercise to increase alertness. If they act up in class, they aren't given time-outs but time-ins—10 minutes of activity on a stationary bike or an elliptical trainer. “The result is that kids realize they can regulate their mood and attention through exercise,” says Ratey. “That’s empowering.”

4) Working-Memory Training

Software designed to sharpen memory may improve attention and decrease hyperactivity in children and adults.

One complaint about alternative therapies is that there are no controlled studies to support their claims. Not so with working-memory training, which was developed by a company called Cogmed, in conjunction with the Karolinska Institute, a medical university based in Stockholm. A 2005 study conducted by the institute showed that five weeks of therapy reduced symptoms of inattention and hyperactivity in children. An uncontrolled study, published earlier this year by the University of Notre Dame, found similar results.

ADDitude talked with Bradley Gibson, Ph.D., lead author of the Notre Dame study, and Barbara Ingersoll, Ph.D., a clinical associate professor in West Virginia University's department of behavioral medicine and psychiatry and a Cogmed trainer, to find out how the program works.

**More about Cogmed
working-memory training:
ADDitudeMag.com**

What is working memory?

It's the ability to hold onto information long enough to accomplish a specific goal. You hold a phone number in your mind as you dial it, or you hold a task in mind—organizing your room, say—as you work on it. We use working memory throughout the day.

How does improving working memory improve focus?

When you improve working memory, you improve fluid IQ—the ability to solve problems or adapt to situations as they occur. Most kids who complete memory training become more alert to their surroundings. They are also more aware of social cues. Parents often report that their kids become more “mature.” They take charge of their hygiene and do chores without being nagged. They remember to bring books and materials to and from school.

How does Cogmed working-memory training work?

A child logs on to the working-memory program, which is downloaded on his home computer. He completes eight exercises, each consisting of 15 trials. The exercises are in a video game format—with colorful graphics and crisp sound. In one exercise, he shoots down floating asteroids; in another, he recalls numbers in the reverse order in which they are given; in another, he remembers the sequence in which rows of lights turn on. The child uses his computer mouse to punch in the answers—and earns points along the way. The program stays a step ahead of the child's ability, making exercises increasingly harder. A trainer calls once a week to talk with the parents, troubleshoot, and encourage the child.

Does the training work as well with girls as with boys?

It has been successful with young and old, and with both sexes. The training is rigorous, so few children under seven can stick with it. Children who have recently been diagnosed with ADHD should have their medication titrated before beginning training.

How long is the training, and how much does it cost?

The training takes five weeks, five days a week, an hour a day. It ranges in price from \$1,500 to \$2,000, and it is not covered by most medical insurance plans.

What percentage of kids show improvement?

About 75 to 80 percent of kids show improvement—that is, inatten-

tion and hyperactivity are reduced. Karolinska Institute researchers did functional MRIs of the children they studied. The MRIs showed physical changes in the brain's pre-frontal and parietal regions after completing the training. At six-month and one-year follow-ups, about 80 percent of subjects maintained their working-memory gains or improved on them.

Is working-memory training a substitute for medication?

The program does not claim to replace medication. While many kids get good results on meds, drugs don't usually manage all symptoms. Improving working memory can address deficiencies.

5) Nature Therapy: The Benefits of Green Time

Getting out into nature every day has a calming effect on ADHD symptoms, and may improve attitude and behavior.

A 2007 study in the *Journal of Public Health* confirmed that as little as 20 minutes of daily "green time" can reduce the symptoms of ADHD in children. The survey of 500 boys and girls ages five to 18 noted sizable benefits after time spent outdoors recovering from "attention fatigue." (Attention fatigue occurs after long periods spent concentrating, inhibiting impulses, or being patient.)

Other researchers have found that engagement with nature buffers life stresses, which aggravate ADHD.

"When you concentrate on a task like writing, neurotransmitters in the brain's prefrontal cortex are depleted," says Frances Kuo, Ph.D., author of a similar study by the University of Illinois. "Being in a natural environment seems to let the system replenish itself."

The Need for Nature

In his book *Last Child in the Woods*, Richard Louv traces several emerging trends—from higher levels of childhood obesity and depression to a dearth of creativity and lower academic performance—back to what he calls a "nature deficit" in today's plugged-in kids. He argues that the human brain is hard-wired to thrive on the sensory input provided by swaying trees and gurgling brooks, and their absence may change us in fundamental ways.

A "Green" Tip

Gardening offers a bounty of visual, tactile, and olfactory delights. Plus, watering plants each day teaches responsibility, and awaiting blooms helps kids understand delayed gratification.

Quote

"The greater the exposure to nature, the greater the attentiveness." —Frances Kuo, Ph.D.

The University of Illinois researchers, while not questioning the effectiveness of current ADHD treatment methods, have suggested that nature therapy could be a third option, in conjunction with prescription medications and behavior therapy.

More about the impact of nature therapy on ADHD:
ADDitudeMag.com

How Much Green Time Is Needed?

Experts recommend that a child or adult get 30 minutes of green time each day—indoors and/or outdoors. A Cornell University study reported that the more nature a child encountered at home—including exposure to indoor plants and window views of natural settings—the less he or she was affected by negative stresses.

Three Ways to Get Out There

Research also shows that aerobic activity, as discussed in “Exercise: A Med Without Side Effects” (above), can relieve ADHD symptoms. Here are some ideas for combining physical activity with a dose of nature to improve physical and mental health:

Commute smarter. Walk or bike to school via the greenest route available—waking up a few minutes early will pay off in sustained attention all day.

Walk the dog. A dog is an enthusiastic fitness partner who will encourage you to walk or run outside daily.

Ride a bike. Whether it’s a leisurely ride around the neighborhood, a mountain bike trek on rough-and-tumble trails in the woods, or a hard and fast workout that satisfies your need for speed, biking is a great way to get out in nature.

CHAPTER 6

Behavior Therapies

Better Discipline and Focus

Studies show that behavior therapy, when used in combination with medication, can improve attitude and behavior, and increase focus and organization.

“Drugs can do only so much,” says Patricia Quinn, M.D., a Washington, D.C., pediatrician who’s been treating ADHD children for more than 25 years. “Drugs don’t improve self-esteem, time management, or organizational skills.” And that is where behavior therapy comes in.

According to a landmark study by the National Institute of Mental Health, behavior therapy and medication together promise the best results for children with ADHD—delivering higher parental satisfaction and better academic performance on some metrics than taking medication alone.

Combining Therapies

When Dr. Quinn diagnoses a child with ADHD, she first prescribes behavior therapy and then tackles the topic of medication with the parents. According to the American Psychological Association, behavior therapy should be the first line of treatment for children with ADHD under the age of five. William Pelham, Ph.D., director of the Center for Children and Families at Florida International University, recommends only behavior therapy to begin with, partly because recent evidence suggests that kids who go on medication straight away never try the behavioral approach to treating ADHD.

“The benefit of using behavior therapy first is that, if a child also needs medication, he can often get by with a smaller dose,” says Pelham. “Also, parents who see that medication is working are less motivated to follow through with behavior therapy. That would be fine if the data showed that medication alone helped the long-term trajectory of ADHD kids. It doesn’t.”

Countering Genetics

An intriguing study from the University of Oregon suggests that behavior therapy may actually prevent ADHD or minimize its severity in children with a gene called the “7 repeat allele.” Roughly 25% of children with ADHD have this gene.

FYI

Not all behavior-therapy programs are created equal. “The COPE [Community Parent Education] programs use larger groups of parents than some other programs,” says Charles Cunningham, Ph.D., a professor in the department of psychiatry and behavioral sciences at McMaster University, in Hamilton, Ontario. “This dynamic creates a supportive atmosphere and encourages collaboration.”

To find a COPE program in your area, talk with your child’s therapist, an ADHD support group, a community mental health hospital, or your own insurance provider. If there isn’t a COPE program in your area, look for similar programs, like The Incredible Years (incredibleyears.com) and Triple P (Positive Parenting Program; triplep.net).

More about using behavior therapy with ADHD children:
ADDitudeMag.com/adhd-behavior-discipline.html

“It appears that, in children who have a genetic susceptibility to ADHD, things can be done to prevent it,” says Michael I. Posner, Ph.D., who headed the study. “Good parenting may be part of that.”

How It Works

Behavior therapy is a structured discipline strategy based on rewards and consequences—such as increased or decreased TV privileges—that aims to incrementally teach children new, preferred ways of behaving. The desired behavior—waking up on time, reducing interruptions, and so on—varies widely from child to child, but the method for achieving that behavior is the same:

- Focus narrowly on a clear, realistic expectation for your child
- Establish benchmarks and document daily achievements
- Note and reward improvement when it occurs
- Expand your program by working with the school

Though not all health-care professionals concur with the Oregon study, they do agree that implementing behavior therapy at home is worth the effort.

Step One

Name a single goal for which you can easily measure progress. If your goals are too diverse (going to bed at a certain time, being dressed impeccably by 8 A.M., doing homework immediately after school, and remembering to take out the trash), you probably won’t be able to observe and keep track of your child’s accomplishments. You may also overwhelm your child and set him up for disappointment if he fails at one or more goals.

Step Two

Create a chart or other visual reminder that outlines exactly what is expected of your child, when it is expected, and how his behavior will be assessed. Post the chart or checklist where your child will see it—this serves as a reminder and cuts down on parental nagging.

Step Three

Reward your child quickly and effusively each time she achieves the desired behavior. Place stars on the child’s reminder chart, extend a special privilege, like playing a video game, or award 15 minutes of additional playtime after dinner. The rewards need not be expensive,

Tip

Evidence suggests that behavior therapy works best when it is initiated at a young age.

Sample rewards when using behavior therapy

Daily rewards

- Dessert after dinner
- Computer games for 15 minutes
- Staying up 30 minutes later

Weekly rewards

- Renting a video
- Special activity with mom or dad
- Day off from chores

School-based rewards

- Care for class animals
- Bring message to office
- Take a positive note home

but they should be meaningful to your child—and worth working for. Experts often advise parents to discourage negative behavior by ignoring it, because a child often acts up to get attention and may stop acting up if he doesn't receive it. If the negative behavior is too serious to ignore, parents should take away a privilege—for example, 15 minutes of television time lost. At the same time, parents should keep an eye out for the negative triggers that encourage bad behavior and try to alleviate them.

Step Four

Speak to your child's teacher about the behavior therapy tactics you're using at home, and work with her to devise a way to keep track of and reward desired behavior at school. You might employ a daily report card or regular journal entries to keep track.

At the beginning of each school year, meet with the teacher to create a report card that will allow her to record how well the student has performed on several specific target behaviors in the classroom each day. The child brings home the report card (this can be done via e-mail, if you're afraid it won't get home), so parents can recognize and reward their child for specific good behaviors at school.

Be specific when discussing with the teacher the skills and behavioral goals you'd like to reinforce: "Completed assignments within the designated time" or "kept hands to himself" are more revealing than "Johnny had a good day." You can download a daily report card from the Center for Children and Families at the University of Buffalo (ccf.buffalo.edu). Weekly report cards can be equally effective and less burdensome for a busy teacher.

Cognitive Behavioral Therapy

You can overcome negative thoughts and actions caused by ADHD by learning to think and act positively.

Most adults with ADHD need medication, but medication is not always enough to manage symptoms. Many experts recommend meds and psychotherapy, specifically cognitive-behavioral therapy (CBT). CBT was developed 40 years ago, and it has proven highly effective in treating anxiety and depression. Only in the last decade has it been used for ADHD.

Need help working with your child's teacher or school administrators?

Go to ADDitudeMag.com/adhd-school-help.html

Tip

Work to avoid these common mistakes when using behavior therapy:

- **Murky rules:** State your expectations clearly and post them around the house.
- **Unclear commands:** Spell out your desires in detail, not generalities.
- **Unreal expectations:** Praise your child for doing something well at least five times as much as you criticize him for bad behavior.
- **Little patience:** Keep in mind that children with ADHD often struggle to transfer what they've learned from setting to setting, so be prepared to maintain a role as your child's advocate for a long time.

There's no evidence that CBT can replace drug therapy for ADHD, or even allow a child or adult to take lower dosages. But research suggests that it works better for ADHD than other forms of therapy. One study, from Boston's Massachusetts General Hospital, found that a combination of drug therapy and CBT was more effective at controlling ADHD symptoms than was drug therapy alone.

"CBT picks up where medication leaves off," says Steven A. Safren, Ph.D., leader of the study and assistant professor of psychology at Harvard University. "Even after taking medication, most adults have residual symptoms. This treatment may make them better."

How CBT Works

Traditional therapy focuses on emotions, and mines the past to find causes of current problems. In cognitive behavioral therapy, the focus is on how a person thinks, and the way transient thoughts and enduring beliefs about oneself and the world influence how one feels and acts. CBT is a tool for getting organized, staying focused, and improving one's ability to control anger and get along with others.

This might sound like what's offered by ADHD coaches (see Chapter 7) and self-help books. But knowing what to do is seldom enough—irrational thoughts and expectations stop you from doing it. CBT eliminates these roadblocks.

Dealing with Distorted Thinking

Demoralizing thoughts and beliefs keep many adults with ADHD from achieving goals and realizing dreams. Distorted thinking can include all-or-nothing thinking and mind reading (you know what people think about you, or something you've done—and it's bad) or comparative thinking, in which you measure yourself against others and feel inferior, even though the comparisons may be unrealistic. Once a therapist works with you to recognize such distorted thoughts, you'll be able to replace them with realistic, constructive ones.

"Understanding how you think is an effective start to making changes in your life," says J. Russell Ramsay, Ph.D., assistant professor of psychology at the University of Pennsylvania. "Changing thoughts and changing behavior work hand in hand. Widening your view of a situation makes it possible to expand the ways you can deal with it."

Tip

Work to avoid negative thinking during the course of the day. For example:

- Don't use "should" statements.
- Don't predict that things will turn out badly.
- Don't view a single negative event as part of a pattern.
- Don't exaggerate the significance of minor problems while trivializing your accomplishments.

Tool

To find therapists who use CBT, contact the Association for the Advancement of Behavior Therapy (aabt.org) or the Academy for Cognitive Therapy (academyofct.org).

CHAPTER 7

Working with an ADHD Coach

ADHD Coaching: What You Need to Know

An ADHD coach can help you solve problems at home and at work—and to achieve your dreams.

Medication and alternative treatments have helped you manage some of your ADD symptoms. You are more focused and less impulsive. But your life, at times, still seems out of control. You want to stop chronic disorganization and lateness, which have been hurting your marriage. And you may have dreams you want to realize—starting your own business, perhaps—but you don't know how to get started. An ADHD coach can help you with both.

What are the characteristics of a good coach?

A coach knows how to encourage people, can solve problems, and provides support to allow the client to accomplish his goals.

Is an ADD coach like a therapist?

Coaching and therapy are two different things. “Psychotherapy deals with healing psychological issues and is generally long-term and intensive. The focus is often on past history and how it relates to that individual's development,” says ADHD coach Sandy Maynard.

Why couldn't I just ask a friend to do this for me?

Is your friend going to understand how and why ADD makes you do certain things? How are you going to feel about this friend when he demands to know why you didn't reach a goal? It is better to work with someone who is removed from your situation.

Is coaching cheaper than therapy?

Prices vary, from a low of \$50 per hour to over \$250 per hour, depending on the expertise of the coach and the level of involvement.

Does coaching involve a long-term commitment?

It depends on your goals. If you're using a coach for a specific project, that will determine how long you commit to the process. If you are using a coach for general self-help, it could become a long-term relationship. Most coaches ask for a three- to six-month commitment.

What happens if I find that coaching doesn't work for me?

Very few coaches use written contracts. Most will usually let you stop immediately if coaching is not working for you.

How to find a coach

Contact your local chapter of CHADD, your doctor, or your psychologist. Another option is to log on to the websites of organizations that certify, list, or refer coaches. They are:

Institute for the Advancement of AD/HD Coaching (IAAC;
adhdcoachinginstitute.org)

International Coach Federation
(ICF; coachfederation.org)

ADHD Coaches Organization
(ACO; adhdcoaches.org)

Also check the ADDitude Directory of ADHD Professionals:
ADDitudeMag.com/directory

Five Principles of Successful ADHD Coaching

A coach can help you accomplish goals and deal with pressing needs, but you must do the hard work to achieve success.

1. Work together to devise a plan.

ADHD coaching encourages you to assess your most pressing needs. It requires you and the coach to develop strategies to address them, fine-tuning the game plan until you get results. An ADHD coach works to create a climate of support and encouragement, so that you can discover for yourself how to replace negative, defeating behaviors with positive patterns of success.

Perhaps you have trouble paying bills on time. You plan to write the checks one Saturday a month, rather than once a week. But then you find yourself facing a pile of checks to write, and you go shopping or take a bike ride, rather than paying bills. Through work with a coach, you will lay out a plan to address your bills weekly, and devise a way for the coach to hold you accountable.

2. Make your brain work for you.

Coaching focuses on the biological differences in your ADHD brain that have caused you to lose control of your life or prevented you from meeting a goal. An ADHD coach understands the neurobiological symptoms at the root of your negative behavior patterns, and, through this recognition, helps you learn to navigate the daily challenges caused by your symptoms.

You and your coach will develop ADD-friendly strategies to cope with the things that have overwhelmed you, using the strengths of your ADHD to succeed. A coach serves as a cheerleader, helping you maintain hope as you do the difficult work of making changes in your life.

3. Become responsible without guilt.

You may still recall the disapproval you heard as a child: “What’s wrong with you? Why didn’t you finish your homework? How could you have lost your assignment?”

You have to believe that you can succeed. Many people with ADHD have been labeled “stupid.” Refusing to accept this label can make all

FYI

You can interview coaches on the phone or in person. In most cases, the initial interview is free.

Tip

If you aren’t sure a coach is right for you after the initial interview, pay for a trial coaching session before making a long-term commitment.

the difference in your life. An ADHD coach will work with you to reject the negative scripts that hold you back.

4. Be ready to change.

Your success with a coach will depend on whether you are ready to do the hard work of transforming your life, or even a little slice of it. When you can admit that you have a problem, when you want to change, and when you agree to work hard at whatever is necessary, you are ready for coaching.

5. Create a recipe for success.

Every coaching relationship should have these components:

- **Partnership.** Your job is to tell the coach about the areas in which you need help. As you work with the coach, the balance in the partnership should shift from the coach to you. In other words, you, not the coach, will eventually initiate changes in your life.
- **Structure.** You and the coach should establish routines that work with your strengths. It is easier to face tasks you enjoy or that you know you are capable of completing.
- **Process.** The coach should use language that lets you concentrate on specific actions and solutions, not on past failures.

More organization help for ADD adults: ADDitudeMag.com/get-organized-with-adhd.html

How to Find the Right Coach for You

What to look for, what to expect, and how to work together.

Clients sometimes hire a coach who doesn't specialize in ADHD. "They don't realize that strategies that work for clients without ADHD often don't work for people with ADHD, whose brains are wired differently," says ADHD coach Michele Novotni, Ph.D., S.C.A.C., coauthor of *Adult AD/HD* (Pinon Press).

Look for a coach who is qualified and has worked extensively on the problems you want to address. Most important, find someone with whom you click. When you have a short list of two or three candidates, set up interviews and ask each of them the following questions:

1. Do you work with clients who have problems like mine?

You may choose to work with a coach on a short-term, goal-oriented basis (on completing a stalled project or switching jobs), to help you achieve long-term goals (improving finances or a relationship), or to address pervasive issues (chronic disorganization).

2. Do you specialize in working with people like me?

If you need a coach for your child, ask about experience with children. If you're an entrepreneur who wants to launch a business, look for a coach who has worked with clients who have done so.

3. Do you coach in person or over the telephone?

Coaching by phone can be done anywhere and at almost any time. If there isn't a coach in your hometown, you can find a capable coach hundreds of miles away.

4. How long are the sessions?

Some coaches meet or talk on the phone with a client for an hour once a week. Many coaches and clients find that half-hour sessions, followed by one or two quick "check-in" phone calls, are ideal. If you need daily reinforcement, some coaches will work with you via e-mail.

5. Do you have personal experience with ADD?

Many ADD coaches have ADD themselves or have a close family member who has it. This gives them a deeper understanding of the issues. However, it is absolutely essential that you find a coach you are comfortable with.

Other questions to ask a prospective coach:

- How long have you been an ADHD coach?
- Approximately how many people have you coached?
- What is your basic approach to coaching?
- What will you expect from me (doing homework, e-mailing between sessions)?
- How will you monitor my progress?
- How much will this cost?
- What is your policy if I have to cancel an appointment?

Sign on the Dotted Line

Once you've chosen a coach, you will probably have to sign an agreement or contract. Many coaches use three-month agreements, and some ask for full payment up front. There is good reason for this. Around the fourth or fifth week, most clients lose interest in the process. If they commit to three months, they tend to stick with it, and they usually make progress during that time.

Getting Started

Expect the first meeting to take longer (between one and two hours) than the meetings that will follow because the coach wants to get to know you.

During the first session, tell her specifically what issue you want to address, and, along with the coach, plot the steps to achieve this. The coach will assign you homework, and subsequent sessions will begin with a review of your assignment.

Doing homework is critical to making progress. "Coaching is a partnership, but the client is in charge," says Novotni. "Coaches are not there to nag. We're there for support, to ask questions that get people thinking about whether certain strategies work." If they don't work, it's the coach's job to suggest others.

A coach should cheer your successes and tweak those strategies that didn't work. The coach monitors your progress and fine-tunes strategies until you get results. If you feel that the strategies she's suggesting aren't working, ask her to come up with new ones.

Making Progress—Or Not

You should see improvements during the first month, but interest and resolve often lag around the fifth week. Expect that this will happen, and remember that it doesn't mean you're not succeeding.

But what if you don't make progress—or you stop clicking with the coach? A good coach will probably notice the problem before you do, and will gladly discuss how to proceed. The coaching relationship is most effective when you honestly feel that a coach has your best interest at heart. If, however, your coach has exhausted her strategies and you are no closer to achieving your goal, find another professional. A good sign of progress is when you start solving problems that used

Paying for coaching

Because insurance plans don't typically cover coaching, here are ways to defray the expense:

- If you are having trouble in the workplace, ask your human resources department about possibly picking up the cost.
- Pay through your flexible spending account.
- Ask your physician to write a prescription for coaching, the cost of which may be written off on your taxes.

FYI

Sessions are usually held weekly for the first three to six months. When you and the coach finally identify the strategies for achieving your goals, sessions may be cut back to biweekly or even monthly.

to overwhelm you. The real goal of coaching is to change the way you perceive yourself and, ultimately, to teach you how to coach yourself.

What's in a Degree?

Here are some credentials and affiliations you will come across when searching for an ADHD coach, what they stand for, and what it took to earn them.

C.A.C. (Certified ADHD Coach)

Two years of ADHD coaching experience; 65 hours minimum of ADHD coach training. In addition, the applicant must pass exams demonstrating the use and knowledge of IAAC Core Competencies. These include ethics and conduct, knowledge of ADHD and ADD, and the ability to ask questions that move the client toward his goals.

S.C.A.C. (Senior Certified ADHD Coach)

Five years of ADHD coaching experience; 65 hours minimum of ADHD coach training. As with the C.A.C. credential, the applicant must take exams demonstrating the use and knowledge of IAAC Core Competencies (see Certified ADHD Coach).

A.C.C. (Associate Certified Coach)

Certification by the International Coach Federation (ICF) for life coaches; doesn't indicate a specialty or training in ADHD. Ask whether a coach has training in ADHD and has experience working with clients who have the condition.

P.C.C. (Professional Certified Coach)

Certification by the ICF, have coached a minimum of 750 hours. Ask whether they have training in ADHD and have experience working with clients who have the condition.

M.C.C. (Master Certified Coach)

Certification by the ICF, have coached a minimum of 2,500 hours. Ask about their training in ADHD and their experience working with clients who have the condition.

Checking credentials

These three top-rated institutions offer training for ADHD coaches:

- **ADD Coach Academy** (ADDCA; addcoachacademy.com)
- **Optimal Functioning Institute** (OFI; addcoach.com)
- **American Coaching Association** (ACA; americoach.org).

For More Information About ADHD

ADDitude Magazine

39 W. 37th Street, 15th Floor
New York, NY 10018
1-888-762-8475

ADDitudeMag.com

American Academy of Child and Adolescent Psychiatry (AACAP)

3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
aacap.org

American Academy of Family Physicians (AAFP)

11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
1-800-274-2237
aafp.org

American Academy of Pediatrics (AAP)

141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
1-847-434-4000
aap.org

American Psychiatric Association (APA)

1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209
1-703-907-7300
psych.org

Attention Deficit Disorder Resources

223 Tacoma Avenue, South #100
Tacoma, WA 98402
1-253-759-5085
addresources.org

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road
Atlanta, GA 30333
1-800-CDC-INFO
cdc.gov

Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD)

8181 Professional Place, Suite 150
Landover, MD 20785
1-800-233-4050
chadd.org

National Federation of Families for Children's Mental Health

9605 Medical Center Drive, Suite 280
Rockville, MD 20850
1-240-403-1901
ffcmh.org

LD OnLine

WETA Public Television
2775 South Quincy Street
Arlington, VA 22206
ldonline.org

National Association of State Directors of Special Education, Inc. (NASDSE)

IDEA Partnership
1800 Diagonal Road, Suite 320
Alexandria, VA 22314
1-877-IDEA-INFO
ideapartnership.org

National Dissemination Center for Children with Disabilities (NICHCY)

P.O. Box 1492
Washington, DC 20013
1-800-695-0285
nichcy.org

National Institute of Mental Health (NIMH)

6001 Executive Boulevard
Bethesda, MD 20892
1-866-615-6464
nimh.nih.gov

National Resource Center on AD/HD

8181 Professional Place, Suite 150
Landover, MD 20785
1-800-233-4050
help4adhd.org

Parent Advocacy Coalition for Educational Rights

8161 Normandale Boulevard
Minneapolis, MN 55437
1-888-248-0822
pacer.org

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Boston, MA

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Center for the Advancement of Children's Mental Health,
Columbia University College of Physicians and Surgeons
New York, NY

ADHD Treatment: Information and Resources for Adults & Children

www.ADDitudeMag.com/adhd-treatment.html

More **ADDitude** Resources for Treating ADHD

Find these and other treatment tools on ADDitudeMag.com

All About Treating ADHD

Visit the ADDitudeMag.com Treatment Channel for in-depth information about all of your treatment options, including:

ADHD Medications: ADDitudeMag.com/adhd-medication.html

Alternative ADHD Treatments: ADDitudeMag.com/alternative-adhd-treatment.html

Behavior Therapy: ADDitudeMag.com/adhd-behavior-discipline.html

Information about related conditions, like anxiety and depression:

ADDitudeMag.com/treating-depression-anxiety-bipolar.html

Alternative ADHD Treatment Report

adhdreports.com/alternative-adhd-treatment

Download *ADDitude*'s free report about non-drug ADHD therapies, including fish oil, neurofeedback, special diets, exercise, working-memory training, and more.

ADHD at School e-Book adhdreports.com/adhd-at-school

Help your child succeed at school with 99 pages of information about ADHD accommodations, homework help, classroom behavior, working with teachers, and more.

ADHD Treatment Forums ADDitudeMag.com/adhdforums

Talk with other *ADDitude* readers about finding the right ADHD medication, alternative treatments that work, fine-tuning prescriptions to decrease side effects, and treating kids.

ADHD Free Printables ADDitudeMag.com/resources/printables.html

Learn more about using fish oil to treat symptoms, finding the right ADHD professional, cooking up an ADHD-friendly diet, and more.

ADHD Blogs ADDitudeMag.com/adhdblogs

Read the daily diaries of *ADDitude*'s bloggers as they navigate ADHD treatment, relationships, parenting, and more.