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You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

ADHD: Should My Child Take Medicine for ADHD?

Here's a record of your answers. You can use it to talk with your doctor or loved ones about your decision.

- 1. Get the facts
- 2. Compare your options
- 3. What matters most to you?
- 4. Where are you leaning now?
- 5. What else do you need to make your decision?

1. Get the Facts

Your options

- Have your child take medicine for ADHD.
- Don't have your child take medicine. Instead, use counseling, behavior therapy, or social skills training to help manage your child's symptoms.

Key points to remember

- Treatment depends on the age of your child.
- Children ages 4 to 5 years are treated first with behavior therapy. Your child's doctor will talk to you about medicine if your child's symptoms do not improve.
- Children ages 6 to 11 years are treated with medicine or behavior therapy or both.
- Children ages 12 to 18 years are treated with medicine and usually also with behavior therapy.
- Medicines can help, but they may have side effects and risks.
- If your child needs medicine, help him or her not feel ashamed about taking it. ADHD is a medical condition, not a character flaw or weakness.

FAQs

What is ADHD?

ADHD (attention deficit hyperactivity disorder) affects a child's behavior and ability to pay attention. ADHD symptoms are noticed early in a child's life and continue into adulthood.

Children with ADHD tend to be:

- Inattentive. They are easily distracted and find it hard to focus on any one task.
- Impulsive. They act before thinking about the cause and effect of their actions. They may talk or laugh too loud or get more angry than the situation calls for. They may not share or be able to wait for their turn.
- **Hyperactive**. They can't sit still for even a short time. They may squirm, fidget, or run around at the wrong times.

It may be hard to know if your child has ADHD or is just misbehaving. It's normal for a child to be inattentive, impulsive, or hyperactive from time to time. But if these behaviors continue or become worse, they may be signs of ADHD.

The exact cause of ADHD is not clear, but it tends to run in families.

Some medical problems have symptoms that look like ADHD, so it's important that your child gets the right diagnosis. Your doctor may do some tests and ask you and your child questions to help rule out other problems, such as depression or an anxiety disorder. Sometimes the symptoms of bipolar disorder and ADHD can be confused.

The symptoms of ADHD can also be confused with a learning disability. A psychologist can do some tests to see if your child is having trouble learning how to read, write, or do math problems.

There is no cure for ADHD. But treatment can help manage your child's symptoms.

What are the risks of not treating your child for ADHD?

Without treatment, your child is more likely to:

- Do poorly in school or at work.
- Be rejected by his or her peers.
- Have relationship problems with family members and friends.
- Have low self-esteem.
- Be depressed.
- Lack social skills.

What medicines can your child take for ADHD?

Stimulant medicines are most often used to treat moderate to severe symptoms of ADHD. These medicines affect the way your child's brain controls impulses, behavior, and attention.

Stimulant medicines are sorted into two groups:

- Amphetamines, such as Adderall and Dexedrine.
- Methylphenidate, such as Concerta, Metadate CD, and Ritalin.

If these medicines don't help, your doctor may suggest nonstimulant medicines to treat ADHD. These include:

- Atomoxetine (Strattera).
- Clonidine (Kapvay).
- Guanfacine (Intuniv).

Sometimes antidepressants are also recommended.

How well do these medicines work?

Stimulant medicines are the most effective treatment for ADHD. They improve ADHD symptoms in about 70 out of 100 children who take them. This means that they don't improve symptoms in about 30 out of 100 children who take them.

Studies have shown that children who take stimulant medicines:¹

- Are calmer.
- Are more attentive, focused, and organized.
- Interrupt less often.
- Have better relationships with family members and friends.

Studies have also shown that:²

- The nonstimulant medicine atomoxetine can reduce ADHD symptoms in children and adults.
- The nonstimulant medicine clonidine combined with a stimulant medicine may reduce ADHD symptoms.

Even though medicine can help improve your child's symptoms, it can't solve all of your child's behavior problems. Your child may also benefit from counseling, behavior therapy, or social skills training.

What can you expect if your child takes medicine for ADHD?

Your child will take pills every day for as long as he or she needs them. It's important that your child takes the medicine as prescribed and keeps taking it so it has time to work.

If you don't see any improvement in your child's behavior, talk to your doctor. Your child may need to try several different medicines to find one that works for him or her.

You'll need to closely watch your child after he or she begins to take the medicine. The medicine may cause side effects, but they will usually go away within the first few weeks. If they don't, your doctor may need to lower the dose.

What are the side effects of these medicines?

Common side effects include:

- Loss of appetite.
- Headaches.
- Upset stomach.
- Sleep problems or drowsiness.

Stimulant medicines may be related to slower growth in children, especially in the first year of taking the medicine. But most children seem to catch up in height and weight by adulthood. Your doctor will keep track of your child's growth and watch for problems.²

What are the risks of these medicines?

Studies show that when used for only a short time, medicines for ADHD are safe and can help improve your child's behavior and quality of life. But there are some risks. And the effects of using these medicines over the long term haven't been studied. You'll need to weigh the benefits of your child taking medicine with the possible risks.

FDA advisories

There is a small chance that a child may think about suicide when he or she takes atomoxetine or an antidepressant. The U.S. Food and Drug Administration (FDA) doesn't recommend that people stop using these medicines. Instead, people taking these medicines should be watched for warning signs of suicide, such as saying they're going to hurt themselves, talking or writing about death, or giving away their things. This is especially important at the beginning of treatment or when doses are changed.

Studies have found that less than 1 out of 100 children who used atomoxetine thought about suicide, while more than 99 out of 100 didn't.³

Most medicines for ADHD come with an FDA warning about possible heart-related or mental health problems. Be sure to tell your doctor if your child has any heart problems, heart defects, or mental health problems or if there is a family history of these problems.

The FDA has issued an advisory about atomoxetine and the risks of liver injury, orthostatic hypotension, and syncope. Call your doctor if you have nausea or belly pain. Also, call your doctor if you feel dizzy or lightheaded or if your skin is yellowing.

What other treatments are available?

If your child is age 4 to 5 years, then treatments other than medicine may be enough to help your child

improve his or her behavior. Behavior therapies and extra support at home and in school can help your child succeed and feel better about himself or herself. If your child is age 6 years or older, the doctor will suggest medicine or behavior therapy or both.

These treatments work for some children:

- Behavior therapy can help your child understand why he or she acts a certain way. And it can help your child find positive ways to deal with problems by changing the way he or she thinks and behaves. Behavior therapy encourages positive behavior through praise or rewards. It discourages unwanted behavior through time-outs or loss of privileges.
- Social skills training can help your child be less aggressive and impulsive, manage anger, and behave in a more socially acceptable way. It uses specific steps and goals, such as helping your child learn how to listen and engage in conversation or be part of a new group.
- Counseling, including family therapy, allows your child and the entire family to express fears
 and concerns, recognize problem behaviors, and learn new ways of getting along.

Why might your doctor recommend medicine to treat your child's ADHD?

Your doctor may suggest that your child take medicine if:

- Your child is 4 or 5 years old and his or her symptoms have not improved with behavior therapy.
- Your child is age 6 years or older.

2. Compare your options

	Have your child take medicine for ADHD	Don't have your child take medicine
What is usually involved?	 Your child takes pills every day for as long as he or she needs them. Your child may also see a counselor or get behavior therapy or social skills training. 	 Your child sees a counselor or gets behavior therapy or social skills training.
What are the benefits?	 Medicines for ADHD can help your child to: Be more calm, attentive, focused, and organized. Be less aggressive and disruptive. Have better relationships with family members and friends. 	 Your child can avoid the side effects of the medicine. You don't have to pay for medicine.
What are the risks and side effects?	 Possible side effects include: Loss of appetite. Headaches. Upset stomach. Sleep problems or drowsiness. Slowed growth. Heart and mental health problems. Low blood pressure. There is a small chance that your child may think about suicide while taking nonstimulant medicines or antidepressants. 	 Without treatment, your child is more likely to: Do poorly in school or at work. Be rejected by his or her peers. Have relationship problems with family members and friends. Have low selfesteem. Be depressed. Lack social skills.

Personal stories

Personal stories about taking medicine for ADHD

These stories are based on information gathered from health professionals and consumers. They may be helpful as you make important health decisions.

"We thought that our son had a learning disability. He seemed "spacey" at times. When he was little, he couldn't pay attention long enough for me to read an entire book to him. As he got older, he did poorly on standardized tests at school. A psychiatrist finally diagnosed him with ADHD and suggested that medicine might be helpful. We are thinking it over and will probably try it. Our son is old enough to help us with the decision too. I'm sure he would be happy to have some help staying on task at school and with his homework."

- Parents of Michael, age 11

"We thought our son was just a little more energetic than other kids. Then he started preschool. We got a call from the teacher on his second day there. Turns out he was a lot more "energetic" than the other kids. We have been working with his doctor and with the preschool teacher for several months on different ways to get him to sit still and stay on task. He's made some progress, but he is still a handful. We are trying to hold off on trying medicine until he is around age 6. We realize that he may always need more than just a little extra attention in order to succeed in school."

- Parents of Carlos, age 4

"Our daughter Ann Marie doesn't have many friends at school. Her impulsive behavior is so out of control that none of the other kids want to play with her. It is hard for us, because we know what a warm and fun-loving child she is. When our doctor suggested that she might benefit from medicines, we were happy to have an option that might make it easier for her to get along with her classmates."

- Parents of Ann Marie, age 6

"We aren't sure what our daughter's problem is—ADHD, learning disability, depression, or some combination of things. It's a little frustrating that it seems to be taking so long to figure it out, but we like our doctor and she has done a good job of helping us understand why there are no quick and easy answers. Our daughter isn't hyper like a lot of kids with ADHD, but she can't seem to pay attention in class and she's not doing well in school. We work with her most nights at home to help her focus on her homework, and we do not want to put her on any medicine at this point. But if her grades still aren't up at the end of this quarter, we may consider trying medicine to help her focus."

Parents of Emily, age 7

3. What matters most to you?

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

My child wants to try medicine.			My child doesn't want to try medicine.		
Equally important			More important		
proving with	L	-		_	
Equ	ually important		More	important	
affecting my lationships with	-		family don't se	-	
Nore important Equally		ortant More important			
ns:		My of	ther important	reasons:	
	ually important			important	
	eroving with Equationships with	Equally important My lationships with wi	Equally important Equally important Equally important Equally important Equally important	Equally important My child's schoolwork and relationships with Equally important My child's and family don't se	

NOT having my child take medicine

Having my child take medicine

aning toward	Undecided	Leaning toward

5. What else do you need to make your decision?				
Check the facts				
1. Can medicine cure ADHD?				
Yes				
No				
I'm not sure				
That's right. Medicine can't cure ADHD, but it may help improve your child's symptoms.				
2. Do ADHD medicines have side effects?				
Yes				
No				
I'm not sure				
That's right. Medicines can help, but they have side effects and risks.				
3. Are there other ways to treat ADHD that don't involve taking medicine?				
Yes				
No				
I'm not sure				
That's right. Counseling, behavior therapy, or social skills training may be enough to improve your child's behavior, especially if your child is age 4 or 5. But an older child may also need medicine.				
Decide what's next				
1. Do you understand the options available to you?				
Yes				
No				
2. Are you clear about which benefits and side effects matter most to you?				
Yes				
No				

Yes				
No				
Certainty				
1. How sure do you feel right nov	w about your decision?			
Not sure at all	Somewhat sure	Very sure		
2. Check what you need to do be	efore you make this decision.			
I'm ready to ta	ake action.			
I want to disc	cuss the options with others.			
I want to learn	n more about my options.			
Lice the following enges to list o	questions, concerns, and next steps.			
Credits				
Ву	Healthwise Staff			
Primary Medical Reviewer	Adam Husney MD - Family Medicine	Adam Husney MD - Family Medicine		
Primary Medical Reviewer	Kathleen Romito MD - Family Medicine			
Primary Medical Reviewer	John Pope MD - Pediatrics			
References Citations	my of Child and Adalaceant Davahistmy (2002). Dr			

3. Do you have enough support and advice from others to make a choice?

- 1. American Academy of Child and Adolescent Psychiatry (2002). Practice parameter for the use of stimulant medications in the treatment of children, adolescents, and adults. Journal of the American Academy of Child and Adolescent Psychiatry, 41(2, Suppl): 26S–49S.
- 2. Greenhill LL, Hechtman LI (2009). Attention-deficit/hyperactivity disorder. In BJ Sadock et al., eds., Kaplan and Sadock's Comprehensive Textbook of Psychiatry, 9th ed., vol. 2, pp. 3560–3572. Philadelphia: Lippincott Williams and Wilkins.
- 3. U.S. Food and Drug Administration (2005). FDA issues public health advisory on Strattera (atomoxetine) for attention deficit disorder. FDA News P05-65. Available online: http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2005/ucm108493.htm.

Note: The "printer friendly" document will not contain all the information available in the online document some Information (e.g. cross-references to other topics, definitions or medical illustrations) is only available in the online version.



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