



ADHD: MANAGEMENT

1. What can I do if my child is assessed as meeting the diagnostic criteria for ADHD? What are the recommended interventions?

- Reinforce the child's strengths

The most important thing carers can do for their child is to do what we should do for every child. Focus primarily on the child's strengths and never stop reinforcing those strengths in the child's mind.

We often become so focused on assisting a child with their challenges that we tend to lose sight of their strengths. We should never do that. If we only focus on the child's challenges, you can be certain that the child will too. So always remember, whilst assisting your child with their challenges, continue to reinforce your child's strengths.

- Environmental modifications

Where possible, make modifications that will optimise the child's working environment by minimising distractions. For instance, at school, the child is likely to benefit from being situated at the front of the class. This results in many distractions being located behind the child rather than in front of the child.

Similarly, the child should not have too many items placed on the study desk as these will simply serve as distractions (note: a child being granted permission to utilise one fidget spinner during class is not necessarily a bad thing in Dr J's opinion).

Children diagnosed with ADHD are likely to benefit from as much one to one teaching as possible as it is easier to sustain one's attention when directly engaged with the teacher. Of course, this is not necessarily easy to achieve in practice.

- Medication

It is important to understand that the aim of using medication is not to treat or to 'fix' ADHD. Treatment is targeted at improving symptoms i.e. improving concentration which, in turn, will allow the child to settle and be less hyperactive. The medicines will not do more than that. They will not change troubled behaviours, aggression or emotional dysregulation. They will not unwind the impacts of any significant emotional trauma the child may have experienced.

Stimulant medications such as methylphenidate (Ritalin) are the frontline medication options for treatment of ADHD symptoms.

Deciding whether or not to trial stimulant medications can be challenging for families. Unfortunately, there is no single rule that applies to every child and your decision must simply be based upon what you deem to be best for your child.



When evaluating whether a trial of stimulant medication is warranted for your child, it is important to consider the potential consequences of using stimulant medications as well as the potential consequences of not using them.

For many children who have been diagnosed with ADHD, stimulant medication has proven to be a very effective symptomatic treatment. Stimulants have been in use for many decades and have been shown to very effectively improve a child's ability to settle and to concentrate.

Stimulant medications are generally well tolerated by most children and have been demonstrated to be very safe. As with any medication though, there are a large number of possible side effects of Ritalin and you should be aware of these. They are listed on the product information leaflet which can be found at [Ritalin Product Information](#).

Three potential side effects, in particular, to be aware of are:

- Appetite suppression

By far and away, the most common side effect of stimulant medication is appetite suppression. Stimulants tend to make children feel less hungry and eat less, which can be an issue as many young children are already very lean. Typically, this does not cause a significant problem but you should continue to encourage your child to eat plenty of good, healthy food and you should ask your GP to monitor your child's growth trajectory at every visit.

- Raised blood pressure

Stimulants can raise blood pressure. Just as drinking caffeine can increase blood pressure, so can taking Ritalin. The studies that have been performed to this point suggest that regular Ritalin use commonly increases blood pressure but the likelihood of this negatively impacting upon a child's cardiovascular function is fairly low. Nonetheless, this is a risk that should be given its' proper consideration and, again, you should read the product information which can be found at [Ritalin Product Information](#).

A small number of cases have been reported of children who have been taking ritalin suffering from acute myocardial infarction or stroke. This should be considered in the context of there also having been cases of children who have suffered acute myocardial infarction or stroke who have never taken Ritalin (or any other stimulant medication). Nonetheless, if your child has any cardiac abnormality, you should first discuss with a paediatric cardiologist whether it is appropriate for your child to take Ritalin.

- Increased teariness / emotionality / melancholy

This is a fairly uncommon side effect but is an unpleasant one if it does occur. If it does occur, it is often an indicator of the medication dose being too high so you should reduce the dose you are giving to your child and discuss with your doctor.

Furthermore, some children who utilise drug-free holidays report increased teariness on the days when they do not take the medication. Typically, in such a scenario we



recommend taking the medication seven days a week but you should discuss your child's particular situation with your doctor.

2. How do we go about getting started with stimulant medication?

In Australia, stimulant medications can only be prescribed if a child has been diagnosed with ADHD and, by law, methylphenidate (Ritalin) is the 1st line stimulant medication that can be prescribed (in most cases). Unless there is a medical reason for doing so, no other stimulant medication should be prescribed until Ritalin has first been trialled. This allows us to determine whether Ritalin is beneficial for the patient and if it is well tolerated by the patient.

If you decide to commence a trial of stimulant medication, we typically recommend a two-month trial of Ritalin. This gives us more than enough time to monitor for any initial side effects and to determine whether the medication is of benefit to the child. For some patients, the benefits derived from taking Ritalin are not sufficient to continue the medication but, thankfully, this is a fairly small minority of patients.

If commencing Ritalin, it is always best to follow the principle of 'start low and go slow'. This means that the child commences on a low dose and gradually increases up to the recommended treatment dose. A fairly typical treatment regime is for children to have a 10mg tablet in the morning and a 10mg tablet at lunch-time. Typically, we would build up to this regime as follows:

Week 1

Ritalin 5mg (1/2 tablet) in the morning

Week 2

Ritalin 5mg (1/2 tablet) in the morning and 5mg (1/2 tablet) at lunchtime

Week 3

Ritalin 10mg (full tablet) in the morning and 5mg (1/2 tablet) at lunchtime

Week 4

Ritalin 10mg (full tablet) in the morning and 10mg (full tablet) at lunch-time.

Your child should then continue Ritalin 10mg in the morning and 10mg at lunch-time for the remainder of the trial.

If you are concerned that your child is experiencing any adverse effects as a result of taking the medication, please either reduce the dose or cease it all together and contact your doctor promptly.



3. How long does Ritalin last?

Ritalin tends to take effect within 30 minutes of ingestion, has its' peak effect within approximately 2 hours of taking it and has usually washed out of the system 4 to 5 hours after taking it. Hence, children taking Ritalin will typically take a 10mg tablet in the morning and a 10mg tablet at lunch-time at school.

4. Are there longer acting medication options?

There are. There are forms of stimulant medication which are released more slowly into the blood stream and hence they are longer acting. These may last up to 10-12 hours, eliminating the need for a lunch-time dose at school. As mentioned however, by law short-acting Ritalin should first be trialled before discussing with your doctor the prospect of switching to a longer acting medication.

5. Are medication options available other than stimulant medications?

Yes there are. In 2018, Guanfacine (also known as Intuniv) was added to the Australian Pharmaceutical Benefits Scheme as an approved treatment for ADHD symptoms. This is not a stimulant medication. Some children take guanfacine alone, others take it in combination with a stimulant medication. Of note, it tends to have the effect of lowering blood pressure.

6. What about other treatment options?

Anecdotally, for decades, many other treatment methods have been suggested including biofeedback training as well as dietary supplementation with vitamins, essential fatty acids and fish oils. The evidence simply isn't strong enough for these methods to have been incorporated into mainstream medical management of ADHD symptoms.