ADHD Medication: Say No to Side Effects

Find the right ADHD medication for you or your child with attention deficit -- one without unpleasant side effects like sleeplessness, tics, or lack of appetite.

by Larry Silver, M.D.

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

Some people (including more than a few doctors) seem to assume that side effects are merely the price to pay for being on medication. I couldn't disagree more. *No one* should have to put up with side effects of ADHD meds. Often, a simple adjustment in the way a medication is used is all it takes to remedy the problem.

In this article, I'll explain the strategies that I've found particularly effective at controlling side effects in children. Try the strategies with your own child. Tell your doctor what you are doing—to see what additional help he or she can provide. (By the way, the strategies outlined below also work for adults with ADHD.)

Stimulant medications

Methylphenidate (Ritalin), dextro-amphetamine (Dexedrine), and dextro-amphetamine/levo-amphetamine (Adderall) have similar side-effect profiles, and the strategies that curb side effects for one medication generally work for the other two, as well.

LOSS OF APPETITE. Along with difficulty falling asleep at night (see below), loss of appetite is the most common side effect of stimulant meds. This problem often clears up on its own within a few weeks, so I usually recommend a wait-and-see approach. If the problem persists, don't delay taking 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. Your child probably becomes very hungry around 8:00 p.m., when the evening dose wears off.

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 good, 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. (During this time, you'll have to provide more structure and supervision—and don't expect homework to be done.) Your child's appetite may return in time for dinner. Then give the third dose.

Does your child eat lots of sweets? If so, getting him to cut back should boost his appetite for more nutritious fare.

Another way to make sure 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 different flavors. They can be made into milk shakes or frozen to make pops.

If these approaches don't work, ask your doctor about trying a different stimulant. For reasons that remain poorly understood, some children who experience a loss of appetite while taking one stimulant medication experience no such loss on another.

If switching stimulants doesn't help, ask your doctor about moving on to a non-stimulant.

SLEEPLESSNESS. For some kids, difficulty falling asleep is truly a 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, hear every sound, and find it impossible to "turn off" their brain.

There's no easy way to tell which of these scenarios explains your child's sleep problem. To find out, you'll have to do a little trial-and-error: Pick an evening when sleeplessness is unlikely to prove disastrous (that is, 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 safe bet that her sleeplessness has been caused by a lack of medication. You should be able to remedy this problem simply by continuing with the extra evening dose.

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No Side Effects, Part 2

If the extra dose triggers the opposite reaction—and your child becomes even more "wired" than before—it's clear that sleeplessness really is a side effect. This problem can often be remedied by giving your child a weight-adjusted dose of the over-the-counter antihistamine Benedryl just before bedtime.

Benadryl is not a sleeping pill, but if your child lies quietly in a dark room after taking a dose, sleep should come within an hour. (Benadryl is for occasional use only.)

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 symptoms 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 OR HEADACHES. No one knows why stimulants cause these problems in some kids. But often it's helpful if the child eats something before taking the pill. If the problem persists, 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 start experiencing 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 simply to lower the dosage.

If reducing the dosage causes your child's ADHD symptoms to reemerge, ask your doctor about trying another stimulant; just because one stimulant causes emotional problems doesn't mean that others will. If all stimulants cause problems, you'll have to move on to a non-stimulant.

REBOUND. Some children experience 30 to 60 minutes of hyperactivity, impulsivity, and nonstop talking a half hour or so after the last dose of the day wears off. You may be able to avoid this problem by reducing this 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 go back on stimulants. Another option is to try a non-stimulant medication.

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No Side Effects, Part 3

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 AD/HD: Imipramine (Tofranil), desipramine (Norpramine), and nortriptyline (Pamelor).

Fatigue is the most frequent side effect of these four drugs. Fortunately, this problem typically diminishes over the first several weeks. If not, ask your doctor about reducing your child's daily dosage, or 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. If divided doses don't help, your doctor may wish to prescribe another tricyclic.

Bupropion and the tricyclics can also cause constipation, dry mouth, or 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 help moisten a dry mouth, and so on.

If these approaches fail, try another medication. Unlike the stimulant medications, tricyclic medications must be tapered off slowly. Stopping abruptly can cause aches and other flu-like symptoms.

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 fails to ease your child's "early morning insomnia," try another non-stimulant medication.

In some children, tricyclics can affect brain wave activity. If your child has a seizure disorder, a tricyclic might exacerbate the problem. Discuss this matter with your doctor before starting your child on a tricyclic.

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 family doctor.

BETA-BLOCKERS. The blood-pressure drugs clonidine (Catepres) and guanfacine (Tenex) help control impulsivity in certain people with ADHD. However, these meds can cause daytime sedation. If this occurs, reducing the dose or spreading it out over the day may solve the problem. If not, ask your doctor about trying another non-stimulant medication.

ATOMOXETINE (STRATTERA). It can cause stomachaches, decreased appetite, nausea, vomiting, dizziness, fatigue, and mood swings. These problems often go away over time. If 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.