

## Behavioral Health Consultation Service

A behavioral health integration partnership program of Vista Hill, funded by San Diego County Department of Behavioral Health Services  
Call us at (858) 880-6405 or email us at [bhcs.provider@vistahill.org](mailto:bhcs.provider@vistahill.org) or submit consults at [www.sdcstars.com](http://www.sdcstars.com)



E-WEEKLY 12/11/13

### MANAGING SIDE EFFECTS IN ADHD TREATMENT EFFORTS

**Attention deficit disorder (ADHD)** is a common childhood disorder with estimates of 5-9% of the population being affected. It can have detrimental effects on a child's academic performance, ability to make and keep friends and can lead to conflict in the home. Many children with untreated ADHD may go on to develop problems such as depression, anxiety and they are at higher risk of getting into accidents and substance use. Early, multi-modal intervention for children with ADHD can be quite effective in reducing risk and improving functionality. Working with parents and in linkage with the schools, PCPs can assist with diagnosis, treatment planning and medication interventions.

Once a diagnosis of ADHD is made, the recommended first-line of treatment is stimulant medications. These agents (methylphenidate and dextroamphetamine) have good efficacy in treating ADHD and generally are well tolerated. They are however, not without potential side effects.

**Appetite reduction** is the most common side effect. This can be especially problematic for children at the lower end of normal weight range or for those who may be growing more slowly. A change in the timing of medication administration and a change of mealtimes can help-- with morning doses given after breakfast, encouraging mid-day snacking, having later dinnertimes and using after dinner supplements of high calorie protein shakes.

Lowering the dose of the stimulant can be tried as long as symptom control is adequate. If lowered dosing fails, a revised regimen may be needed-- a trial of an alpha-2A agonist such as guanfacine (Tenex, Intuniv) or clonidine as a supplement to the lower dose of stimulant may be considered. A switch to a different stimulant agent may prove helpful.

Some children respond well to trials with guanfacine or atomoxetine (Strattera) given alone, particularly those

whose primary symptoms are ones of over-activity and impulsivity. Another agent that may be considered would be imipramine, a tricyclic antidepressant that is used for treatment of nocturnal enuresis and which may be helpful for youth with co-occurring affective concerns. Moderate dosing ranges and avoidance of overdose risks are recommended considerations with this agent.

When appetite concerns are significant and stimulants are clearly needed, a trial of cyproheptadine (Periactin) or mirtazapine (Remeron) could also be considered.

**Insomnia** is another common problem with stimulant treatment. Reducing the dosage, giving doses early and shifting to shorter acting preparations may be helpful. While counterintuitive, a low dose trial of a short acting stimulant before bed time may help some children with rebound symptoms, allowing them to calm down enough to go to sleep. Switching to non-stimulants or using guanfacine or clonidine in conjunction with stimulants may also help. Other med options would include trials of melatonin, trazodone, mirtazapine and antihistamines.

**Tics** sometimes become evident with stimulant use, though it is often unclear if the tics are side effect or simply a co-occurring symptom. If tics do emerge, a reduction of the stimulant dose is advised. If that fails, switching stimulant classes and/or using a non-stimulant medication either in conjunction with or in substitution for a stimulant, may be indicated. Guanfacine or clonidine are first line options as these have indications for the treatment of both ADHD and tic disorders. If not helpful, a low dose of an atypical antipsychotic could be considered.

**CALL: SMARTCARE BHCS@ 858-880-6405**

**EMAIL US @ [PC2@SMARTCARE.ORG](mailto:PC2@SMARTCARE.ORG)**

**WEBPAGE: [WWW.PC2EDUCATION.ORG](http://WWW.PC2EDUCATION.ORG)**