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ADHD: CORRECTING MISUNDERSTANDINGS ABOUT ADHD AND MEDICATION

Parents are flooded with ideas, concepts and information about ADHD and medication from many sources. Some of the ideas are misinformed, some are partially correct, some of mostly correct. How can a parent sort out fact from fiction about ADHD and medication?

Here are some key misunderstandings and the corrected, evidence-based facts about medication for ADHD.

1. “My ADHD kid needs a big-time tranquilizer to calm him down.”

Actually, the opposite. With ADHD the frontal cortex is underactive. The brain does not have enough electrical current available to “jump the gap” across brain synapses, to carry communications from one neuron to the next. Medication, especially stimulant medication, activates the brain, and provides the brain with the ability to fire up this intra-brain communication process.

2. “My child did not respond to the stimulant medication his pediatrician put him on, so he does not have ADHD or, if he does, there is no help for him.”

Many kids, approximately 1/3rd, fail on the first stimulant medication they are tried on. Often the starter dose is too small and not at a therapeutic level. Additionally, the NIMH Gold Standard Study on ADHD medications found that the typical community pediatrician or psychiatrist tended to under-medicate ADHD kids when prescribing stimulant medication. This under-medication can be addressed. Once at a therapeutic dose, there is a 65% chance that an ADHD child will respond effectively. However, even if the child does not respond, a different stimulant medication also has an independent 65% chance of working. There are two main stimulant groupings, the methylphenidate

medications like Ritalin, Focalin, and Concerta, and the amphetamine medications like Vyvanse and Adderall. When one does not work, another very well might.

3. “My child responds very inadequately to his stimulant medication and that is the best we can do.”

There are other options to try as there are several other medication categories which also work well with ADHD beyond the two stimulants groupings. They are: the Central Nervous System Suppressants like Intuniv, Tenex and Clonidine, and the Selective Norepinephrine Reuptake Inhibitors like Strattera (atomoxetine) and Quelbree (viloxazine), a very, very new medication which is far more effective for ADHD than Strattera (atomoxetine).

4. “ADHD is a genetic, biological disorder and nothing I can do will change the outcome, except maybe get my child medication.”

Research shows that parents who consistently engage in positive parenting, rather than turning to a punitive, shaming attitude and approach have a very positive impact on the psychological healthiness of their ADHD child. This positive impact carries over when that child enters adulthood. Additionally, parents who practice positive parenting tend to be more effective in helping the child develop positive habits which make it more likely that the child may be able to decrease or even eliminate ADHD medication as adults, according to the research.

5. “Medication is helpful, but should never be given to a child less than 6 years of age.”

Research has demonstrated that medication treatment for children between ages 4-6 is highly effective, and without significant side-effects. The American Academy of Pediatrics recommends that behavior therapy be tried first. But if that is not successful, medication may be used for children four and over.

6. “I won’t put my child on medication because it will lead him to become a substance use disordered teen.”

In fact, a child with untreated ADHD has about double the chance of developing a Substance Use Disorder, SUD, as a teen, particularly with alcohol, marijuana or tobacco. Effective treatment with medication decreases that risk, not increases it.

7. “I don’t want to take the chance of my child developing side-effects to the medication, especially to stimulant medication.”

Stimulant medication has been studied more extensively than any other medication other than aspirin. Most of the side-effects of stimulant medication are minor and clear up in a few days. The only proven side-effects that linger are appetite suppression and sometimes sleep onset difficulties. Both of these side-effects can be managed by thoughtful parental adjustments. However, the side-effects of untreated ADHD are devastating for a child.

8. “If I use stimulant medication my child won’t grow and will be short, small and skinny.”

At its worst, even when parents make no adjustments in their patterns of providing food to their child, that child will not gain weight for about a year. Then the child normalizes. They do not waste away. Also, at its worst, a child may lose a fraction of an inch in height. Again, I repeat to parents, the side effects of untreated ADHD are clinically devastating.

9. “Medication may quiet my kid down, but it doesn’t really help with her learning or academic achievement.”

Not true. ADHD children placed on medication who persevere on the medication for at least one year, have higher scores on reading tests and score higher on national exams than children with ADHD who are not placed on medication. And the improvement increases as the length of time the child remains on the medication increases.

10. “If you are a skillful parent and use rewards and punishments, or if you put your child in therapy, including CBT or DBT, you won’t need to use medication.”

Parent Management Training helps, as does Cognitive Behavioral Therapy, (CBT), and Dialectical Behavior Therapy, (DBT), especially with Emotional Dysregulation and disruptive behavior. But medication is still needed if a parent wants to help their child with executive function capacities like focusing, working memory, emotional regulation, and initiating action, planning, and sustaining motivation.

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