

TAKING CHARGE OF ADHD

THE COMPLETE, AUTHORITATIVE GUIDE FOR PARENTS
REVISED EDITION

An Update: July 2005

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For those who have the 2000 hardcover edition or a paperback printed before 2005 (see copyright page), these are the major developments covered in the 2005 revised paperback:

- New research evidence confirms that teens with ADHD are higher-risk drivers, more susceptible to “road rage,” and subject to much greater worsening of their driving after consumption of even small amounts of alcohol than are teens without ADHD. Children and teens with ADHD, new studies show, also are more accident prone in general, leading to more emergency room visits and other outpatient care. The results? Families with a child who has ADHD have twice the medical expenses—*excluding* the costs of actually treating the ADHD—of families without children who have ADHD.
- Recent studies provide stronger evidence than ever that children with ADHD are more distractible than those without ADHD. But in one study, teens who listened to rock music while doing math homework got more of it done than those who didn’t listen to music. Such findings suggest that parents may need to experiment to discover which distractions are harmful to their child’s concentration and which provide just the right amount of stimulation to keep the child with ADHD on track. And providing the right incentives is just as crucial; my recent research shows that teens with ADHD will choose small but immediate rewards over larger ones they’d have to wait for.
- New data show that retaining kids in a grade just makes them lose interest in school and increases the high school dropout rate, confirming that this is an unproductive strategy for tackling the learning and behavior problems that accompany ADHD.

Medication Updates

- New delivery systems make it possible for many children with ADHD to take their stimulant medication only once a day, by maintaining a continuous level of medication in the body for 8 to 12 hours. Parents should ask their child’s doctor about prescribing Concerta, Medadate CD, Focalin XR, or Ritalin LA—all of which contain methylphenidate—or Adderall XR—an extended-release form of Adderall—for their child with ADHD.

- In January 2003, the U.S. Food and Drug Administration (FDA) approved the use of atomoxetine (brand name Strattera) for children and adults with ADHD. More than two million patients currently take this medication. Evidence indicates that the drug not only improves the symptoms of ADHD but also reduces oppositional and defiant behavior and anxiety. Parents should ask their child's doctor if this new nonstimulant medication may be right for their son or daughter.
- The U.S. FDA and its counterpart agencies in other countries are constantly monitoring the benefits and risks associated with various medications, and those used to treat ADHD are no exception. Parents (as well as prescribing physicians, therapists, and adults taking medication for their own ADHD) need to be alert to news, but be sure to read it with a critical eye. Here are three developments that have occurred since the previous revision of the book in 2000:

1. Abbott Labs pulled Cylert from the market in March 2005, citing low sales. The drug has been associated with a small but significant increase in risk of liver failure that requires physicians to monitor liver functioning several times per month in a child taking this medication. As of July 2005, pemoline (the generic form of Cylert) is still being marketed by generic companies, which is permissible as long as the FDA does not determine that Cylert was, in fact, pulled from the market because of safety concerns.

2. In February 2005, Health Canada banned the use of Adderall XR in that country because it had been associated with 20 cases of sudden death over the past few years. Many experts on ADHD, including myself, were stunned at this announcement as these cases had been known for some time, the FDA had reviewed the evidence, and, once more, no compelling link was found between the deaths and the use of the medication. Parents should ask their child's prescriber for a professional opinion on the safety and efficacy of any drug for their son or daughter but should also be wary of alarmism based on poor science that robs children and adults of effective treatments.

3. With the advent of atomoxetine (Strattera), the use of tricyclic antidepressants for ADHD has gone way down, but parents whose children are taking Wellbutrin or another antidepressant should be aware of the October 15, 2004, public health advisory issued by the FDA about an increase in suicidal thoughts among children and teenagers being treated for depression with an antidepressant. The evidence here is not clear-cut; for more information, parents should consult their child's doctor. Also, see Dr. Timothy Wilens's *Straight Talk about Psychiatric Medications for Kids, Revised Edition* (New York: Guilford Press, 2004), or go to http://www.guilford.com/etc/wilens_insert.pdf, which offers more information on the FDA warning and the surrounding controversy and advises parents on appropriate precautions to take to protect children and teenagers being treated with these medications.