

Stimulant medication for ADHD and hyperkinetic disorder

Factsheet for parents and teachers

About this factsheet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. The aims of these factsheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This factsheet describes what stimulant medications are, and the benefits and pitfalls of using them for attention-deficit hyperactivity disorder (ADHD) and hyperkinetic disorder.

Introduction

What are stimulant medications?

They are medications that affect the action of certain chemicals in the brain. In adults, they have the effect of making people more alert, active and awake. This is why they are called stimulants. In children, they can increase attention and reduce hyperactivity, and are used as one part of the treatment for hyperkinetic disorder and attention-deficit hyperactivity disorder (ADHD) (see Factsheet 5 on ADHD and hyperkinetic disorder).

When is medication used?

Medication should be prescribed only after your child has been fully assessed by a specialist. Stimulant medications may be worth trying if your child has serious difficulties with:

- concentration – can't concentrate for very long, doesn't seem to listen, is forgetful, disorganised, takes ages to start things and then rarely finishes them, is easily distracted
- activity levels – is overactive, climbs on things all the time, talks all the time, is very loud and noisy
- impulsivity – can't wait for things, interrupts a lot, acts without thinking.

They may have big problems:

- at school – poor concentration, can't complete a task, disruptive in class
- at home – on the go all the time, can't follow instructions, poor concentration, forgetful
- with friends – difficulty taking turns or sharing, getting into fights.

How stimulant medication works

Stimulants seem to affect parts of the brain that allow us to control how we pay attention and organise our behaviour.

What are its effects?

The child's behaviour becomes calmer, more focused and less impulsive. However, medication does not work for everyone. It is also important that the child has adequate help with learning in the classroom, and with controlling behaviour (see Factsheet 5 on ADHD and hyperkinetic disorder).

Why does medication help?

Stimulant medication creates a 'window of opportunity' when children can be focused and concentrate better. They can therefore learn better at school. Some children say that when they are taking the medication, they can think more clearly, and find it easier to understand requests from parents and teachers. School work becomes more interesting and enjoyable, and they make more friends.

Parents and teachers can do a lot to help a child to make these changes. Your understanding and support (practical and emotional) are crucial. Practical and effective ways of helping a child to improve behaviour include:

- praising good behaviour
- making clear simple requests – one at a time
- praise for effort as well as achievement
- rewards for good behaviour
- brief periods of time away from other people when their behaviour becomes too much.

Which stimulant medications are used?

The stimulant medication most commonly used in the UK is *methylphenidate*. When it works, the effect begins within 30–60 minutes. The exact amount of each dose needs to be carefully

Sources of further information

- ADD Information and Support Services (ADDISS) (Registered Charity 1070827): The ADDISS Resource Centre, 10 Station Road, London NW7 2JU; tel: 020 8906 9068; fax: 020 8959 0727; e-mail: info@addiss.co.uk; website: www.addiss.co.uk
- The YoungMinds Parents' Information Service provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk

monitored and adjusted by a specialist. There are also long-acting forms that last up to 12 hours.

Dexamphetamine is a stimulant that is chemically very similar to methylphenidate. It sometimes works when methylphenidate does not.

What are the side-effects?

As with any effective treatment, there might be side-effects, such as reduced appetite and staying awake later than usual. Side-effects are less likely if the dose is increased gradually when the tablets are started. Some parents worry about addiction, but there is no good evidence to suggest that this is a problem.

The most common side-effects are:

- reduced appetite
- staying awake later.

Because of the effect on appetite, the child's height and weight should be measured regularly. Giving medication with meals may help.

Less common side-effects to look out for include:

- being 'over-focused', quiet and staring – this may be a sign that the dose is too high
- anxiety, nervousness, irritability or tearfulness
- tummy pains or feeling sick
- headache, dizziness or drowsiness
- tics or twitches.

How long should the medication continue?

Medication may need to be continued for several years. Some children will be able to stop completely as teenagers, others may be able to stop even sooner. Some may still need medication as adults. There are no known harmful effects from using these medications over several years.

Treatment will be monitored by a specialist and will be reviewed regularly. Medication may need to be adjusted. Physical health checks and repeat prescriptions may be provided by your general practitioner.

Non-stimulant medication

If stimulants don't work, your specialist may suggest one of a number of alternatives, such as imipramine or clonidine.

References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- National Institute for Clinical Excellence (2002) *Guidance on Methylphenidate (Ritalin/Equasym) for Attention Deficit Hyperactivity Disorder (ADHD)*. www.nice.org.uk
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.