

ADHD Talking Points for Physician Discussion with Parents

- I. Talking points of ADHD that parents typically want to know about regarding medications
 - A. Methylphenidate and amphetamine are the two categories of stimulant medications with multiple FDA-approved options.
 1. **How do they work differently?** Methylphenidate inhibits reuptake of dopamine on the neuron's surface and amphetamine goes into the nerve terminal and causes its release.¹ Thus, amphetamine can give a larger surge of brain neurotransmitters but may have more side effects in some. Norepinephrine is also an important neurotransmitter but is made from dopamine.
 2. **Which one works better? Which one should we start with?** In 43% either one works, in 41% only one option works, and in 16%—neither worked². Methylphenidate is generally recommended for starting in kids and Adderall in adults.
 3. **What are the side effects of stimulants?** Loss of appetite and trouble sleeping. Other less frequent ADHD medicine side effects include jitteriness, irritability, moodiness, headaches, stomachaches, fast heart rate, and high blood pressure
 4. **How can side effects be minimized?** Start with a low, subtherapeutic dose & administer with last bites of breakfast at home. Increase the dose if needed after 2-4 weeks, after a report from parent that the patient is tolerating but further effect is needed.
 5. **Why start with a stimulant (recommended)?** It is far more effective than a non-stimulant such as Strattera or Intuniv for improving attention in ADHD, although these can be effective in some who do not tolerate stimulants.
 - B. Using a Combination of medications for ADHD.
 1. **Why would my doctor recommend to use Intuniv or Tenex (guanfacine) in addition to a stimulant?** Guanfacine can calm behavioral problems like irritability, impulsiveness, and excessive hyperactivity so that stimulants are better tolerated. It might also allow use of a lower dose of the stimulant.
 - C. Anxiety along with ADHD.
 1. **Can children with anxiety along tolerate stimulants?** Some children may be calmed with use of guanfacine first before starting stimulants. Others may need medication management of anxiety first with psychoactive medications.
 - D. Long-term use of stimulants
 1. **Will my child get addicted to stimulants?** Studies show that those with ADHD who are *treated with stimulants get addicted to substances far less than the general population*. It is primarily those who do not have ADHD that abuse these medications.³
 2. **Will it help mental health?** Use of stimulants may be protective against secondary problems like anxiety and depression that people with ADHD are at higher risk of.

II. Talking points about ADHD besides medication

A. Analogies & Info to help understand ADHD–

1. Your child has a “Ferrari engine with bicycle brakes³. Their laser beams need to be focused together.” Part of the spectrum of cognitive diversity and there is nothing wrong with them as they have many strengths and talents (people kills and entrepreneurial mindset)
2. Prevalence of 5-10% of population and a heritable component as 1 parent affected gives rise to a 1 in 3 chance and 2 affected parents predicts a 2 in 3 chance of an affected offspring.

B. Other reasons for my kid's inattention and lack of motivation

1. **What if my kids is just lazy and does not want to do the work?** That may be the case but ADHD does affect neurotransmitters (dopamine and norepinephrine) that affect motivation, arousal, focus, and executive function/planning. So look carefully before you disregard the possibility of ADHD.

C. PILLARS OF CARE WHEN CONSIDERING ADHD. Ways to help your child calm down and settle into their school/home routine when they may have ADHD.

1. School IEP (Individualized Educational Plan) testing to help them catch up and 504 Accommodations specifically for ADHD and/or learning or physical disability
2. Vigorous exercise, nearly daily, *creating natural dopamine and Norepinephrine that may otherwise be lacking*
3. Psychology-namely counseling & coaching
 - a) which at young age will be geared toward giving parent more tools for setting up structure and creating best learning environment
 - b) helps address any underlying anxiety, especially surrounding learning. Also address any ACE's (adverse childhood events) that can negatively contribute to learning.
4. Stimulant and/or nonstimulant medication when not succeeding with other interventions above

D. So we tried everything else (B#1-3) and school IEP/504 accommodations are not helping. My kid still cannot focus in school and is not succeeding. **How do we get him/her tested for ADHD or other learning issue?** We usually use (see resources page):

1. Vanderbilt screening tools (ages 6-12), see link below
 - a) <https://nichq.org/sites/default/files/resource-file/NICHQ-Vanderbilt-Assessment-Scales.pdf>
2. Neuropsychology testing if:
 - a) there is suspicion of additional learning disability (ex. dyslexia)
 - b) Psychosocial factors are making diagnosis difficult especially in kids with anxiety, social issues contributing (especially older kids)
 - c) School testing is in disagreement with parent and PCP findings

III. Is there a role for Neurology in ADHD?

A. When there is a neurologic concern such as:

1. Worsening cognition, speech or motor skills

2. Seizures
3. Headaches
4. Potential sleep disorder

B. How to have prompt access to Children's Hospital of Michigan-Neurology

For non-urgent appointments, please scan the QR code below, provide the requested contact information and submit the appointment request (this entire process will take only a moment).

- When completing the information, be certain to provide our staff with your cell phone or another number where you can be reached.
- You will be asked to select a specialty. Please select "Neurology".
- As guided by your physician, you may request a specific doctor or enter "no preference."

Our appointment request staff are in the office during normal business hours (8a-4p M-F).

Most requests received during these hours will be returned the same day.

Outside of these hours, you should receive a call back in the next 1-2 business days.



1. Aiken MD, Aiken. Amphetamine vs. Methylphenidate. Carlat Publishing. 5 Oct 2022. Webinar.

2. Arnold, L. E. (2000). Methylphenidate vs. amphetamine: Comparative review. Journal of Attention Disorders, 3(4), 200-211. <https://doi.org/10.1177/108705470000300403>

3. Hallowell, E & Ratey, J. (2021). ADHD 2.0: New science and essential strategies for thriving with distraction—from childhood through adulthood, 118-119.
