

# Attention Deficit/Hyperactive Disorder (ADHD)

## Presenting Problem:

A participating PCP emailed a consultation request to WI CPCP about a 10-year-old male patient with ADHD whom they have been treating for nine years. After trying a couple of stimulants without success, the patient started dexamethylphenidate ER (Focalin XR) two weeks ago. Per the patient's mother, the patient's teacher reports remarkable improvement in ADHD symptoms during the school day, and no clear side effects have been noted. The patient's mother is happy that things have improved at school but says, "His behavior at home is worse than ever!" She is requesting to switch to a different medication.

## Consultant's Response:

- Ask the parent and teacher to fill out an [ADHD rating scale](#) twice to compare morning to afternoon functioning.
  - When getting reports from parents (or teachers) about efficacy of the current ADHD medication, differentiate between reporting specific ADHD symptoms versus disruptive behaviors.
    - Example: "She can pay attention well but she's sassier and more aggressive!" does not necessarily mean that the ADHD medication is not working.
  - ADHD rating scales can help clarify current benefits and decide length of action for the dosage of stimulant as well as clarify oppositional symptoms in different settings.
- Gather information about the *timing* of the worsened behavior reported at home to help decide how to continue with medications.
  - Is it present all day, every day while the patient is home? Does it occur on days the patient has not taken the dexamethylphenidate ER?
    - If so, these may be oppositional symptoms that may require **family therapy/parent guidance**.
    - If oppositional symptoms are present, you may decide to continue with the current medication.
  - Does the behavior occur after school, but not on weekend afternoons?
    - This could mean the family needs a new after-school routine.
      - Children, with or without ADHD, often return home tired and hungry. Additionally, around the same time their medication is wearing off its time to do homework. Situations such as this can lead to epic meltdowns!
    - Plan for a low demand 'transition time,' with a snack and time for rest/quiet play. Work on homework early in the evening before the positive effects of the medication fully dissipate and create a soothing evening environment whenever possible.
- Does the behavior only occur for an hour or so in the later afternoon, on days the patient takes dexamethylphenidate ER?
  - This could be **stimulant medication "rebound,"**
    - In this case, the goal is to extend coverage and/or supply gradual decrease in the stimulant level.
  - If ADHD symptoms still cause problems during school, continue titrating the q am long-acting stimulant.

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- If the **dexmethylphenidate ER** helps throughout the school day, consider adding a small dose of **dexmethylphenidate tablet** after school.
  - Example: Add 2.5mg to start, watch for worsened sleep and appetite, increase q week if there is no significant decrease in the rebound side effects.
    - Note: If adding a stimulant 'booster' to extend coverage and/or to combat stimulant 'rebound' side effect, it is preferable to pick a short-acting stimulant from the *same class* as the q am long-acting stimulant.

## Teaching Points

- **Stimulant medication "rebound"** is the brain's reaction to stimulant medication leaving the body, resulting in an intense reaction or behavior change for roughly 60 minutes at the end of a dose. Then the symptoms go back to when the child's baseline symptoms when they have no medications in their system.
  - Signs of this could include:
    - Extreme hyperactivity
    - Grumpiness, irritability
    - Sadness, withdrawn mood
    - More intense ADHD symptoms overall
- Stimulant medication rebound occurs most often with short-acting stimulant medications but can occur with long-acting stimulant medications.
  - Long-acting stimulants wear off gradually; however, the speed depends on the patient's metabolism.