

## **Shining with ADHD by The Childhood Collective**

### **Episode #143: Considering ADHD Medication? What Every Parent Needs to Know with Psychiatrist, Dana Reid**

Dana: When it starts affecting their daily functioning, both at home and at school, and other strategies, like behavioral strategies on its own, may not fully be effective. That's when I look at do we consider medicine?

Katie: Hi there. We are The Childhood Collective, and we have helped thousands of overwhelmed parents find joy and confidence in raising their child with ADHD. I'm Katie, a speech language pathologist.

Lori: And I'm Lori.

Mallory: And I'm Mallory. And we're both child psychologists.

Lori: As busy mamas ourselves, we are on a mission to support ADHD parents on this beautiful and chaotic parenting journey.

Mallory: If you are looking for honest ADHD parenting stories, a dose of empathy with a side of humor and practical tools, you are in the right place.

Katie: Let's help your family shine with ADHD. You don't want your child to struggle for years and dread going to school. But without an understanding of the school system, you are overwhelmed and confused about how to really help them.

Mallory: Luckily, you don't have to be an expert in school law to get your child the support they need. But you do need to know your child's rights and school terminology so you can be a competent advocate for your child.

Lori: In our online course, Shining at School, we walk you through navigating the school system and identifying the right supports for your child with ADHD. From getting an evaluation, to creating an IEP or 504 plan, to knowing your legal rights and next steps when you disagree with the school.

Katie: We have taken the most important information we would give you in a one-on-one consultation and broken it down into simple, easy to understand lessons.

Mallory: Wherever you are in the school process, we created Shining at School for you and your family.

Lori: You want to feel confident and know that your child is happy and thriving at school. Head to [thechildhoodcollective.com](http://thechildhoodcollective.com) to check out Shining at School and use the exclusive code **PODCAST** for 10% off. You can also find the link and code in the show notes.

Katie: Today, Lori and I are welcoming Dr. Dana Reed to the podcast and we are truly thrilled to chat with her. She is a board-certified child, adolescent, and adult psychiatrist in private practice in Atlanta, Georgia.

Lori: Dr. Reed loves working with kids, teens, and adults to address their diverse needs and concerns. She has specific expertise in working with kids and parents with ADHD and anxiety. Dr. Reed is also a children's book author of, *Danny Doesn't Quit*.

Katie: So today we're thrilled to talk with her about a topic that we get lots of questions about, navigating ADHD and medication. So, Dana thank you so much for joining us today.

Dana: Well, thank you both so much for having me. It's a pleasure and honor to be here, and I've followed both of you on Instagram, and I love all the content. So it's nice to get to kind of meet in person and talk.

Lori: Yes, it's so nice to be able to talk in person.

Katie: Absolutely. So, before we jump into questions that we've received from our community about meds, we just want to start by mentioning that ADHD medication isn't necessarily the first choice for every family. And, of course, we support families. They need to make decisions that make the most sense for them. And we actually know that those needs can change a lot over time, too. So if you're listening and you aren't interested in medication right now, or maybe you're on the fence about it, or maybe you've already started medication, we believe that this information can still be really valuable to you.

Lori: Yes. And at the same time, we also know that the gold standard treatment for ADHD really is a combination of medication and behavioral interventions for kids. Most of the kids, who are listening, who are six and up, and for families who do use medication or thinking about using medication, I know many of you guys have lots of questions. Every time I'm giving a diagnosis of ADHD, there are so many questions specifically about medication. So that's why we're so excited to have Dr. Reid on here to share her expertise with us. So let's jump into one of our first questions. Okay, so, what are some of the signs that a child might benefit from medication?

Dana: So, when I think of ADHD, the first thought is, every child is different. ADHD symptoms manifest differently for every kid. So when it starts affecting their daily functioning, both at home and at school, and other strategies, like behavioral strategies on its own, may not fully be effective. That's when I look at do we consider medicine. So, for an example, you have a kid who's, like, impulsive hyperactive in class, they're blurting out, they're being silly. Some kids see them as obnoxious, annoying, like they're in other kids space, and that starts causing, like they're getting singled out, they're getting in trouble, they're getting bullied, they're getting excluded. So it starts impacting not just academically, but things socially and their self-esteem. And medicine, in addition to therapy can help and address that. Or if a kid is in class, they're daydreaming, they're zoning out, they're missing parts of the lectures, like they're really struggling academically, they're behind, and the teachers are seeing this. That's another time I would start looking at medicine too, because can that help them academically, which will help their self-esteem and confidence.

Lori: Yes, absolutely. And I think one of the questions that we get a lot, when people are thinking about, do I do medication? First, people ask, like are there supplements that help with ADHD or are there supplements that my child should be taking if we do do medication in combination with that to help them.

Dana: So in terms of the supplements, I mean, the things that I see outside of medicine, supplements are sleep, exercise, limiting screens and limiting sugar can have a huge benefit overall. The times where I've described when medicine is beneficial, I haven't seen that just supplements fully on its own without medicine, in cases where it's really impacting behavior and academically is effective. But when people are on medicine, in addition to their sleep, they're limiting their screens, they're exercising, it can be helpful. Most of the studies on

supplements or which is most effective for ADHD is omega-3 fatty acids. But even those to get most of the benefits, it's like higher doses, like 1000-2000 milligrams. But like I said, people have supplemented with that, but on its own, depending on the level, severity of ADHD, it's not a factor. There are some studies on magnesium helping with sleep, helping with anxiety, just bringing some of the hyperactivity, but not on its own, like fully addressing ADHD. Vitamin D levels, if it's low, it can be helpful. But like I said, I think I've seen it where in combination with medicine it can be helpful, but doesn't a lot of times take the place.

Lori: Yeah, and I would say the same thing from the patients that I've worked with, and many of them that do use that, and I have lots of families that are using medication, maybe in the morning and then at night they're doing the omega-3 and magnesium so they're using it kind of in combination with the medication.

Katie: Yeah, I think that's what's hard for families because they might read online that you need to take all these different supplements and that that's really going to be this sort of catch all cure. And it can be really confusing for families. We're really grateful for that input, just thinking about which ones families might look into. But I like how you said too, if your vitamin D level is low, right. So really looking at that and not just doing as like a blanket oh, I'm just going to start taking all this vitamin D or whatever it is, that's really helpful. So going back to the medications themselves, can you just break down, sort of give us an overview of the different types of ADHD medication and specifically to why you might try one type over another for different kids. I think it's so helpful for parents to just have that overview of what are the options.

Dana: Yeah. So ADHD medicine falls under two broad categories. So you have stimulants, which is what you hear often and are more common, and then I'll break that down to you. And then you have non-stimulants. For the stimulants, you have two categories. You have methylphenidates, which is like Ritalin, Concerta, Metadate CD, Focalin. And then you have the amphetamine category, which is like Adderall and Vyvanse. The non-stimulants, you have medications like extended release, Guanfacine or Intuniv, Clonidine. And then you also have Stratera, Wellbutrin and Qelbree, which is newer. In general, stimulants tend to be first line and most studied and most effective. That doesn't mean that everyone has to go straight to a stimulant, but that if someone has ADHD combined, like the hyperactivity, especially the

inattention, that is going to be more effective. There are cases where I use intuitive, sometimes like first line, as opposed to a stimulant. And those cases would be if you have someone who's that there's a lot of just that hyperactivity, the impulse, that reactivity. Like they're just very rigid, like easily frustrated go from zero to 100. Academically at school, the teachers might be saying like they're making straight, they're doing really well, there's not like a learning concern, but it's more of like the impulse, the hyperactivity and the behavioral concerns, especially for younger kids, six to ten, it might be where if we bring that impulse within tune it down could everything else possibly get better? But that doesn't mean down the road that things academically or executive function concerns later that we might not start a stimulant. But majority of the time I tend to start with stimulants. But those are some examples where I would start with intuitive. Methylphenidates for younger kids, five to ten sometimes is better tolerated, maybe less side effects, but that's not always the case. If it's more of like, inattention and stimulants have been tried, we might look at Stratera. Wellbutrin is an option, if there's also depression, like lack of energy, poor motivation, apathy, and there's a big part of the depression and ADHD and overall impulse is not as concerned, maybe that's something we could try, or if some families prefer to try that first.

Lori: I feel like I see a lot of kids with anxiety and ADHD. What do you have to consider in those situations?

Dana: So, in those situations, I always look at what's primary? So is some of the anxiety coming from the untreated ADHD or ADHD. So it's maximizing the ADHD and addressing that first and then seeing truly what is still left with the anxiety. So sometimes it's just addressing the ADHD, the anxiety gets better. Or a lot of times you can use a stimulant and also use Intuniv or Clonidine and that helps with that combination of some of that anxiety that looks like rigidity, like low frustration tolerance. If it's separate anxiety, that's generalized anxiety or social anxiety, or it's independent of ADHD, then we look at, okay, let's treat the ADHD first, and then maybe looking at a different type of medicine, like an SSRI for that anxiety. So it's kind of recognizing what are we looking at and what do we treat first.

Lori: That's so helpful. So helpful. And, when you start on medication to treat ADHD in kids, what are the benefits that parents are typically reporting from that? And how would a parent know if the medication was working?

Dana: So it would be what the kid may be struggling with. So, in terms of the kid that may have described who's impulsive and hyperactive, you might see that reports from teachers, they're not blurting out as much, they're not as hyperactive. Maybe they're stopping and thinking about things. You don't see as much of the reactions where something doesn't go their way. Or you tell them to get off the screens are going from like zero to 100 right away. So that's in terms of some of the impulse. With the inattention what you can see is that in class, they're actually getting a lot more. They're not just daydreaming and zoning out like they can tell you what they got out of the lecture. If there's time in class to do their work, they're actually getting the work done as opposed to talking or dillydallying and they're coming home overwhelmed because the schoolwork hasn't been done. Some parents say, I don't know if the medicine is working because during the day, when it's in their system, they're at school, but it might be that their grades have drastically improved or reports from teachers. So it's going to be a combination of observation and then also what teachers or other people around them are observing.

Lori: And along those lines, not to get too sidetracked, but one of the questions I have a lot from parents is, do we tell the teachers that they're starting the medication or do we not? And then check in with them, and see if they notice. What would your recommendation be?

Dana: So I think it's a parent preference sometimes that people want the teachers to know, especially to pay attention if there's any changes or side effects. And it also depends, like if a teacher already knows a kid has ADHD and they're on a 504, then sometimes that helps for them to know, majority of the time, that the teachers are not fully changing their opinion knowing that they're on medicine. Or sometimes people like doing a blind study and just saying, I'm going to send my kids to school on medicine, and all of a sudden, like, oh, I'm getting a phone call from the teacher. I have a different kid.

Katie: I think that's every parent's dream, honestly. Like, okay, we did the meds. It's been 48 hours. Things are looking real good.

Lori: I mean, we do hear that a lot where parents don't tell teachers and the teachers are calling and they're like, what is going on? What did you do differently? Because they are able to focus now.

Dana: Yes, I hear that, but it's also probably discouraging for some parents of like, okay, they've waited, and it took a long time to make a decision on medicine, and they expect it to just like you said, 48 hours be perfect and unfortunately, that's not always the case because it takes time sometimes to adjust the dose or find medicine. But you're right sometimes I do hear all of a sudden getting all these positive reports from teachers or grades are going from all of a sudden making 90's now in class.

Katie: Yeah. Something that I've seen a lot with kids that I've worked with is that starting the stimulant can be a game changer, like you said, in just helping them pause for just a second. And it's like for those kids that are working on emotion regulation and problem solving. And I used to work all the time in therapy on this self-talk and the inner monologue of how can I figure this out? But when unmedicated, it was really hard to access those tools. And then a kid would start medication and all of a sudden you would see there's just an extra beat that's so short you almost wouldn't know unless you really know that kid really well. But it's just enough time and that can happen too for kids, you know, with the emotion regulation piece where that yellow zone that we go from like we're calm to we're really angry and it's a really short little window. And that's when parents are going to be the most effective, right, at giving their child tools. But with kids with ADHD, a lot of times that window, they're like, I don't even have a window. It just went from zero to 60 like you said and so extending that window even by a couple of seconds can be really helpful. So I think that's huge. And obviously we know that there's so many benefits to medication. I also know as a parent myself, and talking with moms all the time that there is a lot of stigma around medication and there's this fear of side effects, short-term side effects, long-term side effects. And obviously the research doesn't necessarily support that, but maybe you could just talk about that with us. Maybe let's start with stimulants. What are some of the side effects that we might see from stimulants and how does that look over time, typically?

Dana: And one thing, I'll bring up just because you mentioned it, is that worry about with medicine and long-term side effects, or even just like if I start a medicine, is it going to be easy to come off of? Or what if I create permanent damage or a problem right away? The good thing about stimulants, they're in and out of your system within the same day. So I tell parents, like, you're going to know pretty quick when it works. And at the same time, if there's side effects, they're majority of time kind of noticeable pretty quick. And if they stop it, the side effects are gone immediately, in the beginning. So the more common side effects

with the stimulants are probably, the decreased appetite is probably the most common one. And it's usually when the medicine is in your system, it's one effective. So the medicine, if kid takes it in the morning, 30 minutes or an hour later, it'll start taking effect and lasting anywhere from like eight to 12 hours, depending on the type of medicine. With the short acting ones, they're shorter. So most of the decreased appetite is going to be around lunchtime or later in that day. So for breakfast, they should be able to eat like a good breakfast and then later, when it's worn off at dinner or later, they should be able to eat. Most of the time the decreased appetite is around lunch. Things that can help that is that eating a good breakfast, eating a good dinner, having a snack, maybe even supplementing with extra higher calorie snacks in the evening or a snack before bed. So parents might say, okay, my kids coming home, maybe they're having a quarter of their sandwich instead of the full, but that doesn't happen with every stimulant. I've seen sometimes maybe one stimulant will cause it, but the second stimulant just doesn't, and it changes from kid to kid. If the side effects are, say, significance with appetite, there's a thought like, do you decrease the dose? A lot of times the side effects could be dose dependent. Do you possibly switch to a different medicine? Sometimes there's thoughts about if appetite, if there's taken a while to find a medicine, there's one medicine that's just very effective, and the thought of stopping it is not the best idea, then there's also another medicine called Cyproheptadine which can help with stimulating appetite, and sometimes adding that can help.

Katie: Okay.

Dana: Other side effects with stimulants sometimes, like sleep, it might take a little bit longer to fall asleep, but taking it in the morning and sometimes with that side effect, it gets better as your body adjusts to it. Sometimes for some kids, it might feel like it's dulling them a little bit or taking their personality away, or they might feel like hyper focus, maybe some irritability, agitation, anxiety, just not themselves. So I usually tell parents that you want to work with someone who you can really, really trust and who's going to walk you through the process. Like, if there, some stimulants may not be the best, but there's switches to other ones where it can still be effective and not have some of those side effects. Sometimes people might have some more tearfulness after school or when the medicine is wearing off.

Lori: For my kids, the last thing they want to do when they get home from school is homework.



Katie: Totally and the last thing I want to do after a long day of work is deal with the stress of meal planning, grocery shopping, cooking, and cleaning up the kitchen.

Lori: Same here. We tried Hungryroot grocery service to help us eat balanced meals while saving time and money every week. It's been a game changer for our weekly meals and snacks, and I love that you can customize groceries based on your kids or your family's dietary restrictions.

Katie: Yes! My husband eats gluten free and I love that I can customize groceries based on our family's needs. And not only can I get complete meals delivered, but I can also order my weekly groceries through them. And I'm always amazed at how my kids will try new things just because they came out of our Hungryroot box.

Lori: Yes! It's easy to customize your box each week and you can skip weeks whenever you want. For a limited time, Hungryroot is offering our listeners 40% off your first box, which is amazing. Just be sure to use the code: CHILDHOODCOLLECTIVE40 so you can get the discount.

Katie: We also have the link and the code in the show notes, so you can try Hungryroot today.

Mallory: One thing I hear from my friends is that their kids often think boring tasks like chores or homework are going to take forever, and in the same breath, their kids can play 2 hours of Minecraft and then complain that they just got started.

Katie: Okay, I think that friend you're referring to might actually be me.

Mallory: I'm not naming names. One tool we all love and have in our own homes is Time Timer.

Lori: At this point, I think we all have multiple Time Timers. For kids with ADHD, time can be a very abstract concept and Time Timer helps by making time more concrete. It helps kids visually see the passage of time.

Katie: And it can prevent those inevitable meltdowns when 2 hours of Minecraft just wasn't justification enough to ask your child to complete five minutes of chores.

Mallory: From homework, to chores, to screen time, to daily hygiene, to our own work, we love Time Timer because it is so versatile and their designs are cute too. A staple in our homes.

Lori: If you have a child with ADHD, we know you need a Time Timer and we have a discount code for you to use. So head to [timetimer.com](https://www.timetimer.com) and use the code: TCC to get the discount. You can also find the link and code in the show notes.

Katie: So when you think about the effects, like you said, some of the side effects of the stimulants, and you said that those are going to go away. So even something like irritability and that sort of thing, when that stimulant is out of the child's system, you should see them being less irritable.

Dana: Yes, but I will say if there is like a new level of irritability this kid has never had, and it's only with a stimulant and it's just very consistent and excessive and it doesn't get better, I look at maybe switching the medicine. I don't try to keep someone on medicine. So I think it's sometimes it can take time, sometimes it can get better, but sometimes if it's completely out of the norm and we might need to look at switching.

Katie: While we're on that, what do you think about when a lot of times parents will hear from doctors, like, okay, with the appetite suppression, we should take your child off of the medication in the summer or on longer school breaks. Do you recommend that or does it depend on the child? How do you mitigate that?

Dana: Yeah, it's going to really depend on the child because I always think, like, ADHD doesn't take breaks, unfortunately, on weekends and breaks. So for a kid where ADHD really is impacting things like behaviorally and socially, and especially from a safety perspective, like if they're so impulsive, they're running into traffic, or they're jumping off swing, or they're getting in the car and driving, then a break is probably not the safest or best. But it could be possibly on breaks, maybe lowering the dose where you're still getting the benefits, but maybe the appetite is not as concerning, or sometimes doing a short acting booster that sometimes people get benefits from that. So there could be some workaround, but it depends on the kid and their ADHD and how it's manifested. This is looking at the pros and cons and benefits.

Katie: Absolutely. And what about long term? Do we have any research to look at long term side effects of medication?

Dana: So in terms of the research, unless there's underlying concerning heart problems or heart rhythm, usually in that case, we wouldn't start someone on that medicine. But there's not enough studies to show that there's any safety concerns, like long term in terms of the medicines.

Lori: And as a psychiatrist, what would you say to families who are confused about who they should go to for medication? So, a lot of families are not sure. Like, do I schedule an appointment with my pediatrician? Can they manage that, or do I need to see a psychiatrist? How would you guide them on that?

Dana: So, pediatricians tend to be sometimes the first people who are treating ADHD and managing it. So in cases where it might be straightforward and uncomplicated ADHD, starting with a pediatrician it might be easier to kind of get an appointment with a pediatrician. The pediatrician knows you, so if you have a well trusted pediatrician that you feel very comfortable with, that could be, especially if there's an accurate diagnosis of ADHD. Sometimes if there's also comorbid, like anxiety or depression or learning disorder, then that needs to be addressed as well. When the ADHD starts becoming where maybe two or three stimulants have been tried or different medicines, they're not working, there are side effects, the doses have to be adjusted, that's when I would say maybe consulting with a child psychiatrist, especially who's had very extensive training. Or if there's anxiety and depression that also needs to be addressed, or maybe a combination of more than one medicine to address the ADHD.

Katie: Absolutely. I think that's so huge. And on that same note, do you recommend anything else before you would start medication on kids? Like, do you have a sleep study done, for example, or anything like that? How does that typically work?

Dana: So, first question is, how is the diagnosis of ADHD? How is it diagnosed? Right. So if I have, like, a full psychological testing that shows ADHD and there's not, and that's primarily what's going on, there's not other sleep concerns or other things, and I would start with addressing straight, like, the ADHD.

Katie: Okay.

Dana: I don't get any other labs or sleep studies or anything if it's primarily, like, ADHD that we're addressing, or it seems pretty clear based on clinical diagnosis.

Katie: Maybe family history and that kind of thing?

Dana: Yeah. The only time is there, if there is a family history, strong family history of cardiac or heart concerns, where irregular heart rhythm or something concerning, like, an immediate family sometimes we get EKG, or the pediatrician will do that just to be extra safe. But that's really the only thing that we would get done before.

Katie: Got it. Okay, so along these same lines, it's so challenging to find the right medication. It can be hard to figure it all out. And then we have this awesome med shortage, which is just like the bane of my personal existence. And we get messages all the time from families that are like, what can we do about the med shortage? And we have absolutely no answer for it. So I'm sure you have the answer.

Dana: No, I wish I did. I wish I did. The one thing is I can commiserate and relate and just say it is unbelievably disheartening. And it's really hard for parents having to navigate this. So understanding that is the first step. And I wish there were answers. But what I usually, and what we have been doing in my practice, I think just between yesterday and today, I cannot tell you how many different times I've had to send the medicine to a different pharmacy, because now there's a huge Vyvanse shortage. And it trickles from one medicine to another. First it was Adderall, then it was Concerta, then it was Metadate, then now it's Focaline and Vyvanse. So I usually tell people, once you're down to your last five pills, try calling the pharmacy. I know it's very strict where it can only be filled once a month, but even if they can't fill that day, at least if you get that process started when you're down to your last five pills, they can at least tell you like it's coming in, it's back order, gives you time to possibly call other pharmacies. When you wait till you're completely out of medicine, then it becomes a lot harder. If someone is, for some reason, like you said, taking breaks on the weekends, or maybe they're using boosters on the weekends and they are eligible to kind of fill that prescription within that month. Sometimes filling early can get them a little bit ahead. There are times where sometimes we have to switch to a different medicine. Or maybe sometimes if the pharmacy might not have, I don't know, like ten milligrams, but they might have five, or

they have a way to make ten by two fives. There's different ways. Sometimes we can write for that prescription or asking the Pharmacy if they have Alzheimer's. But I know it's very hard because you can't just switch medicine. Sometimes it's taken a long time to find the exact medicine and exact dose. It's hard. I wish I had answers, but it's hard.

Lori: Is it impacting your practice a lot?

Dana: Oh yeah.

Katie: Yeah. One thing that I was able to do, and my husband is actually a lot smoother than I am in these types of situations. But we called our insurance company because we had the rule where they wouldn't fill it until, like, day 29 or day 30. And we were able to actually call and get sort of like, I don't know, maybe a waiver that we could start filling it on day, I think they do it now, like day 26 or day 27. Because the same issue would happen where I would have to track it down and then contact my pediatrician, and then insurance would deny it, so they wouldn't fill it. And then by the time I would get resubmit that two days later on day 29, they would be out and I'd have to start the whole process. And by the way, it's like a Saturday, so it was just really difficult. So we were able to get that little workaround. And I feel like I literally won some award by being able to figure that out. But it's still so frustrating.

Dana: I know it's a full-time job just trying to find, and the other thing, too, which I didn't mention too is that some people have had some luck with mail orders, but that doesn't necessarily mean that they'll have the prescription. But mail order is another option. I've also had some luck where there are some pharmacies, like some chains, whether it's here, it's called Publix here they might have it, and maybe CVS for some reason, is less likely to have it. So kind of knowing some of that, but I would say, like, talking to your doctor, having a good relationship with your pharmacist, letting them know, hey, I'm going to come in here once a month, but I do think, like you said, going back to when you're down to your last five pills, when people do that, at least they can get that process started, and sometimes they can fill it a couple of days earlier, but if you're waiting till you're completely out, then it's already behind.

Katie: Yeah. So frustrating. I appreciate those ideas. I think that is actually really helpful. So I had posted on our social media about today's interview because everyone was really excited. And there was a question that came up that I actually really wasn't sure what it means or kind

of, maybe you can explain, but about pharmacogenetic testing. And I started googling it to understand kind of what that looks like. Can you talk to us about that? Is that something that you would recommend? Is it effective? What does the research say? What do families need to know if that's something that they're thinking about?

Dana: So the pharmacogenetic testing is there's two, there's probably more, but there's a few different companies that do that, one's called GeneSight and one's called Genomind, And it doesn't tell, so basically it's a cheek swap. Someone comes into the office, we swab it inside the cheek on a conswab. It gets sent out within, like, 48 hours. It takes all the medicines for ADHD, anxiety, depression, other mood medicines, and then tells people how they metabolize the medicine. It's not going to tell you this is the right medicine for you, but it may show that for someone, they might be a fast metabolizer or a slower metabolizer, or maybe they're more likely to have side effects of that medicine. It tends to be more, beneficial if even beneficial is really for medicine for anxiety and depression. For ADHD, there is not, even when it comes to Vyvanse and Adderall, it'll just say there's no data on this and it doesn't even give you a green, yellow, or red for that, like, whether to use it or not. But for the methylphenidates and the non-stimulants, it'll probably put the medicine in, like, a green category, yellow and red, and say, maybe this might be more likely to cause side effects. But I don't put much weight in that, because a lot of times it's really, figuring what medicine may be best for that kid. Because even if a medicine is in the red, that doesn't mean that it's not going to work for them or they're likely to have side effects. So it's one additional piece of information where I found may be helpful for anxiety, depression, but not really for ADHD medicines. But some people really say, I want to have all the data I can, especially if there's one medicine they've tried hasn't been effective, but it gives them that reassurance. Okay, well, all the medicine for ADHD came in the green, so I feel a little bit more comfortable maybe starting my kid on this medicine. So for every family, it's different. Some people say, I just want to have all the information of how my kid metabolizes medicine, and we can do that. And it's done by the certain companies, so there's a cost to it, but some people it's a preference. It's not something I strongly recommend, but there's no harm in it if that makes sense. It's not like FDA approved, it's not like recommended, it's not evidence based. It's more of some people want to just have all the information and gives them an extra level of comfort, reassurance that my kid's going tolerate this medicine.

Katie: Okay. And based on the way you described it, I'm assuming it's not something that would be covered by insurance, then?

Dana: Yeah, it's not covered by insurance. But for people who have traditional insurance, usually they say the out-of-pocket cost is around \$300-\$330. It shouldn't be much more than that.

Katie: Okay.

Dana: But if they don't have insurance, then it's going to be higher.

Katie: Yeah. It's so hard, I think, for families to weigh so many different options. Just today, it's like we've talked about so many different ways that you can support your child. And I do think it's helpful to know this is not cleared by the FDA. This is not an evidence-based strategy. It's not saying that you could never do it or should never do it, but we have to kind of understand the cost versus the benefits of each of the things that we look at. And it's a lot, as an ADHD parent, it's a lot to think about.

Lori: Yes. Well, thank you so much for joining us today. This has been such a helpful discussion for me as a psychologist, talking with parents. And I know that our listeners are going to want to be able to find you and stay in touch with you. So we'll put some of your links in the show notes so they can. But can you tell us how they can connect with you and continue to learn from you?

Dana: So, I'm most active on Instagram, so connecting with me on Instagram @drdanaread.com. That's probably the best way to connect with me, and I look forward to discussions or if anyone has any questions. Happy to kind of share more there.

Katie: I love it. Well, thank you so much for coming on. Honestly, it's been great, and I can't wait to share this resource because I know that you've answered so many questions. So thank you. We really appreciate your time.

Dana: Thank you, Lori and Katie very much for your time, and I enjoyed the conversation.